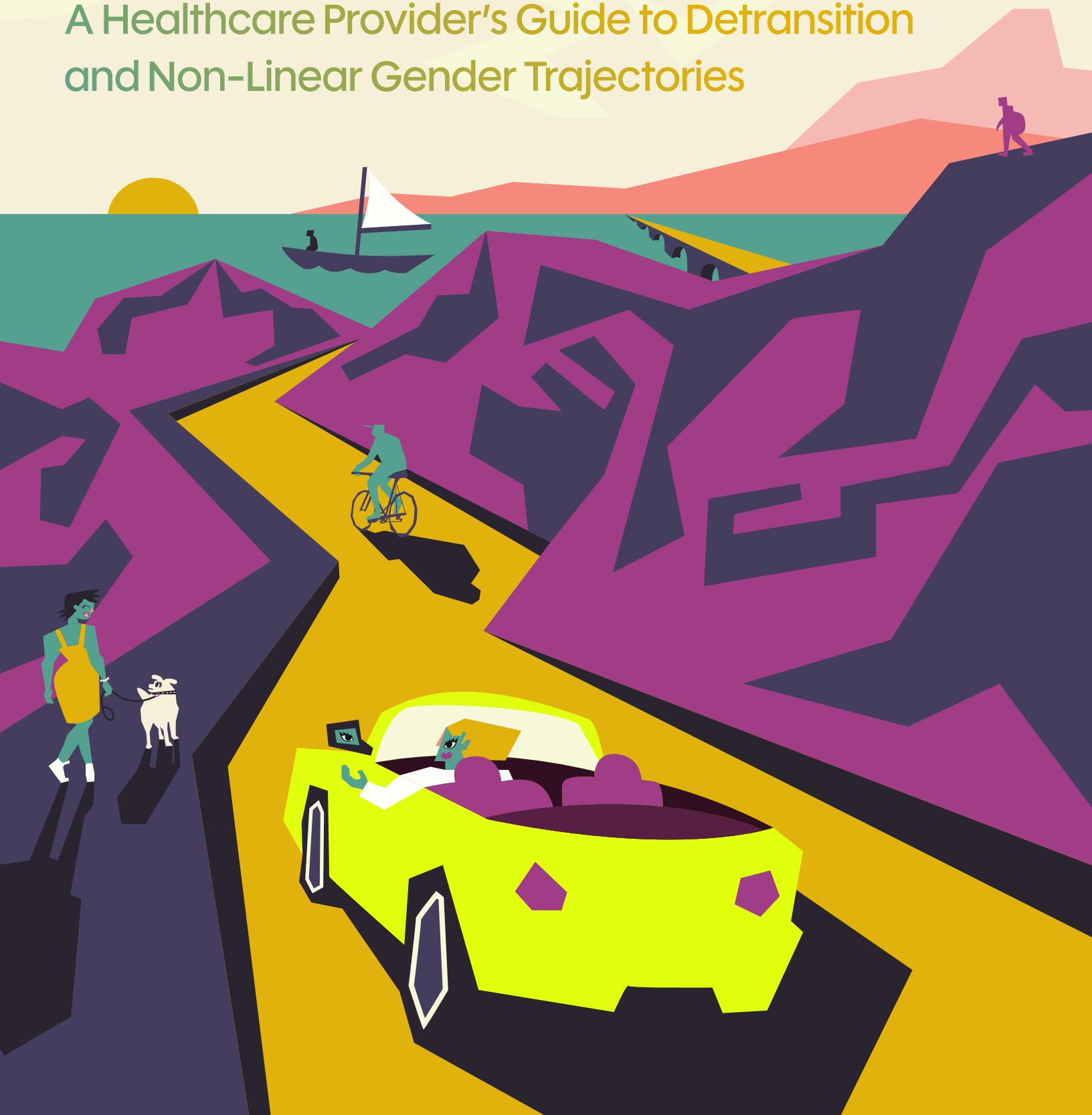
Beyond the Trans-Cis Binary

A Healthcare Provider's Guide to Detransition and Non-Linear Gender Trajectories



Suggested Citation

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GLOBAL PSYCHOLOGY ALLIANCE
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Introduction

This toolkit is designed to help healthcare providers better support detransitioners and people with non-linear gender trajectories, particularly in the context of growing misinformation and disinformation surrounding detransition and gender diversity. As stereotypes about detransition continue to evolve, healthcare providers may encounter challenges in distinguishing between accurate and misleading information. By addressing these challenges and providing easy-to-use and evidence-based resources, this toolkit aims to:

Empower healthcare providers with the knowledge and resources they need to feel more confident and capable when working with detransitioners and people with non-linear gender trajectories.

Support healthcare providers in offering more inclusive, informed care, and ultimately fostering a more welcoming and equitable healthcare environment for people of all genders.

Here's what you need to know about detransition as a healthcare provider!

What is detransition?

The term *detransition* (or *detrans* for short) is an umbrella term that refers to both the various experiences of detransition and the detrans identities (Hildebrand-Chupp, 2020).

The choice to describe one's experience as detransition or to identify as a detrans person is deeply personal and not something that can be inferred by an external source.

Some people have non-linear gender trajectories and may or may not use the term detransition to refer to their experience or identity. What could be considered detransitioning for one person could be considered ongoing gender exploration for another.



Detransition as the *process of discontinuing* or reversing one's transition

The term can refer to the experiences of detransition as the various actions involved in detransitioning, through stopping or reversing certain stages of one's transition.

Examples:

- **Discontinuing hormone therapy**
- **Reversing social transition** (e.g.: changing pronouns – could include going back to using pronouns used before transitioning or using different pronouns or no pronouns, changing one's name – could include going back to using same name as before transitioning or using different name altogether)
- **Reversing the effects of a given surgery** (e.g.: breast augmentation or reconstruction after getting top surgery)

Detransition as an *identity*

The term can also be used to describe the experience of detransition as an identity (e.g., detrans identity) and belonging to detrans communities (Hildebrand-Chupp, 2020).

Just as there's a myriad ways and reasons for transitioning, there's myriad ways and reasons to detransition

Unboxing the myths
Detransition is not one-size-fits-all



"Detransitioning means people are realizing they were truly cisgender all along."



Presenting detransition as a homogeneous phenomenon; monolithic framing.

People who detransition represent a heterogeneous group

Detransition doesn't follow a single path and doesn't lead to a single outcome. Detransitioning individuals can have various gender identities, including:

Cisgender

For some, the decision to detransition is tied to no longer identifying as a trans person (Expósito-Campos, 2021). As such, some people detransition and go back to identifying as cisgender.

Transgender

For others, the decision to detransition is motivated by factors other than the discontinuation of a trans identity (Expósito-Campos, 2021). As such, some people will detransition and continue to identify as a trans person.

Fluid, Non-binary and no identification with gender

Some people detransition and move toward fluid or non-binary identifications of gender, or stop identifying with any gender altogether (Pullen Sansfaçon et al., 2023a).

Detrans

Some people use the word detrans or detransitioned to describe their gender identity. At times, people can use it as their sole gender identity label, or in conjunction with other identity labels (e.g.: "detrans woman" or "detrans non-binary").

These identities can overlap, and a person may identify with more than one at the same time (ex.: identify with their birth-assigned sex and detrans and non-binary) or move between them over time.

Many detransitioners—including those who come to re-identify with their birth-assigned-sex, reject the notion that detransitioning means they were never "truly trans" (Hildebrand-Chupp, 2020)



A person's decision to detransition can be shaped by many factors[1]

Internal Factors

- Changes in perspective or understanding of gender over time
- Greater gender clarity and shifting from a binary trans identity to non-binary or fluid gender identity
- Physical, mental or sexual health concerns
- Realizing gender dysphoria was caused by other factors
- Realizing dysphoria emerged in the context of internalized misogyny, homophobia, or mental health conditions
- Transitioning did not alleviate dysphoria as hoped

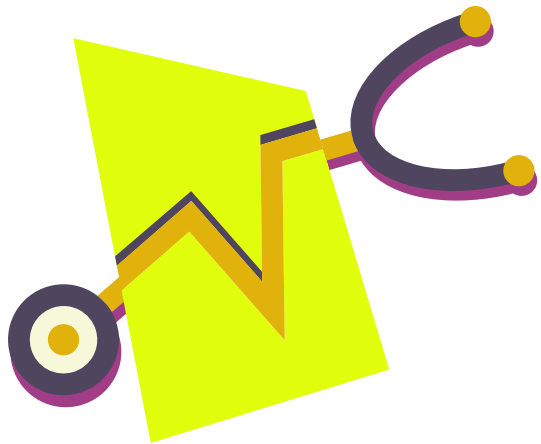
External factors:

- Family and social pressure
- Lack of social and environmental support
- Legal constraints
- Discrimination and violence
- Financial concerns
- Minority stress
- Lack of access or difficulty in accessing gender-affirming care, clinical appointments and gender affirming surgery
- Medical contraindications

1 (MacKinnon et al., 2022b; MacKinnon et al., 2023b; Pullen Sansfaçon et al., 2023a; Vandenbussche, 2022)

A Word on *Retransition*

For some, detransitioning is a **temporary** experience; the transition is discontinued only for a limited period of time before it is resumed again. Some people will use the term ***retransition*** to describe this experience (Hildebrand-Chupp, 2020). Therefore, **pausing and revisiting aspects of one's gender transition** can be a **normal** and **necessary** part of the journey.



Both/And- Holding Multiple Truths Together

While detransition can be temporary for some, it's important not to frame all detransition as such. Detransition is a legitimate experience and its own valid identity. In turn, it's important to exercise caution and not frame detransition as a "phase" as this invalidates the legitimacy of detrans experiences and identities (Gelly et al., 2025).

While some cite external factors as the sole or primary motivator for detransitioning, it's important not to generalize this to all detrans experiences. Framing detransition solely as a response to external pressures and insufficient affirmative efforts oversimplifies the matter and overlooks the diverse, complex realities of detransitioners (Gelly et al., 2025). Attributing detransition solely to external factors while ignoring personal ones undermines detransitioners' agency in their gender self-determination and decision-making.

How Common is Detransition?



Misinformation Alert!

"Detransition is widespread."

Misleading Tactics

Misrepresenting proportionality.

Detransition rates are unknown

Methodological limits in detrans studies can skew detransition rates by overestimating or underreporting them (Cohn, 2023; Expósito-Campos et al., 2023; MacKinnon et al., 2023a).

Factors leading to overestimation

- Lack of clear operational definition of detransition
- Using different terms interchangeably (e.g.: conflating regret rates with detransition rates)
- Detransition label attributed by external source based on medical records, and not self-reported

Factors leading to underreporting

- Loss of follow-up (e.g.: detransitioners tend to exit the medical system)
- Short follow-up periods may fail to capture detransitioners' experiences (e.g.: estimates suggest people detransition on average 4 to 6 years after transitioning, see Vandenbussche, 2022)
- Stigma around detransition may prevent many from disclosing

What does this mean?

You are likely to encounter a wide range of numbers when searching for detransition rates:

- **Lower range: 1-13%** (Boyd et al., 2022; Hall et al., 2021; Pazos et al., 2020; Turban et al., 2021)
- **Middle range: 16.4%** (MacKinnon et al., 2024)
- **Higher range: close to 30%** (Roberts et al., 2022)

Takeaways

- Detransition rates are unknown
- Exercise caution when interpreting statistics or relying solely on quantitative data to discuss detransition
- Be cautious of narratives framing detransition as either "**extremely rare**" or "**widespread**," as both extremes oversimplify the complexity of detrans experiences

Detransition: Not synonymous with regrets or anti-trans



"All detransitioners regret transitioning and have anti-trans views"



False equivalence between detransition and regret, between detransition and anti-trans sentiment; using emotional manipulation to incite fear, outrage, and moral panic.

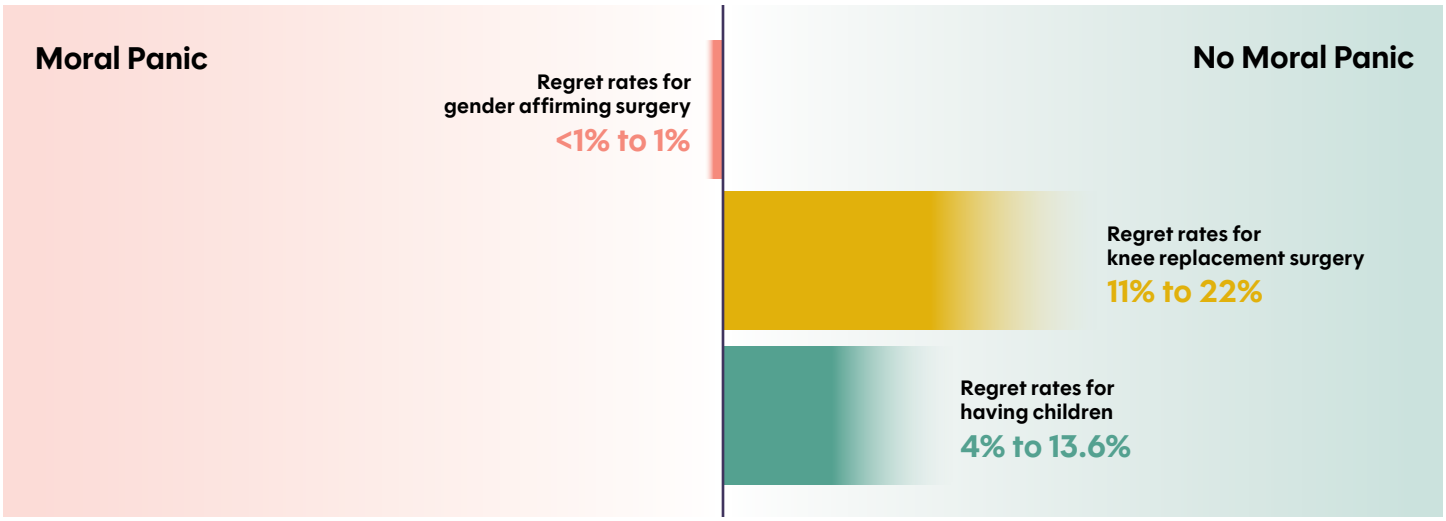
Not synonymous with regret

Although regret can be part of the many emotions detransitioners experience, **detransitioning does not automatically mean people regret transitioning**. Some people detransition and don't experience transition-related regrets, and some people experience transition-related regrets and won't choose to detransition (Expósito-Campos et al., 2023; Turban et al., 2021).

Regret is a valid experience that needs support and acknowledgment and does not need to be problematized, pathologized or weaponized to support anti-transition narratives. One of the ways detransition experiences and transition regrets are being problematized and weaponized is through the **moral panic** that surrounds them (see Bossé, in press).

To illustrate this, we can compare various regret rates for important life decisions and recognize how the level of moral panic is not proportional to the regret rate:

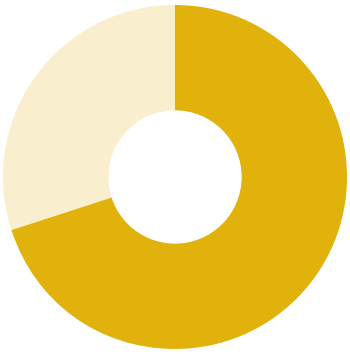
- Regret rates for **gender-affirming surgery** range from **less than 1% to 1%** (Bustos et al., 2021)
- Regret rates for **knee replacement surgery** range from **11% to 22%** (Cassidy et al., 2023; Mahdi et al., 2020; Tian et al., 2022)
- Regret rates for **having children** range between **4% to 13.6%** (Piotrowski, 2021; Wooster, 2024)



Complex and multi-faceted

In a recent study, most detransitioners reported having both positive and negatives feelings about their transition[2].

70%



of detransitioners report **positive feelings about their transition**, including:

- Feeling like the transition was a valuable experience
- Feeling like transition was an experience of personal growth
- Feeling satisfied with the changes brought on by the transition
- Having no problem with the changes and evolution in their identity
- Feeling happy to have transitioned
- Describing their transition as a success even if they chose to detransition
- Feeling the process of transitioning and detransitioning as having been necessary

60%



of detransitioners report **negative feelings about their transition**, including:

- Feelings of regret
- Sadness
- Mourning their pre-transition body
- Experiencing a new form of dysphoria (e.g., dysphoric about the ways in which transition changed their body)
- Feeling angry
- Feeling they were insufficiently supported in their decision-making process
- Feeling they didn't receive enough information at the time they chose to transition

Most people who detransition report having **both positive and negative feelings** about their **detransition**.[3]

Positive feelings about detransition include:

- Feelings of relief
- Feelings of happiness
- Feelings of internal congruence
- Feeling like detransition was a positive way to move towards a more comfortable situation

Negative feelings about detransition include:

- Feeling nostalgic and mourning their transitioned body (e.g., missing the "transitioned version of self")
- A return of dysphoria following the detransition (e.g., dysphoric about the ways in which detransition changed their embodied or social reality)
- Worries and concerns about the uncertainty of their future and path ahead in terms of identity evolution
- Worries and concerns about living a difficult social reality as a detrans person

2 Pullen Sansfaçon et al., 2023a
3 Ibid

The Gatekeeping Myth
Restrictions Won't Stop Detransition



"The solution to preventing detransition is to implement stricter controls and assessments to tightly regulate access to gender-affirming care."



Oversimplification; faulty causation linking detransition and regrets to insufficient controls; weaponizing detransition experiences to advance a pro-gatekeeping posture.

Are gender-affirming approaches to blame for detransition?

Currently, there does not appear to be a link between a healthcare provider's approach to working with gender diverse people and the reported rate of detransition (Pullen Sansfaçon et al., 2023b). Detransition can occur whether the healthcare provider works within a gender-affirming approach, a "wait-and-see" approach, a psychotherapeutic exploration approach or a thorough evaluation approach.

Gatekeeping does not prevent detransition

Currently, **there's no evidence** to support that gender assessments—including DSM-based assessments, gender history-based assessments, standardized questionnaires, or assessments based on transition regret correlates —can reliably **predict or prevent detransition or transition regrets** (Ashley et al., 2024).

Conversely, there's evidence suggesting that extensive gender assessments **do not prevent detransition or transition regrets**, as some detransitioners underwent rigorous evaluations or mandatory gender exploration therapy prior to transitioning, yet still detransitioned (Expósito-Campos, 2021; MacKinnon et al., 2021).

Gatekeeping has negative consequences

Gatekeeping access to gender-affirming care leads to known harmful outcomes (MacKinnon et al., 2021).

The consequences of delaying, blocking or refusing access to gender-affirming care in a timely manner include deterioration of mental health and significantly increased suicidality.

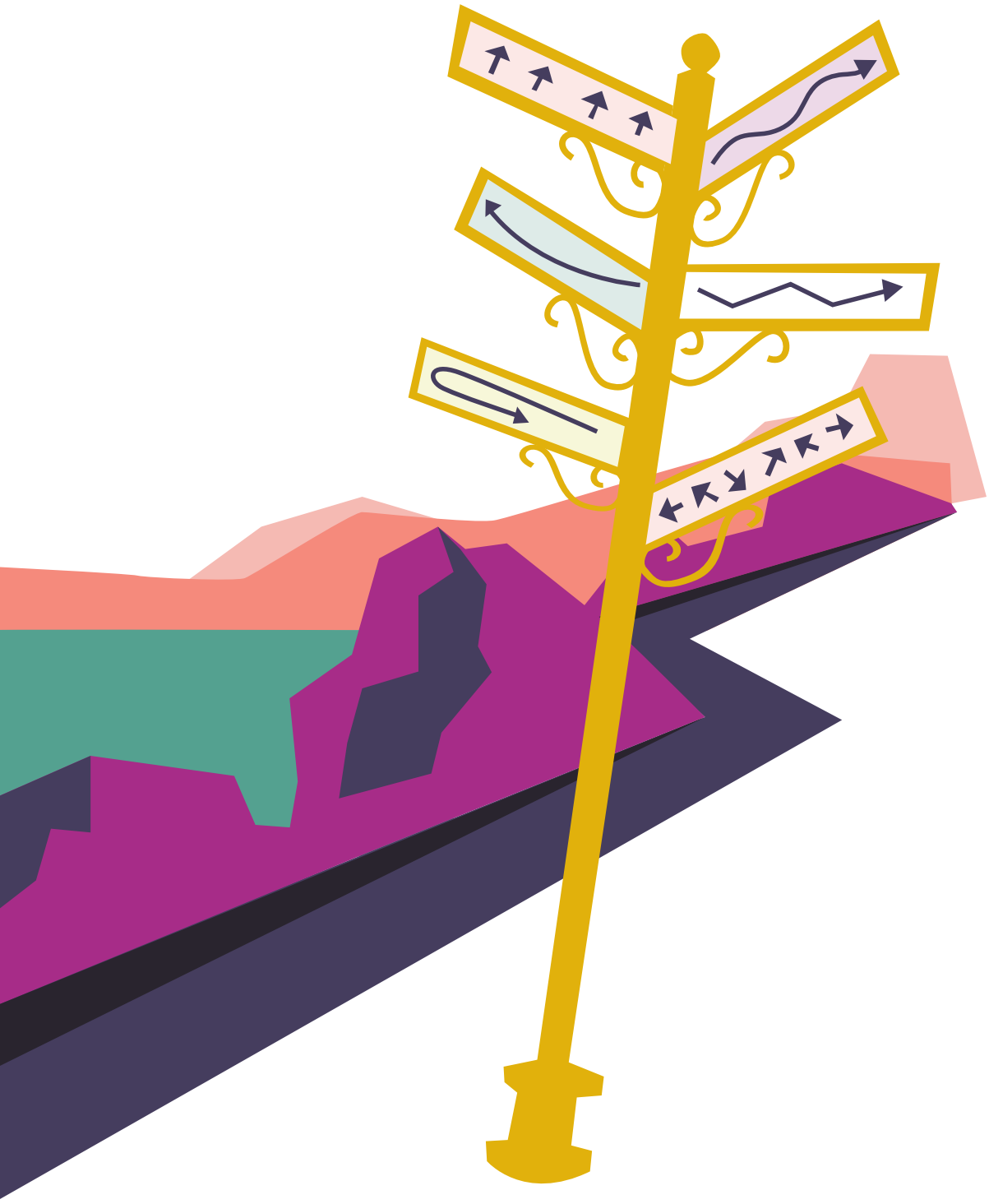
Gender assessments are also known to (Ashley et al., 2025):

- Discourage honesty and the expression of doubts, uncertainty and concerns
- Reduce the quality of information a person feels comfortable sharing
- Weaken the therapeutic relationship
- Discourage normal gender exploration
- Reinforce shame and anger around detransition

Increased gatekeeping neither predicts nor prevents detransition or transition regret

When detrans and gender-diverse people express regrets or a desire to stop or reverse their transition, it often makes healthcare providers anxious. This anxiety can lead providers to mistakenly think they need to impose stricter rules or barriers to prevent such outcomes (MacKinnon et al., 2021). Conversely, when cisgender people regret or reconsider gender-affirming procedures, it doesn't result in stricter rules or added barriers (see Bossé, in press).

Detrans and gender-diverse individuals are often treated as less capable of making medical decisions compared to cisgender people. As a result, they undergo more evaluations and face greater hurdles to access the same gender-affirming care that cis people receive more easily (MacKinnon et al., 2021).



Sharpening your senses
How to spot detransition mis/disinformation in the media



The "Truly Cisgender All Along" trope

One of the most common detransition narrative in the media depicts a person who believed they were trans, transitioned, and later came to realize they were truly cisgender all along and now feel **horrified** and regretful about their transition (Serano, 2023). Those stories usually overemphasize the notions of "**regret," "life-ending mistakes," "irreparable harm"** and **"irreversible changes"** and tend to portray the person as a passive **victim** to a **"transgender agenda**" or **"gender ideology"** that involved **coercion** by the trans community or medical professionals (Gelly et al., 2025).

Weaponizing Detransition to Push Gatekeeping

Recent study highlighted the most popular detransition rhetoric on a social media platform espoused the following 3 themes (Millette et al., 2024):

- Transition framed as a **mistake**
- Detransition as the **solution** and presented as synonymous with a return to a cisgender identity
- The solution to fix the "problem" is to adopt an **anti-transition** approach and increase control and **gatekeeping** measures

"Epidemic, Skyrocketing, Out of Control"

Another common disinformation tactic observed in media representation of detransition involves falsely depicting detransition as a widespread phenomenon (Slothouber, 2020).

Misrepresenting Who's Really Accessing Gender-Affirming Care

It is assumed only gender diverse people access gender-affirming care, but evidence shows the vast majority of people receiving gender-affirming care are in fact cisgender people (Schall & Moses, 2023). For example, gender-affirming chest surgeries in adults are more often performed on cis men (80%) than on trans and non-binary adults, contrary to popular beliefs (Dai et al., 2024).

Sensationalizing and Overrepresenting Minors' Stories

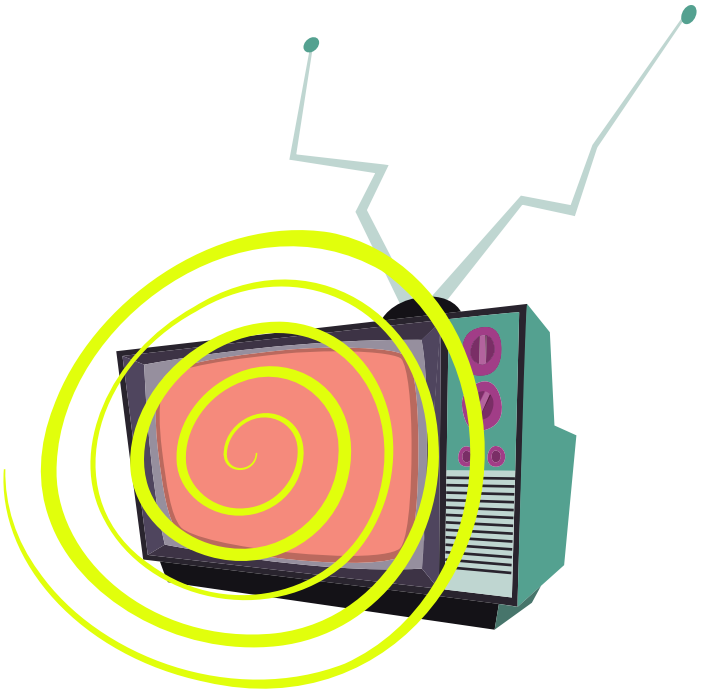
Disinformation-based stories of gender-affirming care in the media tend to overrepresent minors' stories, making it look like trans minors are accessing gender-affirming care haphazardly and suggesting this leads to detransition. In truth, 97% of gender-affirming chest surgeries performed on minors are for cisgender minors, not gender-diverse minors (e.g.: gynecomastia). This highlights how gender-affirming chest surgeries for trans or non-binary minors account for only a tiny fraction in comparison (Dai et al., 2024). Stories of trans youth accessing gender-affirming surgery are portrayed as the result of **reckless healthcare practices**, depicted as **widespread**, and then **weaponized to incite fear, outrage, and moral panic**. These storylines are often masked by a veneer of well-meaning concern and a **"protect the kids"** narrative (Bossé, in press).

Framing Detransition as Undesirable Clinical Outcome and Liability Issue

Disinformation-based narratives in the media aim to spark **fear**, **outrage** and **panic** among **health care providers** as they portray detransition and transition regret as widespread and deeply undesirable clinical outcomes. Fuelled by fears of malpractice lawsuits from detransitioned individuals—which are often exaggerated by skewed media coverage rather than actual instances of medical malpractice— this has the effect of increasing healthcare providers' professional liability concerns with gender diverse clients (MacKinnon et al., 2021).

We've Been Here Before – Borrowing from "Ex-Gay" Rhetorics

Some people list changes in ideology as a main reason for detransitioning (Vandenbussche, 2022) and can sometimes get involved in ideologically motivated detransition activism. In today's anti-trans movement, ideologically motivated detrans activists often work alongside pro-conversion therapy groups in an effort to undermine or ban access to gender-affirming care (Serano, 2023). It is common for ideologically motivated detransition activism to borrow from previous **"ex-gay" rhetoric** (e.g., people who formerly identified as gay who claim they were able to **be cured** or successfully **eliminated** their gay urges and live a straight life). Ideologically motivated detrans activists' narratives are disproportionally represented in today's mainstream media.



It's crucial for healthcare providers to strengthen their proficiency in identifying misinformation and disinformation in regards to detransition and to recognize the harm of such panic-fuelling narratives

Detransphobia
When Detransition rhymes with Discrimination

Unspoken Stigma of Detransition[4]

Detransitioners face unique minority stressors and stigma in nearly all aspects of life, also known as *detransphobia*. Common detrans-specific misconceptions include the harmful beliefs that detransitioners are *"gender frauds"* or proof that trans identities are *"fake"* or a *"trend,"* that they were *"confused"* or never *"truly trans,"* and that fluid gender identities and non-linear gender trajectories are *"bogus."*

Detransitioners experience detrans-specific microaggressions and discrimination such as social exclusion, rejection, isolation and harassment in various settings.

- **Detransphobia in healthcare:** Many detransitioners report facing judgment and stigma from healthcare providers and meeting with healthcare professionals that were not adequately trained or prepared to meet their medical or psychosocial needs in detransitioning. Many will discontinue the relationship with their healthcare providers and avoid seeking healthcare despite needing the care and support. This includes challenges associated with discontinuing hormones without the medical supervision a person may need or going without the psychological support a person may require during detransition.
- **Detransphobia in close relationships** in the form of non-affirmation, invalidation and erasure. This can include loved ones not wanting to acknowledge the transition, friends or family insisting they were right to believe the person "was never truly trans," or wanting to pretend that "everything is back to normal." Many people who detransition mention receiving support in regards to their detransition in ways that were hurtful or invalidated their experience. This includes cisnormative or anti-trans comments that are intended as "compliments" or as supportive remarks. For example, "supporting" a person's detransition by trying to bond over the endorsement of anti-trans narratives (ex.: assuming a detransitioner now believes trans identities are "fake" and adopts an anti-transition stance).
- **Detransphobia in LGBT+ spaces:** Many detransitioners report being alienated and rejected from LGBT+ spaces and communities that once felt safe and affirming, experiencing a lot of pressure from trans communities to conform to a binary trans identity or to follow a "conventional" transition path (re.: transnormative).
- **Detransphobia in Detrans spaces:** Although many detransition groups and spaces provide much-needed support and validation, some ideologically motivated detransition activist spaces actively promote detransphobic tropes and anti-trans sentiments.

Coping with detransphobia[5]

- **Avoiding microaggressions and detransphobic comments with non-disclosure**. Detransitioners often report they won't disclose their detransition. This includes non-disclosure in healthcare settings.
- **Challenging and rejecting detransphobic stereotypes and assumptions**, especially misconceptions equating detransition with anti-trans views and misconceptions equating detransition with a "pro-gatekeeping" posture.

4 Gelly et al., 2025; MacKinnon et al., 2022a
5 Ibid

Enhancing safety in practice
Key recommendations for Healthcare providers

Normalize and depathologize non-linear gender trajectories

Acknowledge that gender identity can be fluid and non-linear. Understand that some individuals may experience lifelong gender identity changes, including detransition. Be open to exploring non-binary and non-linear gender identities and recognize that some people exist beyond the trans-cis binary. Avoid framing gender identity as fixed or binary, avoid pathologizing detransition and non-linear gender trajectories (Bossé, in press).

Embrace bodily autonomy as a guiding principle

Support bodily autonomy by respecting each individual's decision-making power. Avoid gatekeeping and overriding a person's decision-making power with your own, and instead allow individuals to make informed decisions about their gender journey, including detransition. Strive to have bodily autonomy as a guiding principle, not fear (Bossé, in press).

Enhance Informed Consent Practices

Given that many detransitioners shared feeling inadequately supported in their decision-making process both during transition and detransition, this points to the need for healthcare providers to reexamine and improve informed-consent practices (Pullen Sansfaçon et al., 2023a; Pullen Sansfaçon et al., 2023b). Provide comprehensive, up-to-date information about all gender-affirming care options and ensure people are well informed to make decisions about their care.

A change in paradigm – moving away from preventing detransition at all costs

Move away from a paradigm focused on preventing detransition or transition-related regrets. Instead, move towards an approach that focuses on supporting individuals through their detransition experiences, providing a safe space for them to explore their gender identity and experiences (Hildebrand-Chupp, 2020; Pullen Sansfaçon et al., 2023b).

Provide compassionate and non-conditional support

Offer compassionate support to all individuals, regardless of their gender trajectory. Ensure that your care is not contingent on the individual's adherence to a specific transition path. Make it a routine to communicate this explicitly and from the get-go—we don't want to leave people guessing.

Support ambiguity and difficult feelings –others' and yours

Understand that feelings of regret, doubt, uncertainty and ambiguous losses may be an inevitable part of the gender journey for some people. Be compassionate in helping individuals process and make sense of these emotions, especially when navigating detransition. Be mindful of your own emotions and reactions and how they may interfere with your ability to support a person as they navigate detransition.

Ongoing education and awareness as a practice

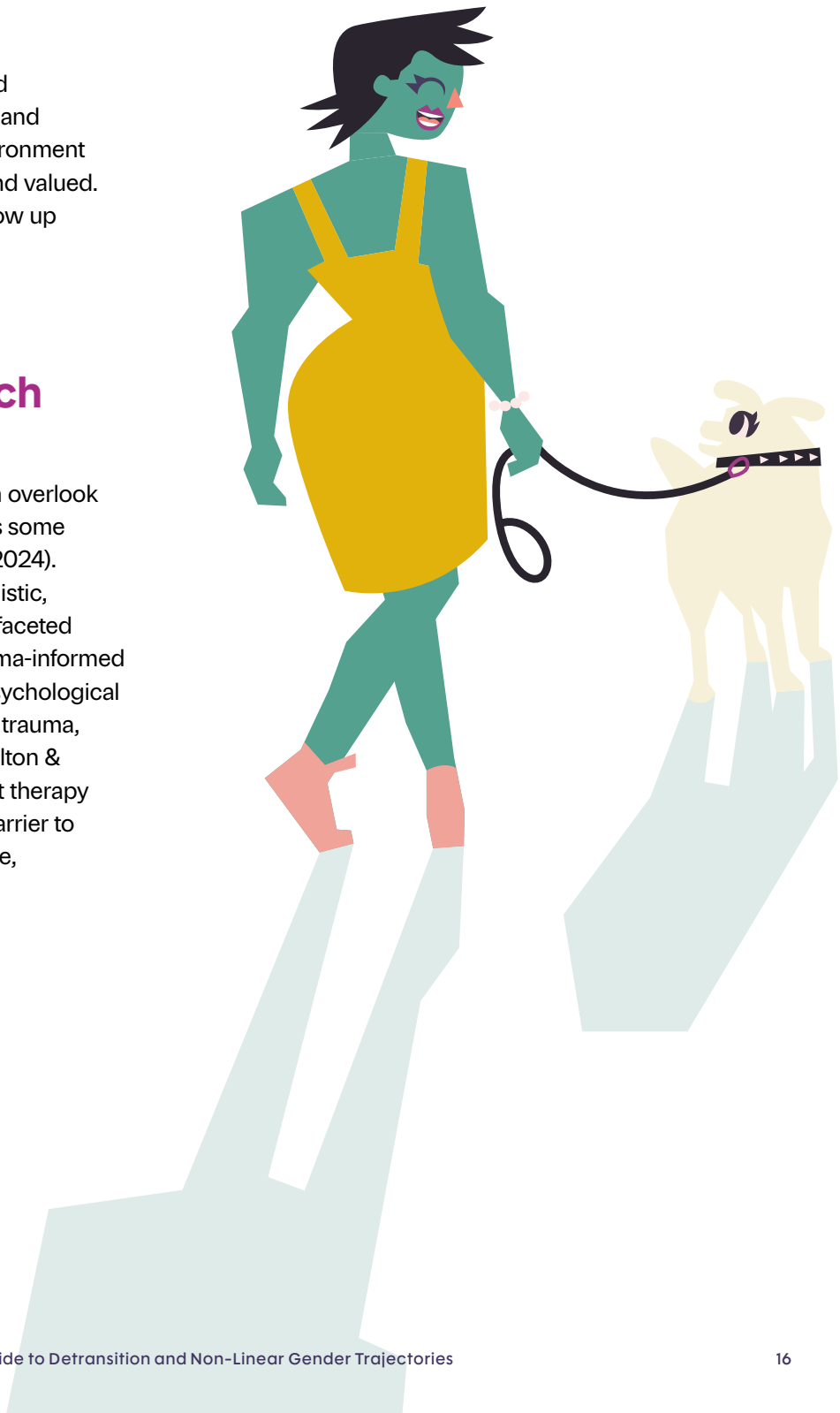
Commit to an ongoing learning process about the realities of transition and detransition. Stay informed about the unique needs of people who detransition and the various gender-affirming care options available to them.

Recognize and address detransphobia

Be aware of the presence of detransphobia and detransition-specific stereotypes in healthcare and work to challenge these biases. Create an environment where all gender experiences are respected and valued. Recognize how those stereotypes can also show up within ourselves as no one is immune to them.

Consider a holistic and comprehensive approach

Many detransitioners express frustration with oversimplified approaches to care, which often overlook the fact that transitioning alone cannot address some individuals' mental health needs (Gould et al., 2024). As such, many detransitioners advocate for holistic, comprehensive care that addresses their multifaceted needs. Evidence-based interventions, like trauma-informed therapies, are recommended to address the psychological challenges detransitioners may face, including trauma, shame and attachment-based difficulties (Charlton & Bond, 2024). It's important to keep in mind that therapy should always be optional and not used as a barrier to delay or restrict access to gender-affirming care, including detransition care.



References

Ashley, F., Parsa, N., Kus, T., & MacKinnon, K. R. (2024). Do gender assessments prevent regret in transgender healthcare? A narrative review. *Psychology of Sexual Orientation and Gender Diversity, 11*(4), 553–562. doi.org/10.1037/sgd0000672

Ashley, F., Parsa, N., Kus, T., Leveille, L., Schevers, K., & Rider, G. N. (2025). Gatekeeping gender-affirming care is detrimental to detrans people. International Journal of Transgender Health, 26(1), 235–252. doi.org/10.1080/15532739.2025.2462582

Bossé, J. (In press) When cisnormativity and transnormativity are in bed together: Exposing the underbelly of disinformation-fueled detransition panic. *Canadian Psychology/Psychologie canadienne*.

Boyd, I., Hackett, T. & Bewley, S. (2022). Care of transgender patients: A general practice quality improvement approach. Healthcare,10(1), 121. doi.org/10.3390/healthcare10010121

Bustos, V. P., Bustos, S. S., Mascaro, 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). doi.org/10.1097/GOX.0000000000003477

Cassidy, R. S., Bennett, D. B., Beverland, D. E., & O'Brien, S. (2023). Decision regret after primary hip and knee replacement surgery. *Journal of Orthopaedic Science*, 28(1), 167- 172. doi.org/10.1016/j.jos.2021.10.007

Charlton, L., & Bond, R. (2024). Clinical considerations and endocrinological implications in the detransition process. Best Practice & Research Clinical Endocrinology & Metabolism, 38(5), Article 101932. doi.org/10.1016/j.beem.2024.101932

Cohn, J. (2023). The Detransition Rate Is Unknown. Archives of Sexual Behavior, 52(5), 1937-1952. doi.org/10.1007/s10508-023-02623-5

Dai, D., Charlton, B. M., Boskey, E. R., Hughes, L. D., Hughto, J. M. W., Orav, E. J., & Figueroa, J. F. (2024). Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the U.S. *JAMA Network Open, 7*(6), e2418814. doi.org/10.1001/jamanetworkopen.2024.18814

Expósito-Campos, P. (2021). A Typology of Gender Detransition and Its Implications for Healthcare Providers. *Journal of Sex & Marital Therapy, 47*(3), 270–280. doi.org/10.1080/0092623X.2020.1869126

Expósito-Campos, P., Salaberria, K., Pérez-Fernández, J. I., & Gómez-Gil, E. (2023). Gender detransition: A critical review of the literature. Actas espanolas de psiquiatria, 51(3), 98–118. pubmed.ncbi.nlm.nih.gov/37489555/

Gelly, M.A., Atgé-Delbays, S., & Pullen Sansfaçon, A. (2025). "They're Unable to See my Decision to Detransition for What it is": How Detrans Youth Perceive and Receive Discourses on Detransition. Sexuality Research and Social Policy, 22, 1-14. doi.org/10.1007/s13178-024-01079-z

Gould, W. A., MacKinnon, K. R., Lam, J. S. H., Enxuga, G., Abramovich, A., & Ross, L. E. (2024). Detransition narratives trouble the simple attribution of madness in transantagonistic contexts: A qualitative analysis of 16 Canadians' experiences. *Culture, Medicine, and Psychiatry, 48*(2), 247–270. doi.org/10.1007/s11013-023-09838-0

Hall, R., Mitchell, L., & Sachdeva, J. (2021). Access to care and frequency of detransition among a cohort discharged by a UK national adult gender identity clinic: Retrospective case-note review. BJPsych Open, 7(6), e184. doi.org/10.1192/bjo.2021.1022

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. doi.org/10.1177/0038026120934694

MacKinnon, K. R., Ashley, F., Kia, H., Lam, J. S. H., Krakowsky, Y., & Ross, L. E. (2021). Preventing transition "regret": An institutional ethnography of gender-affirming medical care assessment practices in Canada. *Social Science & Medicine, 291*. doi.org/10.1016/j.socscimed.2021.114477

MacKinnon, K. R., Gould, W. A., Ashley, F., Enxuga, G., Kia, H., & Ross, L. E. (2022a). (De)transphobia: Examining the Socio-Politically Driven Gender Minority Stressors Experienced by People who Detransitioned. *Bulletin of Applied Transgender Studies, 1*(3–4), 235–259. doi.org/10.57814/8nd4-6a89

MacKinnon, K. R., Kia, H., Salway, T., Ashley, F., Lacombe-Duncan, A., Abramovich, A., Enxuga, G., & Ross, L. E. (2022b). Health Care Experiences of Patients Discontinuing or Reversing Prior Gender-Affirming Treatments. *JAMA Network Open, 5*(7), e2224717. doi.org/10.1001/jamanetworkopen.2022.24717

MacKinnon, K. R., Expósito-Campos, P., & Gould, W. A. (2023a). Detransition needs further understanding, not controversy. *BMJ, 381, e073584*. doi.org/10.1136/bmj-2022-073584

MacKinnon, K. R., Kia, H., Gould, W. A., Ross, L. E., Abramovich, A., Enxuga, G., & Lam, J. S. H. (2023b). A typology of pathways to detransition: Considerations for care practice with transgender and gender diverse people who stop or reverse their gender transition. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. doi.org/10.1037/sgd0000678

MacKinnon, K. R., Jeyabalan, T., Strang, J. F., Delgado-Ron, J. A., Lam, J. S. H., Gould, W. A., Cooper, A., & Salway, T. (2024). Discontinuation of Gender-Affirming Medical Treatments: Prevalence and Associated Features in a Nonprobabilistic Sample of Transgender and Gender-Diverse Adolescents and Young Adults in Canada and the United States. The Journal of adolescent health: official publication of the Society for Adolescent Medicine, 75(4), 569–577. doi.org/10.1016/j.jadohealth.2024.05.015

Mahdi, A., Svantesson, M., Wretenberg, P., & Hälleberg-Nyman, M. (2020). Patients' experiences of discontentment one year after total knee arthroplasty: A qualitative study. *BMC Musculoskeletal Disorders, 21, Article 29*. doi.org/10.1186/s12891-020-3041-y

Millette, M., Turbide, O., Paré-Roy, E., Chartrand-Deschamps, E., & Pullen Sansfaçon, A. (2024). La mise en discours de la détransition sur Twitter (2017–2020). *Canadian Journal of Communication, 49*(3), 391–427. doi.org/10.3138/cjc-2023-0039

Pazos Guerra, M., Gómez Balaguer, M., Gomes Porras, M., Hurtado Murillo, F., Solá Izquierdo,E., & Morillas Ariño, C. (2020). Transsexuality: Transitions, detransitions, and regrets in Spain. Endocrinología, Diabetes y Nutrición (English ed.), 67(9), 562–567. doi.org/10.1016/j.endien.2020.03.005

Piotrowski, K. (2021). How many parents regret having children and how it is linked to their personality and health: Two studies with national samples in Poland. *PLOS ONE, 16*(7), e0254163. doi.org/10.1371/journal.pone.0254163

Pullen Sansfaçon, A., Gelly, M. A., Gravel, R., Medico, D., Baril, A., Susset, F., & Paradis, A. (2023a). A nuanced look into youth journeys of gender transition and detransition. *Infant and Child Development, 32*(2), e2402. doi.org/10.1002/icd.2402

Pullen Sansfaçon, A., Planchat, T., Gelly, M. A., Baril, A., Susset, F., & Millette, M. (2023b). Understanding the experiences of youth who have discontinued a gender transition: Provider perspectives. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. doi.org/10.1037/sgd0000644

Roberts, C. M., Klein, D. A., Adirim, T. A., Schvey, N. A., & Hisle-Gorman, E. (2022). Continuation of Gender-affirming Hormones Among Transgender Adolescents and Adults. The Journal of Clinical Endocrinology & Metabolism, 107(9), e3937-e3943 doi.org/10.1210/clinem/dgac251

Schall, T. E., & Moses, J. D. (2023). Gender-affirming care for cisgender people. *Hastings Center Report, 53*(3), 15–24. doi.org/10.1002/hast.1486

Serano, J. (2023, July 25). Spotting anti-trans media bias on detransition. *Medium*. juliaserano.medium.com/spotting-anti-trans-media-bias-on-detransition-a9a782a46894

Slothouber, V. (2020). (De)trans visibility: Moral panic in mainstream media reports on de/retransition. *European Journal of English Studies, 24*(1), 89–99. doi.org/10.1080/13825577.2020.1730052

Tian, M., Li, Z., Chen, X., Wu, Q., Shi, H., Zhu, Y., & Shi, Y. (2022). Prevalence and Predictors of Chronic Pain with Two-Year Follow-Up After Knee Arthroplasty. *Journal of Pain Research, 15*, 1091–1105. doi.org/10.2147/jpr.s345496

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. doi.org/10.1089/lgbt.2020.0437

Vandenbussche, E. (2022). Detransition-related needs and support: A cross-sectional online survey. *Journal of Homosexuality*, 69(9), 1602-1620. doi.org/10.1080/00918369.2021.1919479

Wooster, P. M. (2024). How many parents regret having children? *(Undergraduate honors thesis). University of Arkansas.* scholarworks.uark.edu/psycuht/55

