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Detransition-Related Needs and Support: A Cross-Sectional Online Survey

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ABSTRACT

The aim of this study is to analyze the specific needs of detransitioners from online detrans communities and discover to what extent they are being met. For this purpose, a cross-sectional online survey was conducted and gathered a sample of 237 male and female detransitioners. The results showed important psychological needs in relation to gender dysphoria, comorbid conditions, feelings of regret and internalized homophobic and sexist prejudices. It was also found that many detransitioners need medical support notably in relation to stopping/changing hormone therapy, surgery/treatment complications and reversal interventions. Additionally, the results indicated the need for hearing about other detransitioners' experiences and meeting each other. A major lack of support was reported by the respondents overall, with a lot of negative experiences coming from medical and mental health systems and from the LGBT+ community. The study highlights the importance of increasing awareness and support given to detransitioners.

KEYWORDS

Detransition; gender dysphoria; gender identity; cross-sex hormones; detransitioners; transgender; transition; support

Introduction

In recent years, there has been an increasing interest in the phenomenon of detransition. Many testimonies have been shared by self-identified detransitioners online and detrans communities have formed on social media. This phenomenon started to attract the attention of scholars, who have emphasized the need for research into the specific needs of this group (e.g., Butler & Hutchinson, 2020; Entwistle, 2020; Hildebrand-Chupp, 2020). A few case studies have been conducted in order to explore individual experiences of detransition (Pazos-Guerra et al., 2020; Turban & Keuroghlian, 2018). The latter studies highlighted the complexity of detransition experiences but did not provide sufficient data to assess the general needs and characteristics of detransitioners. The current study aims to explore this issue in more depth and to serve as a basis for future research on the phenomenon of detransition.

To date there has been little agreement on a definition of the word “detransition.” As explained by Expósito-Campos (2021), this term has been used interchangeably to refer to what he perceives to be two distinctive situations: in

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the first, the detransitioning individual stops identifying as transgender; in the second, they do not. It is therefore necessary here to clarify exactly what is meant when writing about detransition.

In this paper, I will be using the following concepts: “medical detransition,” “social detransition” and (male or female) “detransitioner.” Medical detransition refers to the process of ceasing/reversing the medical aspects of one’s medical transition. This might include stopping or changing hormone therapy and undergoing reversal surgeries, among others. Likewise, social detransition refers to the process of changing/undoing the social aspects of one’s social transition. For example, it might include presenting oneself as one’s birth sex again, changing one’s post-transition name or going back to using the pronouns associated with one’s birth sex.

The term “detransitioner” will be used here to refer to someone who possibly underwent some of these medical and/or social detransition steps and, more importantly, who identifies as a detransitioner. It is important to add this dimension, because the act of medical/social detransition can be performed by individuals who did not cease to identify as transgender and who do not identify as detransitioners or as members of the detrans community. Furthermore, some individuals might identify as detransitioners after having ceased to identify as trans, while not being in a position to medically or socially detransition due to medical or social concerns. As Hildebrand-Chupp (2020) puts it: “[B]ecoming a detransitioner involves a fundamental shift in one’s subjective understanding of oneself, an understanding that is constructed within these communities.” (p.802). More qualitative research should be conducted in order to better understand how members of the detrans community define themselves and make sense of their own detransition process. However, this goes beyond the scope of this study.

The creation of support and advocacy groups for detransitioners in recent years (e.g., DetransCanada, *n.d.*, Detrans Voices, *n.d.*, The Detransition Advocacy Network, *n.d.*, Post Trans, *n.d.*) testifies to the formation of a detrans community whose members have specific needs. Scholars and clinicians have recently started raising concerns around the topic (e.g., Butler & Hutchinson, 2020; Entwistle, 2020; Hildebrand-Chupp, 2020; Marchiano, 2020). However, little research has been done specifically into the characteristics of this seemingly growing community.

Two informal surveys conducted by detransitioners (Hailey, 2017; Stella, 2016) have explored the demographics and (de)transition experiences of members of online female detrans communities. These will constitute interesting points of comparison in the discussion section of the current research.

The purpose of this exploratory study is to offer an overview of the current needs of detransitioners from online detrans communities, which will hopefully serve as a useful basis for further experimental studies around the topic of detransition. The current research primarily seeks to address the following

questions: What are the current needs of detransitioners? What support is given to detransitioners in order to fulfil these needs?

Methods

Procedure

A cross-sectional survey was conducted, using online social media to recruit detransitioners. Access to the questionnaire was open from the 16th of November until the 22nd of December 2019. Any detransitioner of any age or nationality was invited to take part in the study. The survey was shared by Post Trans (www.post-trans.com)—a platform for female detransitioners—via public posts on Facebook, Instagram and Twitter. Participants were also recruited through private Facebook groups and a Reddit forum for detransitioners ([r/detrans](https://www.reddit.com/r/detrans)). Some of the latter platforms were addressed exclusively to female detransitioners. The purpose of the study was presented as gaining a better understanding of detransitioners' current needs. Potential participants were asked to fill out the form and share it to fellow detransitioners. All participants have been fully anonymized.

Everyone who answered “yes” to the question “Did you transition medically and/or socially and then stopped?” was selected in the study. The individual questionnaires of the 9 respondents who answered “no” to this question were looked at closely, in order to assess whether they should be included in the study. Eight of them were added to the final sample, as their other answers indicated that their experiences lead them to identify as detransitioners.

This research was approved by the Ethics Committee for Noninvasive Research on Humans in the Faculty of Society and Economics of the Rhine-Waal University of Applied Sciences

Questionnaire design

The questionnaire consisted of 24 questions (see [Appendix](#)). The first series of questions was aimed at defining the profile of the respondent (age, sex, country, etc.), the second was asking about relevant aspects of transition and detransition experiences (transition type, gender dysphoria, therapy, medical interventions, reasons for detransitioning etc.), and the third focused on the needs encountered as well as the support (or lack of) received during the process of detransition (medical, psychological, legal and social needs and support).

Most of the items were multiple-choice questions. The conception of the multiple choices was based on observations drawn from several detransition online resources and forums. An open “other” category was available when relevant for the respondents to write in possibly lacking options. The survey

was designed to leave a lot of free space to add answers, since the detransition population is still very much under-researched and there is a lot to learn from each of its members. This is why a more qualitative approach was taken for the last question notably, leaving an open field for adding comments about the support—or lack of—received while detransitioning. This qualitative data was analyzed through the identification of recurrent themes, which will be presented in the results section.

Participants

A total of 237 participants were included in the final sample. The large majority was female; 217 female (92%) for 20 male respondents (8%). This was determined based on the answers to the question: “What sex were you assigned at birth?” The average age was 25.02 years ($SD = 7.72$), ranging from 13 to 64. The mean age of female detransitioners ($M = 24.38$; $SD = 6.86$) was lower than that of male detransitioners ($M = 31.95$; $SD = 12.26$).

Around half of the sample (51%) reported coming from the United States and close to a third from Europe (32%). Fifteen respondents are from Canada (6%), twelve from Australia (5%), and one from each of the following countries: Brazil, Kazakhstan, Mexico, Russia and South Africa.

Close to two thirds (65%) transitioned both socially and medically; 31% only socially. A few respondents rightly criticized the fact that the option of medically transitioning only was not available in the questionnaire. The absence of this option needs to be kept in mind when looking at the results.

Around half (51%) of the respondents started socially transitioning before the age of 18, and a quarter (25%) started medically transitioning before that age as well. The average age of social transition was 17.96 years (17.42 for females; 23.63 for males) ($SD = 5.03$) and that of medical transition was 20.70 years (20.09 for females; 26.19 for males) ($SD = 5.36$). Fourteen percent of the participants detransitioned before turning 18. The average age of detransition was 22.88 years (22.22 for females; 30.00 for males) ($SD = 6.46$). The average duration of transition of the respondents (including both social and medical transition) was 4.71 years (4.55 for females; 6.37 for males) ($SD = 3.55$).

Eighty percent of the male detransitioners underwent hormone therapy, compared to 62% for female detransitioners. Out of the respondents who medically transitioned, 46% underwent gender affirming surgeries.

Results

For sake of clarity, the results will be presented based on the three categories mentioned above in the methods section: profile of the respondents, relevant aspects of transition and detransition and, finally, detransition-related needs and support. The qualitative results will be displayed at the end of this section.

Profile of the respondents

Most of the information related to the profile of the respondents can be found in the methods section. The sample showed a high prevalence of comorbidities, considering that over half of the participants (54%) reported having had at least 3 diagnosed comorbid conditions (out of the 11 conditions listed in the survey—see [Table 1](#)). The most prevalent diagnosed comorbid conditions are depressive disorders (69%) and anxiety disorders (63%), including PTSD (33%) (see [Table 1](#)).

Relevant aspects of transition and detransition

A great majority of the sample (84%) reported having experienced both social and body dysphoria. (Social dysphoria being defined as a strong desire to be seen and treated as being of a different gender, and body dysphoria as a strong desire to have sex characteristics of the opposite sex/rejection of your own sex). Eight percent reported having experienced only body dysphoria, 6% only social dysphoria and 2% neither of them.

Forty-five percent of the whole sample reported not feeling properly informed about the health implications of the accessed treatments and interventions before undergoing them. A third (33%) answered that they felt partly informed, 18% reported feeling properly informed and 5% were not sure.

The most common reported reason for detransitioning was realized that my gender dysphoria was related to other issues (70%). The second one was health concerns (62%), followed by transition did not help my dysphoria (50%), found alternatives to deal with my dysphoria (45%), unhappy with the social changes (44%), and change in political views (43%). At the very bottom of the list are: lack of support from social surroundings (13%), financial concerns (12%) and discrimination (10%) (see [Figure 1](#)).

34 participants (14%) added a variety of other reasons such as absence or desistance of gender dysphoria, fear of surgery, mental health concerns related

Table 1. Number of participants with comorbid conditions.

Comorbid condition	Diagnosed	Suspected
Depressive disorder	163 (70%)	32 (14%)
Anxiety disorder	149 (63%)	43 (18%)
Post-traumatic stress disorder	79 (33%)	63 (27%)
Attention deficit disorder	57 (24%)	50 (21%)
Autism spectrum condition	47 (20%)	61 (26%)
Eating disorder	46 (19%)	58 (25%)
Personality disorder	40 (17%)	26 (11%)
Obsessive compulsive disorder	35 (15%)	44 (19%)
Polycystic ovary syndrome (only females)	22 (10%)	13 (6%)
Dissociative identity disorder	14 (6%)	23 (10%)
Schizo-spectrum disorder	5 (2%)	9 (4%)

"Diagnosed" and "Suspected" were mutually exclusive categories.

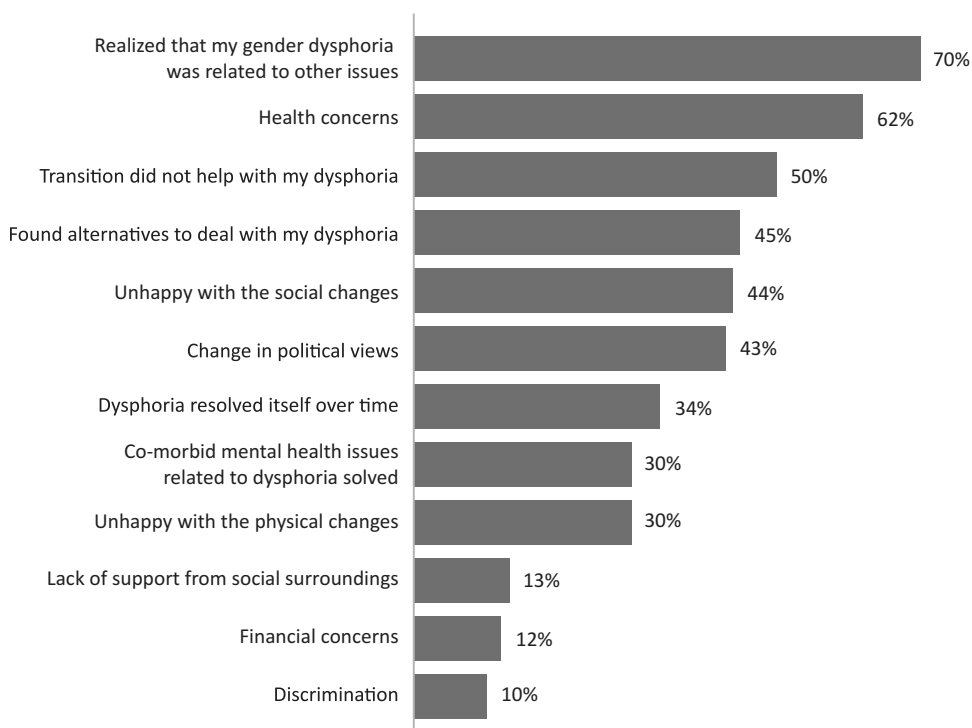


Figure 1. Reasons for detransitioning.

to treatment, shift in gender identity, lack of medical support, dangerosity of being trans, acceptance of homosexuality and gender non-conformity, realization of being pressured to transition by social surroundings, fear of surgery complications, worsening of gender dysphoria, discovery of radical feminism, changes in religious beliefs, need to reassess one's decision to transition, and realization of the impossibility of changing sex.

Detransition-related needs and support

The different types of needs were divided into four categories in the questionnaire: medical, psychological, legal and social needs.

Medical needs

The most commonly chosen answer was the need for receiving accurate information on stopping/changing hormonal treatment (49%), followed by receiving help for complications related to surgeries or hormonal treatment (24%) and receiving information and access to reversal surgeries/procedures (15%). Forty-six percent of the participants reported not having any detransition-related medical need. Sixteen respondents (7%) added another non-listed answer, such as tests to determine current reproductive health, information

about long-term effects of hormone therapy, about the health consequences of having had a full hysterectomy and about pain related to chest binding.

Psychological needs

Psychological needs appeared to be the most prevalent of all, with only 4% of the respondents reporting not having any. The answers working on comorbid mental issues related to gender dysphoria and learning to cope with gender dysphoria; finding alternatives to medical transition are at the top of the list, both with 65%. Below that, learning to cope with feelings of regret (60%), followed by learning to cope with the new physical and/or social changes related to detransitioning (53%) and learning to cope with internalized homophobia (52%). Thirty-four respondents (14%) added another non-listed answer, such as trauma therapy, learning how to deal with shame and internalized misogyny, how to cope with rejection from the LGBT and trans communities and how to deal with the aftermath of leaving a manipulative group. Other answers disclosed the need for help recovering from addictive sexual behavior related to gender dysphoria, psychosexual counseling and peer support.

Legal needs

More than half of the sample (55%) reported not having any detransition-related legal need. The main legal need expressed was changing back legal gender/sex marker and/or name (40%), followed by legal advice and support to take legal action over medical malpractice (13%). Five respondents (2%) added another non-listed answer, such as employment legal aid and support to take legal action for having been forced to go through a sterilization.

Social needs

The big majority of the respondents reported a need for hearing about other detransition stories (87%). The second most common answer was getting in contact with other detransitioners (76%), followed by receiving support to come out and deal with negative reactions (57%). Thirty-three respondents (14%) added another non-listed answer such as being accepted as female while looking male, help navigating social changes at the workplace, building a new social network, more representation of butch lesbians, real life support and finding a community.

When looking at from whom the respondents received support while transitioning and detransitioning, it appears that the biggest source of help comes from online groups/forums/social media for both transition and detransition (65%). The support received from friends, partner(s) and family is a little higher for detransition (64%) than for transition (56%).

Only 8% of the respondents reported having received help from an LGBT+ organization while detransitioning, compared to 35% while transitioning.

Similarly, 5% reported having received help from a trans-specific organization while detransitioning, compared to 17% while transitioning.

A total of 29% reported having received support for their detransition from the medical professionals that helped them during their transition. In contrast, 38% sought support from a new therapist/doctor. A part of the sample reported not receiving help from anybody for transitioning (8%) and for detransitioning (11%) (see [Figure 2](#)).

Around half of the respondents (51%) reported having the feeling of not having been supported enough throughout their detransition, 31% said they did not know and 18% answered that they had received enough support.

Qualitative results

Two open-ended questions allowed participants to write more extensively about their needs and support in the questionnaire. The first one enabled the respondents to write about any additional need that they encountered while detransitioning, while the second asked about the support—or lack of—that they had received.

Additional comments about needs

Thirty-seven participants (16%) left various comments about specific needs that they experienced during their transition and detransition.

Several respondents expressed the need for different types of therapy and counseling for dealing with issues of dissociation, childhood sexual trauma, anorexia, relationship issues and body issues caused by irreversible gender affirming surgeries. A participant also mentioned the importance of help revolving around suicide prevention for those who need it.

Additionally, someone emphasized the need for therapists to validate the feelings of being harmed by transition that some detransitioners experience, rather than dismissing or opposing them. Similarly, another respondent expressed the need for non-judgmental medical practitioners. Someone else described the need for as much medical autonomy as possible and a total freedom from psychology and psychiatry. A participant also explained that she would have needed to know the health risks of chest binding before experiencing them.

Furthermore, two respondents highlighted the need to look into individual experiences and needs without forcing them into a rigid model of transition. Others wrote about the need for more information about detransition and a better general understanding of this phenomenon.

Lastly, a few female detransitioners expressed the need for being valued as a woman, for learning about feminist theories and for more gender-nonconforming role models.

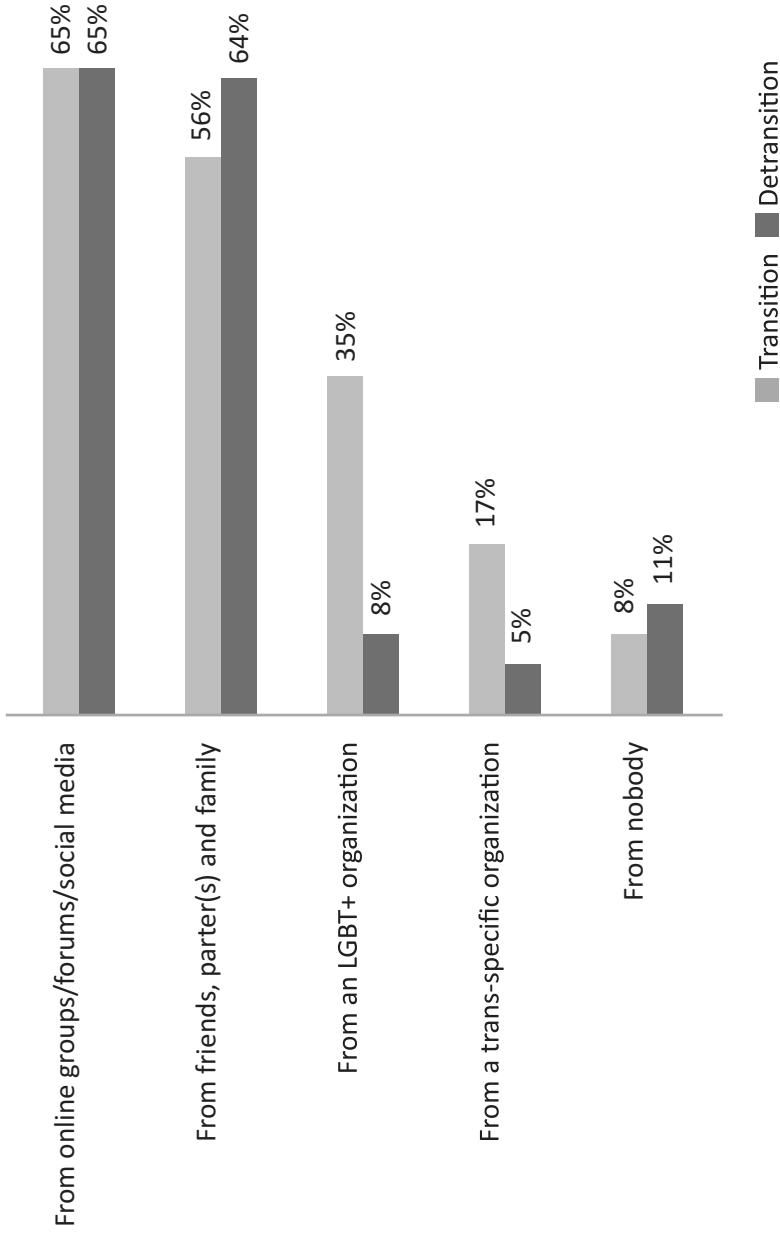


Figure 2. Comparison between transition and detransition support.

Additional comments about support

At the end of the questionnaire, a second open-ended question invited the participants to give further comments about the support—or lack of—that they had received during their detransition process.

A third of the participants (34%) answered this question, often with long and detailed accounts of their personal experiences with regard to this aspect. The most common themes identified were: loss of support from the LGBT community and friends (see [Table 2](#)), negative experiences with medical professionals (see [Table 3](#)), difficulty to find a detrans-friendly therapist and lack of offered alternatives to transitioning (see [Table 4](#)), as well as isolation and lack of overall support. Some gave more positive accounts of the support that they had received from their family, partners and friends and emphasized their important role.

A recurrent theme in the answers was a sense amongst respondents that it was very difficult to talk about detransition within LGBT+ spaces and with trans friends. Many expressed a feeling of rejection and loss of support in relation to their decision to detransition, which led them to step away from LGBT+ groups and communities (see [Table 2](#)).

Whilst a minority reported positive experiences with medical professionals during their detransition, most participants expressed strong difficulties finding the help that they needed during their detransition process. Participants' own descriptions of the nature of these difficulties can be found in [Table 3](#).

Another reported issue was the difficulty of finding a therapist willing and able to look at the factors behind gender dysphoria and to offer alternatives to transitioning. Some respondents highlighted the fact that they were

Table 2. Extracts about experiences of exclusion from LGBT+ communities.

“The LGBT+ community doesn't support detransitioners and I lost all LGBT+ friends I had because they deemed me transphobic/terfy, only non-LGBT+ friends supported me.”
“Where I live detransitioners are seen bad for most of the LGBT community, so it's hard to talk about it with freedom.”
“It is unacceptable that, at least in my experience, detransition is not something allowed to be talked about in LGBT spaces.”
“Only lesbians and feminists helped me. The trans and queer community demonized me and ostracized me for my reidentification.”
“I lost a lot of support and attracted a lot of hostility from trans people when I detransitioned socially. I also deal with a lot of people assuming that my dysphoria is gone entirely/cured because I have detransitioned socially, and decided not to go through with medical transition.”
“Lgbt organizations don't want to talk about detransition. I did not feel welcome at lgbt events after I detransitioned.”
“Telling my trans friends that I'm desisting is nearly impossible. The community is too toxic to allow any kind of discussion about alternatives to transition, sources of dysphoria beyond 'that's just who you are', or stories about detransitioners.”
“I've been shunned by most of my trans identifying friends. I had to leave my old doctor, therapist and LGBT group out of shame and embarrassment.”
“I have several de-trans friends whom had permanent body alterations they regretted that led to more dysphoria and eventually their suicides. Biggest factors were a lack of medical support and outright rejection from LGBT organisations/communities.”
“I still have transgender friends who don't want me to talk about detransition. They're okay with me being detransitioned, but they don't want me to criticize transition or discuss the negative side effects of HRT.”

Table 3. Extracts about negative medical experiences during detransition.

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- "I needed gender and transition experienced providers to assist with my medical detransition, but none of them seemed to understand or provide the type of care I needed, despite my self-advocacy. I got better care from providers outside of the LGBT and transgender specialty clinics."
- "I still struggle to find a doctor who has knowledge of detransition and the effects HRT had on me/my best course of action since stopping."
- "When I first brought up wanting to stop T to my doctor, they were very dismissive and condescending about it."
- "My experience with transition left me with greatly diminished faith in medicine and zero faith in the mental health profession. I now avoid all doctors most of the time (unless I am convinced they are the only way to access a strongly evidence-based treatment or diagnostic tool for a condition which causes more suffering than doctors themselves- many do not) and totally avoid any contact with mental health professionals, and am much better off for it."
- "As soon as I 'detransed' I was discharged from all gender services, despite asking for help in dealing with sex dysphoria should it arise again."
- "I had no medical help from the doctor who prescribed me T, she wanted nothing to do with me."
- "The team that transitioned you is not willing to help you detransition. You need new doctors."
- "The medical team that helped me transition is helpful, but they are also causing a lot of hassle, which is very frustrating for me. Like for example they keep me stuck with my male sex marker for I don't know how long, and they don't believe I'm sure enough that I want to detransition, because they think I should have consistent 'reverse dysphoria' and mine kinda isn't so consistent."
- "My hormone blocker implant is several years old and is only barely still functioning but they will not remove it. It's in my arm and I have no contact with the doctor because he shut down his business apparently."
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Table 4. Extracts about the difficulty of finding a detrans-friendly therapist.

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- "It is very hard to find a therapist who won't tell you it's 'internalized transphobia' or that dealing with dysphoria in other ways is 'conversion therapy'."
- "The only thing that comes to mind is one of the therapists I had, who pushed me not to detransition."
- "Therapists are unprepared to handle the detrans narrative and some that I have seen since detransitioning have pushed the trans narrative. Some therapists couldn't tell the difference between being transgender and having internalized misogyny and homophobia."
- "I could have benefitted from counseling but don't trust psychologists ideological bias."
- "I struggled to find a therapist who supported questioning my trans identity and considering alternatives to transitioning; most only knew how to encourage transitioning and reinforced the harmful ideas that led to my wrongly identifying as FtM in the first place."
- "I was doubtful that transition would help my dysphoria before beginning and was assured by multiple professionals that transition was The Solution and proven to work for everyone with dysphoria. A 'gender specialist' therapist flat-out told me that transitioning was the only method of reducing dysphoria that worked when I expressed my desperation for an alternate solution."
- "The gender clinic I went to basically told me that the only way to deal with gender dysphoria was transitioning even when I told them I wanted to detransition."
- "I struggled to find a therapist who supported questioning my trans identity and considering alternatives to transitioning; most only knew how to encourage transitioning and reinforced the harmful ideas that led to my wrongly identifying as FtM in the first place."
- "The biggest issue for me was that when I did try to get support from a therapist or psychologist on entangling the actual reasons behind my dysphoria and how to deal with it, and deal with detransitioning, nobody had any clue or any experience, so they couldn't help me. Which made me even feel more lonely, and made detransitioning so much harder mentally than transitioning was."
-

cautious regarding the possible ideological bias or lack of knowledge of therapists.

Overall, most respondents explained that their detransition was a very isolating experience, during which they did not receive enough support. However, some participants emphasized the fact that the support that they received from their family, partners and friends, as well as online detrans groups and lesbian and feminist communities was extremely important and valuable to them.

Discussion

The present study was designed to better understand the needs of detransitioners, as well as the support—or lack of—that they are currently receiving. In order to do so, members of online detrans communities were recruited to answer a survey, in which questions were asked about their demographics, their transition and detransition experiences and the needs that they faced as well as the support that they received while detransitioning. In this section, I will discuss the results in relation to the main research question of the current study: What are the needs of detransitioners?

The sample surveyed appeared to be mostly female, young, from Western countries, with an experience of both social and medical transition and a high prevalence of certain comorbid conditions. The current study found that most detransitioners stopped transitioning before their mid-twenties, after an average of 4 years of transition. This observation is consistent with that made by Stella (2016) in her informal study on female detransitioners. The average transition age of the 203 respondents of her survey was 17.09 years, compared to 17.42 years in female detransitioners of the current study. The average detransition age of her sample was 21.09 years, compared to 22.22 years here.

Another finding of the current study was that a majority of the sample underwent hormone therapy (62% for females; 80% for males) and 45% of those who medically transitioned underwent gender affirming surgeries. This is likely to have implications in terms of the medical needs faced by this population. Close to half of the sample (49%) reported a need for receiving accurate information on stopping or changing hormone therapy, and almost a quarter (24%) reported the need for receiving help for complications related to surgeries or hormone therapy. The latter finding is concerning when looking at the negative medical experiences described by respondents in [Table 3](#). Participants recounted situations in which their doctors either did not believe them, did not listen to them, refused them services, or simply did not have the required knowledge to help them during their detransition process. These experiences had a negative impact on some of the participants' trust in healthcare providers.

Similarly, the current study suggested that detransitioners have important psychological needs. This was made visible on the one hand through the fact that a majority of respondents (65%) reported the need for help in working on comorbid mental conditions related to gender dysphoria and in finding alternatives to medical transition. Other needs were reported by a majority of participants, such as learning to cope with feelings of regret (60%), learning to cope with the new physical and/or social changes related to detransitioning (53%) and learning to cope with internalized homophobia (52%). On the other hand, the high prevalence of comorbid conditions described in [Table 1](#) might also be an indicator of important psychological needs. These results are similar

to that found by Hailey (2017) in her informal survey of comorbid mental health in detransitioned females. In her study, 77% reported a diagnosis of a depressive disorder (compared to 70% here), 74% of the sample reported a diagnosis of an anxiety disorder (compared to 63% here), 32% reported a diagnosis of PTSD (compared to 33% here) and 22% reported a diagnosis of an eating disorder (compared to 19% here). This is also very concerning information considering the descriptions made by detransitioners about the difficulty of finding a therapist willing or able to help them, and of finding alternative ways to deal with gender dysphoria after detransitioning (see Table 4).

The majority (84%) of the respondents reported having experienced both body and social gender dysphoria. Half of the sample (50%) later reported having decided to detransition due to the fact that their transition did not alleviate their gender dysphoria. Others (45%) reported having found alternative ways to deal with their gender dysphoria (see Figure 1). These results highlight the necessity to start looking into alternative solutions for treating gender dysphoria, in order to help those who did not find medical and/or social transition fulfilling.

In addition to that, 70% of the sample reported having realized that their gender dysphoria was related to other issues. Further research should be conducted in order to identify the ways in which other issues such as comorbid mental health conditions, trauma or internalized misogyny and homophobia possibly interact with gender dysphoria, and what can be done to alleviate them.

Furthermore, the high prevalence of autism spectrum condition (ASC) (20%) found in detransitioners in the current study, which is supported by Hailey (2017) findings (15%), also constitutes an interesting avenue for future research. Previous studies have provided evidence suggesting a co-occurrence of gender dysphoria and ASC (e.g., De Vries, Noens, Cohen-Kettenis, Van Berckelaer- Onnes, & Doreleijers, 2010; Glidden, Bouman, Jones, & Arcelus, 2016; VanderLaan et al., 2014; Van Der Miesen, Hurley, & De Vries, 2016; Zucker et al., 2017), which might explain the high number of detransitioners with an ASC diagnosis found in the current study.

In general, support given to detransitioners seems to be very poor at the moment, considering the fact that only 18% of the participants in the current study reported having received enough support during their detransition.

Based on the results of the current study, it appears that detransitioning is often accompanied by a break with LGBT+ communities. Only 13% of the participants reported having received support from an LGBT+ or trans-specific organization while detransitioning, compared to 51% while transitioning (see Figure 2). In addition to that, many respondents described experiences of outright rejection from LGBT+ spaces due to their decision to detransition (see Table 2). Looking at studies showing the positive role

of peer support and trans community connectedness on the mental health of its members (Johnson & Rogers, 2019; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015; Sherman, Clark, Robinson, Noorani, & Poteat, 2020), it seems reasonable to suspect that this loss of support experienced by detransitioners must have serious implications on their psychological well-being.

Fortunately, the current study shows that detransitioners have access to other sources of support, online (groups, forums, social media) and in their social surroundings (family, partners and friends) (see Figure 2). Online groups and websites for detransitioners seem to be particularly important in light of the social needs expressed by the respondents of the current study. An overwhelming majority of respondents reported the need for hearing about other detransition stories (87%) and for getting in contact with other detransitioners (76%). Detransitioners need platforms and spaces where they can connect with each other and build a community. This point is best illustrated by the following account of one participant: “I found the peer support I received through other detransitioned women to be totally adequate and feel I benefited substantially from learning how to exist without institutional validation.”

Conclusion

The aim of the present research was to examine detransitioners' needs and support. The four categories of needs (psychological, medical, legal and social) that were created for sake of clarity in the survey were a simplification of the real complexity of the experiences made by detransitioners and they have their limitations. Nonetheless, these categories enabled the current study to uncover the fact that most detransitioners could benefit from some form of counseling and in particular when it comes to psychological support on matters such as gender dysphoria, comorbid conditions, feelings of regret, social/physical changes and internalized homophobic or sexist prejudices. Medical support was also found to be needed by many, in order to address concerns related to stopping/changing hormone therapy, surgery/treatment complications and access to reversal interventions. Furthermore, the current study has shown that detransitioners need spaces to hear about other detransition stories and to exchange with each other.

Unfortunately, the support that detransitioners are receiving in order to fulfill these needs appears to be very poor at the moment. Participants described strong difficulties with medical and mental health systems, as well as experiences of outright rejection from the LGBT+ community. Many respondents have expressed the wish to find alternative treatments to deal with their gender dysphoria but reported that it was impossible to talk about it within LGBT+ spaces and in the medical sphere.

These accounts are concerning and they show the urgency to increase awareness and reduce hostility around the topic of detransition among health-care providers and members of the LGBT+ community in order to address the specific needs of detransitioners.

Disclosure statement

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Appendix.

Full Questionnaire

- (1) How old are you?
- (2) What country are you living in?
- (3) What sex were you assigned at birth?
 - Female
 - Male
 - Other:
- (4) How do you see yourself now? (Tick all that apply)
 - Woman
 - Man
 - Trans man
 - Trans woman
 - Female detransitioner
 - Male detransitioner
 - Non binary
 - Other:
- (5) Did you transition socially and/or medically and then stopped?
 - Yes, both
 - Only socially
 - No

- (6) Did you experience body dysphoria and/or social dysphoria? (Body dysphoria = strong desire to have sex characteristics of the opposite sex/rejection of your own sex; Social dysphoria = strong desire to be seen and treated as being of a different gender)
- Yes, both
 - Only body dysphoria
 - Only social dysphoria
 - No
- (7) Who helped you starting your social/medical transition? (Tick all that apply)
- A medical team specialized in transition
 - An LGBT+ organization
 - A trans-specific organization
 - A therapist/doctor
 - Online groups/forums/social media
 - Friends, partner(s) and family
 - Nobody
 - Other:
- (8) If you transitioned medically, how long were you in therapy before getting any hormones or surgeries? (in months; write 0 if none)
- (9) During your transition, did you undergo some of the following interventions/treatments? (Tick all that apply)
- Hormone blockers
 - Feminizing hormone treatment
 - Masculinizing hormone treatment
 - Gender affirming surgery(ies)
 - No
- (10) Do you feel like you were properly informed about the health implications of these treatments/interventions before undergoing them?
- Yes
 - Partly
 - No
 - I am not sure
- (11) What were the reasons that made you stop transitioning/detransition? (Tick all that apply)
- Health concerns
 - Change in political views
 - Transition did not help with my dysphoria
 - Lack of support from social surroundings
 - Discrimination
 - Financial concerns
 - Dysphoria resolved itself over time
 - Unhappy with the physical changes
 - Unhappy with the social changes
 - Comorbid mental health issues related to dysphoria solved
 - Realized that my gender dysphoria was related to other issues
 - Found alternatives to deal with dysphoria
 - Other:

(12) Were you diagnosed with or do you suspect having any of the following conditions?

	Diagnosed	Suspected	No
Attention Deficit (Hyperactive) Disorder			
Autism Spectrum Condition			
Anxiety Disorders			
Depressive Disorders			
Dissociative Identity Disorder			
Eating Disorders			
Obsessive Compulsive Disorder			
Polycystic Ovary Syndrome			
Post Traumatic Stress Disorder			
Personality Disorders			
Schizo-spectrum Disorder			

(13) If you transitioned socially, at what age did you start?

(14) If you transitioned medically, at what age did you start?

(15) At what age did you start detransitioning/stop transitioning?

(16) What are the medical needs that you had while detransitioning/stopping your transition?
(Tick all that apply)

- Receiving accurate information on stopping/changing hormonal treatment
- Receiving information and access to reversal surgeries/procedures
- Receiving help for complications related to surgeries or hormonal treatment
- None
- Other:

(17) What are the psychological needs that you had while detransitioning/stopping your transition? (Tick all that apply)

- Learning to cope with gender dysphoria; finding alternatives to medical transition
- Learning to cope with the new physical and/or social changes related to detransitioning
- Learning to cope with feelings of regret
- Learning to cope with internalized homophobia
- Working on comorbid mental issues related to gender dysphoria
- None
- Other:

(18) What are the legal needs that you had while detransitioning/stopping your transition?
(Tick all that apply)

- Changing back legal gender/sex marker and/or name
- Legal advice and support to take legal action over medical malpractice
- None
- Other:

(19) What are the social needs that you had while detransitioning/stopping your transition?
(Tick all that apply)

- Getting in contact with other detransitioners
- Receiving support to come out and deal with negative reactions
- Hearing about other detransition stories
- None
- Other:

(20) Is there any other need that you would like to mention?

(21) Which of these needs did you get support for?

	Full support	Partly	Not at all	Not needed
Medical needs				
Psychological needs				
Legal needs				
Social needs				

(22) From whom? (Tick all that apply)

- The medical team that helped me transition
- An LGBT+ organization
- A trans specific organization
- The therapist/doctor who supported me through my transition
- A new therapist/doctor
- Online groups/forums/social media
- Friends, partner(s) and family
- Nobody
- Other:

(23) Do you feel like you have received enough support throughout your detransition process overall?

- Yes
- No
- I don't know

(24) If you have any comment concerning the support/lack of support you received during your detransition, you can write it here.