

## Detransition rates in a national UK Gender Identity Clinic

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### **Background**

Detransitioning refers to the process whereby people who have undergone gender transition later identify or present as the gender that was assigned to them at birth. Transgender people may also go on to retransition, that is, to identify or present with a different transgender identity. Detransition and retransition may involve a change in identity, social presentation, legal documentation, or physical interventions. Most previous studies indicate very low rates of detransition. Some people who do not detransition, may still feel regret related to their transition. The aim of this study was to investigate treatment outcomes in a UK National Health Service (NHS) adult gender identity clinic by examining the rates of and reasons for detransition and regret.

### **Methods**

Patient assessment reports created between August 1st 2016 to August 1st 2017 were scanned electronically for words related to detransition or regret. The reports that were retrieved in the search were reviewed by study authors to identify evidence that patients had detransitioned or expressed regret related to their transition. Data extraction included patients' age, gender identity, gender assigned at birth, and descriptions of their detransition or regret.

### **Results and Conclusions**

Of the 3398 patients who had appointments during this period, 16 (0.47%) expressed transition-related regret or detransitioned. Of these 16, one patient expressed regret but was not considering detransitioning, two had expressed regret and were considering detransitioning, three had detransitioned, and ten had detransitioned temporarily. The reasons stated by patients for their regret or detransition included: social factors, reporting physical complications, and changing their mind about their gender identity and identifying as their gender assigned at birth. The 16 patients consisted of 11 trans women, two trans men, two cis men, and one person assigned male at birth who said their gender identity was "trans".

Study findings are consistent with previous research showing low rates of detransition. Detransition was most often prompted by social difficulties rather than changes in gender identity or physical complications and was most often temporary. Only three patients made a long-term detransition. Strengths of this study include our use of an electronic search to efficiently scan a large number of patient records and our investigation of reasons for regret and detransition. Limitations of this study include that it only provides a snapshot of current rates of detransition and regret and relied on self-reported experiences of patients who may not have disclosed information relevant to this study in their appointments. These results suggest that current practices at the clinic are related to very low rates of detransition and regret. Future studies in gender identity clinics may investigate factors that predict detransition in a larger sample of patients.