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Understanding the Experiences of Youth Who Have Discontinued a Gender Transition: Provider Perspectives

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The idea of "detransition" is stimulating debates among researchers and providers working with trans and nonbinary youth (TNBY), but research on this phenomenon is still in its early stages. This study presents the characteristics and experiences of providers who work directly with TNBY, including some who have discontinued a transition. Sixty-one providers in trans health care were recruited internationally and responded to an online survey. They come from various regions of the world and disciplines and 77% worked according to the trans-affirming approach. Sixty-four percent of them had followed a youth who discontinued their transition. Among those, 82% reported a range of 1–5 youth in their entire career. Professionals reported their observations of discontinuation with regard to the youth's individual characteristics, and parental and social support. The results suggest that professionals had experience with youth who had discontinued regardless of their approach to intervention (e.g., trans-affirming, watchful waiting, or exploratory) and have observed a diversity of characteristics when describing the youth they followed.

Public Significance Statement

We found that professionals who have followed trans and nonbinary youth (TNBY) who have since discontinued their gender transition practice according to a range of intervention approaches (trans-affirming, wait and see, or other approaches) and that more than half have over 5 years of experience in trans health care. Observations from their practice show that youth present varied individual characteristics, as well as levels of parental and social support, pointing toward a diversity of experiences and pathways among youth who were followed by the providers. Our results suggest that future research should examine how to best support youth, whatever their gender journey or the outcome, rather than preventing it.

Keywords: detransition, discontinuation of transition, trans and nonbinary youth, trans care providers, youth characteristics

Over the last few years, clinics in the United States have noted an increase in trans and nonbinary youth (TNBY)[1] seeking gender-affirming care (Respaut & Terhune, 2022). This is despite recent evidence showing that access to gender-affirming care remains challenging (Ashley, 2019a; Gridley et al., 2016; Puckett et al., 2018) and that wait times to be seen by a provider are long (Bauer et al., 2021). Accessing gender-affirming treatments is important as research has shown that medical gender transition can alleviate distress and improve the well-being of those who experience gender incongruence (Owen-Smith et al., 2018; Pullen Sansfaçon, Medico, et al., 2023; Sorbara et al., 2020; Turban et al., 2020) and reduced gender dysphoria (van Leerdam et al., 2023). For example, after 12-month follow-up, youths' depression is reduced by 60% and suicidality by 73%; for those who did not access care, the team observed that the risk increased by 2–3 times (Tordoff et al., 2022). Access to gender-affirming care is also identified as an important factor leading to well-being in research that directly reports TNBY experiences (Pullen Sansfaçon, Medico, et al., 2023). Gender-affirming care also continues to be recommended by the World Professional Association of Transgender Health (WPATH) in their newest Standards of Care (Coleman et al., 2022).

Among TNBY who begin a transition, some will experience a shift in their gender journey (Cohen et al., 2022), or change the course of their gender transition (Durwood et al., 2022). This phenomenon is sometimes called a "detransition." This refers to

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[1] Our terminology includes all gender diverse and creative youth.

discontinuing a gender transition, which Vandenbussche (2022) described as complex to define and poorly understood. There is no universal definition of detransition (Hall et al., 2021) and different terminologies and definitions have been proposed as part of the detrans umbrella (Hildebrand-Chupp, 2020). For some, detransition means reversing a process of gender transition and can include social and/or medical cessation (Hildebrand-Chupp, 2020) or performing inversion treatments and/or surgery (Littman, 2021). A "detransitioner" refers to a person who embarks on this process but more importantly, identifies with the label; this may or may not include a sense of belonging to a "detrans community" (Vandenbussche, 2022). Sometimes, the term "retransition" is also used but it can also mean resuming a gender transition after having "detransitioned" (e.g., reaffirming a trans or nonbinary identity after having affirmed a cisgender identity; Hildebrand-Chupp, 2020). Another terminology that is sometimes used is "desistance," which usually refers to a renouncement of trans identification or a cessation of gender dysphoria (Karrington, 2022). "Desistance" is also often used to discuss the gender journey of preadolescent children who cease to express or identify as gender diverse (Karrington, 2022), in which case it does not involve a medical transition or a "detransition" as defined earlier. We also note that the term "discontinuation" has recently been introduced in the literature as a less stigmatizing term and is understood as the process of ceasing a transition process or care (e.g., Turban et al., 2018; Vrouenraets et al., 2022).

Some authors have hypothesized that discontinuation is a "growing phenomenon" (Marchiano, 2017) caused by an increase in the popularity and use of trans-affirming and informed consent approaches with youth, rendering access to gender-affirming care easier for them (Littman, 2021). Although there are some individuals who choose to discontinue their transition, growing evidence suggests this is infrequent in occurrence (Brik et al., 2020; Fornander, 2022; Hall et al., 2021; James et al., 2016; Olson et al., 2022; Turban et al., 2021). In a study that included older children, only a few youths discontinued blocker treatment, and 3.5% no longer wanted to receive gender-affirming treatment (Brik et al., 2020). In a retrospective study of an online U.S. survey with 17,151 people identifying as transgender (James et al., 2016), 13.1% reported having discontinued, at some point in the past but participants in that study currently identify as TNBY (Turban et al., 2021). Another retrospective study based on a review of case notes between 2017 and 2018 in a gender clinic found that 6.9% of patients discontinued and reverted to living in their original gender role (Hall et al., 2021). A recent longitudinal study of socially transitioned children found that 2.5% discontinued to return to a cisgender identity, and a further 3.5% was not living in a nonbinary identity (Olson et al., 2022). This newest research is contrasting with previous research on "desistance" (e.g., Cohen-Kettenis et al., 2011; Drummond et al., 2008; Wallien & Cohen-Kettenis, 2008), which estimated that about 80% of prepubescent gender-diverse, gender nonconforming and trans youth ceased to identify as such when reaching adolescence. It is important to note that these past studies have received substantial criticism for their methodology and their interpretation of data (see Ashley, 2019b, 2022; Karrington, 2022; Temple Newhook et al., 2018; Winters, 2017; Winters et al., 2018). Even if it appears to be infrequent, the idea of discontinuation[2] is beginning to raise concerns among some gender-affirming care providers and revives debates about the appropriateness of the trans-affirming approach for working with TNBY (Ashley, 2019a; de Vries & Cohen-Kettenis, 2012; Edwards-Leeper et al., 2016; Ehrensaft et al., 2018; Littman, 2021; Spiliadis, 2019; Steensma et al., 2011, 2013).

This phenomenon has also captured much media attention lately and researchers have observed a sharp increase in the publication of news articles on this topic between 2017 and 2020 (Paré-Roy et al., 2022). Media often frame the experience of young people who have discontinued a transition (YDT) as a mistake and experience inevitably leading to regret, and as an outcome resulting from a misdiagnosis by their providers (Paré-Roy et al., 2022; Slothouber, 2020). Media coverage is said to have a negative effect on access to trans health care (Indremo et al., 2022). Research on discontinuation is still in its early stages (Littman, 2021) and the experiences of YDT are still poorly understood (Expósito-Campos, 2021). Faced with various, sometimes contradictory evidence, it is therefore essential to better understand this phenomenon and gain a boarder perspective on the topic. This article examines this phenomenon from the perspective of the providers working in trans health care. To our knowledge, it is the first research to pay attention to their experience. The article presents the observations and perspectives of providers who have followed or encountered YDT in their practice. The next section of the article presents the literature on discontinuation, the reasons for individuals to discontinue their transition as well as some of the characteristics that may be present, including the possible regret involved with decisions about transitions and discontinuation, and the role providers may play in supporting those processes.

Characteristics Related to a Discontinuation of Transition

Some studies have shown that some YDT will return to a cisgender identity, while others will evolve toward a nonbinary or another identity (Cohen et al., 2022; Durwood et al., 2022). In another study, 60% of participants reported returning to a cisgender identity while others reported their identity evolving to something else (Littman, 2021). Discontinuation may only be temporary (Turban et al., 2021). Some studies have attempted to identify characteristics among YDT (Fornander, 2022; Vandenbussche, 2022).

A mixed-method study conducted in a U.S. clinic with 829 TNBY suggests that discontinuation is not always due to a change of identity but some differences related to physical and mental health can be found between those who continue and those who discontinue a gender transition (Fornander, 2022). Another study shows that 54% of YDT self-reported at least three coexisting conditions, the most prevalent ones being depression (70%), anxiety (63%), and a posttraumatic stress disorder (PTSD; 33%; Vandenbussche, 2022). However, it must be noted that mental health issues are prevalent among the TNBY population, and that those are often caused by minority stress, as well as by other social causes such as a lack of social support, nonaffirming living environments, or lack of access to mental health or gender-affirming services which all have a significant negative impact on them (Delozier et al., 2020; Jones et al., 2021; Pellicane & Ciesla, 2022). Other characteristics that were identified related to sexual orientation (being bisexual), levels of support

[2] While so far the terms "detransition," "desistance," and "discontinuation" have been used to convey how other authors present their work in the literature consulted, this article now use the term *discontinuation* which is encompassing of all terminologies presented.

(having a nonsupportive family), and the type of transition undertaken (not having medically transitioned; Turban et al., 2021).

Reasons Possibly Leading to a Discontinuation of Transition

The reasons stated for discontinuing a transition are varied. Some discontinue because they realize that their feeling of gender dysphoria was related to some other issues (e.g., internalized misogyny or homophobia, mental health; Littman, 2021; Vandenbussche, 2022). Health concerns, dissatisfaction with the physical results, nonalleviation of gender dysphoria, feeling more comfortable with their assigned gender at birth, or change in political views were also mentioned (Littman, 2021; Vandenbussche, 2022). External pressures (e.g., pressure from parents, family members, partner or community, social stigma, and difficulty finding work) are often cited as a source of temporary discontinuation (Turban et al., 2021).

The Question of Regret

Research publications about regret or about satisfaction with gender-affirming surgery are still rare and point toward different results, mainly because they employ different methodologies (retrospective analysis, qualitative and quantitative studies) and draw on different samples (children, TNB and YDT, TNB adults) which makes the comparison between the studies challenging. For example, some research highlights that feelings of regret are rare in the TNB population (Dhejne et al., 2014; Narayan et al., 2021; Olson-Kennedy et al., 2018; Wiepjes et al., 2018). The meta-analysis of Bustos et al. (2021) estimates the rate of regret around 1%, with slight differences between "transfeminine" surgery (CI: <1%–2%) and "transmasculine" surgery (CI: <1%–<1%). However, the feeling of regret experienced by YDT is less studied and information varies greatly depending on the studies. Some studies have found that regret is rare (Cohen et al., 2022) or nonexistent (Durwood et al., 2022) while some studies have found high levels of regret (Littman, 2021; Vandenbussche, 2022).

Other studies have shown that people can experience gratefulness for their transition journey (Turban et al., 2018; Turban & Keuroghlian, 2018). In the research of MacKinnon et al. (2021), 67% expressed no regret and/or positive feeling about their past medical interventions, and 22% mentioned regret and thought that medical transition was the wrong way for them. Another study shows that regret and gratitude can coexist, sometimes leading to ambiguous experiences (Pullen Sansfaçon, Gelly, et al., 2023)

Lack of Support While Undertaking a Discontinuation

Some studies have found that people often discontinue their medical transition abruptly without supervision (MacKinnon et al., 2022). Support is nevertheless important as YDT have important needs and may feel in distress at the time of discontinuation (Vandenbussche, 2022). YDT would tend to disengage from their follow-up, out of mistrust of providers, and turn to the internet and social networks for support (MacKinnon et al., 2022; Vandenbussche, 2022). Overall, support for YDT appears to be lacking; studies have highlighted that people who discontinued a transition and who benefited from some support (e.g., to modify or cease their hormonal treatment), had negative experiences because the professional who provided the support lacked adequate knowledge or was being judgmental (MacKinnon et al., 2022).

Current Study

The data presented in this article was drawn from a larger mixed-method exploratory study about the discourses surrounding the discontinuation of gender transition among youth. The larger project aimed at examining the differences between the perspectives of YDT (Study 1), the providers who work in the field of trans health (Study 2), and the discourses found in the press and on social media on YDT (Study 3). The research team is composed of cis and TNB researchers, research assistants, and a clinician as well as one YDT who acts as a consultant to the team. Some team members are members of WPATH. The project goal is to better understand discontinuation as a phenomenon in order to improve interventions with TNBY, whether they pursue or discontinue their gender transition in the future. This article is based on the data obtained in the context of Study 2 from the perspective of the providers working with TNBY. Providers were invited to complete an online survey collecting information about their practice's characteristics, and their experience with TNBY and with YDT.

Method

Procedure

Participants were invited to respond to an online survey. The survey was located on LimeSurvey and was opened from September 1, 2020 to January 31, 2021 to trans-care providers from all disciplines and working with TNBY. The survey was presented as a study that aimed to understand the perspectives and experiences of providers on discontinuation, "detransition" and "desistance" as definitions of those terms were still debated at the start of the research in 2019.

Participants were recruited through an electronic invitation circulated on various Listserv forums (e.g., WPATH, World Association of Sexology, Working Group on Gender (USA) as well as on different provider Facebook groups (e.g., International transgender health, and Professionnel.le.s en santé trans). The invitation was also shared by international and European trans-health organizations, as well as organizations working with TNB people nationally (USA, Canada, including French-speaking Quebec, Australia, France, England, Italy, and Switzerland).

On the first page of the survey, potential participants were given information about the research (e.g., purpose, involvement, eligibility criteria, confidentiality, inconvenience and benefit to participating, etc.). They had to give their consent by ticking "I agree to participate in this research project." The research project received ethical approbation from the ethics board of the principal investigator at the University of Montreal, as well as from the coinvestigators' institutions: Université du Québec à Montréal, and the University of Ottawa.

Measures

The questions in the survey were developed by the research team based on the knowledge of discontinuation at the time. At the beginning of the project, empirical evidence on discontinuation was still very scarce, so the team drew on the literature on desistance and on the idea of "rapid onset gender dysphoria," two ideas that were

circulating widely at the time, as well on their clinical experience and on empirical evidence and approaches to working with TNBY (e.g., gender affirmation, wait and see, and corrective approaches). The tool was not validated before the survey. The main sections of the survey are detailed below.

Provider Characteristics

The survey presented a series of questions about their practice location and context and the approaches used with TNBY under 25 years old (e.g., "Upon which intervention approach do you mainly base your professional practice with respect to trans youth?" with multiple-choice options: Trans-affirming approach; Watchful waiting approach [Amsterdam approach]; Corrective approach; Other approaches, specify). Participants were also asked about whether they used this approach with prepubescent or preteen youth (multiple-choice options: Yes; no; not applicable). Their experience with TNBY was obtained by asking a close-ended question about the total number of youth they had followed in their career using the ranges provided (1–10 youth; 11–25 youth; 26–50 youth; 51 youth, or more). For some questions, participants were asked to specify their answer, for example, in one closed-ended question, "Do you have specialized training in trans health care?" (No; Yes, [please specify]).

Attitudes and Beliefs About Gender Transition

All the participants were asked to respond to a series of 18 statements about principles that guided their practice with TNBY. They were asked to indicate their adhesion to statements such as "An adolescent who identifies as nonbinary should not start gender-affirming hormone treatments," "there are people who feel gender neutral, neither man nor women," and "parental behavior often leads the youth to identify as trans" and provide their answer on a Likert scale (strongly agree; agree; uncertain; disagree). Participants were also asked if they practiced according to a model of informed consent (answer: no; yes) and who makes the final decision with respect to the intervention offered (answers: me, the professional; the young person/patient; Me, the professional, in collaboration with the person/patient; other, specify).

Discontinuation of Transitions

The survey asked participants about whether or not they had followed YDT with three choices of answers (yes, no, maybe). Those who choose "yes" or "maybe" options had to identify the total of youth they followed with a range scale (1–5 youth; 6–10 youth; 11–20 youth; 21 youth, and more). Participants were asked to describe what they observed about the most recent situation of discontinuation with a series of 36 statements (individual characteristics of the youth, parental and family support, and social support—e.g., "The youth returned to an identity linked to the sex/gender they were assigned at birth."; "the parents reported several concerns in response to the transition"; "the youth had access to the psychosocial services they needed"). Participants were offered choices on a Likert scale (yes: describes the situation well; a bit: somewhat describes the situation; no: does not describe the situation; not applicable/I don't know). This section also includes one open-ended question asking participants to describe a typical situation of discontinuation, and one open-ended question asking them to describe what they thought were the reasons for discontinuation.

Belief About Discontinuation

The final section included 19 statements examining their beliefs about discontinuation (e.g., "all I can do is accompany a youth in their experience"; "I think it is possible to identify a young person who will not follow through with transition later on.") answers were provided on a Likert scale (strongly agree; agree; uncertain; disagree). The survey was concluded by three open-ended questions asking participants to identify which authors or texts influence the most their practice with TNBY, what should be paramount when working with TNBY, and any other opinion they wish to share on discontinuation of transition.

Data Analysis

Descriptive statistical analysis using SPSS version 26 was used to examine providers' characteristics and practice, as well as their experience with discontinuation. Data was first extracted from LimeSurvey servers. Some qualitative measures were categorized, for example, for location, the names of the cities or regions were generalized by the name of the country. We created a coding for the nominal categories so that they could be processed in the SPSS software. Once all the data were coded, a descriptive statistical analysis was performed with SPSS software to obtain the frequencies, percentages, and mode of each response.

Description of Sample

A total of 147 participants took part in the online survey, and 61 of them completed more than 60% of the survey including the section on discontinuation. The following data only describe the characteristic of the participants (Table 1).

The participants answered in English (64%) and in French (36%). Participants mainly practiced in North America, the United States (29.5%) and Canada (27.9%), or Europe, mostly Switzerland (19.7%) and the United Kingdom (8.2%). They worked largely (63.9%) in the disciplines of psychology or medicine, and some in social work (11.5%). Other disciplines of work included youth intervention, sexology, counseling, surgery, speech therapists, gynecology, etc. Most of the providers worked according to gender-affirming approach (77%), but 6.6% of them worked according to the Dutch "wait and see" approach. No one affirmed working according to the corrective approach but 16.4% of participants selected "other" for the intervention approach, providers mentioned working according to psychotherapeutic exploration, mixed approaches with watchful waiting, regular therapy, thorough evaluation, etc.

Results

Experience With YDT

Over half of the sample (56%) reported having followed YDT and 8% of participants thought they had maybe followed some. The remaining sample (36%) did not report any case of YDT in their entire career.

Among participants who had or may have followed YDT ($n = 39$), most of them (82%) reported a range between 1 and 5 YDT in their whole career. The other who had followed YDT, 8% reported a range between six and 10 youth, 2% reported between 11 and 20 youth, and 8% reported having followed 21 youth and

Table 1
Providers' Practice Characteristics and Experience

Baseline measure	% (*n*)	*N* = 61
Geographical region		
North America	57.4 (35)	
Europe	39.3 (24)	
Oceania	3.3 (2)	
Discipline		
Psychology	39.3 (24)	
Medicine	24.6 (15)	
Social work	11.5 (7)	
Other	24.6 (15)	
Practice setting		
Private	37.7 (23)	
Public	37.7 (23)	
Community organization	19.7 (12)	
Other	4.9 (3)	
Years of experience with TNBY		
≤2	8.2 (5)	
2–5	37.7 (23)	
5–10	29.5 (18)	
≥10	24.6 (15)	
Total of TNBY served in their career		
1–10 youth	11.5 (7)	
11–25 youth	26.2 (16)	
26–50 youth	18.0 (11)	
≥51 youth	44.3 (27)	
Special training in trans health care		
Yes	72.1 (44)	
No	27.9 (17)	
Intervention approaches		
Gender-affirming	77.0 (47)	
Watchful waiting (Amsterdam)	6.6 (4)	
Corrective	0.0 (0)	
Other	16.4 (10)	
Similar approach with prepubescent TNBY		
Yes	67.2 (41)	
No	3.3 (2)	
N/A	29.5 (18)	
Practice model of informed consent		
Yes	78.7 (48)	
No	21.3 (13)	

Note. TNBY = trans and nonbinary youth.

more. Most providers who reported six or more YDT had worked with 51 or more TNBY in their entire careers. These providers were mostly located in Europe and working with another intervention approach (e.g., psychotherapeutic exploration, regular therapy, thorough assessment, etc.). We have observed that participants practicing all sorts of intervention approaches reported cases of YDT in their practice (Table 2).

Providers' Observations on YDT Characteristic

When participants were asked to think about the most recent situation of discontinuation in their practice, 40% of the providers observed that YDT returned to an identity congruent to their gender assigned at birth, 31.4% reported that the YDT reidentified with the gender assigned at birth a bit and 25.7% described that the YDT did not reidentify to their gender assigned at birth. Over half of the participants (52.9%) did not report an expression of regret from the YDT, but 20.6% of the providers reported that YDT had expressed regret, and 20.6% had perceived a bit of regret in the situation. A larger proportion of participants (58.8%) stated that the YDT had experienced mental health problems before starting the transition. As for the other participants, 23.5% considered this to be somewhat descriptive of the YDT situation, and 17.6% did not observe any mental health issues before transitioning (Table 3).

Over a third of the providers (35.3%) described youth as being well supported by their families as well as by providers. We found the same results regarding the improvement of the mental health of the youth since the beginning of the transition: 35.3% of the participants saw improvement, and 35.3% did not. Some providers (38.2%) said the youth did not seem happy to have started, and then stopped their transition while another 35.5% reported youth being happy to have done it.

Providers' Observations of Parental and Family Support

In their most recent situation of discontinuation encountered in their practice, half of the providers described that the parents took the time to accept and support the youth, 26.5% said the parent accepted a bit, and 20.6% did not at all. For 41.2% of the participants, the parents had no doubts about their child's trans identity, 29.4% reported that the parents had doubts about it, and 23.5% mentioned that this somewhat described the situation. Part of the providers (41.2%) reported that parents were not reluctant to transition, 32.4% reported that parents were reluctant, and 17.6% of the providers, this described the situation a bit. For most of the participants (67.7%), the family did not appear to have had any pressure from their close circle not to allow their children to transition. Also, a large proportion of the providers (61.8%) reported that no one in the family seemed affected negatively by the coming out of the youth. However, 20.6% said they did not know that information (Table 4).

Providers' Observations of Youth's Social Support

In the most recent situation of discontinuation, most providers (70.6%) observed that the youth seemed well supported by their friends during their transition. Other providers (11.8%) did not know if it was the case, 14.7% said the youth was a bit supported, and only 2.9% reported the youth was not supported. Most participants (67.5%) reported that the youth had access to medical services they needed, 14.7% a bit, and only 2.9% did not have access. Over half of the participants (58.8%) observed that the youth had access to psychosocial services. Other providers (29.4%) reported that they had some access to psychosocial services, and 8.8% stated that the youth had no access. A large portion of the sample (64.7%) said that the youth did not feel pressure from their friends about the way to live their gender. Other participants (23.5%) reported a bit of pressure, and 5.9% reported pressure. Half of the participants (50%) reported that the youth who discontinue had access to a supportive community, 35.3% a bit, and 8.8% had no access to it. Half of the providers (50%) described the school as supportive during the youth's transition, whereas 23.5% reported a bit, 17.6% did not know, and 8.8% described the school as nonsupportive (Table 5).

Discussion

The purpose of this article was to examine providers' characteristics and their experience with YDT. Providers have observed a diversity of characteristics about YDT, including 36% who never met any in all their careers. Among the 64% who did, the majority (82%)

Table 2
Providers' Experience With YDT and Approaches Used in Practice

Have met / number of youth	Gender-affirming % (*n*)	Dutch approach % (*n*)	Other approach % (*n*)	Total % (*n*)	$N = 61$
Do you had follow TNBY who discontinue?					
Yes	36.8 (22)	5 (3)	14.7 (9)	55.8 (34)	
Maybe	8.1 (5)	0 (0)	0 (0)	8.2 (5)	
No	32.8 (20)	1.6 (1)	1.6 (1)	36 (22)	
Number of YDT					
0 youth	32.8 (20)	1.6 (1)	1.6 (1)	36 (22)	
1–5 youth	42.6 (26)	1.6 (1)	8.2 (5)	52.4 (32)	
6–10 youth	1.6 (1)	0 (0)	3.2 (2)	5 (3)	
11–21 youth	0 (0)	0 (0)	1.6 (1)	1.6 (1)	
≥21 youth	0 (0)	3.2 (2)	1.6 (1)	5 (3)	

Note. TNBY = trans and nonbinary youth; YDT = young people who have discontinued a transition.

reported only following a total of one to five cases. This seems to echo recent studies which suggest that discontinuation is infrequent (Brik et al., 2020; Fornander, 2022; Hall et al., 2021; James et al., 2016; Olson et al., 2022). However, other studies show that a large proportion of people who discontinue do not inform their clinician or clinic (Littman, 2021; MacKinnon et al., 2022) or experienced a service breakdown (MacKinnon et al., 2022; Vandenbussche, 2022). Practitioners should therefore remain aware of the possibility that youth who thinks about discontinuing may not feel well supported, or confident about talking to their providers about that. This may be facilitated by providers making it clear from the beginning that their support is unconditional and that there is no shame in readjusting their transition pathways or rediscussing intervention needs.

In our study, the providers had experience with youth who discontinue regardless of their approach to intervention (trans-affirming, watchful waiting, exploratory, etc.). This is at odds with Littman's hypothesis (2021) that youth are at increased risk of discontinuation when they are followed in trans-affirming approaches rather than other approaches, including exploratory approaches. Our results also show that providers who practice a wait-and-see approach also see youth who discontinue their transition (Expósito-Campos, 2021). Hence, our results about the observations of youth discontinuation by providers show no evidence that the approach is correlated with lower rates of regret or discontinuation.

The providers have observed varied characteristics among YDT they met. As in Littman's (2021) study, trans health care providers in our research observed a range of identifications, including cisgender and other identities. Recent studies show that the gender identity of young people may evolve from a trans binary to a nonbinary or cisgender identity several times over time (Olson et al., 2022; Pullen Sansfaçon, Gelly, et al., 2023). That said, the discontinuation of transition among TNBY did not always involve a change or fluctuation in gender identity (Fornander, 2022). Hence, clinicians should promote flexibility in gender identity and support individuals in their self-identification in the present moment, whether this constitutes a continuation or discontinuation of the previously affirmed gender identity (Baril & Silverman, 2019).

Table 3
Providers' Observations on YDT Characteristic

Item	Yes % (*n*)	A bit % (*n*)	No % (*n*)		$N = 35$
The youth returned to identify at sex/gender birth	40 (14)[a]	31.4 (11)	25.7 (9)	+1	
The youth showed gender fluidity from the beginning	28.6 (10)	17.6 (6)	54.3 (19)[a]		
The youth had mixed emotions with the perception of others[b]	26.5 (9)	38.2 (13)[a]	29.4 (10)	+2	
The youth spent time solely with TNB people before transition[b]	26.5 (9)	14.7 (5)	52.9 (18)[a]	+2	
The mental health of the youth has improved since the beginning of the transition[b]	35.3 (12)[a]	26.5 (9)	35.3 (12)[a]	+1	
The youth experienced mental health issues before beginning transition[b]	58.8 (20)[a]	23.5 (8)	14.7 (5)	+1	
After undergoing medical treatment, the youth realized they did not want to do a binary transition[b]	29.4 (10)	35.3 (12)[a]	29.4 (10)	+2	
The youth expressed doubt and decided to postpone medical treatment[b]	14.7 (5)	23.5 (8)	52.9 (18)[a]	+3	
The youth expressed regrets at having started gender transition[b]	20.6 (7)	20.6 (7)	52.9 (18)[a]	+2	
The youth discontinue as the treatment undergone up to this point had allowed them to achieve well-being and pursuit no longer seemed necessary[b]	17.6 (6)	23.5 (8)	58.8 (20)[a]		
The youth felt mixed emotions with respect to physical changes[b]	17.6 (6)	32.4 (11)	41.2 (14)[a]	+3	
The youth seemed happy to have begun and then stopped their transition[b]	35.3 (12)	17.6 (6)	38.2 (13)[a]	+3	
During the process, the youth seemed capable of undertaking a process without external constraints[b]	50 (17)[a]	38.2 (13)	11.8 (4)		
The youth described being very well supported by their parents during their transition[b]	35.3 (12)[a]	26.5 (9)	35.3 (12)[a]	+1	
The youth reported feeling a certain amount of pressure from their parents[b]	14.7 (5)	32.4 (11)	50 (17)[a]	+1	

Note. Response options: Yes: describes the situation well; A bit: somewhat describes the situation; No: does not describe the situation; N/A: not applicable/I do not know; YDT = young people who have discontinued a transition. [a]Mode, the most frequently represented value. [b]$n = 34$ for these items. + Number of participants who responded N/A.

Table 4
Providers' Observations on YDT'Parental and Family Support

Item	Yes % (*n*)	A bit % (*n*)	No % (*n*)		*N* = 34
I felt reticence on the part of at least one of the parents concerning the taking of medicine(s)	35.3 (12)[a]	20.6 (7)	32.4 (11)	+4	
The parents took the time to accept their child and support the transition	50 (17)[a]	26.5 (9)	20.6 (7)	+1	
The parents doubted that the youth was trans	29.4 (10)	23.5 (8)	41.2 (14)[a]	+2	
The parents respected the youth in the use of their chosen name	61.8 (21)[a]	14.7 (5)	20.6 (7)	+1	
The parents always respected the pronouns chosen by the child	47.1 (16)[a]	23.5 (8)	26.5 (9)	+1	
The parents frequently used the wrong pronouns	17.6 (6)	26.5 (9)	47.1 (16)[a]	+3	
The parents reported several concerns in response to the transition	41.2 (14)[a]	23.5 (8)	29.4 (10)	+2	
I felt reticence on the part of the parents with respect to the transition	32.4 (11)	17.6 (6)	41.2 (14)[a]	+3	
The parents were reluctant to participate in a support group	26.5 (9)	14.7 (5)	29.4 (10)[a]	+10[a]	
The parents aligned easily with a professional opinion	35.3 (12)[a]	23.5 (8)	29.4 (10)	+4	
The parents sought support from other parents supporting a trans youth	17.6 (6)	14.7 (5)	41.1 (15)[a]	+8	
The family felt pressure from their circle not to allow the youth to transition	8.8 (3)	11.8 (4)	67.6 (23)[a]	+4	
Someone in the family seemed negatively affected by the coming-out	2.9 (1)	14.7 (5)	61.8 (21)[a]	+7	
Someone in the family was violent with the youth throughout their coming out	5.9 (2)	8.8 (3)	73.5 (25)[a]	+4	

Note. Response options: Yes: describes the situation well; A bit: somewhat describes the situation; No: does not describe the situation; N/A: not applicable/I don't know; YDT = young people who have discontinued a transition. [a]Mode, the most frequently represented value. + Number of participants who responded N/A.

Our results have shown that more than half of the providers (58%) observed that youth had a mental health issue before they began to transition. The presence of mental health issues at the beginning of the transition was also found in other studies about discontinuation (Fornander, 2022; Littman, 2021; Vandenbussche, 2022). Studies about TNBY show that they often experience mental health issues such as depression when they first embark on medical gender-affirming care, but that symptoms tend to improve after the start of the treatment (Pullen Sansfaçon et al., 2019; Tordoff et al., 2022).

Research studies on "discontinuers," whether on adults or on YDT also discuss the presence of mental health issues in these groups, pointing to complex mental health issues that may be related to trauma as well as the fact that a lot of "discontinuers" are still a part of the sexual and gender minority group of people (Littman, 2021; Turban et al., 2021; Vandenbussche, 2022). Research studies show that sexual and gender minority groups experience high levels of minority stress which impacts their physical and mental health (Hunter et al., 2021; Meyer, 2003; Rood et al., 2016). Gender dysphoria may also still be an issue for many people who discontinue (MacKinnon et al., 2022; Pullen Sansfaçon, Gelly, et al., 2023; Vandenbussche, 2022). Furthermore, some YDT can begin to experience, after discontinuation, a reverse form of dysphoria developed as a result of the body changes induced by gender-affirming medical care (Pullen Sansfaçon, Gelly, et al., 2023). These studies may help explaining why providers, in our study, identified the presence of mental health issues among youth in their caseloads. The providers of our study experienced both situations where treatments appeared to have improved youth mental health while others did not. In Littman's study (2021) some of gender-dysphoric people have discontinued gender-affirming treatments because they did not improve their mental health. This highlights the importance of providers working with TNBY to ensure that they are supported in their global mental health needs. Providers should propose a variety of interventions adapted to youth needs, before, during, and after gender-affirming medical care, as youth, regardless of their gender outcomes, may continue to need support to deal with mental health issues.

In our study, over a third of providers described youth as being very well supported by their parents, and half as having parents who took the time to accept and support them in their transition. Very few providers have said to have observed youth experiencing negative or abusive situations from their families. However, just under a third of the trans-care providers stated that some parents seemed reluctant about the transition of their child and had doubts about their youth's trans identity. In terms of social support, most

Table 5
Providers' Observations of YDT Social Support

Item	Yes % (*n*)	A bit % (*n*)	No % (*n*)		*N* = 34
The youth have been well supported by their friends during transition	70.6 (24)[a]	14.7 (5)	2.9 (1)	+4	
The youth had access to the medical services they needed	67.6 (23)[a]	14.7 (5)	11.8 (4)	+2	
The youth had access to the psychosocial services they needed	58.8 (20)[a]	29.4 (10)	8.8 (3)	+1	
The youth had access to a supportive community	50 (17)[a]	35.3 (12)	8.8 (3)	+2	
It seems like a number of obstacles were present in the youth's life before transition was discontinued	29.4 (10)	35.3 (12)[a]	32.4 (11)	+1	
The youth reported feeling a certain amount of pressure from their friends about the way in which they were living their gender	5.9 (2)	23.5 (8)	64.7 (22)[a]	+2	
The youth described their school as supportive during their transition	50 (17)[a]	23.5 (8)	8.8 (3)	+6	

Note. Response options: Yes: describes the situation well; A bit: somewhat describes the situation; No: does not describe the situation; N/A: not applicable/I don't know; YDT = young people who have discontinued a transition. [a]Mode, the most frequently represented value. + Number of participants who responded N/A.

providers described the YDT as very well supported by their friends. They also reported in greater numbers that YDT were able to benefit from the health and psychosocial services that they needed.

Our results contrast with those of Turban et al. (2021) who identified external factors (i.e., pressure from parents, stigma, discrimination) as very important factors contributing to the experience of discontinuing a transition. Our data shows that, from the perspective of the providers, social pressure may play a role in some situations of discontinuation, but that external factors are less often involved. Given that external factors appear to be particularly present in gender journey that led to temporary discontinuation (Turban et al., 2021), and the importance of parental and social support factors for TNBY's mental health (Tankersley et al., 2021), professional interventions should make concerted effort to take into account the youth's overall environment.

The health providers surveyed also said that YDT they encountered in their caseload did not necessarily express regret. Research shows that TNBY in favorable environments can discontinue without feeling rejection, distress, or regret (Durwood et al., 2022). However, 40% of the providers said that YDT experienced regret, but this result did not provide further details on the type of regret experienced, and only gives little information on its intensity. The feeling of regret can be varied and also be fleeting (Narayan et al., 2021) and some could experience ambivalent feelings about their past experience (MacKinnon et al., 2021; Pullen Sansfaçon, Gelly, et al., 2023). In our research, we have found almost as many situations where providers found youth to be happy to have started and stopped a transition (35.3%), as a situation where they were not happy (38.2%). This potentially reflects that for some, the experience of transition/discontinuation may be positive and could be seen as a healthy part of their evolving identity and creativity (Butler & Hutchinson, 2020; Pullen Sansfaçon, Gelly, et al., 2023). However, unfortunately, others may have experienced what Hildebrand-Chupp (2020) called the negative transition experience, which could also include regret. Providers therefore have an important role to play in accompanying YDT in the various emotions and challenges they may encounter during this period. Because of the heterogeneity of experiences found among YDT (Expósito-Campos, 2021), and the possible presence of regret, trauma and mental health issues, providers should develop interventions that are flexible and nonconstraining, allowing for youth to develop trust in them and to support the exploration of their experience as well as the positive and the negative feelings that may result from discontinuation. In their study of YDT, Pullen Sansfaçon, Gelly, et al., 2023 suggest that ambiguous loss theory (Boss, 2007) may be a useful starting point to help the person finding meaning in their experience of discontinuation and to support the development of resilience, self-acceptance, and growth. Through helping the person to accept that ambivalence is a normal process and that it can emerge in complex experiences such as discontinuation, ambiguous loss theory allows the person to move beyond regret, and to find meaning for their ambiguous feelings, may they be triggered by internal sources (e.g., conflicting thoughts about one's decision to start a transition, experience of gender dysphoria that evolve but that not necessarily go away in some cases) or emerging as a result of external sources or pressure (e.g., pressure of family to conform to certain gender roles, experience of losing friends or family members through transition; having to experiment with new gender roles; Pullen Sansfaçon, Gelly, et al., 2023). As Boss (1999) explains, losses that are left unresolved lead to helplessness. To improve well-being, a person needs to realize that their experience may have left them in a state of ambiguous loss which needs to be accepted. Boss (1999, p. 132) suggests that providers:

> Must listen to [the person] as they tell us what their ambiguous losses mean to them, for their stories will vary with culture, gender, race, ethnicity, sexual orientation, and even age. In their narrative will be clues about the source of their distress and thereby the meaning of it: are they upset because they can't figure out what is happening? […] or are they distressed because they feel helpless and guilty? By listening to their stories, we would gain, not only an understanding of what they are experiencing, but also a real appreciation for their ability to survive and even transcend the pressure thrust upon them by outside forces.

By listening to youth and helping them identifying what is causing ambiguity, providers can engage in an intervention that will help youth finding meaning in the experience, without judgment, and support the development of resiliency and hope. This approach could also possibly be helpful to providers who are working with TNBY who are embarking on a transition process and help them, from the start, to deal with possible ambiguous losses emerging along the way of their gender journey.

Limitations

Despite our large and diverse recruitment, we have a limited sample of providers who completed sufficient sections of the survey and those have been found to mostly use a gender-affirming approach, limiting the generalizability of the data. It is possible that our sampling method (Listserv and social media) introduced a bias in the sample. Also, the data was obtained from providers rather than directly from youth who discontinued their transition, and therefore, must be interpreted with caution. Indeed, providers' observations can be tainted by their interpretation and subjectivity. Moreover, our methodology did not allow us to distinguish the complexities of situations present in professional practices. Even if we noticed a difference in rates between approaches in our data, we did not ask exactly how many youth providers followed beyond 50, which prevents us from proposing a percentage of caseload of discontinuation. The providers did not all have the same work experience and/or do not necessarily follow TNBY regularly in their practice, which possibly limits the possibility of encountering cases of discontinuation. Finally, the study was developed in 2019, and the data collection tools, in early 2020, before many articles on the topic were published. This had an impact on the dimensions that were included in the scales presented in the various tables, as little information on discontinuation was known at that time, leaving the team having to mainly draw on the literature on TNBY and as well as media reports on discontinuation to develop the survey.

Future research should continue to focus on understanding the experiences of trans-health providers and examine, through a larger and more diverse sample of professionals, how intervention approaches may be linked to the likelihood of encountering youth who discontinue their transition. Because it is not possible to predict who will continue or discontinue a transition in the future, research should also examine in more detail, through qualitative research, the practice of trans-care providers who have intervened with youth

beyond the process of transition and of discontinuation in order to understand how youth can be better supported through their entire journey, whatever the outcome of it may be.

Conclusion

From the providers' observation, YDT seems to form a diverse group, a result which is consistent with what can be found in most current studies on the subject. Many providers in our sample have encountered YDT, but most of them only worked with a few, indicating that this phenomenon may not be frequent. Since providers who have encountered YDT in their practice are working in a range of approaches (gender-affirming, watchful waiting, or other approaches), the idea that one specific intervention approach could explain discontinuation among youth is questionable. Therefore, providers should not adopt the stance of trying to avoid discontinuation at any cost by drawing on a particular intervention; rather, they should develop an intervention that supports youth in examining their transition-related needs, that allows for exploration of their hopes, their worries, their questions or their doubts, as well as their capacity to provide consent, and to accompany them during this important journey, whether they will discontinue it or not in the future.

The idea of discontinuation, especially as covered in the media, has already started to limit access to services, while research shows that many TNBY still experience many delays and challenges to access gender-affirming care (Bauer et al., 2021). These restrictions run counter to current knowledge which has shown that access to legal (Cotton et al., 2022), social (Durwood et al., 2017; Russell et al., 2018), and medical (Pullen Sansfaçon, Medico, et al., 2023; Sorbara et al., 2020; Turban et al., 2020) transitions and interventions to the improvement of youth mental health. The findings of this research add to the current knowledge by highlighting how providers have encountered discontinuation as a diverse phenomenon, and are present regardless of their approach to practice.

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