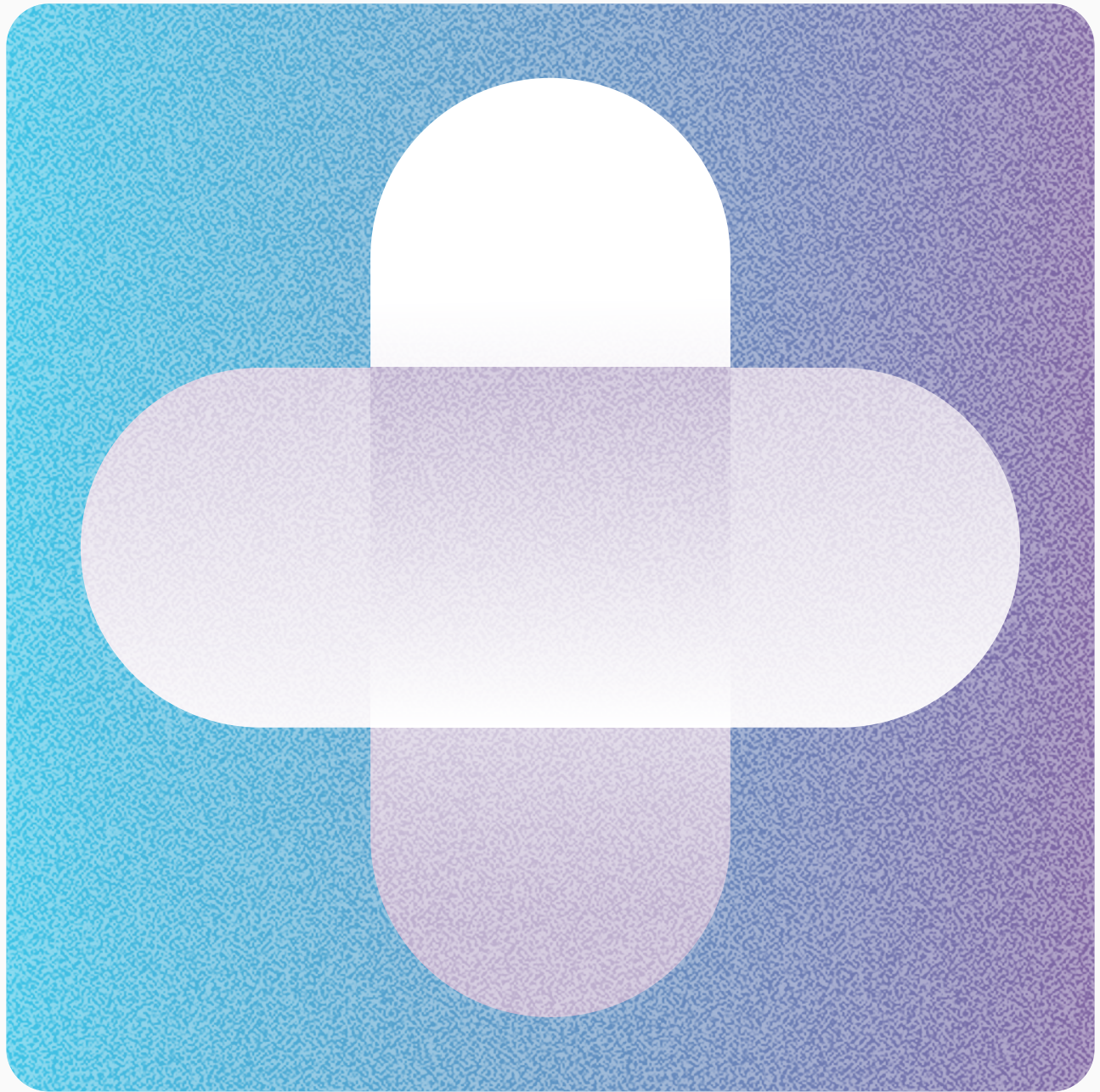


# Accessing Medical Gender-Affirming Care



# Acknowledgments

## **Territorial Acknowledgment**

PolicyWise respectfully acknowledges that we are located on Treaty Six and Treaty Seven territories and the Métis homeland – the travelling route and the gathering place for many Indigenous Peoples. This includes the Nehiyaw, Denesų́łiné, Nakota Sioux, Anishinaabe, Haudenosaunee, Siksikaitsitapi, comprised of the Siksika, Kainai, and Piikani First Nations, the Tsuut’ina First Nation, and the Îyârhe Nakoda, including the Chiniki, Bearspaw, and Goodstoney First Nations. We also acknowledge the Métis and Inuit who have lived on and cared for these lands. We recognize this land as an act of reconciliation and express our gratitude to those whose territory we reside on or are visiting.

## **Youth and Caregiver Acknowledgment**

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## **This guide was created by PolicyWise for Children & Families**

[PolicyWise for Children & Families](#) is a non-profit that works to improve policies and practices to benefit well-being. We partner with many diverse groups—like gender-diverse youth and their caregivers—to help create a better future for children, youth, families, and communities. Our skilled team focuses on evaluation, data management, implementation, and knowledge mobilization across Alberta and Canada. We created this guide in December 2024 as a part of our Empowering Providers [series](#). For more information, please contact us at [info@policywise.com](mailto:info@policywise.com).



# Introduction



Helpful terminology is highlighted in blue and defined in pop-outs throughout the guide.

## Gender Transition

The process of discovering and affirming one's gender identity.<sup>1</sup> This can, but does not always, include medical transition, like taking hormones or having surgeries.

**Gender transition** is the process of changing one's gender. The journey of gender transition includes many parts, such as social, legal, and medical changes.

It can be hard for families of Two Spirit, trans, and gender-diverse (2S/T/GD) youth to navigate the available information and services. PolicyWise has created a [series](#) of guides to support service providers as they help youth and their caregivers in Alberta. Service providers can direct caregivers to the services and information linked in these guides or provide them with the guides themselves.

This guide covers medical aspects of transition, like hormone replacement therapy and gender-affirming surgeries. It includes research, medical information, and experiences of caregivers of 2S/T/GD youth. While this guide offers helpful information and tools, keep in mind that each family is unique, and not all resources will apply to everyone. Because medical practices, laws, and services change, it's important to seek out current information from health care providers and local organizations. This guide isn't a substitute for professional medical advice, but it gives service providers knowledge and tools to support 2S/T/GD youth and their caregivers.

# Medical Gender-Affirming Care

Physical appearance is a big part of how a young person expresses their gender. Medical transition can include using medications or having surgeries to change physical traits.<sup>4</sup> For some 2S/T/GD young people, these medical treatments can help their body match their gender identity.<sup>5</sup> Medical transition isn't required to be a 2S/T/GD person. A young person's background, cultural beliefs, race, religion, interests, age, legislative environment, health care systems, and other factors can affect their choice to medically transition. There's no single way to do it, and deciding when and how to transition is a choice between a young person, their family, and their health care provider.<sup>6-8</sup>

**Gender dysphoria** is the discomfort or distress some 2S/T/GD young people feel when their **sex assigned at birth** and physical traits don't match their gender identity.<sup>4</sup> They may seek out medical transition to help with this discomfort.<sup>5</sup> Medical transition can help a young person feel more comfortable with their body and how they present themselves. While some youth know exactly what they want to change about their bodies, others may not be sure.<sup>5</sup> Speaking to a gender-affirming health care professional can help youth and their caregivers better understand the available options and supports.

More information about different types of hormone treatments and surgeries is provided below. This guide focuses on hormone replacement therapy and surgery, but any medical treatment that helps a youth feel like their body is more aligned with their gender identity is gender-affirming medical care.<sup>8</sup>

## Gender Dysphoria

Feelings of discomfort about one's body or assigned gender.<sup>1</sup> Gender dysphoria is also a mental health diagnosis that is defined as a "sense of discomfort in one's body and with one's own gender identity."<sup>2 (p.512)</sup>

## Sex Assigned at Birth

The sex given to an infant based on the appearance of their external genitals, that is, female, male, or intersex. People may refer to themselves as "assigned female at birth" (AFAB), "assigned male at birth" (AMAB), or "assigned intersex at birth" (AIAB).

"When we think about the health component [of transitioning], we're often thinking about 'what is the health [impact] of being on hormones long term?'... But I think we also have to hold on to the other side of what health looks like... What happens [to our youth] without that gender-affirming care?"

– Caregiver of a 2S/T/GD youth

## Hormone Replacement Therapy

Hormones are chemicals in our bodies that act as messengers between organs and tissues.<sup>4</sup> They help control many important processes, like metabolism, growth, and traits like body hair or fat distribution. Some hormonal effects happen quickly, like feeling hungry or tired, while others, like the effects of sex hormones, take more time to cause changes.<sup>4</sup>

**Hormone replacement therapy (HRT)** uses medications to add or block certain hormones to help someone's body align more closely with their gender identity.<sup>4, 9, 10</sup> The goals of HRT can be different for each person. Some people use hormones to transition to a more traditionally **binary** masculine or feminine appearance, while others use them to change their bodies in a **non-binary** or **gender expansive** way.<sup>5</sup>

The Alberta Legislature has passed [Bill 26](#), changing access to gender-affirming health care for youth.<sup>11</sup> As of early 2025, regulated health professionals are unable to prescribe hormone therapies to youth under 18 for the treatment of gender dysphoria, with some exceptions. Youth aged 16 and 17 with parental, physician, and psychologist approval and minors who were prescribed hormone therapies to treat gender dysphoria before the bill was passed can still access hormone therapies. For more information about the potential impacts of Bill 26, check out this [brief](#) from Egale.

### Hormone Replacement Therapy (HRT)

Medications that are similar to hormones produced by the body.<sup>1</sup> HRT can be taken for transition and other medical purposes, such as menopause or low testosterone. Medications that change the effect of hormones, such as testosterone or puberty blockers, and oral contraceptives may be considered HRT.

### Non-binary

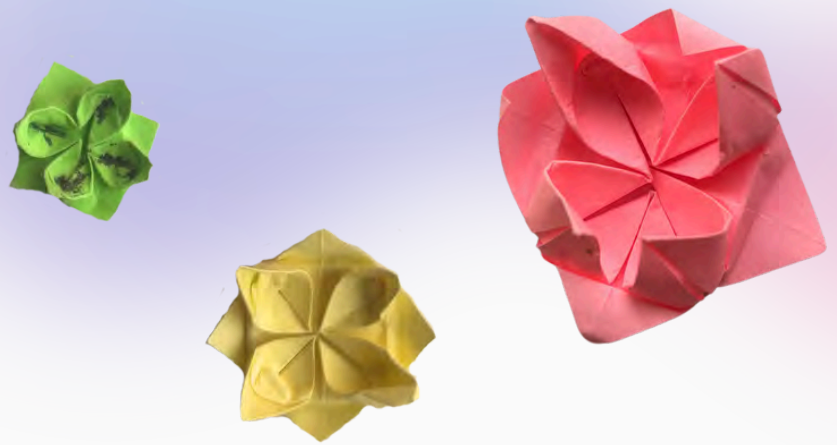
People, words, and things that don't fit in the gender binary.<sup>1</sup> Non-binary people may see themselves as not fitting into the gender binary, fitting in both categories of male and female, or may oppose the idea of the binary entirely.

### Binary

The traditional Western classification of gender into two distinct categories: male and female.<sup>1</sup>

### Gender Expansive

People whose gender identity or expression broadens the culturally-defined expression associated with their gender.<sup>1</sup>



## ★ Puberty Blockers

Delaying puberty gives a young person more time to understand themselves, make decisions, and plan for changes in their body.<sup>12, 13</sup> For youth who are beginning puberty, stopping further changes can help reduce gender dysphoria and stress. Puberty blockers are medications that temporarily stop the body from making sex hormones.<sup>12</sup> They can be started soon after puberty begins and pause the development of secondary sex characteristics, like a deepening voice, breast growth, and menstruation. The effects depend on how far puberty has progressed before starting the treatment. Puberty blockers are only effective before puberty begins or in the early phases of puberty. They can help reduce the need for surgeries, hormone therapies, and hair removal later in life.<sup>12, 14</sup>

When puberty blockers are stopped, puberty will start again.<sup>12</sup> If a young person begins hormone therapy after stopping puberty blockers, they will experience the changes related to that therapy.

Overall, research shows that puberty blockers are safe and effective for reducing gender dysphoria and giving youth more time to make decisions about their bodies.<sup>15, 16</sup> They are usually prescribed by a pediatric endocrinologist, but knowledgeable pediatricians and primary care providers may also prescribe them. Puberty blockers have been used for decades to safely and effectively treat **cisgender** youth for conditions such as precocious puberty (early onset puberty) and menstruation.<sup>17, 18</sup>

The Trans Care BC [website](#) offers more information about puberty blockers and the benefits and risks with short- and long-term use.

"This isn't a matter of me pumping my kid full of hormones. This is a matter of me helping my kid. If your kid hates acne and we put them on Accutane, there's risks with Accutane..."

I also found that transition options are fairly limited, because you have to do it really young. [My child] had already exceeded the age where they could take puberty blockers. So really, the option is to manage whatever it is that bothers them. And that was new to me, too.

I didn't realize that at 13, if the... the onset of menses, that's it. There are no puberty blockers to be taken at that stage."

– Caregiver of a 2S/T/GD youth

### Cisgender

A person whose gender identity matches their birth-assigned sex.<sup>1</sup>



## ★ After Puberty

The effects of HRT are different depending on the type of hormones a person's body needs.

People who were assigned male at birth or who are intersex sometimes use estrogen- and progesterone-based HRT.<sup>19</sup> This treatment is sometimes called “feminizing” HRT because it causes changes society associates with femininity. It can cause changes like softer skin, breast growth, less muscle mass, body fat distribution on the hips, changes to sexual function, and less body and facial hair. Some changes start within a few months, while others take longer.<sup>9</sup> If someone stops this HRT, some effects, like softer skin and less body hair will reverse on their own, but others, like breast growth, may not. For more information on feminizing HRT, visit the Trans Wellness Initiative [website](#).

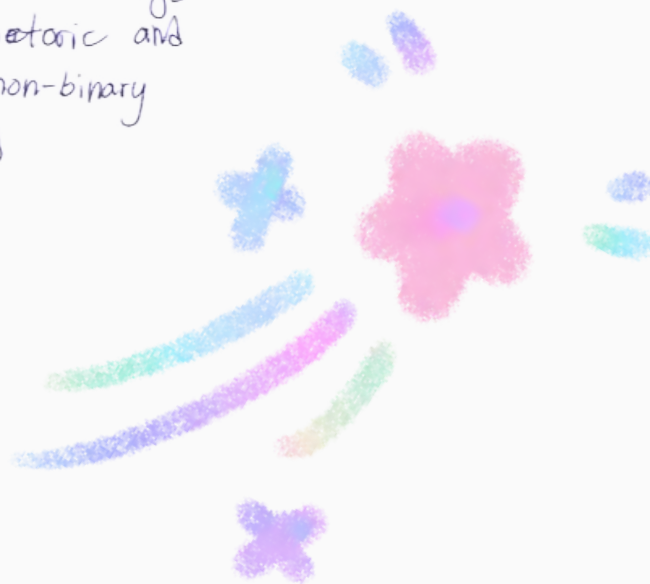
People who were assigned female at birth or who are intersex sometimes used testosterone-based HRT.<sup>19</sup> This treatment is sometimes called “masculinizing” HRT because it causes changes society associates with masculinity. It can cause changes like a deeper voice, oilier skin, acne, increased muscle mass, more facial and body hair, hair loss on the scalp, fat distribution on the belly, changes to sexual function, and weight gain.<sup>10</sup> Some effects, like changes in body odour, may happen quickly, while others, like facial hair growth, can take several years. Some changes, like acne and muscle growth, can be reversed if HRT is stopped, but others, like a deeper voice and hair loss on the scalp, may not. For more information on masculinizing HRT, visit the Trans Wellness Initiative [website](#).

piercings  
testosterone  
and  
tattoos feel  
like reclaiming  
my body

Every young person's experience with HRT is different. Some might use hormones for a short time, while others might use them for longer, even for life.<sup>20</sup> Some might switch between using hormones and not using them. HRT can be prescribed as pills, topical creams or gels, patches, or injections.<sup>21</sup> Health care professionals closely monitor each step of the HRT process.

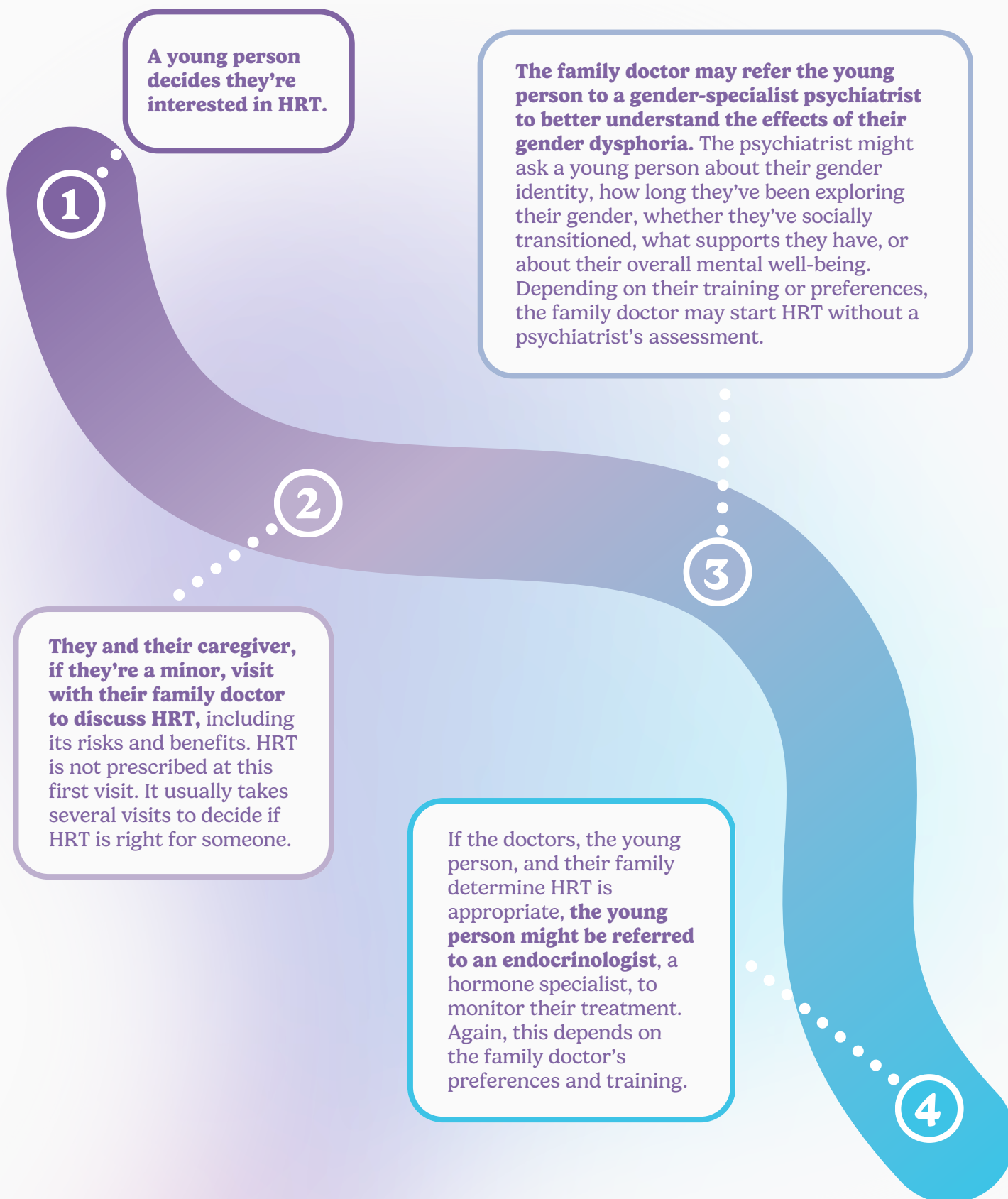
Many health insurance plans, including the [Alberta Child Health Benefit](#), cover HRT prescriptions. However, some HRT formulations might not be covered by provincial or private health insurance. HRT can be expensive for those without coverage.

I'm 6 years into my trans journey and I still am missing gender affirming healthcare and ~~have~~ have uncomfortable interactions everyday. Some things have regressed because of transphobic rhetoric and people have preconceived notions about non-binary <sup>being</sup>





# Hormone Replacement Therapy Process in Alberta<sup>22</sup>



## Gender-Affirming Surgeries

Gender-affirming surgeries are another medical transition option. While access to gender-affirming surgeries is restricted for people under 18, many youth start thinking about surgery before they reach this age. There are several types of gender-affirming surgeries, and some of the most common ones may be covered by Alberta Health.<sup>23</sup> Here's a basic overview:

- **Top surgeries** are procedures on the chest, such as breast augmentation (adding to breast size), reduction (removing some breast tissue), or chest reconstruction (removing all breast tissue and reshaping the chest).<sup>24</sup>
- **Bottom surgeries** are procedures on the genitals and reproductive organs. These can include removing the testes, ovaries, or uterus, or creating a vulva and vagina or a penis and scrotum.<sup>24</sup>

Less common surgeries might change the appearance of the face or neck or adjust the vocal cords to change voice pitch.<sup>24</sup> The Trans Care BC [website](#) provides more detailed information about gender-affirming surgeries.

Across Canada, youth under 18 cannot access bottom surgeries.<sup>25</sup>

Eligibility for top surgeries for minors in Alberta is shifting. The Alberta Legislature has passed [Bill 26](#), changing access to gender-affirming health care for youth.<sup>11</sup> Starting December 2024, surgeons in Alberta are unable to perform gender-affirming top surgeries for youth under age 18. For more information about the impacts of Bill 26, check out this [brief](#) from Egale.

### Top Surgeries

Gender-affirming surgeries performed on the chest.<sup>1</sup> This can include breast augmentation and reconstructive chest surgery, though the term “top surgery” is more commonly used in **transmasculine** than in **transfeminine** communities.

### Transmasculine

People who transition from a more feminine gender presentation to a more masculine one.<sup>1</sup> It most commonly refers to people assigned female at birth but can also include some intersex people.

### Transfeminine

People who transition from a more masculine gender presentation to a more feminine one.<sup>1</sup> It most commonly refers to people assigned male at birth but can also include some intersex people.

### Bottom Surgeries

Gender-affirming surgeries performed on the genitals and reproductive organs.<sup>1</sup>

Some gender-affirming surgeries for adults are covered by Alberta provincial health insurance, such as breast reduction, chest reconstruction, and bottom surgeries.<sup>25</sup> Breast augmentation is only covered by Alberta health insurance if the breasts have grown minimally with HRT. Surgeries on the face, neck, and vocal cords are not covered by provincial insurance in Alberta.

Gender-affirming surgeries can help reduce health risks associated with other gender-affirming practices, like **binding** or **tucking**. They can lessen the need for certain hormone therapies, like testosterone blockers.<sup>24</sup> These surgeries can also have a positive impact on the mental well-being of 2S/T/GD youth.<sup>26, 27</sup>

Wait times for gender-affirming surgery in Alberta can be long, often several years. Young people may be able to access a wider range of gender-affirming surgeries and treatments using private insurance. While this option is usually quicker to access, it can be very expensive. For more information on the types of surgeries available in Alberta, how to access surgeries, and health insurance coverage, visit the Foria Clinic [website](#).

### **Binding**

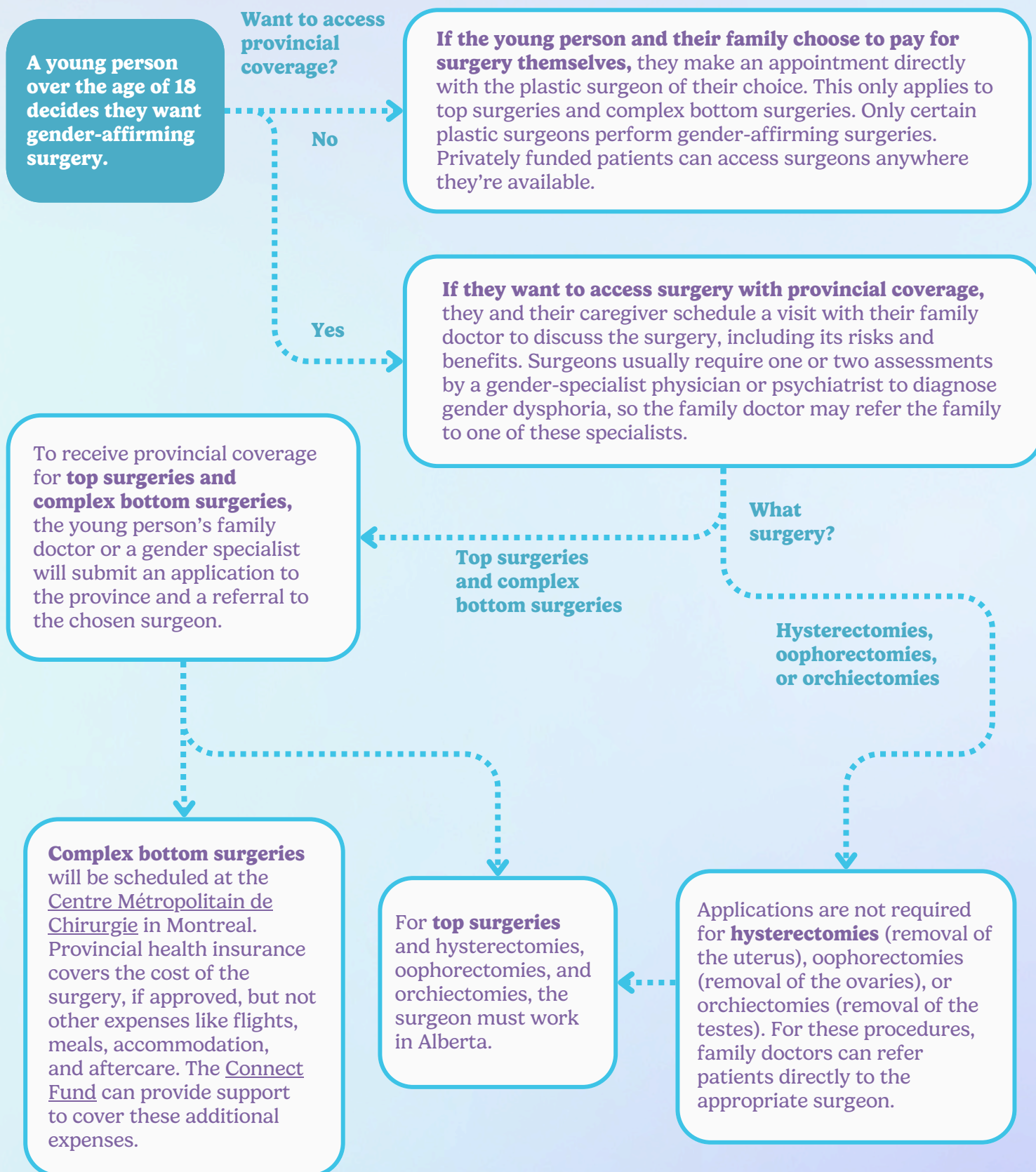
Using special clothing, like a binder, or body-safe tape to flatten the chest.<sup>1</sup>

### **Tucking**

Arranging the penis and testicles to minimize a bulge in clothing.<sup>1</sup> People often tuck using body-safe tape or special underwear, such as a gaff or tucking panties.



# Accessing Gender-Affirming Surgery in Alberta<sup>23</sup>



# Empowering Affirming Adults

Service providers play an important role in supporting caregivers to be affirming of the 2S/T/GD youth in their lives.<sup>28</sup> Having access to accurate, high-quality information about transition can make a big difference for caregivers.<sup>28, 29</sup> Resources like Egale’s Affirming Adults [guide](#), Central Toronto Youth Services’ Families in TRANSition [resource guide](#), or Outright Vermont’s Handling With Care [toolkit](#) can help caregivers learn more about how to be supportive. A [report](#) from MacEwan University shares the lived experiences of trans and non-binary youth in Alberta. It is a helpful tool for service providers and caregivers to learn what supports youth might need.

When trying to connect their 2S/T/GD youth with medical transition support, caregivers may not know where to start.<sup>28</sup> They may experience challenges finding accurate information about treatments, care pathways, or current legislation. Service providers can direct caregivers to information and knowledgeable health care providers.<sup>12</sup> Caregivers may be confused about how health care legislation impacts what medical transition can look like for their child. Service providers can help families find health care providers who will problem solve with them and identify ways youth can be affirmed.

Caregivers of 2S/T/GD youth may experience difficulties finding a gender-affirming health care provider in an accessible location.<sup>28, 30, 31</sup> This may be particularly challenging for families living in rural communities.<sup>28</sup> Organizations like [Skipping Stone](#), [Trans Wellness Initiative](#), [OUTreach Southern Alberta](#), and the [Pride Centre of Edmonton](#) have directories of affirming healthcare providers. [Skipping Stone](#) offers virtual health care navigation support. The [Foria Clinic](#) offers online gender-affirming care in Alberta.

“... there's a certain age at which kids can take puberty blockers, and then after that you have different choices to make. Wouldn't it be so nice if you could go see your family [doctor] about that when the kid is 10 or 11 or 12, or you can kind of say some of the things the kid's been thinking, but they make it so specialized, and the wait list is obscenely long. It's so long and it's so hard on the kids and all of us.”

– Caregiver of a 2S/T/GD youth

## Caregivers can look for these external signs of a gender-affirming health care practice:<sup>8</sup>

The clinic explicitly states their commitment to providing inclusive care.

The waiting room has safe space signs or posters showing gender-diverse people.

Intake forms and questionnaires include options for diverse gender identities, preferred names, and pronouns.

The clinic has gender-neutral bathrooms.

Staff introduce themselves with pronouns or wear pronoun pins.

A common barrier 2S/T/GD youth and their caregivers experience in health care are providers who don't affirm youths' non-binary or gender-expansive identities.<sup>28, 30</sup> Health care providers with binary views on gender may minimize non-binary youths' medical transition needs.<sup>30</sup> To support caregivers, service providers can encourage them to talk about gender-affirming care with their youth so they can better advocate with health care providers. Caregivers can also point health care providers to additional training on gender-inclusive care, such as the Trans Wellness Initiative's Affirming Spaces [training](#).

While youth may be eager to start medically transitioning, their caregivers may feel grief, concern, and other difficult emotions.<sup>32</sup> Caregivers may worry that their youth will regret their medical transition.<sup>32, 33</sup> Although regretting medical transition is a challenging experience, service providers can reassure caregivers that studies find rates of transition regret are low among 2S/T/GD youth who access medical transition.<sup>20, 34, 35</sup>

"... One question [the doctor] asked that I found really fascinating, and it did spark a conversation with our kid... is..., 'what part of your body makes you uncomfortable or makes you the most unhappy?'"

And for our kid, asking that question was door opening, because it was less about 'we need to focus on transition' and more about, [my child] hated getting their period, so it was just a matter of birth control... A binder and some birth control took us from a kid that hated being alive to a kid that's like making friends at the bus stop and feeling cool about their new jean jacket today, you know? It was just such a simple fix."

– Caregiver of a 2S/T/GD youth



**Service providers can help caregivers think of questions to ask when connecting with a new health care provider:<sup>8</sup>**

Will your clinic give my child an opportunity to document their correct name, pronouns, and gender identity in their health care records?

What training have you received about gender-affirming care for youth? Do staff at this clinic have training in gender-inclusive language?

How would you respond if a youth corrected your language related to gender?

How do you acknowledge the ways different parts of a youth's identity, such as their gender, sexual orientation, race, religion, or disability, interact with their health?

What do you do to empower youth to be collaborators in their health care?

What part of my child's health care is confidential between you and them and what will you communicate with me? How do you make sure your confidentiality policies are clear for youth patients?



**Some additional concrete actions service providers can take to support caregivers of 2S/T/GD youth are:**

- Helping caregivers understand different aspects of gender-affirming health care. Understanding these topics can help caregivers make informed decisions and provide better support. This knowledge can also dispel myths and misinformation about gender diversity and medical transition, creating a more supportive environment at home.
- Encouraging caregivers to be open-minded, use active listening, and ask youth questions about their gender and their experiences to show youth they're a safe person to talk to. Knowing they have supportive adults in their life can help 2S/T/GD youth deal with external challenges like discrimination or feeling misunderstood.<sup>36</sup>
- Connecting caregivers with local 2SLGBTQIA+ organizations that can provide useful resources and a supportive community.

as someone who was able to access gender affirming health-care: i don't regret it one bit. i was able to do testosterone hormone replacement therapy & even though i don't live as a trans man, i love the changes i experienced. as a femme presenting non-binary person, i love how androgynous my voice sounds, the extra body hair, and the extra muscle i gained. when i started HRT i didn't know where my gender journey would take me, but with familial & external supports i ended up trans, happy, healthy, and alive!

# References

1. Erickson-Schroth L. Glossary. In: *Trans Bodies, Trans Selves: A Resource by and for Transgender Communities*. Second Edition. Oxford University Press; 2022.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition, Text Revision; 2022.
3. Lundberg T, Hegarty P, Roen K. Making sense of 'Intersex' and 'DSD': how laypeople understand and use terminology. *Psychology & Sexuality*. 2018; 9(2):161-173. [doi:10.1080/19419899.2018.1453862](https://doi.org/10.1080/19419899.2018.1453862)
4. Demidont AC, Irons P, Mehringer JE. Medical Transition. In: *Trans Bodies, Trans Selves: A Resource for the Transgender Community*. 2nd ed. Oxford University Press; 2022.
5. Pullen Sansfaçon A, Temple-Newhook J, Suerich-Gulick F, et al. The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming specialty clinics. *International Journal of Transgenderism*. 2019; 20(4):371-387. [doi:10.1080/15532739.2019.1652129](https://doi.org/10.1080/15532739.2019.1652129)
6. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*. 2022; 23(sup1):S1-S259. [doi:10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)
7. Canadian Medical Association. [CMA strongly opposes government efforts to restrict access to care](#). Accessed October 25, 2024.
8. Vandermorris A, Metzger DL. An affirming approach to caring for transgender and gender-diverse youth. *Paediatrics & Child Health*. 2023; 28(7):437-448. [doi:10.1093/pch/pxad045](https://doi.org/10.1093/pch/pxad045)
9. Trans Care BC. [Estrogen-Based Hormones](#). 2024.
10. Trans Care BC. [Testosterone-Based Hormones](#). 2024.
11. Government of Alberta. [Advancing policies to support the health care system](#). 2024.
12. Trans Care BC. [Puberty Blockers](#). 2024.
13. Riggs DW, Bartholomaeus C, Sansfaçon AP. "If They Didn't Support Me, I Most Likely Wouldn't Be Here": Transgender Young People and Their Parents Negotiating Medical Treatment in Australia. *International Journal of Transgender Health*. 2019; 21(1):3-15. [doi:10.1080/15532739.2019.1692751](https://doi.org/10.1080/15532739.2019.1692751)
14. Van De Grift TC, Van Gelder ZJ, Mullender MG, Steensma TD, De Vries ALC, Bouman MB. Timing of Puberty Suppression and Surgical Options for Transgender Youth. *Pediatrics*. 2020; 146(5):e20193653. [doi:10.1542/peds.2019-3653](https://doi.org/10.1542/peds.2019-3653)
15. Horton C. Experiences of Puberty and Puberty Blockers: Insights from Trans Children, Trans Adolescents, and Their Parents. *Journal of Adolescent Research*. 2024; 39(1):77-103. [doi:10.1177/07435584221100591](https://doi.org/10.1177/07435584221100591)
16. Achille C, Taggart T, Eaton NR, et al. Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results. *International Journal of Pediatric Endocrinology*. 2020; 8. [doi:10.1186/s13633-020-00078-2](https://doi.org/10.1186/s13633-020-00078-2)
17. Pediatric Endocrine Society. [Precocious Puberty](#). Pediatric Endocrine Society. 2020.

18. Barnes RD, Deal CL. Precocious Puberty: Changing Trends in Diagnosis and Treatment. *Journal of Obstetrics and Gynaecology Canada*. 1997; 19(5):489-501. [doi:10.1016/S0849-5831\(97\)80026-2](https://doi.org/10.1016/S0849-5831(97)80026-2)
19. Hodshire S. [How Does HRT Change Your Body During Transition?](#) June 5, 2023.
20. Crabtree L, Connelly KJ, Guerriero JT, et al. A More Nuanced Story: Pediatric Gender-Affirming Healthcare is Associated With Satisfaction and Confidence. *Journal of Adolescent Health*. 2024; 75(5):772-779. [doi:10.1016/j.jadohealth.2024.06.016](https://doi.org/10.1016/j.jadohealth.2024.06.016)
21. Unger CA. Hormone therapy for transgender patients. *Transl Androl Urol*. 2016; 5(6):877-884. [doi:10.21037/tau.2016.09.04](https://doi.org/10.21037/tau.2016.09.04)
22. University of Alberta. [Gender-Affirming Care](#). 2024.
23. Alberta Health Services. [Funding for Transition Surgeries](#). Undated.
24. Trans Care BC. [Surgery](#). 2024.
25. Government of Canada. [How to access gender-affirming care: Options](#). 2024.
26. Olson-Kennedy J, Warus J, Okonta V. Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts. *JAMA Pediatrics*. 2018; 172(5):431-436. [doi:10.1001/jamapediatrics.2017.5440](https://doi.org/10.1001/jamapediatrics.2017.5440)
27. Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surgery*. 2021; 156(7):611-618. [doi:10.1001/jamasurg.2021.0952](https://doi.org/10.1001/jamasurg.2021.0952)
28. Morgan H, Wells L, Lin A, Strauss P, Perry Y. Parental Challenges, Facilitators and Needs Associated with Supporting and Accepting Their Trans Child's Gender. *LGBTQ+ Family: An Interdisciplinary Journal*. 2023; 19(1):70-86. [doi:10.1080/27703371.2022.2142717](https://doi.org/10.1080/27703371.2022.2142717)
29. Pullen Sansfaçon A, Kirichenko V, Holmes C, et al. Parents' Journeys to Acceptance and Support of Gender-diverse and Trans Children and Youth. *Journal of Family Issues*. 2020; 41(8):1214-1236. [doi:10.1177/0192513X19888779](https://doi.org/10.1177/0192513X19888779)
30. Gridley SJ, Crouch JM, Evans Y, et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *Journal of Adolescent Health*. 2016; 59(3):254-261. [doi:10.1016/j.jadohealth.2016.03.017](https://doi.org/10.1016/j.jadohealth.2016.03.017)
31. Matsuno E, McConnell E, Dolan CV, Israel T. "I Am Fortunate to Have a Transgender Child": An Investigation into the Barriers and Facilitators to Support among Parents of Trans and Nonbinary Youth. *LGBTQ+ Family: An Interdisciplinary Journal*. 2022; 18(1):1-19. [doi:10.1080/1550428X.2021.1991541](https://doi.org/10.1080/1550428X.2021.1991541)
32. Pullen Sansfaçon A, Medico D, Gelly M, Kirichenko V, Suerich-Gulick F. Blossoming Child, Mourning Parent: A Qualitative Study of Trans Children and Their Parents Navigating Transition. *J Child Fam Stud*. 2022; 31(7): 1771-1784. [doi:10.1007/s10826-021-02178-w](https://doi.org/10.1007/s10826-021-02178-w)
33. Pullen Sansfaçon A, Temple Newhook J, Douglas L, et al. Experiences and Stressors of Parents of Trans and Gender-Diverse Youth in Clinical Care from Trans Youth CAN! *Health & Social Work*. 2022; 47(2):92-101. [doi:10.1093/hsw/hlac003](https://doi.org/10.1093/hsw/hlac003)
34. Kidd KM, Sequeira GM. Misinformation Related to Discontinuation and Regret Among Adolescents Receiving Gender-Affirming Care. *Journal of Adolescent Health*. 2024; 75(5):698-699. [doi:10.1016/j.jadohealth.2024.08.002](https://doi.org/10.1016/j.jadohealth.2024.08.002)
35. Olson KR, Raber GF, Gallagher NM. Levels of Satisfaction and Regret With Gender-Affirming Medical Care in Adolescence. *JAMA Pediatr*. 2024. [doi:10.1001/jamapediatrics.2024.4527](https://doi.org/10.1001/jamapediatrics.2024.4527)
36. Egale Canada Human Rights Trust. [Affirming Adults: A Guide to Supporting Trans and Gender Diverse Children and Youth](#). 2024.