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“I have been thinking about this for a long time”: Navigating gender affirming medical care decisions for trans and nonbinary youth and their families in six countries

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ABSTRACT

Background: It is frequently reported that access to gender affirming medical care (GAMC) is burdened with many barriers, such as lack of parental support, geographic distance, absence of social support, and medical professionals’ lack of knowledge. While the current knowledge shows that trans and nonbinary youth (TNBY) experience many challenges when accessing GAMC, there is still limited information available regarding how they navigate GAMC decisions as youth approach puberty.

Methods: To fulfill that gap, a team of researchers conducted semi-structured interviews in six countries (Australia, Canada, India, Switzerland, the UK, and the US) with TNBY ages 8–14 years and their families.

Results: Thematic analysis was conducted on baseline interview data from an international longitudinal study, yielding three themes, and subthemes, relevant to making GAMC decisions: (1) Participants’ decisions guided by expectations, (2) conditions for reaching an informed decision, and (3) the role of time in GAMC decision-making. Of these themes, several subthemes allowed researchers to understand how families navigate whether to seek GAMC, and if so, deciding on specific care trajectories.

Conclusion: Results indicated that making decisions regarding GAMC is a process that moves beyond medical impacts and side-effects, as many family dynamics, access to information and time also played into TNBY’s decisions to seek GAMC.

KEYWORDS

Gender affirming medical care; transgender and nonbinary; wellbeing; youth

Introduction

Although access to gender affirming medical care (GAMC) has been shown to have a significant positive impact on both trans and nonbinary youth¹ (TNBY) and adults’ mental and physical health (Lee et al., 2021; Pullen Sansfaçon et al., 2019; Rew et al., 2021; Turban et al., 2020), geographic, therapeutic, legal, and financial barriers often restrict access to this type of medical care (Puckett et al., 2018). Age can be another barrier, as minors face additional legal challenges to receiving GAMC. These barriers can cause delays and at times even prevent young people’s access to important medical care, including medical

advice and information. This is especially concerning as MacKinnon et al. (2021) report that factors reducing access to care, such as cisnormativity can lead young people to avoid expressing regrets and doubts regarding GAMC and thus impact their capacity to engage in honest conversations with their medical providers about the risks and benefits of GAMC. These barriers and their impacts on young people’s access to GAMC imply that making decisions regarding GAMC is not simple and involves many factors, some internal to youth (e.g. age and expressions of doubts), and some external (i.e. parental support, laws regarding access to GAMC, medical standards of care, and/or access to GAMC medical providers).

According to the World Health Organization, when it comes to decision-making during adolescence, making decisions about their health is a fundamental right outlined in the United Nations Convention on the Rights of the Child. Their increasing autonomy should be respected and parental guidance remains crucial in navigating complex decisions (World Health Organization, 2021). Indeed, as they seek gender affirming medical care, TNBY have shared their journey to seeking GAMC was shaped partly by internal family dynamics, most notably their relationship with their parents. For example, Riggs et al. (2020) have underlined the importance of a strong relationship between parents and TNBY through continuing supportive treatment, trusting their child to know their gender, and advocacy. It was highlighted that, depending on their support of young people's transitions, parents could act as barriers or facilitators to receiving care. This support however is not always black and white. Horton (2023) indicates that concerns for the safety of their child, their perspectives on ability to consent and navigating uncertainty regarding the outcomes of receiving care can also be part of parents' decisions to support GAMC for their child. A qualitative study conducted with 21 TNBY and their caregivers, in Canada, identified five essential factors related to making GAMC decisions (Clark et al., 2021). Results indicate that the presence or absence of a supportive relationships between youth and caregivers, open communication, and adequate time for decision-making processes to unfold are essential to youth and caregivers reaching a decision whether to seek GAMC. In addition, decision agreement, and role agreement between all actors was also found to be beneficial to reaching that decision. These results seem in part to echo previous research identifying temporality as an important mediator of GAMC decisions (Clark et al., 2020). While these results are specifically related to Canadian youth and allow to understand some of the factors influencing decisions to access GAMC, information remains limited (Lambert et al., 2023).

Additionally, results from recent publications suggest that the sociopolitical context and

knowledge of transphobia also impacts TNBY and caregivers' perspectives of the future, potentially affecting their decision-making to access GAMC (Katz-Wise et al., 2017). As temporality was found to be an important factor in youth and caregiver's GAMC decision-making processes (Clark et al., 2021), it is important to conduct research that allows for a nuanced and contextualized analysis of such processes. The current analysis was conducted to complement current knowledge, seeking youth residing in six countries (Australia, Canada, India, the UK, and the US) as they approach puberty. Over the past few years, some jurisdictions, such as some US states and some European countries, have moved toward restricting access to GAMC. For example, the Williams Institute reports that as many as 156,500 TNBY have lost or are at risk of losing access to GAMC in 32 US states since 2020 due to filed or pending legislations (Redfield et al., 2023). Among the reasons mentioned, some state access to GAMC is expedited, the fact that GAMC is only provided on the basis of young people's desires (Lepore et al., 2022), or the limited evidence of effectiveness of such treatment on youth (Cass, 2024). That said, while the reports of limited evidence are themselves being contested (Grijseels, 2024; Horton, 2024b), current literature regarding family's decisions to undertake GAMC, especially for youth at the onset of puberty, indicate the sociopolitical context surrounding this decision may be of importance. As such, the current analysis aims to identify how families navigate whether to seek GAMC, before TNBY begin puberty, in 6 countries.

Methodology

Results presented in this article are part of the Growing Up Trans project, a three-year prospective and longitudinal qualitative study of TNBY and families seeking GAMC. The study aims notably at tracing the trajectories that TNBY take in their journeys to seeking and obtaining GAMC, and to produce a nuanced and contextualized understanding of how families navigate the process of obtaining GAMC. The results reported in this article draw from baseline data, at the time

where participants were interviewed for the first time, as they were seeking to obtain, or had just initiated GAMC care.

Participants and data collection

TNBY and their families were recruited *via* local community organizations and gender clinics in each of the six countries. To be eligible to participate in Growing Up Trans, TNBY had to be at the onset of puberty, and intend to seek GAMC or have just begun receiving GAMC. Youth also needed to be accompanied in the study by at least one parent or caregiver. Siblings of the TNBY were also invited to participate. Information about the study was circulated through local organizations and families were invited to contact local researchers if they wished to participate. Recruitment and interviews were completed by local teams of researchers in each country. Consent and assent were sought from caregivers, TNBY, and siblings prior to interviews. Vouchers were given to every participant; voucher values centered around 35\$CAD and were adjusted in some countries to account for local currency.

Baseline family interviews were conducted between the summer of 2022 and the fall of 2023. The team decided to conduct family interviews rather than individual interviews as this type of interview allows to gain a better understanding of family dynamics, in addition to allow to develop a relationship of trust with the TNBY and families, considering that TNBY in some cases were as young as 7 years old. Interviews were conducted in French, English or Hindi, in each country, by local teams, either in person or *via* video conference, depending on the participant's wishes and geographic location. These interviews included TNBY, parents, and siblings in a family setting for an approximate duration of two hours. Enrolled families agreed to participate in 3 additional annual interviews for 3 years (4 total time-points), in the context of the longitudinal components of the project.

Interviews were structured in seven sections. After a brief introduction, the first section focused on questions related to gender identity, such as “How did you understand your gender identity

growing up? How has it changed over time?” “Do you remember how gender started becoming a discussion in the family?” and “Are there environments or people with whom you cannot share your gender identity?” Participants were also invited to share their experiences in school with questions such as “Can you tell me how you manage your gender in school identity in school?” “What’s the best thing about being trans in school?” or “How safe do you feel in school?” Topics of friendships and engagement in community were also covered in similar fashion, asking participants to share activities they engage in, as well as how they manage the TNBY’s gender identity within this context. Although some families shared relevant information to this article in these first sections, most directly relevant were Sections 5 and 6, regarding TNBY’s well-being and access to care (medical or psycho-social), and their projection in the future. These sections included questions such as “Can you tell me how you/your child is feeling in regards to puberty?” “Can you tell me how you came to think about seeking gender affirming medical care, and where you are at in the process?” or “How do you think obtaining gender-affirming medical care will make you feel?” Section 7 was aimed at understanding the families’ perception of the sociopolitical context surrounding GAMC. Interviews were semi-structured, allowing for interviewers to ask follow-up questions or re-word questions to allow youth of different ages to fully engage with the interview.

Data analysis

Interviews were transcribed, anonymized, and coded in Canada. Interviews conducted in Hindi were transcribed and translated to English. While the anonymized interview scripts were in French and in English, coding was completed in English to ensure it was accessible to all members of the international research team. Although interviews were conducted locally by co-researchers, data analysis was completed by a team of researchers in Canada. Research assistants who carried out the coding drew from reflexive thematic analysis (Braun & Clarke, 2021). Three research assistants proceeded with coding the data under the

supervision of the overall study's principal investigator. First, research assistants immersed themselves through reading interview transcripts. Initial codes were generated at a semantic level (Braun & Clarke, 2006) by examining each interview line. Codes were then categorized into themes, in line with the overall research objectives. Research meetings allowed to review the codes, themes, and categories in order to develop a common understanding and derive meaning from the data. For the current analysis, author 1 extracted the codes and categories pertaining to decisions to start GAMC. Collaboration while coding was possible by using MAXQDA software.

Positionality statement

The coding team had different positionalities in terms of race (including white, racialized and indigenous members), gender identity (cis and trans), and sexual orientation (various sexual orientations). The larger study team also includes parents of TNBY. Authors are from various disciplines such as education, epidemiology, gender and women's studies, pediatrics, and social work. Two members of the team who conducted the analysis had children, including TNBY.

Results

In total, 45 families completed a baseline interview, representing 130 family member participants. The TNBY sample is composed of 46 young participants, one family included 2 TNBY who were siblings. Participants had various gender identities including 20 trans boys, 13 trans girls, 13 other gender identities such as gender-fluid, genderqueer or androgenous. TNBY were aged 7–16 years at baseline, with a mean age of 11.6 years.

Below, we present in detail the three themes, and subthemes, related to factors affecting participants' decisions to undertake GAMC. While it is possible that youth and caregivers are affected differently by various factors, it is difficult to precisely delineate their experiences because of the use of family interviews. Hence, although young people or families' excerpts are used to illustrate the different themes, the following results present

youth and their caregivers' overall realities and experience, rather than an examination of possible similarities and differences.

Theme 1: GAMC decisions guided by expectations

Participants shared many expectations about the possible impacts GAMC may have on TNBY's physical, psychological and social health. Although presented here in separate sub-sections, these three subthemes interacted with each other. For example, while youth hoped GAMC may allow their physical appearance to be more aligned with their gender identity, alleviate dysphoria and create opportunities for gender euphoria, they also considered how changing their physical appearance and gender expression might be perceived by others and influence their psychosocial health. Most often, youth and caregivers both articulated hopes and fears about what to expect of GAMC, whether they discussed physiological or medical, psychological, or social impacts of care.

Hoping GAMC will bridge the gap between body and mind

Participants hoped GAMC would result in either inducing physiological changes that would allow TNBY's bodies to better align with their gender identity or would stop or delay the physiological changes that occur naturally with puberty. For TNBY, the process of imagining a body that could match their desired gender expression and alleviate dysphoria was hopeful and prompted excited envisioning of the future. For example, these youth shared their hopes of physical changes as they reflected on GAMC:

I'd like a deeper voice and [Father], it's actually really sad because he shaved it all off, but he had a really good beard and I think that would look good. (12-year-old trans boy, Australia)

I am excited [to go on blockers] and I think it's going to be good and helpful. [...] I think stopping getting like secondary sex characteristics and such is good. (14-year-old trans girl, UK)

Although the clarity of their desires did not always translate into medical terms, such as "I want to receive hormone therapy," most youth

expressed clearly the changes they wanted to see in their bodies, such as a deeper voice, more muscles, or developing breasts.

As caregivers understood the importance of these physical changes on TNBY's mental health, many of them also shared hopes their bodies would come to match their gender identity as a result from GAMC. As this parent shared:

I hope what estrogen brings for her is a higher level of peace and comfort in her body. That having some physical changes to her breasts to sort of female where we get curvy. And you know, I hope some of those things happen for her. (Mother of a 14-year-old trans girl, US)

Some youth anticipated that certain aspects of GAMC, such as growing a beard, lowering their voice, or growing breasts, would create gender euphoria. However, they also felt some aspects of GAMC may also be unwanted, such as a possible receding hairline. In these cases, youth had to decide whether the "pros" of receiving GAMC outweighed the "cons." This process led to confronting complex emotions of both anticipated euphoria and anticipated loss. As this youth shared:

Your hair gets, your receding hair line, I guess it's a con, but the pros far outweigh that one con. (12-year-old trans boy, Australia)

For youth whose gender did not fall within the girl-boy binary, deciding whether they desired GAMC seemed to be difficult. As this father shared:

I think probably the rough part is that you know, being nonbinary versus being [binary] transgender is kind of... you know, there's not a nonbinary hormone [laughs] or anything like that, do you know? So, it kind of has to be one way or the other and stuff. Figuring out how we're going to navigate that, I think, is kind of the challenge. (Father of a 12-year-old non-binary youth, US)

Hoping GAMC will improve physical comfort

Some participants described how seeking GAMC would also improve their physical comfort, as they mentioned wearing gender affirming accessories, such as binders², that caused physical discomfort. For example, these parents shared:

The binder, that's really warm to run in. It is really uncomfortable physically. I think that is part of the reasons why [youth] does not like gym class. (Mother of a 14-year-old trans boy, Canada)

He gets freaked out by those things [binders]. If it doesn't come off easy, then he feels quite claustrophobic. (Mother of a 14-year-old trans boy, Australia)

For TNBY, accessing GAMC, such as puberty blockers before puberty begins, would remove the need for such accessories by preventing the development of secondary sex characteristics, thereby increasing their physical comfort in their day-to-day life.

Worrying GAMC would have unforeseen side effects

Although participants did not doubt the positive impacts GAMC would have on TNBY's well-being, and that some ambivalence between positive and negative side effects exists, they nevertheless shared worries about unforeseen side effects of medication. The nature of unforeseen side effects was not described specifically, but participants nevertheless discussed the possibility that treatments could have some unpredictable outcome on their health that medical professionals may not have predicted. These were often emerging as a result of being too early in the process to know or to have had time to discuss with the care provider:

Of course sometimes I'm scared of side effects... that's something I'm less informed about as we were not there yet. (Mother of a 12-year-old trans girl, Canada)

I guess I do have a bit of a worry that there might be side effects, or she won't develop in the same path as her peers. I worry a bit about that. (Mother of a 11-year-old trans boy, Australia)

For participants, the thought that GAMC could have unforeseen detriments to TNBY's health was especially difficult. In addition, participants shared general fears and concerns regarding medical procedures. For most participants, injections or possible complications during future surgeries were worrisome. Some also expressed general sadness that their child would need to receive medical treatments to find happiness. In every

case, participants mentioned keeping an open dialogue with medical professionals and receiving accurate and complete information on GAMC was helpful to alleviate worries and make an informed decision.

Fears that GAMC will be painful

In certain instances, youth shared fears of medical procedures, most frequently of needles and surgeries. Youth with these fears generally shared that it did not decrease their desire to receive GAMC, though it did contribute to a general sense of worry for TNBY's wellbeing as it increased their anxiety levels in relation to GAMC. This sense of fear was especially prominent when discussing future surgeries. Some youth shared that fear of surgery prevented any discussions on the topic. For example, when asked if she felt comfortable discussing surgeries with doctors in front of her youth, this mother shared:

I am fairly open. It's just that I don't want to stress her [youth] or scare her with things that won't happen soon. She said eventually she may want surgery, but it's something that scares her. (Mother of a 12-year-old trans girl, Canada)

As such, although youth shared desires to see changes in their bodies, the fears of certain medical procedures, anticipation or ambivalences were also weighing in the decision to move toward GAMC.

Uncertainty of GAMC's impact on TNBY's mood and mental health

Participants expressed both positive and negative possible impacts of GAMC on TNBY's mood and wellbeing. For example, some participants expressed worries that GAMC may affect TNBY's mood or may have unforeseen side effects on their mental health, while at the same time understanding TNBY's need for GAMC and anticipating positive impacts of GAMC. For example, this mother shared:

I'm worried only from other stories that I've heard, how hormones, the extra hormones can really alter their moods. [...] So I am worried about that, and

how that might impact how she – I guess her mood, like if she will be susceptible to depression, or anything like that. But I also feel excited for her, because on the flip side of that, I hear so many stories about these young kids starting, teenagers starting their hormones, and they're so excited. (Mother of a 10-year-old trans girl, Australia)

As such, although worries certainly were considered for caregivers, they did not outweigh the anticipated positive impacts of TNBY receiving GAMC.

Hoping GAMC will allow TNBY to be happier

Most often, TNBY also shared hopes that GAMC would make them feel more confident, happier, affirmed or even at peace. They mentioned that GAMC would allow them to become themselves and they could see a future in which, due to receiving GAMC, being trans would be a "non-issue." As two youth shared:

I think it'll just make things – make me a lot happier and more relaxed and such and a bit more content with my life and stuff. (14-year-old trans girl, UK)

Just happy, I guess [estrogen will make me] happy about my body. (13-year-old trans girl, Australia)

For many who held similar expectations, seeking GAMC was essential and the thought of not receiving such treatment was distressing. For example, this family shared:

TNBY: "For me, not being able to get hormones earlier was really hard. I did not want to accept it, but I ended up letting go."

Mother: "You're angry you can't get testosterone. It was really really hard." (Mother and 14-year-old trans boy, Canada)

Expectations of increased wellbeing and decreased psychological distress were thus important factors to seeking GAMC. For participants, it was clear that reducing physical dysphoria would in turn have a positive impact on their mental health.

Fears GAMC will increase marginalization

Some participants mentioned that beginning GAMC may be a shock for some of their peers

and feared youth would be ostracized as they medically transitioned. Participants expressed concerns including subjective worries such as the fear of remaining physically small if they began puberty blockers or getting teased by peers as they transitioned. For instance, this mother shared:

I worry that like if and when you do get the medical care and you start to change, you know, like things like being challenged in toilets and things like that. I worry about that. (Mother of a 13-year-old trans boy, UK)

Whether they feared marginalization would happen within extended family or at school, some caregivers mentioned that, as TNBY's body would change with hormone therapy, their transition would be apparent to others, which could result in marginalizing attitudes from peers. These youth had already experienced teasing based on gender. As a result, they feared GAMC may amplify this issue and prevent fitting in with peers. This TNBY shared:

Interviewer: Do you think people would treat you differently when you start accessing gender affirmative medical care?

Youth: Yeah. They might tease me. (7-year-old nonbinary youth, UK)

Although cause for worry, these youth shared that teasing from their peers was not a deterrent to seeking GAMC. Moreover, most participants interviewed believed GAMC would allow them to pass (i.e. be recognized as their affirmed gender) without the need to disclose their transness.

Hoping GAMC will increase "passability"

Participants mentioned hopes that accessing GAMC would also decrease the amount of discrimination they encountered. For some, being gendered correctly would not only be a relief, but would also ease social interactions. For instance, when asked about the impact of GAMC on his life, this TNBY shared:

Youth: "I guess it will help people accept me as what I am, as a boy."

Interviewer: "Would it change the way they treat you?"

Youth: "It would change the way I treat them because if someone doesn't accept me as a boy... I don't really like that person. The way they treat me, maybe it would prevent comments on my body." (14-year-old trans boy, Switzerland)

This expectation impacted whether youth considered GAMC as the right avenue for them. Not all youth in the sample felt that GAMC would lead to bullying or getting teased. Many youth shared that GAMC would not impact the way others perceive them, that their friends and families would continue to see and interact with them for who they are. As such, they were not worried that GAMC would impact their social lives negatively. For these youth, they shared receiving sufficient social support and felt as though GAMC would not impact this support.

In summary, most participants believed that GAMC could help youth pass as their affirmed gender, and thus reduce or prevent experiences of discrimination. However, for some, they believed they would not be capable of hiding their transition from others and believed that this would result in higher risks of discrimination. For most, they also believed that accessing GAMC would allow them to pass with more ease and would thus ease their social interactions. This varied mostly in regards to age and gender, as hopes for the impacts of GAMC on gender embodiment was dependent on the stage of puberty TNBY were at and the type of GAMC they could have access to.

Theme 2: Conditions for decision-making regarding GAMC

Whereas participants expected many changes when deciding to seek GAMC, many additional factors influenced their decisions. These factors did not relate to anticipated changes, but instead related to how and if conditions to make an informed decisions were met. Of those conditions, we noted the importance of how caregivers believed or not in TNBY's capacity to make a decision, how they discussed gender within the family and with medical providers, and how they accessed and shared information on GAMC.

Supporting TNBY's decision

Throughout interviews, caregivers shared being supportive of TNBY's decisions regarding GAMC, but some also described feeling apprehensive and detached from this decision. As youth felt discomfort with parts of their bodies well before coming out, some participants shared that their processes of making GAMC decisions began very early, extended over many years, and was not always shared with caregivers. This youth shared:

It is a long process, you have to think, there are many steps. [...] I have been thinking about this for a long time, I think it has been two years, even before I came out. (14-year-old trans boy, Canada)

Once TNBY came out to caregivers and began discussing their needs for GAMC, some caregivers expressed unconditional support, whereas others could provide partial support. For many caregivers, reminding youth of their love and support regardless of the outcome of any GAMC decision was essential. For example, this mother shared:

Who am I to say “no, you won't get it [GAMC], you won't become who you really are.” I have no right to do that to my child. I'm here to support him, to give him a safe space and then the medical professional will do their work. (Mother of a 16-year-old trans boy, Canada)

On the other hand, some caregivers described needing to be detached from this decision to cope with the worries related to its outcome. In this instance, the decision to seek medical care felt overwhelming and, combined with the understanding that this care would be beneficial for the youth, led to a need to maintain distance from this decision. For example, this mother shared:

I am not at all ready to access it [GAMC] for now. It's true that, for me, it is you [youth] who has to decide, to express what you really desire. It is not my job to organize it [care]. I will facilitate, I will support, but I will not be the captain of the ship. (Mother of a 15-year-old trans boy, Switzerland)

TNBY also expressed worries that caregivers or medical professionals would not support their decisions, although most youth in the sample had parental support and received professional medical care regarding GAMC. For example, this youth shared:

I have made a decision [regarding GAMC] a long time ago, but I still want to know my parents' opinion. I don't want them to say “no, you can't have that,” but I want to know what they think of all the medical aspects. (16-year-old trans boy, Canada)

All caregivers mentioned the importance of the TNBY's decision as a focal point to any GAMC decision making, whether they agreed with seeking GAMC or not. Ultimately, they focused on providing support and information to the TNBY and addressed their apprehension either in therapeutic settings or with medical professionals.

Discussions within the family as a resource to clarify and identify GAMC needs

Participants shared how discussions regarding gender frequently occurred in their lives. They often took place within the families, not only when TNBY's gender was initially disclosed, but also many times subsequently as caregivers surveyed changes in TNBY's gender identity, evolution of dysphoria, and the need for GAMC. Families' approach to these discussions varied: some youth felt more open discussing their gender with their caregivers, while others did not feel comfortable. As seeking GAMC is not an easy endeavor for youth, feeling comfortable discussing gender with caregivers and medical professionals mediated both making decisions regarding GAMC and accessing GAMC. However, caregivers worried that discussing certain types of GAMC too soon, such as discussions regarding surgeries, could scare youth and create unnecessary stress.

TNBY's openness to discuss gender needs with caregivers and professionals mediated whether they had enough information and support to seek GAMC. When discussing GAMC, one youth who was accompanied in the interview by a cousin and did not access GAMC yet, but wanted to, shared:

See honestly, I do not wish to tell my family before [age] 18 [years]. After 18 [...] I will get a job, be financially independent and then tell my family, so that if they do not support me financially, I am independent. So they might understand, I am hopeful of this. (16-year-old genderqueer youth, India)

For this youth, who grew up in a socio-political context where information regarding gender affirming care was sparse and inaccessible, discussing gender with their caregiver was not a possibility. Instead, their transition required independence from the family. In this case, the lack of informational and financial support prevented access to GAMC before adulthood.

Conversely, for many TNBY interviewed, open discussions on gender with their caregivers were possible and felt comfortable. As this youth shared:

I'd say we're an open household about that kind of stuff, if I have a question I can ask it and either my mum or my dad will answer as honestly as possible. (13-year-old trans boy, UK)

For some caregivers, open discussions were important for maintaining agreement between two caregivers, especially when political climates become enflamed on access to GAMC for TNBY. For instance, this mother shared:

As a separated family I think it is really important that we get on the same page, because I didn't want there to be conflict between me and her dad, when we're already coparenting as a separated family. The current political environment is very scary, to do that [access GAMC] without both of us being in agreement would be putting myself in a very, very vulnerable position. Thankfully we're not breaking any laws at the moment, but there is that, kind of, background murmuring of these things, and I thought I can't put myself in that position to not be on the same page with her dad, that we're in agreement that we do this. (Mother of a 14-year-old trans girl, UK)

Relying on family and past discussions to ease discussions with medical providers

In many instances, youth felt comfortable discussing their gender identity and needs with medical providers. However, many also shared feeling too emotional or shy to do so. As this father recounted:

They [doctors] all were sitting and talking to him [youth], that made him stressed out and he broke down, started crying. As there were both male doctors as well as female doctors, so he was uncomfortable in that environment. That environment was different, and it was first time that doctor took that

kind of meeting, where it was not just the doctor and us, but in presence of many interns. And they were asking personal questions about life about body. These discussions are personal, intimate and so he started crying. (Father of a 14-year-old trans boy, India)

In those cases, youth had shared information regarding their GAMC needs and desires with their caregivers and relied on them to relay the information to medical professionals. For example, when asked about their meetings at the gender clinic, these youth shared:

It's actually really hard for me because I get anxiety really easily and it's just hard because I don't want to talk about it. And they just say really targeted questions. That's why I need my mum the most. (10-year-old trans girl, Australia)

For me, expressing it [my gender] to a doctor, it scares me a little for whatever reason. I don't know why, it just does. (15-year-old androgynous youth, Switzerland)

When gender was difficult to discuss, youth relied on both medical providers' and caregivers' patience and compassion to provide a space that felt safe enough for them to mention their worries, fears, and hopes. To do so, families shared many strategies, such as selecting who would accompany youth to the appointment, preparing appointments by making lists of needs and questions, or having discussions about gender outside of medical appointments.

Having access to accurate information on GAMC

Many participants shared that lacking information regarding GAMC (e.g. not knowing about puberty blockers) hindered families' GAMC decision making. Families in this situation were either in geographical areas where information regarding GAMC was not readily available or did not have contact with medical professionals before TNBY's endogenous puberty began. This was compounded by their difficulty speaking to medical professionals. In every case, families shared how professional and medical advice helped them find information about GAMC, find clarity for TNBY's gender needs, referred them to adequate services, validated whether GAMC treatments were warranted, and gave reassurance regarding

TNBY's transition timeline. For example, these caregivers shared:

I liked seeing the doctor, so now we know a little more, and we also know it [transition] is not for now. So we are at peace for a little while. (Mother of a 9-year-old trans boy, Switzerland)

I think it is really good that there is support from doctors, that they explain what is reversible, what isn't, what we know, what we don't, so there is some vigilance. (Father of a 14-year-old trans boy, Switzerland)

Professional advice was essential to all participants as it guided conversations with youth and clarified what GAMC treatment was available to them, as well as put in perspective when GAMC treatment would be provided, if it could be provided at all. Families shared appreciation for personalized advice that clarified available GAMC treatment for TNBY's specific needs. Families also shared either the desire to receive more mental health assistance within gender clinics' walls or shared appreciation to have received it. For them, access to psychotherapists and counselors was helpful in gaining clarity on TNBY's gender needs and coming to terms with the worries or apprehensions they had about GAMC.

Theme 3: the role of time in GAMC decision

Reaching a decision before puberty

Many TNBY were hopeful that, as their bodies would change to match their gender and they would become more comfortable and confident, their social lives would also improve. They mentioned hopes that they could just be "one of the boys" or "one of the girls" and blend in with their peers with more ease. This translated into hopes that their physical appearances would match that of their cisgender peers, but also into hopes that the timeline of their transitions would also match their peers' experiences. In that regard, many hoped they would access hormone therapy in adolescence, as their puberty would be on the same timeline as their peers. Going through puberty during adolescence was essential to their social lives, as it allowed them to share experiences with their peers. For example, when

discussing how receiving hormone therapy would make her feel, this TNBY mentioned:

Better [laughs]. I think because when I would get that, everyone else my age will probably have it [breast growth] except me. So I think it's good [laughs] in a way that I would fit in more. (10-year-old trans girl, Australia)

On the topic of the timeline of receiving GAMC, participants shared contradicting testimonies of both fearing they would not access GAMC in time to prevent youth from going through endogenous puberty and worrying that GAMC would happen too fast, before participants would be psychologically ready to receive it. In any case, the timeline of seeking and receiving GAMC was cause for worry, especially for those approaching puberty. As this parent shared:

I think part of me was like we need to get on with this, because she is already 14 [years old], but part of me was also like this is an important decision, we should think it through, discuss it and [have] all the information. (Mother of a 14-year-old trans girl, UK)

Although caregivers shared this worry, none of TNBY received GAMC before they were ready and most worried they would not begin GAMC before puberty, even though they had adequate support from medical professionals. For example, this mother shared:

I was afraid that suddenly, there would be external biological signs that [youth] did not want, and that we'd miss the mark to get hormone blockers. (Mother of a 10-year-old trans girl, Switzerland)

In every case, these worries prompted caregivers to maintain active conversations with both youth and their medical care providers to make informed decisions about the ideal timing of GAMC for their youth.

Families also shared that having time to weigh the risks and benefits was of great help with deciding whether GAMC was a good option. As approaching puberty sometimes created a sense of urgency to access GAMC, they felt rushed to make decisions and wished to have more time to process emotions related to these decisions. Similarly, many families shared relief that some GAMC treatments, namely puberty blockers, were reversible as this decision did not feel as final as

other treatments (e.g. hormone therapy). As this caregiver shared:

It's certain that it is reassuring to know, from our follow-up with the endocrinologist, that there is an option to delay or stop puberty. It's really reassuring to know that it is reversible. Not that I want it to be reversible, but that it is an intervention that doesn't have heavy consequences. (Mother of a 12-year-old trans boy, Canada)

Worries that youth may change their mind

Many TNBY expressed strong feelings that GAMC was the right path for them, that they expected to begin GAMC as soon as possible and knew it would have a positive impact on their mental and physical health. For example, this youth shared:

In a year I would like to at least have started testosterone, it would be a big step. I would be really happy with that. That's all I want for now. (15-year-old trans boy, Canada)

However, some caregivers and TNBY also expressed worries that their future embodiment of gender may change. Although many youth shared clarity in their desires for the future, some caregivers shared uncertainty regarding how youth's gender dysphoria would evolve in the future. For some caregivers, the fear that their dysphoria may disappear or that they may regret undergoing GAMC treatment was daunting. As this mother shared:

The decision about the testosterone is a very big decision, and in an ideal world I'd be able to see 10 years in the future and 100% know that we made the right decision. Because it was always going to be that tiny little bit of fear that [youth] could turn around in 10 years and say, "Why did you let me do that?" I don't think that will happen, I really don't, and it's not going to hold us back from letting him be on testosterone, but I guess those are parental anxieties. (Mother of a 13-year-old trans boy, UK)

For youth who did not express their desire for GAMC with clarity, families expressed being in a reflexive period, waiting to see how gender dysphoria may evolve before any decision could be made.

Additionally, for many families, the current absence of gender dysphoria did not necessarily

indicate that dysphoria would remain absent in the future. GAMC decisions regarding puberty blockers were often complicated by a lack of clarity regarding possible emerging desires for surgeries or thoughts regarding future fertility. In some cases, families shared worries that the surgeries youth may seek in later years may be impacted by whether they went through their endogenous puberty. This caregiver stated:

We're not 100 percent sure we're going to go down the puberty blocker path yet. Because of some advice we've had about how it can affect gender affirmation surgery in the future. And having a fertile sperm sample, because she would like to get – it's like freeze some sperm. So it's we're still – fortunately we still have time to think about it and to make decisions. (Mother of a 10-year-old trans girl, Australia)

For many families, youth could share and express GAMC desires, understand GAMC that was accessible to them for their developmental levels and make decisions in that regard. Many families had not yet begun discussions regarding surgeries or fertility preservation at the time of the interviews and/or shared wanting to wait for youth to be older before having these conversations.

Anticipating delays and barriers in actualizing decision

Some families reported delays in TNBY's access to GAMC either due to lack of information or lack of adequate support from medical providers. For example, this mother shared:

If we had a more comfortable-on-the-subject doctor that would probably have guided us a little bit faster. But she was also in the, "Oh, maybe it's a phase, maybe..." Yeah? And that kind of delayed a little bit the action. But after we switched PCPs [primary care providers] to the gender-affirmative care clinic, it was just much better. (Mother of an 11-year-old gender-fluid youth, US)

For these families, access to essential information regarding GAMC was often withheld, which delayed their capacity to make informed decisions. For most families, getting referrals to gender clinics before youth reached puberty was a worrisome and lengthy process. As two participants shared:

Because we had talked about – because [Friend's Mom] had talked to us about how long he had been on the waitlist and how – even after he had been available, they said, 'No, we can't. You're too old.' Yeah, so there was a sense of urgency. (12-year-old trans boy, Australia)

I was expecting delays, but I was expecting controlled delays, if that makes sense. I was expecting a couple of months, not years and all of a sudden, I've been told, 'Oh yeah, yeah, of course, it takes three years to get that, to get to that stage with all the steps in between.' And from my point of view, it's not acceptable. (Father of a 13-year-old trans boy, UK)

As such, difficulties to get referrals and extended delays to be seen in gender clinics were often mentioned as causing anxiety for families of TNBY.

Discussion

This article aimed to present a nuanced analysis how families navigate decisions of pursuing GAMC. This article identifies themes that described participants' expectations about GAMC, the ways in which they access information to make a decision, and the impact of temporality on this process. Previous research had already highlighted the importance of family support as supported youth tend to access GAMC earlier with positive implications for their well-being (Sorbara et al., 2021). The result of our study contributes to knowledge development about how parental support is instrumental in deciding to access care—not only by enabling or withholding access to care, but also, for example, by supporting youth to ask questions, express their needs, and support the family's agency to build their capacity for deliberation and decision-making. Our research also allows to move beyond the discourse on certainty about their gender identity (McNamara et al., 2022), and instead highlights that family dynamics are also at play in this decision.

While both TNBY and caregivers were concerned about the social aspects of GAMC, such as increased discrimination if GAMC is not accessed to help TNBY be recognized in their affirmed gender, TNBY were also concerned about a lack of support from caregivers and medical providers. Prior research has indicated that

family support is critical for the health and well-being of TNBY (Brown et al., 2020). Findings from the current study demonstrate that TNBY recognize the importance of family support for their gender, particularly related to accessing GAMC.

Our results indicate that the speed of access, often perceived by families as too slow, can impact family's decisions, and can even precipitate decision-making. Previous research demonstrates frustrations of TNBY with delays in access to care (Pullen Sansfaçon et al., 2019), often adding years of administrative delays to an already long reflexive process for GAMC treatments. Current results highlight the importance of access to pubertal blockers as a first step of GAMC for youth who are in the early stages of puberty as this treatment can provide time for families to carefully consider whether they should move forward with more irreversible aspects of GAMC for their youth. As time was shown to be an important factor for the decision-making process in both our results and previous research (e.g. Clark et al. (2021), interventions aimed at both providing time for reaching a decision and providing GAMC in a timely manner once a decision has been made should be prioritized.

Implications for clinical practice

Our results suggest that gaining access to information on GAMC before youth starts puberty is essential to allowing youth and families to make decisions regarding GAMC. Whether seeking information on GAMC results in opting for GAMC or not, collecting information on the topic facilitated discussions on gender both within the family and outside of the family. As our results also suggest puberty can create a sense of urgency to receive care (Horton, 2024a; Klein et al., 2022), it also seems essential that youth and families have access to accurate information and adequate guidance when seeking GAMC, including informational support, before TNBY's puberty begins in situations where gender incongruence has already manifested at that time. Providing information and holding conversations regarding GAMC before the onset of puberty may be beneficial considering stresses related to

irreversible bodily changes associated with assigned-at-birth puberty.

As Katz-Wise et al. (2017) have shown, participants' perspectives of the future relate not only to the physical embodiment of transness, but also to societal norms and knowledge of transphobia. Our results suggest that youth and caregivers in this study also take into consideration TNBY's social and mental health, as well as the age of the child, and their capacity to identify and communicate their needs. Results suggest that such considerations must be taken into account addressing GAMC decisions with TNBY and their caregivers.

Additionally, these results highlight the importance of expectations related to how others may react to TNBY's gender identity, access to information, delays, fear of medical procedures, and ease of discussions regarding gender with family. Medical providers should keep these expectations and worries in mind when caring for TNBY and their families, as their impacts could be reduced with minimal efforts. Providing informational support to families as they await first appointments in gender clinics or psychosocial support to ease gender discussions and acceptance of youth in their environment (such as schools) should be considered as avenues to support families seeking GAMC.

Limitations

Although results highlight the importance of caregiver's support of TNBY's decisions, this study only includes youth who received support from at least one caregiver. Apart from two youth, most of the sample had sufficient support from their caregivers to access GAMC before or at the onset of puberty. As such, this sample is somewhat homogenous and may not reflect the experiences of TNBY who do not receive caregiver support. However, the sample includes youth with diverse gender identities seeking GAMC in various geopolitical contexts, thus providing a vast diversity of experiences. In addition, the prospective nature of this study captures TNBY's experience of seeking GAMC before or at the onset of puberty, an experience that is quite difficult to capture retrospectively. This study therefore produces highly contextualized and nuanced data

regarding youth and families' experience of seeking GAMC.

In addition, family interviews did not distinguish between the perceptions of youth and caregivers. Instead, interviews provided information on families' decisions as a unit, of how factors impacted their decisions not individually but as a fluid and dynamic systems. To account for this limitation, optional time for individual interactions with the interviewers were added in subsequent yearly interviews in the longitudinal study.

Conclusion

In conclusion, this article highlights results from a qualitative, longitudinal, and international study interviewing TNBY and their families in six countries. Results from the thematic analysis of baseline data indicate that participants' expectations regarding GAMC, the conditions they were in to reach an informed decision, and the timing of decision-making played important roles in deciding whether GAMC was desired or sought. These results show the complexity of TNBY and families' pathways to seeking GAMC, which are not only influenced by TNBY's gender identity and experience of dysphoria, but also compounded by youth and families' approach to seeking care, to discussing gender, and to how they view the future. Results suggest that prompt and efficient guidance by medical providers is essential as it provides informational support and access to GAMC in a context strained by TNBY's approaching puberty.

Notes

1. The term "youth" is used throughout to refer to all young people who participated in this study, inclusive of children.
2. A binder is a tightly fitting undergarment of stretchable or elastic fabric that is designed to flatten and compress the breasts.

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Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This study received ethical approval from the University of Montreal's ERB, 2021-3664-CERSC-2021-077-P. Informed consent was obtained from all individual participants included in the study.

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