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RESEARCH ARTICLE



Growing up trans: the influence of gender-affirming medical care on the well-being of transgender youth in Quebec

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ABSTRACT

This study explores how gender-affirming medical care's (GAMC) impact on well-being is perceived by trans and non-binary youth (TNBY) living in Quebec as well as by their families. GAMC, including puberty blockers and hormone therapy, can alleviate the distress associated to gender dysphoria, enhance quality of life and foster self-acceptance but research rarely examine how it is perceived by youth and their family while also acknowledging the impact of socio-cultural context. Data was collected as part of a longitudinal, qualitative project examining the experience of TNBY and their family over 3 full years in six different countries. Drawing on two waves of interviews with seven TNBY Quebecers and their family, this article reports the perceived evolution of youth well-being over a full year after expressing the wish to access GAMC. Access to GAMC is perceived as crucial for improving youth mental health, social relationships, and participation in daily activities, to reduced dysphoria, increased body satisfaction. Challenges such as discrimination and social stigma persist, however, highlight the importance of family and social support and individual approaches to care. While GAMC is a vital aspect of their transition, broader social context also help to foster a sense of belonging and to improve well-being.

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Trans; non binary; youth; well-being; gender-affirming medical care

Introduction

In recent years, debates surrounding access to medical care for trans and non-binary youth (TNBY) have become prominent in social, political, and scientific spheres around the world. While many associations continue to support access to gender-affirming medical care (GAMC) for TNBY, including the WPATH, Standards of Care for transgender health, and that cumulative evidence shows overall positive impact of GAMC on youth mental health and other related indicators (Coleman et al., 2022), others have raised concerns about the limited high-quality evidence to support adolescent access to care (Cass, 2024; Office of Population Affairs, 2025; Swedish National Board of Health and Welfare, 2022).

These conflicting perspectives are often related to the question of what is considered effective, i.e. what medication is improving well-being, or decreasing

distress associated with gender dysphoria (Oosthoek et al., 2024), as well as what type of studies can produce high-quality data. Indeed, in medical research, for example when looking at the effectiveness of vaccine, or cancer treatment research, randomized controlled trials (RCT), and related systematic reviews are often considered the ‘Gold Standard of evidence’ (Hariton & Locascio, 2018). However, well-being among TNBY has been understood by a combination of internal factors (alleviation of gender dysphoria, greater feeling of congruence, experience of gender euphoria) and external factors (family and social support, experiences of transphobia, stigma and violence) (DuBois & Juster, 2022). Although GAMC might seem amenable to biomedical evaluation, focusing solely on such evidence overlooks the broader context influencing well-being (Pullen Sansfaçon & Cowden, 2025). This study thus emphasizes qualitative evidence to understand TNBY experiences and the impacts of GAMC, recognizing that well-being is shaped by both medical and social factors.

This article will explore how GAMC’s impact on well-being is perceived by TNBY living in Quebec as well as by their families. Drawing from individual interviews conducted at the onset of TNBY puberty, and again, 1 year later, the article examines youth and their family perceived well-being, considering how youth also evolve in their social context. After reviewing the literature, presenting the conceptual framework and methodology, the article presents the experiences of seven TNBY in terms of gender dysphoria, mental health, daily activities and social relationships. The article concludes by highlighting the importance of access to GAMC but also of a supportive environment that promotes mental health, resilience, and social integration for TNBY.

The documented impacts of GAMC

Gender dysphoria – defined as discomfort or distress related to an incongruence between an individual’s gender identity and the gender assigned at birth – can have significant impacts on overall well-being (American Psychological Association [APA] , 2018). To alleviate this incongruence, many opt for GAMC and/or surgical treatments, such as puberty blockers, hormone therapy, and surgical procedures (Coleman et al., 2022; Gelly & Pullen Sansfaçon, 2021). However, access is not universal, and some TNBY, particularly those without financial resources, may experience increased dysphoria, impacting their health and well-being (Pullen Sansfaçon et al., 2018). GAMC plays a key role in enhancing life quality for TNBY. Many trans people feel a desire to transition – socially, medically, or legally (Tourki et al., 2018). Although debated, WPATH has recognized the need for affirmative medical care for trans youth (Coleman et al., 2022). Treatments aim to stop or correct puberty (e.g. with blockers) and induce gender-affirming physical characteristics through hormonal treatments (breast development, voice changes, etc.). Hormone treatments lead to physical changes that can contribute to the reconciliation between body and gender identity, supporting self-acceptance and improving life quality, energy, body satisfaction, etc. (Budge et al., 2013; de Vries et al., 2014; Gillis et al., 2019; Vandermorris & Metzger, 2023). This can also lead to gender euphoria (Austin et al., 2022; Jacobsen & Devor, 2022), a state of well-being from congruence between lived identity and physical appearance, enhancing psychological and physical comfort (Coleman et al., 2022). Access to GAMC is linked to better stress management and reduced

psychological symptoms, including depression, anxiety, and suicidal behaviour (Vandermorris & Metzger, 2023; Veale et al., 2017), allowing youth to live more authentically, engage in social activities, and improve overall well-being (Travers et al., 2012).

In Quebec, access to GAMC for youth under the age of 14 remains contingent on parental consent, despite significant legislative advances protecting gender identity or expression and allowing minors to change their name and sex designation (Sauvé & Pullen Sansfaçon, 2021). While the introduction of the 'X' gender marker on certain official documents represents progress, its uneven implementation has led to administrative inconsistencies (Carabin, 2024; Duval, 2024). More broadly, shifting provincial policies across Canada between 2020 and 2024 underscores the fragility of these gains.

Building on the understanding of youth well-being, existing research shows that relational well-being – understood as the quality of interpersonal relationships and the sense of connection with family, peers, and the community – is also shaped by the access to GAMC (Durwood et al., 2017; Gelly & Pullen Sansfaçon, 2021; Gower et al., 2018). By aligning TNBY bodies with their gender identity, GAMC can reduce sources of tension and support stronger bonds with others (Budge et al., 2013). It encourages open dialogue within families, improving understanding and reducing minority stress (Gower et al., 2018; Meyer, 2003). Ultimately, such care promotes mental and physical well-being while strengthening social bonds and inclusion (Amiot et al., 2024; Eisenberg et al., 2020; Gower et al., 2018).

Beyond relational well-being, research also highlights the impact of GAMC on participation in daily activities. Studies show that youth with access to GAMC report improved participation in school, social, and family activities, as well as better integration into daily life (Eisenberg et al., 2020; Travers et al., 2012). These treatments support greater self-confidence, improved life quality, and allow TNBY to engage more actively in social activities without constant concern about gender or body appearance (Vandermorris & Metzger, 2023). However, challenges like discrimination and isolation in school environments can limit their social engagement and affect their overall well-being.

In summary, access to GAMC is essential to TNBY's physical, mental, and relational well-being. While many studies highlight its positive impacts – such as reducing gender dysphoria and improving overall life quality (Baker et al., 2021; Nguyen et al., 2018) – some scholars and policy reports continue to question the strength of the evidence, calling for greater caution (National Institute for Health and Care Excellence [NICE], 2020 (Cass, 2024). These tensions highlight the need for a diversity of methodologies to examine experiences of well-being, including longitudinal qualitative research which can capture multiple dimensions and their impact on TNBY well-being. Our study contributes by documenting TNBY's experiences with GAMC over a 1-year period, offering a more nuanced understanding of its impact.

Theoretical framework

The study is informed by a flexible theoretical framework of social determinants of health (SDH) (World Health Organisation [WHO], 2025). These determinants focus on the social and systemic factors in the population that influence health outcomes, like people are born, grow, work, live and age, shaped by forces and systems, such as economic policies, development programs, social norms, social

policies, and political systems (Marmot, 2013; WHO; 2025). Research shows that SDHs can influence health more than healthcare or lifestyle, accounting for 30% to 55% of health outcomes (Bhavnani et al., 2023). Contributions from non-health sectors often exceed those of the health sector.

In this context, SDH frameworks have been used to examine how social factors – including family acceptance, affirmation of gender identity, access to inclusive services, social support, and exposure to discrimination, or structural barriers – affect mental health, overall well-being and access to GAMC. London-Nadeau et al. (2023) found in a sample of 220 TNBY in Quebec (aged 14–25) that higher levels of family and school support were strongly associated with better mental health, highlighting the protective role of social connectedness and affirmation. Tan et al. (2023) demonstrated that unmet needs of GAMC are associated with elevated psychological distress, illustrating that structural barriers function as critical of TNBY SDH. Longitudinal studies also show that the mental health benefits of receiving GAMC are enhanced when youth experience supportive social environments, demonstrating the interaction between medical interventions and social determinants such as family and peer support (Veale et al., 2017). These findings highlight that TNBY health cannot be fully understood through medical interventions alone. Social and structural factors ranging from supportive environments to systemic discrimination and barriers to GAMC play a central role in shaping health trajectories.

Methodology

This article is part of a larger project entitled ‘Growing Up Trans’, which is the first international prospective longitudinal study examining the experiences of TNBY about gender affirmation and their overall well-being. This large-scale project is being carried out simultaneously across six sites: Australia, Canada, the United States, India, the United Kingdom, and Switzerland. The study aims to (1) trace the gender affirmation trajectories of TNBY, focusing on how they seek and access gender-affirming care; (2) develop a nuanced and contextual understanding of the factors that facilitate or hinder young TNB individuals’ access to care; (3) track how their gender-affirming care trajectories impact their experiences of gender affirmation across different areas of their lives and; (4) understand how their well-being evolves as a result.

Families will be interviewed four times over 3 years period to better understand the needs and experiences of TNBY as they navigate their environments in search of and access to gender-affirming medical care, and to analyse the impact of these pathways on their gender affirmation and overall well-being.

This article specifically focuses on the analysis of Quebecers data collected between T0 and T1, in relation to gender-affirming care. The main themes explored in this analysis include how young TNB individuals experienced their gender affirmation, the impacts of these trajectories on their mental health and social relationships, as well as the evolution of their well-being during this period. The article also examines how the environment, particularly family and school, played a key role in supporting gender affirmation.

Qualitative longitudinal trajectory-based analysis (QLA)

Longitudinal analysis provides valuable insight into gradual social transformations by collecting data at multiple points in time, allowing researchers to contextualize observed phenomena within a broader temporal framework (Ménard, 1991). With this methodology we specifically focused on the changes experienced by young TNB individuals (Calman et al., 2013) regarding their gender affirmation, access to care, and family support or barriers to understand the causes and consequences of these changes. The strengths of longitudinal analysis are particularly evident in studies of identity development (Carduff et al., 2015), life transitions (Hayes et al., 2019), and adaptive behaviours during medical treatment (Riggs et al., 2018).

Recruitment

To be eligible, participants needed to (1) approach or begin puberty, (2) experience gender incongruence or dysphoria, (3) express a desire to access medical interventions for gender affirmation or puberty suppression, (4) and provide informed consent to participate in the study.

In Quebec, recruitment occurred through the organization Gender Creative Kids that serves TNBY, which reached out to families via social media and email. Moreover, we also included a non-binary participant who did not want to medically transition to observe if their desire would change in the future. Seven families were recruited. Families could withdraw at any time, and parental consent was needed for younger participants. Siblings were also allowed to participate.

Data collection

Interested participants reached out to the designated contact in their country, who handled eligibility checks, obtained their consent, and supplied a sociodemographic questionnaire. T0 was conducted from March to October 2022 and T1 in August 2023. Each interview, lasting approximately 2 h, covered a wide range of topics, including how they expressed their gender identity within their family, school, community and health system, as well as their gender development pathways, experiences regarding GAMC, sources of support and perceptions of the socio-political climate surrounding gender diversity. Interviews were held with seven TNB adolescents and their immediate family members who wished to participate (their parents and siblings) for a total of 23 participants. Interviews were conducted by the same research assistant either in-person or online. Finally, data was anonymized to preserve participants' confidentiality.

All participants resided in the province of Quebec. Despite extensive recruitment efforts, none of the families identified as belonging to a minority ethnoracial group. All participants identified as Canadian and Caucasian. The ages of the seven adolescents ranged from 11 to 16 years at T0, and from 12 to 17 years at T1. These adolescents identified as female, male, non-binary, or trans. Of the seven adolescents, one did not receive any gender-affirming medical care during the first year. Table 1 provides specific information on each participant.

Table 1. Participants' profile.

Fictive name (pseudonym)	Age	Gender identity	GAMC	Parents and siblings
Ash	T0: 11 T1:12	Nonbinary	T0: No GAMC T1: No GAMC	Jesse (mother) Jordan (father) Noah (sibling)
Sam	T0: 16 T1: 17	Trans boy	T0: No GAMC T1: Hormone therapy	Elizabeth (mother)
Cameron	T0: 11 T1:12	Trans boy	T0: No GAMC T1: Blockers	Mary (mother) Louis (father) Jayden (sibling)
Sloan	T0: 14 T1:15	Trans boy	T0: No GAMC T1: Blockers	Lindsey (mother) Ainsley (sibling) Taylor (sibling)
Hayden	T0: 11 T1:12	Uncertain gender identity	T0: Blockers T1: Blockers	Melissa (mother) James (father) Adrian (sibling)
Kelly	T0: 12 T1: 13	Trans girl	T0: Blockers T1: Blockers	Alice (mother) Sarah (sibling)
Michael	T0: 13 T1: 14	Trans boy	T0: Blockers T1: Hormone therapy	Madison (mother)

Analytical procedures

To ensure consistency across the project's international sites, the initial T0 analysis was conducted at a single site (Quebec) and shared in English for the full research team. Themes were then inductively and iteratively developed through iterative sematic coding. The analytical process began with a cross-sectional thematic analysis at T0, leading to coding and 15 theme development. For T1, a trajectory-based longitudinal analysis was used. The data was analysed using MAXQDA software, ensuring coding consistency. They generated primary codes and categorized themes, emphasizing coding reliability through comparative analysis. Saldaña's longitudinal approach guided this analytical process by posing specific questions: What increases? What decreases? What is cumulative? What remains constant? These helped capture changes in participants' experiences and in identifying the evolution and variations in their responses over time (Saldaña, 2003). To trace how these themes evolved over time, a matrix document was created to facilitate this longitudinal analysis of the themes identified at T0 (Braun & Clarke, 2006; Saldaña, 2003), with one matrix per participant reflecting their unique experiences and perspectives. Each matrix included themes tracking key factors, such as gender affirmation, access to care, well-being, and support over time, along with socio-demographic information and key quotes. In the final analysis, only certain themes were retained based on their relevance to well-being and transition journeys.

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

Results

Decreasing dysphoria and improving mental health

Many participants have expressed significant distress at the onset of puberty, which was caused by physical changes that conflicted with their gender identity. Over the course of a year, some youth initiated puberty blocker treatment while others had access to hormones.

Blockers reduce anxiety associated with anticipated physical changes

The simple idea of upcoming puberty was experienced as distressful. Delays in accessing gender-affirming care could also cause emotional distress, particularly when puberty felt imminent and unwanted by youth. The experiences of Cameron and Hayden illustrate the importance of preventive care regarding gender dysphoria and concerns surrounding puberty. At T0, Cameron expressed anxiety about puberty, voicing a fear of the changes before they had even begun: 'I'm scared that ... we have a prescription for hormone blockers when it starts, but I'm kind of scared. I ask ... like, has it started? And that's the stress' (**Cameron, T0***).¹

Over time, the introduction of treatments like hormone blockers but also of other means to manage dysphoria such as using a packer (a prosthetic device creating the appearance of a penis beneath clothing) brought noticeable changes for Cameron: 'Yes, I was happy. Not euphoric, but I was really happy' (**Cameron, T1***). For Hayden, taking blockers prevented him from growing breasts – which his mother, Melissa, described at T0 as 'the worst thing that could happen to him' – and allowed him to feel more comfortable in his body.

For youth who had not yet undergone puberty, accessing puberty blockers helped to reduce their anxiety and stress and allowed them to manage puberty-related aspects more calmly.

Blockers reduce dysphoria caused by early signs of puberty

Some youth already had observed bodily changes provoked by puberty, which caused them significant distress and dysphoria. For example, during the first interview, Sloan expressed great distress related to bodily changes, particularly menstruation.

Lindsey: I think there's one element you've forgotten, and it's one that generates a lot of dysphoria, which we can't even name [...] It's menstruation.

Sloan: Oh yeah! Yeah, that. (**Lindsey & Sloan, T0***)

Sloan reported significant relief after starting Lupron, which helped reduce dysphoria symptoms associated with menstruation:

Lindsey: It's the uterus that also causes dysphoria. [...] It's doing its monthly function.

Sloan: I don't have it anymore because of the Lupron. [...] I definitely feel better. (**Lindsey & Sloan, T1***)

Sloan's initial distress and the relief brought by blocking puberty underscore the importance of medical care in reducing bodily dysphoria and enabling a smoother transition.

Kelly also illustrated how hormone blockers could ease dysphoria and improve bodily comfort. At T0, Kelly who had started blockers 6 months ago, showed discomfort, though less pronounced with some manifestations of her puberty, like pilosity, which had started prior to starting treatments: 'Well, I just take it off [hair on the arm] cause I feel like it's annoying kind of. But yeah. That's it' (**Kelly, T0**).

At T1, she no longer worried about this issue anymore. This change demonstrated how the ability to slow down puberty helped a youth feel more aligned with their gender identity. Kelly also shares a sense of well-being, and the changes brought on by puberty don't worry her much and didn't experience significant dysphoria, reflecting a more neutral or peaceful relationship with her body, despite some discomfort noted in the first year of the study. In these cases, hormone blockers helped reduce dysphoria and discomfort, allowing for better body acceptance by offering control over physical changes.

Hormones reduce dysphoria and promote well-being and gender euphoria

Sam and Michael also accessed hormone therapy at T1, which significantly impacted their body's comfort. Hormones were generally perceived as helping to reduce dysphoria and increase comfort in body, such as being recognized and gendered correctly, which contributed to a greater sense of affirmation and well-being. Michael had started puberty blockers at T0, halting the physical changes associated with puberty. He then transitioned to hormone therapy (before T1), beginning a phase of masculinization that reduced the stress and anxiety related to his appearance. At T0, Madison noted that Michael experienced intense discomfort, especially related to the chest and menstruation, leading to significant episodes of dysphoria. Additionally, Michael's mother recalls a negative experience which happened shortly after he started blockers:

A lady stopped him to ask: 'Are you a boy or a girl?' When he said, 'I'm a boy', she said, 'But you look like a girl'. [...] It really upset him for days, and it still upsets him. (**Madison, T0***)

This external interaction triggering bodily dysphoria highlights the impact of others' perceptions on the youth's well-being. At T1, blockers and hormonal treatments had started to masculinize his body, resulting in relief and positive social experiences:

Michael: They call me 'sir' ... That's my greatest victory.

Madison: We were talking about moments of gender euphoria, and that's when he whispers to me: 'They called me sir'. (**Michael & Madison, T1***)

This experience showed that hormonal treatments also played a role in others' perception, allowing Michael to be recognized in the correct gender, reducing social dysphoria and bringing a sense of gender euphoria.

A feeling of normality even without perceptible changes

While some youth reported significant emotional or physical changes during the early stage of medical transition, others experienced more subtle shifts. For certain, the introduction of blockers brought a sense of continuity of stability, rather than transformation.

At T0, Kelly, who is taking hormone blockers, reported a feeling of 'normalcy', with no particularly strong emotions. For Kelly, no significant change in mood or attitude is

reported with the use of blockers. She did not seem affected by these changes and did not perceive any marked evolution in her mental state. For young people, the effects are sometimes more subtle and occasionally imperceptible. This highlights the importance of acknowledging diverse experiences among trans youth, even if GAMC may not lead to noticeable or dramatic changes but rather offered a sense of stability and affirmation.

A sense of hope and optimism

For some youths and their families, the introduction of GAMC marked a turning point – not only physically, but emotionally – as it brought renewed hope for the future.

For Sloan, the start of blockers caused a noticeable transformation in their mental state. The prospect of receiving testosterone, a medication they had been waiting for, brought deep joy and a sense of satisfaction. The arrival of this treatment brought hope and optimism to Sloan's mother, brightening her child's life and improving their overall well-being.

I was really happy, and it put a lot of light in [Sloan's] eyes to see that things were moving forward. Finally, we're going to see the testosterone we've been waiting for so long. It's been so much better, it's been an interesting year (**Lindsey, T1***)

Overall well-being and flourishing

For some TNBY, the goal of transition is deeply connected to a desire for inner peace and alignment between their identity and body. The start of medical transition often represented a powerful step towards this sense of well-being – not only physically, but also emotionally and socially. For Michael, hormone therapy seemed to have a profound and positive impact on both his mental and body-related well-being: 'Now I don't have female puberty anymore, I can say it like that. But I've started puberty. I'm really happy' (**Michael, T1***).

This change marks a significant step forward for him, as he feels a renewed sense of well-being and increased acceptance of his body. Madison, Michael's mother, also noted this improvement.

You know, when your child is doing well, you can say whatever you want, but he's nothing like he was a year ago. He's so happy, he's thriving, he has a boyfriend, he's getting good grades, he's involved in his community (**Madison, T1***).

This not only indicated physical improvement but also mental and social flourishing that affected many aspects of his life, highlighting the importance of medical care for overall well-being.

In conclusion, hormone treatments and puberty blockers play a crucial role in improving the mental health of transgender youth. Puberty blockers, though subtle in effect, provide emotional stability by reducing stress linked to puberty anticipation, offering hope, control and improving self-confidence. Hormones, on the other hand, had a more significant impact on aligning physical appearance with gender identity, which reduces dysphoria, enhances well-being, and encourages social recognition, acceptance and euphoria. Overall, these treatments were essential for improving mental health, providing emotional stability, reducing dysphoria, and offering a sense of control and hope.

Improving social relations

Increased social acceptance

Social integration and peer relationships could be a source of vulnerability for TNBY, even when strong family support was present. Experiences of acceptance often evolved over time and varied depending on social context and individual confidence. GAMC generally supported this process by helping youth feel more aligned with their gender identity, which in turn fostered greater self-confidence and eased social interactions. A T0 Sam faced social tensions despite receiving family support, particularly with friends. He recounted a situation with one of his best friends who, after initially being supportive, eventually told him that the situation was becoming too difficult for her to handle: 'I had a friend, one of my best friends [...] she was supportive at first. Then, at one point, she said it was too much for her' (**Sam, T0***).

On the other hand, Sam had a small group of friends and attended a generally respectful school, where he hadn't experienced any incidents of transphobia or cruelty. At T1, Sam's parents noticed that this year had been exceptional for him.

He had a good year, you know, he had an exceptional year. On the social side too, he went to parties, I think that's fantastic. [...] He was included, and after that, his grades went up like phew! [...] We said to ourselves: things are going well, even better than well, it's incredible. We are super happy. He had his prom, he looked amazing, and everyone told him: "You look so handsome! (**Jessie, T1***)

His social relationships at school also improved, with a greater acceptance of his transition, which allowed him to integrate more easily. Sam points out that his classmates became more comfortable with his identity, which helped strengthen his social bonds, and he did not experience any disrespectful situations.

I think the people in my class were more comfortable with me this year. Also, just the fact that I was doing better and that I was more open to talking with others, that helped me. No, it went well, I'm happy, it was a good year. (**Sam, T1***)

Although challenges in peer relationships may arise, especially early in the transition process, a growing sense of comfort often led to greater acceptance and inclusion. For Sam, this translated into meaningful connections, emotional growth, and an overall more fulfilling social life.

Improved family dynamic

Additionally, the effects of gender-affirming care are not limited to the individual – they also rippled through the family system. As young people began to feel more aligned and affirmed in their identity, family relationships often evolved in positive and meaningful ways. For example, Michael's improved well-being has had positive repercussions on the family dynamic.

Yes, because the better he feels, the more we're able to have family activities. As a family unit, his brother great acceptance. [...] When Michael is doing well, the whole family benefits. We're not dealing with dysphoria, we don't see him suffering, and we're able to enjoy life.

That's also great, and we're happy to see you happy, happy to see you with your friends
(**Madison, T1***)

In conclusion, we observed that access to GAMC contributed to improved family dynamics and supported greater social acceptance. These affirming changes often helped youths feel more recognized in their gender identity, which, in turn, had a positive impact on their well-being. Over time, continued acceptance from peers, schools, and communities also played a crucial role in reinforcing this positive trajectory. As those around them begin to recognize and respect their gender identity, it boosts confidence and reduces stress related to misunderstanding.

Family dynamics can also be improved as parents, after working through their own adjustments, become more engaged allies, fostering healthier communication and a more supportive environment. This shift in both family and social relationships greatly contributed to the well-being of the transitioning individual, creating a balance between familial support and social integration.

Affirming oneself in daily activities

Affirming oneself in physical activities and passions

Daily activities, particularly those involving physical expression like sports, often became emotionally challenging for TNBY experiencing dysphoria. However, access to gender-affirming care helped many reconnect with these activities in ways that felt more authentic and empowering. This renewed sense of self often translated into greater well-being, reduced social barriers, and increased engagement in activities once avoided due to discomfort. For example, at T0, Hayden chose to play in girls' hockey team, but at T1, Hayden feels ready to play on a sports team aligned with their gender: 'And if I play again [hockey], it'll be with a boys' team' (**Hayden, T1***).

Whether through returning to familiar activities or exploring new ones, these daily expressions of identity became important sources of confidence, well-being, and self-growth. As their gender identity felt more affirmed, youth also gained the confidence to engage in physical activities in ways that felt authentic and aligned with their true selves.

Persistent challenges/new challenges

Being stealth

While medical treatments brought comfort and reduced dysphoria for most youth, it also came with a desire to be 'stealth' (to keep one's trans identity secret) because they had a 'passing' (people recognize you in the correct gender). However, this desire to stay stealth could come with the stress of being discovered. For example, Cameron benefited from support at school during T0, but in the second interview, Cameron mentioned that the transition to high school caused him stress, as he didn't know what to expect or who would know about him: 'Like, all my friends, I had no idea how it would go, I didn't know who would be in my class, who ... who would recognize me'. (**Cameron, T1***).

Losing friends

The transition process can sometimes lead to shifts in social circles. For some youth, some relationships did not withstand the changes brought by their transition, which sometimes opened space for more authentic and supportive connections. As for Sloan, he explains that he experienced significant changes in his circle of friends after the beginning of his transition, losing some, but also finding comfort in new relationships:

I lost a lot of friends, but I made new ones. Before I had more of a group, now it's just two individual people. [...] It was more because they were more toxic. I tried to distance myself, it was just drama. (**Sloan, T1***)

Although the loss of friendships could be painful, it also offered an opportunity to re-evaluate relationships and prioritize emotional well-being.

Persistent dysphoria affecting activities

Despite the initiation of GAMC, some youth may still experience dysphoria, especially for youth who have already developed undesired physical features and are waiting to receive surgery. This affected their participation in some activities. For example, at T0, Sloan faced difficulties regarding sports at school because he had to wear a binder to compress his chest, which is very uncomfortable during sports, as explained by his mother: 'There was a desire to opt out. Well, not much interest in sports to begin with, but also ... it's not just the dysphoria, it's the binder, it's hot to run and all that. It's really physically uncomfortable' (**Lindsey, T0***). At T1, the binder remained a major barrier to sports, and the upcoming testosterone treatment might have further complicated things due to side effects. He explained:

First, there's the binder, when I do sports, it gets really hot, and I'm going to start taking testosterone, so I'll have hot flashes, and even with Lupron I get hot flashes, I get a lot of them. I sweat so much, I hate it. Plus, doing sports at school in a binder in front of others, it's going to be horrible, a torture (**Sloan, T1***)

On their part, Michael's experience similarly illustrated the persistence of dysphoria, even alongside GAMC. At T0, while undergoing puberty suppression, he reported avoiding activities that required wearing swimsuits due to the discomfort and dysphoria it caused: 'I don't participate in all the youth center activities because sometimes there are outings where you need to wear a swimsuit, and I'm not comfortable at all' (**Michael, T0***). At T1, after beginning hormone therapy, Michael continued to experience discomfort with swimwear. However, he had developed coping strategies to manage the situation. Rather than wearing a traditional swimsuit, he now found a solution to feel more comfortable: 'Swimsuits are a no-go. [...] Instead of wearing a regular swimsuit, I'll wear more [...] of an ordinary t-shirt' (**Michael, T1***).

These accounts highlight the nuanced and ongoing nature of dysphoria, even in the presence of medical support. They also show the importance of supportive environments and adaptive strategies in daily life activities.

The importance of a supportive environment to flourish

Supportive social environments played a crucial role in the well-being of TNBY. From the earliest stages of transition, affirming relationships helped ease the emotional burden and foster a sense of belonging and stability. For Hayden, at T0, friendships were a fundamental source of well-being. The young person is surrounded by a supportive peer group, and their family's positive attitude towards their identity is evident.

Last year, we started talking about it a lot, a lot [...]. But now we're lucky because it's just positive reception. People who've known them forever are like, 'Well, yeah'. They're not shocked. (**James & Melissa, T0***)

At T1, the supportive environment continued for Hayden. It had been a good year for them at school, they had many friends and spent a lot of time with them. Family members remained interested and engaged, asking questions without negativity and showing constant acceptance of their child: '[The family] asks questions, they're interested, but there's no negativity behind it. I think people are much more open-minded now' (**James & Melissa, T1***).

Whether in-person or online, social support systems were key to helping TNBY feel accepted, valued, and understood. When peers and family respond with openness and care, these connections become a powerful buffer against isolation and reinforce a positive self-image.

Flourishing in a supportive environment without medical treatments

Some people, like Ash, chose not to pursue GAMC, feeling content with their identity without medical intervention and demonstrating full acceptance of their bodies as they are. Ash navigates their non-binary identity while embracing the physical traits of their assigned sex at birth, reflecting a profound self-acceptance that does not imply distress. Their experience illustrates that some TNBY can achieve a high level of well-being without medical intervention. Instead, their well-being is strongly supported by non-medical factors such as self-acceptance, supportive familial and peer relationships, and inclusive school environments. Ash's journey highlights the diversity of gender trajectories among TNBY and suggests that medical intervention isn't a prerequisite for well-being in all cases.

Discussion

The transition journey of TNBY has profound and diverse implications for their body image, overall well-being, interpersonal relationships, and social activities. A central aspect of this transition is the choice to access GAMC, such as puberty blockers and hormonal therapies, if desired. These interventions are widely recognized as safe and beneficial for the physical and psychological development of TNBY (Achille et al., 2020; Green et al., 2022; Kuper et al., 2020; Tordoff et al., 2022; Turban et al., 2020; Van der Miesen et al., 2020).

Several participants described how accessing puberty blockers early had a positive impact on their well-being, particularly by reducing anxiety related to anticipated bodily changes. Rather than addressing existing dysphoria, GAMC helped prevent its development by pausing puberty and allowing time to explore one's gender identity. This is consistent with findings from Salas-Humara et al. (2019), who reported that GAMC – including the use of blockers – can reduce emotional distress and suicidal ideation among trans youth. Similarly, Sorbara et al. (2020) emphasized the importance of timing, showing that earlier medical intervention is linked to better mental health outcomes. These studies suggest that puberty blockers positively impact body image, reducing anxiety about physical changes that conflict with gender identity (Gelly & Pullen Sansfaçon, 2021; Turban et al., 2020). Indeed, these treatments not only improve how these young people perceive their bodies but also foster greater recognition from others, enhancing their overall well-being, as previously observed (Gillis et al., 2019).

At the same time, not all TNBY pursue medical transition. The national survey, *Being Safe, Being Me* (2019), showed that not all youth in Canada pursue medical treatments: 44% had taken hormones, a notable increase from 2014 (34%), while 20% reported no intention to do so and 36% were uncertain. Some reported difficulty finding a doctor or lack of parental support as barriers (Taylor et al., 2020, p. 38). One participant in our study, for instance, affirmed their gender identity without feeling the need for medical intervention, emphasizing instead the role of a supportive environment. These cases challenge dominant medical narratives and affirm that there is no singular pathway to gender affirmation. While access to GAMC is vital for those who need it, it is equally crucial to recognize and respect the diverse ways trans youth live their identities.

More specifically, medical transition plays a crucial role in improving the well-being of TNBY by positively altering their body perception and reinforcing the social recognition they receive. This process helps prevent body dysphoria and the distress often associated with puberty while reducing certain serious psychological risks. In our study, youth experiencing relief from anxiety as blockers delayed unwanted physical changes, enhancing comfort and well-being. Hormonal treatments further improved social recognition – being correctly gendered by peers and family – which fostered gender euphoria and reduced social dysphoria. One participant's joy at being called 'sir', showing how external validation supports mental health. These bodily and social affirmations led to better school performance, social life, and overall well-being. Supportive family, marked by acceptance and open communication, were key to sustaining these benefits. While some youth experienced shifts in friendships, they often formed new, more affirming connections that reinforced their well-being.

When bodies align with identity, TNBY gain self-recognition, which opens the way to intersubjective recognition, crucial for self-esteem and belonging (Gelly & Pullen Sansfaçon, 2021). As a lack of self-recognition can lead to self-destructive behaviours (Arcelus et al., 2016; Marconi et al., 2023), access to care seems to provide a form of self-recognition, which could then positively impact the reduction of these behaviours (Gelly & Pullen Sansfaçon, 2021). These benefits are corroborated by the work of Skelton et al. (2023), who reported that following gender-affirming care, the youth in their study show significant improvements in their mental health and interpersonal relationships. At T1, both youth and their parents report improved well-being, often described as moments of 'euphoria' linked to positive social interactions and a sense of progress in their transition.

These moments are especially connected to accomplishing tasks that previously challenging tasks. However, despite these overall gains, some young people continue to experience residual anxiety. As Olson et al. (2016) highlight, mental health generally improves after social transition, but a small amount of anxiety may persist. Indeed, the transition journeys also involve significant psychological and social challenges. One key concept that emerges from participants' testimonies and existing literature is minority stress (Meyer, 2003). Although treatments alleviate body dysphoria and improve self-image, they are not always enough to eliminate the stress of living in a cisnormative society that often denies TNB identity. Lack of social and institutional recognition exacerbates minority stress, which can, to some extent, counterbalance the benefits provided by medical interventions. Well-being is closely tied to recognition, especially in interpersonal relationships. Living in a cisnormative society can limit gender expression and cause discrimination. Our data suggests that some youth feel pressure to be stealth and to conform to certain normative expectations associated with transnormativity. These expectations often relate to medical transition pathway, binary gender presentation and seamless social integration.

Similarly, Turban et al. (2020) show that the use of GAMC among trans youth can reduce the risks of suicide and depression, but they emphasize that this reduction in risk mainly occurs when a supportive environment is also present. In this journey, family support is also crucial. Parental recognition and involvement, understanding the specific needs of TNBY and actively supporting their transition play a determining role in developing self-confidence and resilience in the face of challenges (Sauvé & Pullen Sansfaçon, 2021). Families, as protective factors, help mitigate the effects of social oppression and provide a safe environment, which can be particularly crucial for trans youth of colour, who often face intersecting forms of oppression such as transphobia and racism. In contexts where external resources may be limited, family support becomes a key source of protection and guidance, helping these youth navigate challenges and thrive. For example, Ash grew up in an inclusive school environment and community, with strong family support. This supportive and affirming environment can help TNBY navigate their journey with confidence, while also demonstrating that the lack of medical interventions does not invalidate their identity or their right to live in a fulfilling and authentic way. This young person, despite having access to GAMC, chose not to pursue it. This decision does not diminish the validity of their identity but rather highlights that self-acceptance and social recognition can be key factors in the gender affirmation process, independent of medical care. Moreover, it illustrates that the experiences of TNBY are diverse and not uniform. This example challenges critiques of affirmative approaches, such as those raised by Littman (2018), who expresses concern that early affirmation and access to gender-affirming care might contribute to the persistence of gender dysphoria in cases where it could have otherwise resolved naturally. However, what we observe here is that an offering environment does not push young people towards medical transition but rather allows them to explore their gender identity freely, outside of rigid, transnormative expectations. As highlighted in *Being Safe, Being Me* (2019), many TNBY do not seek medical transition, underscoring that decisions around medical interventions are highly personal and not systematically pursued. Moreover, the reduction in anxiety and dysphoria seen in youth who have access to puberty blockers suggests that affirmation may ease distress rather than reinforce it, countering fears of an iatrogenic effect or a so-called 'social contagion'.

Finally, the testimonies of youth highlight the diversity of experiences regarding GAMC. Though limited in number, they illustrate the complexity and individuality of each transition journey. They emphasize the importance of personalized approaches to managing gender dysphoria and promoting positive psychosocial outcomes. This diversity of experiences is supported by several recent studies (Pullen Sansfaçon et al., 2019; Vandermorris & Metzger, 2023), which show that care tailored to the specific needs of each young person can greatly enhance their overall well-being and facilitate a smoother transition process.

Conclusion

The transition journeys of young TNB individuals reveal the importance of access to GAMC in improving their physical, mental, and social well-being. These not only help reduce body dysphoria but also enhance body image, social recognition and reduce the psychological risks associated with puberty. This study highlights the tangible benefits of these medical interventions, particularly in the context of interpersonal relationships, family support and social recognition.

However, while GAMC has a profound and beneficial impact on TNBY's well-being, they represent only one component of a broader framework needed for their complete flourishing and they must be complemented by other factors to ensure the overall and lasting well-being of TNBY. Minority stress remains an omnipresent reality, often exacerbated by societal rejection and the lack of widespread acceptance. The stress related to minority status is further exacerbated by a cisnormative society and the lack of recognition of non-binary gender identities or trajectories that transcend transnormativity (Johnson, 2016). Therefore, the importance of social and intersubjective recognition emerges as a fundamental element in strengthening self-esteem and fostering a sense of belonging.

Nevertheless, several limitations must be noted. The data were drawn from a specific sociocultural context, namely white, Canadian-born Quebec residents. Despite deliberate efforts to recruit a diverse sample, the study was unable to capture the experiences of TNB youth from migrant families or from other distinct sociocultural contexts, which may influence their transition trajectories and the challenges they face. Additionally, the presented narratives do not necessarily reflect the diversity of experiences of those with limited access to medical care or those living in less welcoming environments. The lack of data may limit the overall understanding of the reality of TNBY in different social, political, and economic contexts.

The study provides unique longitudinal insights into how GAMC shapes the well-being of TNBY in Quebec. It highlights how access to GAMC interacts with supportive environments and how TNBY expectations and coping strategies evolve over time. The findings underscore the need for transaffirming and accessible care, inclusive environments, and collaboration between healthcare providers and families. In conclusion, while GAMC brings undeniable benefits to many young TNB individuals, it remains essential to consider the diversity of individual journeys and needs, as well as the importance of family and social support, to foster overall and lasting well-being.

Note

1. Quotes with a * have been freely translated from French

Author contributions

CRedit: **Naomie-Jade Ladry**: Validation, Visualization, Writing – original draft, Writing – review & editing; **Morgane Gelly**: Validation, Visualization, Writing – original draft, Writing – review & editing; **Annie Pullen Sansfaçon**: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing.

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No potential conflict of interest was reported by the author(s).

Notes on contributors

Naomie-Jade Ladry, a doctoral candidate in applied humanities, holds a Master of Science in Administration – International Development and Humanitarian Action Management and a Graduate Microprogram in Gender Studies from Université Laval. Her research interests focus on gender equality, particularly intersectional feminist perspectives and issues surrounding gender diversity.

Morgane Gelly: After earning a double bachelor's degree in anthropology and sociology in France, Morgane moved to Montreal to further her interest in gender studies. In 2018, she completed a master's degree in sociology at UQAM, presenting a thesis on access to gynecological care for trans men. Since 2019, Morgane has worked with Annie Pullen Sansfaçon as a research coordinator at the Canada Research Chair in Transgender Children and Their Families, notably on the Discourse (De) trans project. In 2023, she joined the team as a senior research advisor for the new ReParE Chair.

Annie Pullen Sansfaçon, a professor at the School of Social Work at the University of Montreal, holds the Canada Research Chair in Partnership Research and the Empowerment of Vulnerable Youth (CRC-ReParE). This chair succeeds the former Canada Research Chair in Transgender Children and Their Families (CRC-ETF) and aims to produce empirical, intersectional knowledge on the dynamics of social exclusion and inclusion of vulnerable youth. From 2023 to 2025, she served as Associate Vice-Rector for Relations with First Nations within the Vice-Rectorate for Strategic Planning and Communications, and since September 2025, she has held the position of Assistant Vice-Rector for First Nations, Engagement, and Participatory Methodologies within the Vice-Rectorate for Community, International, and First Nations Affairs. She co-founded and co-directed the Interdisciplinary Research Centre on Intersectional Justice, Decolonization, and Equity (CRI-JaDE). Her experience as a Wendat woman and her commitment to gender-diverse youth and their parents have shaped her research trajectory. Through methodologies and interventions grounded in gender-affirming and anti-oppressive perspectives, her work aims not only to understand the experiences of these vulnerable groups but also to foster their autonomy, agency, and capacity to resist oppression. Annie Pullen Sansfaçon is thus a committed researcher whose work lies at the intersection of social work, ethics, and social justice.

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