Title

Mental Health Counselors in the Context Gender-affirming Care: Training Targets and Recommendations Following the AJUSTER Community Research Project.

Abstract

This second article, resulting from TransEstrie's mixed-methods community research project titled AJUSTER: Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions, has the singular goal of highlighting certain findings in order to propose training objectives and recommendations for mental health professionals working with transgender, non-binary, and questioning (TNBQ) individuals seeking access to gender-affirming care (GAC). The community organization TransEstrie, which leads the AJUSTER project, is concerned about the difficulty in accessing GAC in the Estrie region, a concern also noted by the scientific and healthcare communities in Québec (UETMISSS, 2023; UETMISSS, 2022; Cotton et al., 2022; Pullen Sansfaçon et al., 2020; SAVIE-LGBTQ, 2022b). The AJUSTER project was established with the primary objective of generating knowledge about access to GAC in Québec, as well as highlighting existing issues regarding the quality of care. Its conceptual framework consists of eight elements: (1) the WPATH 2022 definition of GAC, (2) gender affirmation, (3) WPATH standards of care (Coleman et al., 2022), (4) the trans-affirmative approach (Pullen Sansfaçon et al., 2021), (5) medical violence (Brisson, 2023), (6) intersectionality (Sensoy et al., 2017; Collins, 2020), (7) cultural safety (MSSS, 2021; First Nations Health Authority, 2020), and (8) a sense of professional competence (Gallagher, 2012). Two of the project's research methods were selected to address the goal of this article: (1) semi-structured interviews with 8 GAC providers practicing in peripheral regions[1], and (2) semi-structured interviews with 9 gender-diverse individuals who experienced discomfort while accessing or attempting to access GAC in peripheral regions. These were analyzed using Braun and Clarke's (2006; 2019) reflexive thematic analysis. The results identified seven training objectives consistent with the literature: (1) normalizing trans identity and the specific challenges faced by TNBQ individuals, (2) strengthening and maintaining the caregiver-care receiver relationship, (3) Being able to be a source of information in GAC, (4) accompanying TNBQ individuals through the administrative process of gender-affirming care, (5) recognizing conversion attempts (therapies), (6) mastering informed consent in the context of GAC, and (7) openly expressing one's gender identity and/or the provision of trans-affirmative services.

Keywords: trans, non-binary, transgender, gender-affirming care, care, mental health counselor, psychosocial, mental health, training, professional.

1. Introduction

This article is part of the AJUSTER community research project: Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions, funded by Women and Gender Equality Canada

[1] For this project, everywhere outside Montréal and Québec City is considered peripheral.

as part of the funding application for the project titled “Medical Violence Experienced by Trans and Non-Binary People.” It is overseen by the community organization TransEstrie. Active since 2019, the organization’s mission is to support, accompany, and represent trans, non-binary, and questioning (TNBQ) people in the Estrie region. TransEstrie’s decision to launch the AJUSTER project in 2023 comes from a rise in transphobic rhetoric in Canada (Justice Trans, 2022), where access to gender-affirming care in the Estrie region and, more broadly, throughout the province of Québec is limited (UETMISSS, 2023; UETMISSS, 2022; Cotton et al., 2022; Pullen Sansfaçon et al., 2020; SAVIE-LGBTQ, 2022b). Drawing on some of the data collected, this second article is part of a two-part series of articles focusing on training objectives and recommendations for professionals working with TNBQ individuals seeking access to GAC The target population in this article is mental health counselors.

1.1 An Overview of the Literature on Medical Violence Experienced by Trans and Non-Binary People

This section is an excerpt from the first article, “Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project.” which provides an overview of current issues regarding medical violence experienced by TNBQ people:

> Among transgender and non-binary people (TNBQ), recent studies show an alarming rate of psychological distress. The 2019 TransPulse Canada survey reports that 56% of its 2,873 respondents rated their mental health as average or poor, and that 31% had considered suicide in the past year (Scheim et al., 2021). A recognized protective factor for mental health among TNBQ individuals is access to desired transition procedures (Amiot et al., 2024; Pullen Sansfaçon and Medico, 2021). A Québec study shows that TNBQ participants least affected by depressive symptoms and expressing greater life satisfaction are those who considered their transition processes to be complete (Cotton et al., 2021). However, access to GAC remains difficult in Canada (Weisdorf et al., 2023; Comeau et al., 2023). Only 26% of TransPulse participants in 2019 felt they had received all the necessary GAC for their transition (Scheim et al., 2021)

This article addresses the issue of conversion attempts (or “therapy”) because it focuses specifically on the work of mental health professionals in the context of GAC. The TransPulse study reports that 11% of their TNBQ participants said they had experienced a conversion attempt (2021). In their 2016 study, Mizock and Luncquist state that “reparative” or “corrective” approaches by psychotherapists toward TNBQ individuals are more likely to have negative impacts on the lives of these individuals. In an institutional ethnography by MacKinnon and colleagues published in 2021, it was observed that the purpose of clinician-led assessments for obtaining GAC appears to be centered on preventing regret or detransition—even though, according to the same study, neither can be prevented or predicted. In this regard, it would be advisable for professionals working with TNBQ individuals seeking access to GAC to

acknowledge their positionality and their potential role in gatekeeping access to GAC (Benson, 2013; Bess & Stabb, 2009; Kayitalire, 2024; Medico & Pullen-Sansfaçon, 2017; Puckett et al., 2022). In this sense, TNBQ individuals should therefore be involved in the production of scientific knowledge or training programs that involve them, rather than being sidelined and left disempowered (Cotton et al., 2025; MacKinnon et al., 2021). Moreover, several publications reporting on the experiences of TNBQ individuals highlight recommendations also directed at mental health professionals aimed at improving the quality and accessibility of GAC: the use of inclusive language (Joy et al., 2022), post-surgery support (Ross et al., 2023; Masson-Courchesne, 2025), clearly advertising trans-affirmative services (Puckett et al., 2022), and treating TNBQ clients with the same respect and dignity as cisgender[2] clients (Hines et al., 2019).

Since the literature and community organizations that support TNBQ individuals highlight the difficult—and sometimes even impossible—access to GAC in Québec, this article aims to present research findings from the AJUSTER project to offer training objectives and recommendations for mental health professionals in the context of providing access to GAC.

1.2 // Research Objectives

The main objective of the AJUSTER project: Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions, is to generate knowledge about access to gender-affirming care (GAC) in Québec, as well as to highlight existing issues regarding the quality of this care, as previously noted in the research question.

For the purposes of this article, results from three research methods of the AJUSTER project's were selected: (1) semi-structured interviews with healthcare professionals, (2) semi-structured interviews with TNBQ individuals who have experienced discomfort while accessing or attempting to access gender-affirming care, and (3) focus group interviews with TNBQ individuals who have accessed the same type of GAC.

For these three research methods, two common objectives are (1) to identify incidents or experiences of gendered medical violence, conversion therapy, human rights violations, and failure to comply with WPATH standards of care in the context of access to gender-affirming care in Québec, and (2) to examine the realities faced by GAC providers who practice in peripheral regions. By achieving these objectives, the findings from the various components of the AJUSTER project will enable the identification of specific training goals and help address certain systemic barriers to improve the quality of GAC in Québec.

2. Conceptual Framework

[2] Person whose gender aligns with the one assigned at birth (and who identifies as such)

This section is quoted from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project," which uses the same conceptual framework:

> In this project, the goal is to use various concepts to examine the complexity of the issues surrounding access to GAC in Estrie, and in Québec as a whole.
>
> First, certain broader concepts must be considered within the AJUSTER project. As a starting point, it is essential to understand GAC as defined by the World Professional Association for Trans Health (WPATH). In the context of this project, GAC refers to the process of connecting a care provider with TNBQ individuals to address their needs holistically (social, mental, and medical health and well-being), while respectfully affirming the person's gender identity (Coleman et al., 2022). GAC includes interventions such as puberty blockers, hormone therapy, gender-affirming surgeries, and other care identified as gender-affirming. Gender affirmation refers to the act of recognizing and affirming a person's gender identity across social, psychological, medical, and legal contexts (Coleman et al., 2022). This understanding of gender-affirming care helps clearly define what type of care should be considered when access to GAC is discussed.
>
> Next, the trans-affirmative approach should be viewed as a holistic and systemic approach (Pullen Sansfaçon et al., 2021). It is important to emphasize that medical transition is neither central to nor necessary for a transition, and that a transition can take social or legal forms. The trans-affirmative approach holds that the various forms of transition desired by a gender diverse individual allow them to live as consistently and comfortably as possible in alignment with their affirmed gender (Pullen Sansfaçon et al., 2021). This concept makes it possible to accurately assess the quality of care provided to gender diverse individuals and to document the presence or absence of a trans-affirmative approach in Québec.
>
> The third concept used is the WPATH Standards of Care (2022). These standards aim to provide clinical guidance to providers to support them in their work with gender diverse individuals. The WPATH seeks to help these professionals provide these populations access to safe and effective care so that they can achieve a lasting sense of personal well-being (2022). The WPATH aims to ensure that these TNBQ populations see improvements in and maximization of their physical health, psychological well-being, and sense of self-fulfillment (Coleman et al., 2022). It is important to establish a clear framework for understanding standards of care to evaluate the quality of the identified GAC, but also to clearly identify where improvements are needed.
>
> In this project, we will examine service users' experiences of discomfort and medical violence. To gain an understanding of medical violence, we will draw on Brisson's conceptualization of the phenomenon, as presented in her 2023 master's thesis. In their critical interpretive review of the literature, Brisson emphasizes that medical violence is taboo and ambiguous, making it difficult to identify despite its omnipresence. Due to this

phenomenon of invisibility, it tends to be ignored or unacknowledged, which in itself makes it violent. Another form of this violence, according to the author, lies in the tendency to infantilize or adopt paternalistic attitudes toward those who speak out against it, which reinforces the position of authority held by healthcare providers. Medical violence is also associated with a perception of a lack of empathy and disrespect on the part of healthcare providers (Brisson, 2023). This understanding of medical violence allows for a better comprehension and definition of the discomfort experienced by gender diverse people within the context of GAC.

The concept of intersectionality is central to this study. It proposes that each person simultaneously occupies multiple social positions, and that these positions do not cancel each other out but rather interact in complex ways (Sensoy et al., 2017). These social positions may include "race, social class, gender, sexuality, nationality, ethnicity, ability, age, and similar markers of power, which are interdependent and mutually constructed" (Collins, 2020). In this project, it will be important for us to adopt an intersectional understanding of access to GAC, since every individual should be able to access quality care regardless of the multiple social positions they simultaneously occupy. We must remain attentive to the specific issues arising from different intersections.

Another important concept in the context of this article is cultural safety. This approach initially focused on recognizing the power imbalances observed between healthcare providers and all First Nations and Inuit patients (First Nations Health Authority, 2020). Later, the definition was expanded to encompass all forms of oppression, with the aim of addressing the power imbalances observed between healthcare providers and all patients or groups experiencing some form of oppression, whether due to their gender identity or expression, age, culture, beliefs, sexual orientation, or ability (MSSS, 2021). This concept is used, among others, by the Collège des Médecins du Québec in its training program "Basic Training in Culturally Safe Healthcare" (2026).

Finally, a key concept in setting training goals is the sense of professional self-efficacy. Gallagher (2012) defines it as people's perception of their ability to perform the actions necessary to achieve a desired goal. It is a personal assessment of one's ability to carry out the necessary actions. Five mechanisms of self-efficacy have been identified: mastery experiences, modeling/by proxy experiences, imagined experiences, social persuasion, and somatic/emotional cues (Gallagher, 2012). It has been observed that individuals with higher levels of self-efficacy perceive new challenges as learning opportunities rather than situations to be avoided (Gallagher, 2012). The concept of a sense of professional competence allows for the assessment of its presence among providers in the context of GAC.

3. Methodology

The AJUSTER project is a mixed-methods study, comprising of four research methods which combines quantitative and qualitative approaches. For the purposes of this article, the three qualitative methods were selected to identify training objectives.

1. Semi-structured interviews with GAC providers who practice in peripheral regions.

2. Semi-structured interviews with gender-diverse people who have experienced discomfort while accessing or attempting to access GAC in peripheral regions.

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project." which used the same methodology:

> The project was overseen by two paid committees of experts: an advisory committee composed of four gender diverse individuals, and a scientific committee composed of four professionals specializing in trans health research in Québec. These individuals reviewed and provided feedback on the various research tools, research methods, analytical approaches used to produce results, and our final reports.
>
> The interviewers were trained internally, using online training materials and through a consultation with Lyanna Desprès, a research professional specializing in research interviews, to ensure high-quality interviews. One member of the AJUSTER research team has training in counseling as part of a bachelor's degree in sexology, as well as a master's degree in sexology research and intervention.
>
> When transcribing the interviews, the research project leaders modified or removed any information that could identify the participants. The interview recordings were also securely deleted after transcription. No publication or communication regarding the research contains or will contain any information that could identify the participants. Braun and Clarke's (2019; 2006) reflexive thematic analysis was used for the three qualitative methods.

3.1 // Individual interviews with GAC providers who practice in peripheral regions

The semi-structured interviews with GAC providers who practice in peripheral regions are intended to address two specific secondary objectives:

1. To identify gender-based medical violence, conversion therapy, human rights violations, and non-compliance with WPATH standards of care in the context of access to gender-affirming care in Québec;

2. To examine the realities faced by healthcare providers in Estrie in the context of gender-affirming care.

Given their unique position as they work and practice in peripheral areas, this qualitative method proved to be an effective way to accurately capture the observations of gender-affirming care providers.

3.1.1 // Inclusion Criteria

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project" which uses the same inclusion criteria:

> For the semi-structured interviews with professionals, the study population consists of GAC providers who practice in peripheral regions, such as pediatricians, endocrinologists, family physicians, medical specialists, surgeons, nurses, specialized nurse practitioners, speech-language pathologists, estheticians, physical therapists, and any other providers providing GAC in peripheral areas. Participants could speak in French, English or a mix of both during the interview.
>
> Initially, it was planned that healthcare providers providing access to GAC would be located only in the Estrie region. Despite recruitment efforts spanning more than six months to reach a sample size of more than six participants, we had to expand this selection criterion to include all peripheral areas of Québec. This solution had already been anticipated as an alternative in our ethics approval. We were then able to reach a sample size of 8 GAC providers from different regions across the province of Québec.

3.1.2 The Recruitment and Data Collection Process

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project." which uses the same recruitment and data collection process:

> For the semi-structured interviews with GAC providers, recruitment posters and announcements were posted on TransEstrie's social media accounts, as well as on two independent Facebook groups with the administrators' approval. We contacted about 20 different organizations to ask them to share our recruitment posters on their networks. During some events TransEstrie attended, posters were displayed along with a QR code leading to a page where people could sign up for an interview. We also used a snowball effect approach through word of mouth, where, following their interview, participants were invited to reach out to people in their networks who met the selection criteria.
>
> To favour accessibility, the interview was offered in person, via videoconference, or by phone. A sociodemographic form was completed either independently or with the interviewer's assistance prior to the interview. The interview framework was divided into four themes: professional practice; experiences and situations encountered while providing GAC; pathways to trans-affirmative care; and final reflections. Participants were offered

compensation in the form of a carefully personalized selected set of trans-affirmative resources valued at $20, available in either print or digital format.

3.2 Individual interviews with gender-diverse individuals from peripheral regions who experienced various forms of discomfort while accessing GAC

The second method chosen for this article is semi-structured interviews with gender diverse individuals from peripheral regions who have experienced various forms of discomfort while accessing or attempting to access GAC. The purpose of these semi-structured interviews is to more specifically address a secondary objective of the project: identifying gendered medical violence, conversion therapy, human rights violations, and non-compliance with WPATH standards of care in the context of accessing gender-affirming care in Québec.

3.2.1 Inclusion Criteria

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project. " which uses the same inclusion criteria:

> The study population was defined as individuals living in Estrie who had experienced some form of unpleasant event while accessing or attempting to access GAC, and who were 14 years of age or older. The target sample size was 6 to 15 participants. Since it was not possible to reach the minimum sample size despite recruitment efforts spanning more than 6 months to reach a sample size of more than 6 participants, we had to expand this selection criterion to include all peripheral regions of Québec. This solution had already been anticipated as an alternative in our ethics approval. It was then possible to recruit a sample of 9 gender-diverse participants across the peripheral regions who had experienced various forms of discomfort while accessing or attempting to access GAC, with more than half located in the Estrie region.

3.2.2 The Recruitment and Data Collection Process

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project" which uses the same recruitment and data collection process:

> Posters and recruitment announcements were posted on TransEstrie's social media accounts, as well as on TransEstrie's Facebook page and other independent groups with the administrators' approval. More than 125 organizations, groups, student gender-diversity associations, research chairs, CIUSSSs, CISSSs, LGBTQIA+ influencers, committees, services for TNBQ individuals, 2SLGBTQIA+ groups, and TransEstrie collaborators were

contacted to share our recruitment posters on/in their networks. During certain events TransEstrie attended, posters were distributed along with a QR code leading to a page where people could sign up for interviews. We also used a snowball effect approach through word of mouth, where, following their interview, participants were invited to reach out to people in their networks who met the selection criteria.

To favour accessibility, the interview was available in person, via videoconference, or by phone. A sociodemographic form was completed either independently or with the interviewer's assistance before to the interview. The interview framework was divided into four themes: an introduction to the person's journey, gender-affirming care, standards of care, and final reflections. The list of resources was reviewed at the end of the interview. A social worker was available for consultation following the interview, if needed. A compensation of $25 was offered for participation, whether the interview was completed in full or not. After the interview, a research head emailed participants to send them their gift card via one of three available delivery methods (email, mail, in-person pick-up).

3.3 Ethical Considerations

This section is an excerpt from the first article, "Providers and Related Staff in Gender-Affirming Care: Training Objectives and Recommendations Following the AJUSTER Community Research Project" which shares the same ethical considerations:

> As part of this project, ethical approval was obtained from the Research Ethics Committee for Education and Social Sciences at the University of Sherbrooke. This was made possible through collaboration with Professor Julie-Christine Cotton, director of the Laboratoire inclusif de recherche et de développement (LIRD), who has access to this ethics IT resource through her research activities at the University of Sherbrooke. The two individuals responsible for the AJUSTER project have both earned their EPTC 2: FER-2022 certification, a training program in research ethics.

4 **Results**

As part of the analysis of the two research methods selected for the AJUSTER project, the initial results led to the identification of training targets and both specific and general recommendations. Seven major categories of findings for mental health counselors working in the context of GAC were selected for this article. First, the normalization of trans identity and basic competencies to work with TNBQ individuals. Second, issues that affect and may weaken the caregiver / care receiver relationship with TNBQ patients. This is followed by the characteristic of being a mental health professional capable of being a resource person in the context of GAC. Subsequently, the findings examine the administrative process of GAC, where mental health professionals can play a supportive role. Next, the ability to recognize conversion attempts is discussed. This is followed by reflections, based on the interviews, on informed consent in the context of GAC, in which

mental health practitioners are called upon to participate. The final finding relates to mental health professionals' display of their gender identity and/or their indication that they offer trans-affirmative services.

4.1 Normalization of trans identity and the specific challenges faced by TNBQ individuals

In interviews with gender-diverse individuals from the regions who experienced various forms of discomfort while accessing GAC, three of them spoke about the need for mental health professionals working in GAC settings to understand what trans identity is. These respondents took the time to explain their desire to be treated with just as much respect and dignity as a cisgender person during a mental health consultation. According to them, in order to feel understood during a mental health assessment in the context of accessing GAC, a mental health professional should be able to recognize and view trans identity as normal. In the following excerpt, Patrice expresses their appreciation when a social worker casually asked him about their gender identity:

> "Even the social worker who wrote my letter for the GRS just asked, 'How do you identify?' and was really cool about it. [literal translation]" (Patrice)

Five gender-diverse individuals from peripheral regions who experienced various forms of discomfort while accessing GAC maintain that mental health professionals need to improve their basic knowledge of trans identity and GAC. In the following excerpt, Sapphire recounts their experience with a mental health professional who had little training regarding TNBQ individuals and GAC services:

> These are people [who work at a community organization supporting survivors/victims of sexual violence] who aren't very knowledgeable about trans identity, but they're doing their best. My counselor really tries her best, and she tells me, "Look, I don't know much about this, but I want to ask questions about it because I'm not sure, and you can tell me to shut up if I say something wrong." [laughs] So, it's a really nice approach. I don't feel like I'm constantly having to educate her, either. [literal translation] (Sapphire)

Sapphire succinctly describes their observations regarding a lack of training within the organization and among its staff, but explains how, despite this, she was able to be honest, remain humble, state her approach (ask questions), and remind Sapphire of their rights (they can ask her to stop if she says something incorrect or disrespectful). They also highlight in their account the fact that they constantly have to educate counselors. The normalization of trans identity and knowledge of the specific issues faced by TNBQ people therefore seem to be key areas for basic training to enable mental health professionals to respectfully recognize TNBQ clients who may be seeking access to GAC.

4.2 Relationship between caregiver and care recipient

Based on interviews, the caregiver-care recipient relationship between TNBQ individuals and mental health professionals in the context of accessing GAC appears to face several challenges that may weaken this relationship. First, five gender-diverse individuals from peripheral regions who experienced various forms of discomfort while accessing GAC mentioned in interviews that they wanted more active listening and empathy from mental health professionals to help them feel more understood and secure. Four of these individuals noted that social workers are the group of counselors with whom they all had experiences where they felt heard and where the caregiver seemed empathetic toward them. In interviews with GAC providers from peripheral regions, a majority of them mentioned that mental health professionals must demonstrate empathy and adopt a humanizing approach toward TNBQ individuals seeking access to GAC. The first training objective to foster a better caregiver-client relationship with TNBQ individuals seeking to access GAC therefore appears to be developing empathetic interpersonal skills and active listening. In the following excerpt, Mangue recounts their experience with a social worker while trying to obtain a referral letter:

> Just to be safe, I went to see someone to get a referral letter for testosterone, and then [social worker's name], the love of my life—I absolutely adore her—a social worker who, since I wasn't exactly well-off financially, filled out my application for free. I literally cried and I was like, "Oh my god." I don't know how I could have gotten that letter without her. […] Just getting that letter was a huge deal. It took a huge weight off my shoulders. [literal translation] (Mangue)

The excerpt from Mangue's interview illustrates an example of an empathetic gesture by a social worker regarding the financial barriers to access mental health support, in this case for a referral letter. Mangue also emphasizes their deep appreciation for this counselor, her gesture, and the impact it had on his well-being. Mastering empathetic interpersonal skills as well as active listening skills for mental health professionals in the context of GAC therefore appears to be a training objective that can positively influence the relationship between a caregiver and the recipient of that care.

A second finding related to the caregiver-care recipient relationship is the impact of experiences of misgendering and deadnaming. Two of the nine gender-diverse individuals from peripheral regions who experienced some form of discomfort while accessing or attempting to access GAC reported being misgendered and deadnamed by mental health professionals. In the following excerpt, Orion recounts their experience with a psychologist who showed a lack of respect regarding their pronoun:

> That's why I had a hard time with the wording, because just like with my first therapist, it was practically a microaggression when I was told, "Well, 'They,' I'm not really sure what to do with that." It was really invalidating. Not really pleasant. *[literal translation]*(Orion)

Here, Orion highlights the harmful impact on the caregiver-care recipient relationship caused by the psychologist's attitude toward the use of the "they" pronoun. In a context where a mental health

professional is discussing with another professional about a TNBQ individual, this excerpt from the interview with Mangue illustrates a situation that was detrimental to maintaining a healthy caregiver-care recipient relationship:

> I was using masculine pronouns for myself, and he [the family doctor] was using feminine pronouns. Nowadays he's improved a little. He uses masculine pronouns, but sometimes they're feminine. He'll say it in front of me even though I just told him during our appointment, "I want you to use masculine pronouns," and then he'll say to the social worker as if I weren't there: "Oh yeah, [Mangue]… feminine pronoun, come with me, [Mangue]. " I really felt like I was invisible, like I was mentally unstable. Like, "Oh, that's fine. We'll use masculine pronouns when you're there, but if you're not there, we'll say 'she.' " I really felt like a circus animal, it was a really strange feeling. I didn't feel like I existed. You're right in front of me, you're talking to each other, but you're not using the right pronouns—come on! [free translation] (Mangue)

Mangue highlights how their family doctor's failure to use their pronouns in front of the social worker appears to have affected the relationship of trust towards professionals. Mangue describes feelings of being invisible, having their trans identity pathologized and being dehumanized. Raising awareness among mental health professionals about the need to respect the pronouns of their TNBQ patients seems essential to maintaining a more positive caregiver-care recipient relationship.

4.3 Being a resource person in the context of GAC

The professional competencies of various types of mental health professionals were discussed during the interviews. For two gender-diverse individuals from peripheral regions who experienced some form of discomfort while accessing GAC who were interviewed, a mental health professional's knowledge of resources specifically tailored to TNBQ individuals proved helpful in their GAC journey. In the following excerpt, Mara shares their experience with their therapist as part of their reflections on GAC:

> "When I really started asking myself these questions more seriously, it became overwhelming. That's when I started seeing a therapist, and she helped me a lot by pointing me toward different resources and helping me sort it all out." [literal translation] (Mara)

In the excerpt, Mara explains that the support their therapist provided by being able to inform them and refer them to relevant resources seemed to have met their needs. As a TNBQ person prepares to undergo gender-affirming surgery, Orion, one of the gender-diverse individuals from peripheral regions who experienced some form of discomfort while accessing GAC that was interviewed, took the time to emphasize that mental health professionals should be able to provide information and assistance to help patients prepare both before and after surgery.

> I've watched I don't know how many YouTube videos on mastectomy aftercare. Do I really need to buy that famous little strap for the seatbelt in the car, or can I just not give a shit?

> In the end, I didn't give a shit in my case. It's all these kinds of little purchases. There are also things you don't think about, but that, in the end, are a plus. It's a plus I can afford because I had the means. You know, I bought myself a bidet. I mean, who even thinks of that? It sounds silly to say, but it's a gamechanger. But someone who can't afford that… […] I also want to talk more about mental health. So, as much as making the decision to have that surgery—for me, sure, the two weeks leading up to it were tougher. But what's your mental state going to be like after your surgery? For me, I was on fire. I was the happiest person in the world. I'd go to the public market, talk to everyone, and just have so much fun. But if I'd still been in that two-week slump, it might have been a bit heavier for everyone around me. [literal translation] (Orion)

In addition to discussing more material aspects and general information that may be helpful in supporting a TNBQ individual who is preparing for a gender-affirming surgery, Orion also highlights how support for psychological needs could be beneficial in this context. In interviews with GAC providers in peripheral regions, the majority of them recommend that mental health professionals be familiar with, among other things: the GAC services available, the names and contact information of GAC providers or trans-affirmative clinics in their area, and the organizations that can provide support to TNBQ patients/clients. The ability for mental health counselors to serve as a resource person in the context of GAC appears to be a training objective that could have a significant impact both on access to GAC for TNBQ individuals and as a means of proactively connecting with GAC providers.

4.4 Support throughout the administrative process

The role of mental health professionals in supporting TNBQ individuals through the administrative process of accessing GAC emerged from the analyses. Three gender-diverse individuals from peripheral regions who experienced various forms of discomfort while accessing or attempting to access GAC mentioned how beneficial it is for mental health professionals to be able to support TNBQ individuals through these processes, which appear to be technically complex and bring a significant mental burden. Certain elements more directly involving the work of mental health professionals, such as the referral letters required to obtain gender-affirming surgeries, are identified as aspects of the administrative process where these professionals can either facilitate or make more difficult the access to GAC. In the following excerpt, Orion describes how navigating the administrative process to obtain a referral letter for GAC is difficult and frustrating.

> What I found deplorable was the so-called referral letter. Someone who has to, among other things—I don't know—go to the public sector to get a letter, whether it's a social worker, a psychologist, or some kind of counselor—just having to make them understand that you need access to these kinds of services… You know, the letter doesn't just appear overnight. You have to go through the process. It takes time. Are you going to end up on a waiting list because you're using the public system? Are you going to wait a year because you can't afford to pay for it? […] Do you have insurance? Just having insurance to cover part of those costs helps. [literal translation] (Orion)

Orion describes various obstacles to obtaining a referral letter, which slow down access to GAC. They cite as obstacles the lack of understanding or confusion among public mental health professionals regarding the seriousness of TNBQ individuals' need for access to GAC, the length of time it takes to obtain one—which could be up to a year—the number of administrative steps involved, public waiting lists, feeling forced to go to the private sector because of the urgency of the needs, having to start the process over to find a mental health professional who will be able to write the referral letter, the number of consultations required for a mental health professional to agree to write the letter, and not having insurance that covers the costs of mental health services. In the following excerpt, Mara describes instead how their therapist supported them by guiding them through the various steps of the administrative process to access GAC.

> I put together my application with [my therapist]. She had me sign the papers. You also need referral letters. She's the one who helped me figure out what I needed to send and how to put together my application. She's also the one who told me about the GRS, because I'd heard of it before, but I thought it was only private. I didn't know it could be reimbursed by the RAMQ[3], or that there was a GRS-RAMQ association. She was also the one who told me about that and explained that GRS is an option. [literal translation] (Mara)

Mara explains that it was because their therapist informed them about a pathway to access GAC and helped them prepare the necessary documents for their medical transition journey. The ability to support TNBQ individuals through the administrative process of GAC appears to be a training objective for mental health professionals, one that could enable them to play a significant supportive role in an individual's transition journey, which often involves numerous obstacles.

4.5 Recognizing Conversion Attempts (or "Therapies")

Within the research interview framework, the interview guides for the two selected methods include a general question as well as follow-up questions regarding conversion attempts. Among the GAC providers from peripheral regions that were interviewed, several identified raising awareness about conversion attempts as a key training objective for mental health practitioners. During interviews with gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC, one person took the time to discuss their experience with a conversion attempt.

> My dad switched me [to a different therapist], and that's when I underwent conversion therapy. I had group sessions with other trans people—some of whom were allowed to transition because they fit into the extremely binary view that was prevalent there—but it didn't work for me. My therapist kept telling me, "Well, you were raped when you were young, so that's why you want to transition." [literal translation] (Sapphire)

Sapphire denounces a psychologist's attempt at conversion therapy, in which the psychologist engaged in gatekeeping and displayed transphobic attitudes and judgments toward TNBQ clients. In her speech, there is a pattern of invalidating and erasing non-binary people. She demonstrates

[3] The agreement mentioned here regarding public insurance reimbursement for surgeries at the GRS is an exclusivity agreement for GAC with the MSSS

little understanding of Sapphire's lived experience while using it to justify her disagreement with the need to transition. Taking the time to elaborate on various aspects of this experience, Sapphire explains in an interview the impact that certain interventions by another mental health professional had on them.

> With this [mental health professional], she just really gave me the time I needed. […] She was like, "Look, what you went through was actually conversion therapy." Because at first, I was like, "Well, it wasn't advertised as such, it wasn't religious." So, I didn't know if that's really what it was. Then she told me, "Yes. Look, I've heard trans people talk about their conversion therapy, and it's exactly the same kind of thing you went through." So I was like, "Okay… Wow." [literal translation] (Sapphire)

Sapphire explains here that this professional informed them about what conversion attempts are, in addition to referring to the experiences of other trans patients. They take the time to note that she respected their pace while taking their experience seriously and validating it. This excerpt thus highlights the significant impact that a mental health professional working with TNBQ individuals can have by informing them about what conversion attempts are, as well as by being able to help them, identify instances of conversion attempts at their own pace. Being a mental health professional who is aware of and able to recognize experiences of conversion attempts among TNBQ patients/clients therefore seems to be an essential training objective.

4.6 Informed Consent

Informed consent in the context of GAC was a topic frequently mentioned by participants during the interviews. Four of the gender-diverse individuals from peripheral regions who had experienced some form of discomfort while accessing or attempting to access GAC that were interviewed identified a key training objective for mental health professionals: a thorough understanding of informed consent as it relates to their work concerning GAC. Here, Poulet explains how, in their view, the process surrounding informed consent with mental health professionals can become redundant and difficult to navigate:

> In general, the fact that we need a psychologist to diagnose us on top of having an endocrinologist who just says, "Yeah, I confirm," a second time, for something that's already been confirmed, I think that's ridiculous. Especially since, once again, psychologists aren't really covered by public insurance. You pay for that out of your own pocket. I don't think it should be necessary to have a letter saying you're eligible for hormone therapy, it's kind of a pain in the butt. You shouldn't need three different letters just to get your surgeries. [literal translation] (Poulet)

Poulet explains how the process lacks logic, where the same informed consent is required repeatedly, which will often be a financial burden for people seeking access to GAC. Matt expresses a similar view, comparing informed consent for GAC to informed consent to get tattoos:

> Like, at some point, do they ask you for two consent letters before you get a Harry Potter tattoo? I don't think so [laughs]. But it's the same thing, a tattoo is just as permanent as top surgery. You don't even need a single letter for a tattoo; you can be an adult or have your

> parent's permission, and it's no big deal. So, we're more than willing to accept that a person is capable of deciding for themselves whether they want a tattoo or a piercing, but not when it comes to getting top surgery. If only one day governments could realize the double standards they themselves create between these things […]. But just understanding how infantilizing and rigid the processes still are, how you have to fit into the right narrative and have access to the right people who'll agree to take you through the right steps… [literal translation] (Matt)

Matt notes an inequality in bodily autonomy between getting a tattoo and accessing GAC, which has an infantilizing effect. They also mention that the informed consent process favors TNBQ individuals whose personal narratives meet certain expectations, thereby facilitating access to desired GAC. It therefore seems beneficial for mental health professionals to be well-versed in informed consent when individuals request access to GAC, as well as to consider certain challenges specific to current processes, such as financial barriers, infantilization, and a lack of recognition of the unique transition journey of each TNBQ person.

4.7 Disclosing one's gender identity and/or trans-affirmative services

Mental health professionals' disclosure of their gender identity and their provision of trans-affirmative services was considered important by one of the gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC. This was particularly true in the context of obtaining a referral letter to access GAC. In the following excerpt, Orion describes what it was like to notice the display of pronouns and the referral letter service on the website of the Ordre des Sexologues du Québec.

> But it's pretty much the same as going to see my therapist, to go see a sexologist specifically to get their approval and/or have them write me a referral letter. My process for this was to go to the Ordre des sexologues website, much like what I had done with my therapist, and find people who specialize, among other things, in gender identities and gender diversity. To my great surprise—and it really warmed my heart—I saw that sexologists could list their gender identity, and there was a non-binary option. So I found three, if not four, non-binary sexologists in Québec, and I thought that was really cool. I think nearly three-quarters of them were writing referral letters. That, too, was really great about the Ordre des sexologues website —the fact that you could go there specifically just to get a referral letter. [literal translation] (Orion)

Orion seems to have greatly appreciated the display effort that was put in place, which highlighted non-binary sexologists and sexologists who write referral letters. Aim, a participant in the same research section, noted that, for them, consulting a trans mental health professional was beneficial to their transition journey:

> It was really, really helpful, especially… I think what helped was that they're a trans person. That made me feel like there was a greater understanding of these issues. I don't think I would have felt as comfortable seeing a cis (cisgender) person, let's say. [literal translation] (Aim)

Aim notes that, in their case, their sense of comfort with a mental health counselor regarding transidentity seemed to depend on whether or not that professional identified as a gender diverse person. Therefore, recommending that mental health professionals make their gender identity visible and indicate whether they offer trans-affirmative services—such as referral letters—appears to be a practical way to make it easier for TNBQ individuals seeking GAC to reach out.

5. Discussion

The research findings from the two selected methods helped identify training objectives and recommendations for mental health professionals. By comparing these results with the scientific literature, seven training objectives will be presented to address existing challenges and improve the quality of GAC: (1) normalizing transidentity and the specific issues faced by TNBQ individuals, (2) strengthening and maintaining the caregiver-care recipient relationship, (3) the ability to serve as a resource person in GAC, (4) supporting TNBQ individuals through the administrative processes of GAC, (5) recognizing conversion attempts, (6) mastery of informed consent in the context of GAC and (7) openly displaying one's gender identity and/or trans-affirmative services. The discussion section concludes with methodological limitations.

The primary training objective for mental health professionals is to normalize trans identity and the specific challenges faced by TNBQ individuals. The TNBQ population faces significant marginalization and discrimination, particularly during the process of accessing GAC (Scheim et al., 2021; Justice Trans, 2022; Brisson, 2023). Three gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC expressed a need for mental health professionals to know a little more about transidentity. This sentiment was also expressed by participants in the study by Ross and colleagues, where they shared that their mental health professionals were familiar with the concept of gender dysphoria but were not particularly equipped to effectively support them on their transition journey (2023). Moreover, the scientific literature can sometimes present a "transnormative narrative" (Kayitalire, 2024) in which the heterogeneity of the population is rendered invisible, hence the importance of centrally involving TNBQ individuals in the design of training programs (Cotton et al., 2025). The three individuals mentioned earlier also suggest that being treated the same way as a cisgender person could improve the quality of their experience accessing GAC, a point also raised in the study by Hines and colleagues (2019).

5.2 The Relationship Between Caregiver and Care Recipient

The second training objective for mental health counselors is to strengthen and maintain the caregiver-care recipient relationship. First, the majority of GAC providers in peripheral regions recommended that mental health professionals demonstrate empathy and adopt a humanizing approach with their TNBQ patient/client population. During their respective interviews, active listening and empathy were also cited as ways to improve the quality of the experience of GAC by five gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC. Inclusive language was one of the ways 2SLGBTQ+ participants in the study by Joy and colleagues described empathetic care, which they said is necessary throughout the care journey (2022). When appropriate terminology is not used—such

as in experiences of repeated or intentional misgendering and/or deadnaming—two gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC noted during their interviews that this undermines their trust in the providers. In this regard, several authors have also highlighted issues related to the autonomy of TNB individuals in the process of obtaining GAC, the recognition of the professional's positionality, and the awareness that their role could potentially lead to gatekeeping in GAC (Benson, 2013; Bess & Stabb, 2009; Medico & Pullen-Sansfaçon, 2017). Transparency on the part of mental health professionals regarding their knowledge of GAC having a positive effect on their experience was cited by one of the gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC who were interviewed.

5.3 Ability to serve as a resource person for GAC

The third training objective for mental health professionals is to improve their ability to serve as a resource for TNBQ individuals in the context of GAC. According to two gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC who were interviewed, counselors skillfully guided and informed them throughout their medical transition. In Masson-Courchesne's doctoral dissertation, there is an expectation on the part of patients that information about the desired gender-affirming surgery—such as risks, preoperative and postoperative care, and possible outcomes—be shared during their evaluation with a mental health professional (2025). The excerpt from Orion supports this view, as they say that mental health professionals should be able to inform and help their TNBQ patients prepare for both the pre- and post-operative phases of gender-affirming surgery. Furthermore, support addressing psychological needs in the context of pre- and post- gender affirming surgery has been identified as potentially beneficial where Ross and colleagues note a general lack of psychological support and highlight the psychological impact of various aspects of the GAC journey among their TNB participants who had been receiving routine follow-ups with mental health professionals since the beginning of their transition (2023). The ability to serve as a resource person appears to be a way to empower TNBQ individuals who are seeking GAC, as well as to facilitate the professional's work and maintain contact with the medical community in the field of GAC.

5.4 Supporting TNBQ individuals through the administrative processes of GAC

The fourth training objective for mental health professionals is to be able to support TNBQ people in the administrative process of GAC. Three gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC explained how support with complex administrative tasks could reduce their of mental burden. In the study by Amiot and colleagues, reducing gatekeeping and minimizing the administrative burden emerged as areas for improvement in a survey of 223 TNB individuals in Québec (2024). According to the three participants, mental health professionals should demonstrate an understanding of the seriousness of and the need for GAC, where the concept of the urgency to act is also reflected in the accounts of young TNB individuals who saw their well-being improve following access to GAC (Pullen Sansfaçon et al., 2020). They also emphasize that mental health professionals should factor in the time required during consultations to obtain a referral letter and inform clients about the administrative processes involved, while trans-affirmative support for TNB individuals should

be provided throughout their care journey (Cotton et al., 2022). Support is just as important before and after accessing gender-affirming care—whether surgical or non-surgical—and should be available even after a transition is considered complete (Cotton et al., 2022). In addition, the three participants identified barriers to obtaining a referral letter that mental health professionals should consider—barriers that are also documented in the literature—such as wait times to see a professional and financial barriers (Amiot et al., 2024; Pullen Sansfaçon et al., 2020; SAVIE-LGBTQ, 2022). Finally, this training objective also aligns with a recommendation from Masson-Courchesne's doctoral dissertation directed at professionals responsible for the preliminary assessment prior to gender-affirming genital surgery: "Provide a supportive space to facilitate reflection on the costs and benefits of gender-affirming genital surgery (GAGS), as well as expectations regarding the procedure, particularly with regard to anticipated outcomes" [literal translation] (2025)

5.5 Recognizing Conversion Attempts

The fifth training objective for mental health professionals is to be able to recognize conversion attempts (or "therapies"). Like the GAC providers from who were interviewed, Mizock and Lundquist emphasize the importance of raising awareness about conversion attempts, which are more likely to have harmful effects on TNBQ individuals who have experienced them (2016)—a point that one of our participants also expressed following their experience. Some of their participants described experiences in which their gender identity had been identified by psychotherapists as "problems that needed to be fixed" (Mizock and Lundquist, 2016). The project participant noted that their psychologist exhibited transphobic attitudes that invalidated their lived experience and non-binary gender identities. It is important to emphasize that the well-being of TNBQ individuals is "closely linked to their transition journeys", which are diverse and unique to each TNBQ individual (Cotton et al., 2022).

5.6 Informed Consent

The sixth training objective for mental health professionals is to master the concept of informed consent in the context of GAC in their practice. This objective was identified by four gender-diverse individuals from peripheral regions who had experienced discomfort while accessing or attempting to access GAC. They brought up redundancy in the informed consent process, avoidable additional costs, and a sense of injustice and infantilization regarding the bodily autonomy of TNBQ individuals. In this regard, Masson-Courchesne's doctoral dissertation recommends the following to professionals responsible for the preliminary assessment prior to gender-affirming genital surgery: "Recognize that the patient is the expert on their own lived experience and that your role as a professional is to support the patient so they can make the best decision for themselves" [literal translation] (2025). The redundancy in aligns with the study by MacKinnon and colleagues, who found that, in an effort to prevent regret regarding gender-affirming surgery or detransitioning, there was a requirement to conduct in-depth psychosocial evaluations (2021). In the study by Puckett and colleagues, TNBQ participants also identified the need for informed consent to be improved and actually properly implemented in GAC, with the goal of moving away from the current medical system which leads to gatekeeping (2022).

5.7 Disclosing one's gender identity and/or trans-affirmative services

The seventh and final training objective for mental health professionals is to encourage them to display their gender identities and their provision of trans-affirmative services (e.g., a referral letter for GAC). In the study by Puckett and colleagues, TNBQ participants also expressed a desire for GAC providers to publicly display their trans-affirmative services (2022). For one gender-diverse individual from peripheral regions who had experienced discomfort while accessing or attempting to access GAC, being able to find non-binary mental health professionals and/or those who indicate they write referral letters would be factors that facilitate the process of accessing GAC. Another person from the same method said that being able to consult with a trans mental health professional benefited their care, as they felt more comfortable.

5.8 Methodological Limitations

One factor to consider in this article is that the evaluation of mental health professionals' work with TNBQ individuals was not specifically included in the interview frameworks. The key findings emerged from questions regarding the quality of services, the process for accessing GAC, and reflections on informed consent in the context of GAC. Further studies directly focused on evaluating the work of mental health professionals and counselors with TNBQ people in the context of GAC in Québec are needed. It would also be important to conduct interviews directly with mental health professionals who meet the selection criteria. Another limitation related to the two methods selected for the AJUSTER research project is that the samples are small—9 individuals and 8 providers. Since the samples did not reach saturation, it is therefore not possible to reflect the respective experiences of other affected individuals.

Another limitation is the small number of participants who strictly identify as trans women. Despite our efforts to contact various types of groups, including trans women, and the extension of our recruitment periods, we must not overlook this population's loss of trust in previous research as well as their fatigue with participating in research projects (Bauer et al., 2019). To the best of our knowledge, the current literature does not allow us to determine with certainty the sociodemographic proportion of TNBQ individuals in Québec who have had access to GAC services, nor the number of professionals in Québec providing access to GAC services. It is therefore difficult to determine an appropriate sample size for each group to achieve saturation. However, some GAC providers interviewed confirmed that, to their knowledge, they were one of the few—or the only—professional in their entire region providing access to GAC.

6. Conclusion

The main objective of the AJUSTER community-based research project is to generate knowledge about access to GAC in Québec, as well as to highlight existing issues regarding the quality of that care. The purpose of this article is to present research findings from the AJUSTER project to offer training objectives and recommendations for counselors working in the context of GAC, identified using two of the AJUSTER project's research methods: (1) semi-structured interviews with 8 GAC providers in peripheral regions, and (2) semi-structured interviews with 9 gender-diverse

individual from peripheral regions who had experienced discomfort while accessing or attempting to access GAC. The results obtained enable the identification of training objectives aimed at addressing systemic barriers to access to GAC and improving the quality of GAC in Québec. The seven key training objectives that emerged are: (1) normalizing trans identity and the specific issues faced by TNBQ individuals, (2) strengthening and maintaining the caregiver-care recipient relationship, (3) being able to serve as a resource person in GAC, (4) supporting TNBQ individuals through the administrative process of GAC, (5) recognizing conversion attempts, (6) mastering informed consent in the context of GAC, and (7) publicly displaying one's gender identity and offer of trans-affirmative services.

7. **Funding**

TransEstrie's community research project, titled AJUSTER: Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions, is funded by Women and Gender Equality Canada as part of the funding application for the project titled "Medical Violence Experienced by Trans and Non-Binary People."

8. **References**

Amiot, C., Pullen Sansfaçon, A., Gelly, M. A., Tchango Ngalé, G. A., Bélanger, F., & Manzano, G. (2024). *Résultats de l'enquête sur les besoins et priorités d'interventions médicales et esthétiques des personnes trans et non binaires résidant au Québec* (p. 32).

Ashley, F. (2020). Surgical Informed Consent and Recognizing a Perioperative Duty to Disclose in Transgender Health Care. *McGill Journal of Law and Health*, *13*(1), 44. https://mjlh.mcgill.ca/publications/volume-13-issue-1-131-2019/surgical-informed-consent-and-recognizing-a-perioperative-duty-to-disclose-in-transgender-health-care/

Baribeau, C. (2009). Analyse des données des entretiens de groupe. *RECHERCHES QUALITATIVES, 28*(1), 133 148.

Brisson, C. (2023). *Vers une conceptualisation du phénomène des violences médicales : une revue critique interprétative de la littérature* [Mémoire de maîtrise, Université de Montréal].

Braun, V. et Clarke, V. (2006*). Utilisation de l'analyse thématique en psychologie. Recherche qualitative en psychologie. 3*(2): 77-101. 10.1191/1478088706qp063oa.hdl:2027.42/138221.S2CID10075179.

Braun, V. et Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589-597. https://doi.org/10.1080/2159676X.2019.1628806

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H.,

Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., … Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health, 23*(sup1), S1 S259. https://doi.org/10.1080/26895269.2022.2100644

Collège des Médecins. (2025). *Formation de base en sécurisation culturelle des soins de santé*. https://www.cmq.org/fr/pratiquer-la-medecine/ateliers-webinaires/fbscss

Comeau, D., Johnson, C., & Bouhamdani, N. (2023). Review of current 2SLGBTQIA+ inequities in the Canadian health care system. *Frontiers in Public Health, 11*, 1183284. https://doi.org/10.3389/fpubh.2023.1183284

Côté, C. (2023). La fatigue de compassion dans une société capitaliste et patriarcale. *Nouveaux Cahiers du socialisme, Capitalisme, colonialisme, patriarcat et intersectionnalité des mal-être*(20), 34 40.

Cotton, J.-C., Corff, Y. L., Martin-Storey, A., Michaud, A., & Séré Beauchesne Lévesque. (2021). Parcours de transition et bien-être psychosocial des personnes trans, non-binaires ou en questionnement identitaire de genre - Résultats d'une enquête québécoise. https://doi.org/10.13140/RG.2.2.21134.89927/2

Cotton, J. C., Martin-Storey, A., Le Corff, Y., Michaud, A., Beauchesne Lévesque, S. G., Charron, M., Garneau, M., & Roy, S. (2022). DÉMARCHES DE TRANSITION CHEZ LES PERSONNES TRANS ET NON-BINAIRES : ENTRE MIEUX-ÊTRE ET DISCRIMINATION. *Revue québécoise de psychologie, 43*(3), 27. https://doi.org/10.7202/1094890ar

First Nations Health Autority. (2020). *#itstarts with me. FNHA's policy statement on cultural safety and humility* [Dépliant]. https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf

Gallagher, M. W. (2012). Self-Efficacy. Dans *Encyclopedia of Human Behavior* (p. 314 320). Elsevier. https://doi.org/10.1016/B978-0-12-375000-6.00312-8

Gerritse, K., *Martens, C., Bremmer, M. A., Kreukels, B. P. C., De Boer, F., & Molewijk, B. C.* (2023). "I Should've Been Able to Decide for Myself, but I Didn't Want to Be Left Alone." A Qualitative Interview Study of Clients' Ethical Challenges and Norms Regarding Decision-Making in Gender-Affirming Medical Care. *Journal of Homosexuality*, 1-25. https://doi.org/10.1080/00918369.2023.2201972

JusticeTrans. (2022). *Points de vue 2STNBNCG sur l'accès à la justice* (p. 128). JusticeTrans.

Lapointe, P.-A. (2022). Recadrage critique du récit managérial des mutations organisationnelles : l'introduction du lean et la crise du travail dans les hôpitaux et les CHSLD du Québec. *Ad machina, 6*, 196 218. https://doi.org/10.1522/radm.no6.1510

MacKinnon, K. R., Ashley, F., Kia, H., Lam, J. S. H., Krakowsky, Y., & Ross, L. E. (2021). Preventing transition “regret” : An institutional ethnography of gender-affirming medical care assessment practices in Canada. *Social Science & Medicine*, *291*, 114477. https://doi.org/10.1016/j.socscimed.2021.114477

Mayer, T. K., Becker-Hebly, I., Elaut, E., Heylens, G., Kreukels, B. P. C., & Nieder, T. O. (2023). Desired decision-making role and treatment satisfaction among trans people during medical transition : Results from the ENIGI follow-up study. *The Journal of Sexual Medicine*, *20*(6), 893-904. https://doi.org/10.1093/jsxmed/qdad039

MSSS. (2021). La sécurisation culturelle en santé et en services sociaux—Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit—Édition mars 2021 [Guide]. MSSS. https://publications.msss.gouv.qc.ca/msss/document-003056/?&page=1&date=DESC&sujet=premieres-nations-inuit-ou-autochtones&critere=sujet

Puckett, J., Giffel, R., Brown, F., Gallik, C., Kimball, D., Chu, H., Mustanski, B. S., & Newcomb, M. E. (2022). Suggestions for improving healthcare for transgender and gender diverse people in the United States. *International Journal of Transgender Health*, 1-18. https://doi.org/10.1080/26895269.2022.2150736

Pullen-Sansfaçon, A., & Medico-Vergriete, D. (2021). *Jeunes trans et non binaires : de l’accompagnement à l’affirmation*. Les Éditions du Remue-ménage.

Pullen Sansfaçon, A., Gelly, M. A., Faddoul, M., & Lee, E. O. J. (2021). Soutien et non soutien parental des jeunes trans : vers une compréhension nuancée des formes de soutien et des attentes des jeunes trans. *Enfances, Familles, Générations*, *36*. https://doi.org/10.7202/1078016ar

Pullen Sansfaçon, A., Ou Jin Lee, E., Manning, K., & Bastien-Charlebois, J. (2020). *Ce qui facilite ou complique le bien-être des jeunes personnes trans au Québec*.

Scheim, A. I., Coleman, T., Lachowsky, N., & Bauer, G. R. (2021). Health care access among transgender and nonbinary people in Canada, 2019: a cross-sectional survey. *CMAJ Open, 9*(4), E1213 E1222. https://doi.org/10.9778/cmajo.20210061

Sensoy, O., & DiAngelo, R. J. (2012). *Is everyone really equal? : an introduction to key concepts in social justice education*. Teachers College Press.

SAVIE-LGBTQ, É. de recherche. (2022b). *Portrait des personnes non-binaires du Québec* [Résultat de projet].

UETMISSS - Unité d’évaluation des technologies et des modes d’intervention en santé et en services sociaux du CIUSSS de l’Estrie – CHUS (UETMISSS, CIUSSS de l’Estrie – CHUS). (2023). *Diversité de genre—Optimisation de l’offre de soins et de services pour les personnes trans et non binaires au CIUSSS de l’Estrie-CHUS (volet 2): Avis d’évaluation*.

Unité d'évaluation des technologies et des modes d'intervention en santé et en services sociaux du CIUSSS de l'Estrie – CHUS (UETMISSS, CIUSSS de l'Estrie – CHUS). (2022). *Diversité de genre, État des connaissances : Changement de culture organisationnelle pour un CIUSSS de l'Estrie – CHUS inclusif (volet 1), constats et Plan de transfert des connaissances.*

Weisdorf, T., Organek, A. J., & Bauld, H. (2023). Should all family physicians provide gender-affirming primary care? *Canadian Family Physician, 69*(6), 415 417. https://doi.org/10.46747/cfp.6906415