AJUSTER

Access to Just, Unified & Safe Transaffirmative care in Estrie and other Regions

Information Guide on the Project and ***Action Plans*** to ***Improve Gender-Affirming Care***

TRANSEstrie

AJUSTER

Access to Just, Unified & Safe Transaffirmative care in Estrie and other Regions

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This guide is meant to inform anyone involved with gender-affirming care about the findings and recommendations following the **AJUSTER (Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions) community research project from TransEstrie.**

Glossary

AJUSTER : Access to Just, Unified and Safe Transaffirmative care in Estrie and other Regions

TNBQ : Trans, non-binary and questioning

GAC : Gender-affirming care

WPATH : World Professional Association for Transgender Health

HRT: Hormone replacement therapy

Misgender: Addressing someone or referring to them using the wrong pronoun(s) or gendered terms (ma'am, brother, etc.)

Deadname : Addressing a trans person or referring to a trans person by their former first name – known as a 'deadname' – when they have chosen and are using a different first name.

What is the AJUSTER project?

The AJUSTER community research project from TransEstrie aims to **bring forward knowledge about access to gender-affirming care (GAC) in Québec, as well as to highlight existing issues regarding the quality of care.**

AJUSTER: Access to **J**ust, **U**nified and **S**afe **T**ransaffirmative care in **E**strie and other **R**egions

TransEstrie and others working on the same issues are concerned about the **lack of access to GAC**[1] in the Estrie region and in Québec. The global rise of the far right, which is fueling **transphobic rhetoric** in Canada[2], is cause for concern. It's important to remember that transphobia directly impacts TransEstrie's users in many areas of their lives. To better understand the state of access to GAC in Québec and the experiences of violence faced by its users, the AJUSTER project has sprung into action!

The project is composed of **5 secondary objectives:**

1. To understand the **existing paths** of **access;**

2. To detect **procedures** that are only **partially accessible, or not at all,** to the majority of TNBQ people;

3. To document instances in which TNBQ individuals, due to characteristics specific to them, **systematically** encounter **barriers** that prevent them from accessing the procedures they need;

4. To detect **gender-based medical violence, conversion** attempts (or "therapies"), human **rights** violations, and **failure** to comply with **WPATH** standards of care in the context of accessing or attempting to access gender-affirming care in Québec;

5. To study the **realities** of **health and care professionals** who practice in peripheral areas in the context of GAC.

To address these objectives, the project uses **4 research methods:**

Quantitative online **survey** conducted among **196 gender-diverse** people who **want to access** or **have accessed** GAC in Québec;

Semi-structured **interviews** with **8 GAC providers** in peripheral regions;

Semi-structured **interviews** with **9 gender-diverse people** who have experienced **discomfort** while **accessing** or **attempting to access** GAC in peripheral regions;

Group discussions with **18** gender-diverse people living in Québec, **grouped according to common GAC received** by the participants:

(1) Mastectomy and torso/breast reduction

(2) Hormone replacement therapy and hormone blockers

(3) Care that isn't covered by public insurance

(4) Bottom surgery and reproductive system surgery

AJUSTER uses **several approaches** recognized by scientific authors to **conduct its analyses.** This is known as the project's **conceptual framework.**

For the needs of this project, GAC is...

... a variety of interventions such as hormone replacement therapy, gender-affirming surgery and other care identified as affirming to someone's gender.

... associating a care provider with a gender-diverse person with the goal of addressing their needs for their wellbeing, and mental, social and medical health[3], all while respecting their gender identity·ies.[4]

You'll find a list of examples of GAC at page 12.

For the needs of this project, **gender affirmation** is...

... recognizing and affirming the gender identity·ies of someone in the social, psychological, medical and legal contexts.[5]

For the needs of this project, a **trans-affirmative approach** is...

... a global and systemic approach[6] where medical transition isn't central or necessary for a transition. A transition can have social and legal dimensions. This approach believes that different forms of transition desired by a gender-diverse person can let them live more comfortably and in accordance with their affirmed gender·s.[7]

The project makes reference to the **WPATH standards of care** published in **2022**. They are...

... a set of clinical guidelines to professionals to support them in their work with gender-diverse people, providing safe and effective pathways to help them achieve a sustainable sense of personal comfort over time, and to improve and maximize patients' physical health, psychological well-being, and sense of self-fulfillment.[8]

For the needs of this project, **medical violence** is understood as...

... taboo, ambiguous, omnipresent, hidden, ignored, violent, infantilizing, paternalistic and not very empathetic.[9]

... reinforcing the position of authority and the lack of respect shown by professionals towards their patients.[10]

What is **intersectionality**?

+ Each person holds many social positions simultaneously.[11]
+ These positions don't cancel each other out, they actually interact in complex ways.[12]
+ These social positions can include "race, social class, gender, sexuality, nationality, ethnicity, ability, age, and any other markers of privilege, which are interdependent and build on each other".[13]

For the needs of this project, the **feeling of professional self-efficacy** is...

... someone's perception of their own capacity to execute the necessary actions to achieve a desired goal.[14]

... a personal evaluation to determine if you can execute necessary actions.[15]

List of GAC

** Please note that this list is not complete.*

- Hormone replacement therapy (HRT)
- Hormone blockers
- Top surgery: mastectomy
- Top surgery: breast augmentation
- Top surgery: breast reduction
- Bottom surgery: penis and/or testicle creation (metoidioplasty, phalloplasty, vaginectomy, scrotoplasty or implant insertion)
- Bottom surgery: vulva and/or vagina creation (vaginoplasty)
- Fertility / gametes preservation
- Reproductive organ surgery: removal of the uterus or other related structures (ovario-hysterectomy)
- Reproductive organ surgery: removal of testicles or other related structures (orchiectomy)
- Paramedical tattooing
- Permanent hair removal
- Physical therapy
- Speech therapy
- Facial surgery
- Hair transplant
- Body contouring / body sculpting
- Massotherapy for scars
- Glottoplasty / Adam's apple reduction

To learn more about some gender affirmation care procedures, visit the **transitionner.info** website.

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Key findings of the project

The access paths are not consistent.

They are defined as being not very clear or unclear by the TNBQ people as well as the GAC providers that were interviewed.

There is a critical shortage of GAC providers in Québec, specifically in peripheral regions.

Some of the people interviewed sometimes describe a complete lack of GAC services in a region. Others point to a shortage of staff and professionals trained in GAC or who are simply educated about 2SLGBTQIA+ people.

We need to improve access to care to all GAC in Québec.

Professionals providing GAC in peripheral regions, as well as the people who have experienced discomfort while accessing or attempting to access GAC in peripheral regions that were interviewed were asked to name GAC that need an urgent pathways' clarification.Considering the GAC that were received and those that were desired but not received identified from the online survey, there is a wide range of GAC requiring improved access. There were also several quotes in different interviews that emphasized the need to improve access to all GAC.

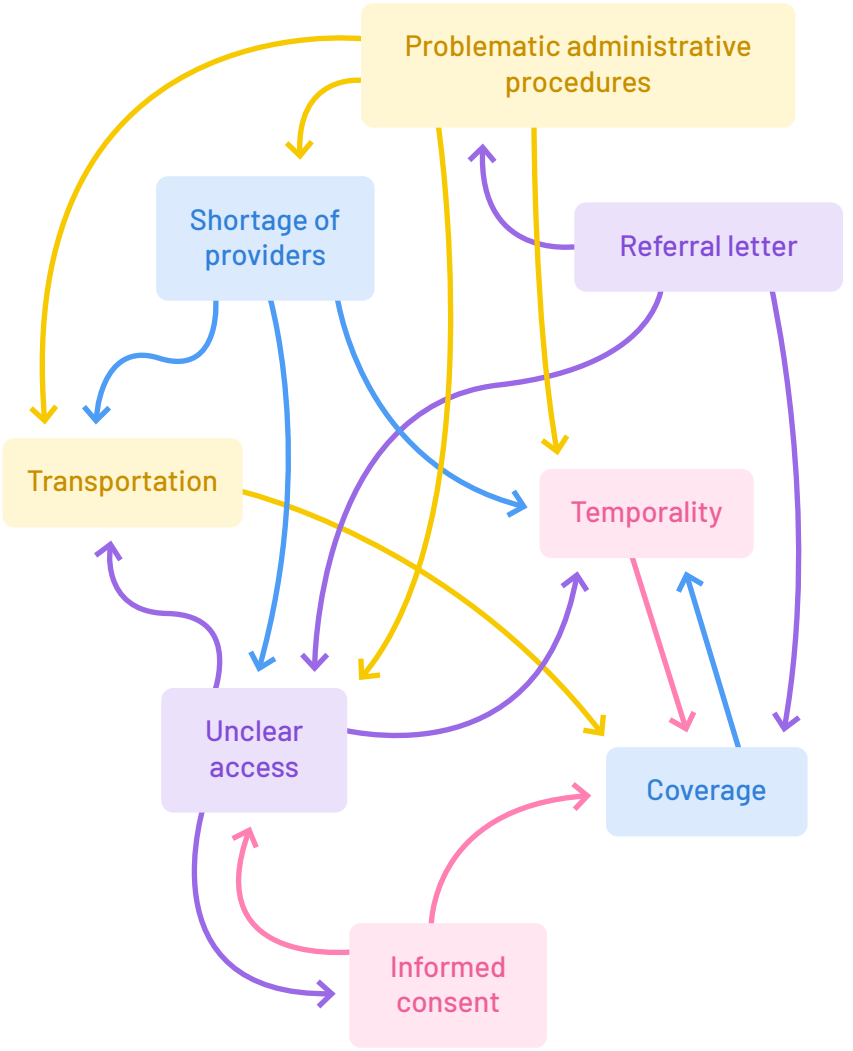
GAC takes too long to access.

Delays in getting access may be made longer by administrative processes that interviewees consider inadequate or unnecessary. For example, the difficulty in accessing references or the non-standardized use of the referral letters, which some view as redundant.

Systematic obstacles	
Observed by **people who have experienced discomfort while recieving GAC**	Observed by **GAC providers**
Various forms of paternalism, infantilization, ignorance, or hatred toward TNBQ people; Certain forms of care, which are identified as GAC, may be more accessible to cisgender people, like HRT; Ignorance of the real impacts of gender dysphoria, like depression symptoms or suicidal thoughts.	Lack of training in GAC beforehand, leading to a habit of referral; The effect of overspecialization among clinics or providers leads to longer waiting lists, where the practice of GAC is not considered by some professionals as primary care; Inability to directly accept patients seeking GAC, since they must go through a primary care provider.

Findings from the cross-analysis

The findings of this project The project's findings are intertwined and influence one another, like a huge knot to untangle:



To indicate from which methods a finding was found, each have icons that represent different methods:

 Online survey analysis

 Interviews with people who have lived discomfort in the context of GAC

 Interviews with GAC providers

 Group interviews with people who have had a common GAC

1st FINDING



The **pathways** for **obtaining or providing GAC are not always clear, and sometimes not at all.** This **confusing** and **uneven** access affects both those seeking to obtain GAC and those who want to make referrals for their patients/clients.

2nd FINDING



Several administrative procedures affecting GAC are **unadapted, unnecessary,** or simply an **obstacle** to access GAC. These procedures can slow down and complicate access to GAC. Some of the problematic administrative procedures that stand out include the inability to change the gender designation or first name of TNBQ patients (whether by the individuals concerned or by the GAC providers) the non-standardized use of referral letters for different GAC, and the burden of appointment-scheduling processes.

3rd FINDING

There is a **shortage of providers** that offer (or could offer) **GAC**, especially in **peripheral regions** outside Montréal and Québec city.

4th FINDING

Traveling to **obtain** GAC is as much of an **obstacle** when it is not possible to travel as it is a way to speed up the process of obtaining GAC when it is possible to do so. This is particularly true when traveling to **hubs** like Montréal and Québec city.

5th FINDING

There are **many time-related barriers** to accessing GAC, and addressing them is **particularly urgent.** Significant barriers to quick access include long, unpredictable waiting lists; a lack of time for providers to provide access to GAC or receive training; and the many steps that must be completed before care providers agree to offer the care.

> I just had my first appointment with my endocrinologist, who I was referred to by my family doctor almost a year ago. So there's still quite a long time gap there. *(literal translation)*
>
> — Aim

6th FINDING

Informed consent is important throughout the GAC process.

> He's just going over the informed consent form to make sure we know what the effects are. He reassures us by telling us that if, for whatever reason, it's no longer right for us, there's always a way to do something about it. We're not doomed just because we decided at some point in our lives to take a certain type of hormone. He had a really transparent and trans-affirmative approach to informed consent. *(literal translation)*
>
> — Mara



7th FINDING

Referral letters are **not consistently required** and are **not considered relevant** to obtain GAC.

> Why is it that for hormone replacement therapy, we don't need a social worker to see us, but for gender-affirming surgeries, then we need a social worker? [...] That letter does fuck all. I get that they might use it to cover themselves, to say, "Yes, this person is really trans. I have proof, someone verified it." But at the end of the day, what's the point of that letter? [...] Actually, in my case, it was a resident doctor who saw me first and said, "OK, I'm going to ask you about your history." Basically, he did kind of what the social worker did—looked into your history, what's going on with your body and all that—and after that, went through the informed consent process, asking, "You know what the side effects are, right?" And then he said, "Here, here's your testosterone prescription." [...] Why did I have to spend 300 bucks to get the letter? *(literal translation)*
>
> — Patrice

8th FINDING

GAC that **isn't covered by public insurance** is **more difficult to access.**

Training targets and Recommendations

This section is for...

... **mental health professionals working with TNBQ people wanting to access GAC.**

Here's a list of **training targets and recommendations** identified with the help of two of the research methods of the AJUSTER project, in line with the literature:

1. Normalizing transidentity and specific issues for TNBQ people;
2. Reinforcing and maintaining the relationship between caregiver and care receiver;
3. Being able to be a source of information in GAC;
4. Accompanying TNBQ people in the administrative process in GAC;
5. Recognizing conversion attempts;
6. Mastering informed consent in GAC;
7. Disclosing one's gender identity and trans-affirmative services.

For more information, consult our research article,

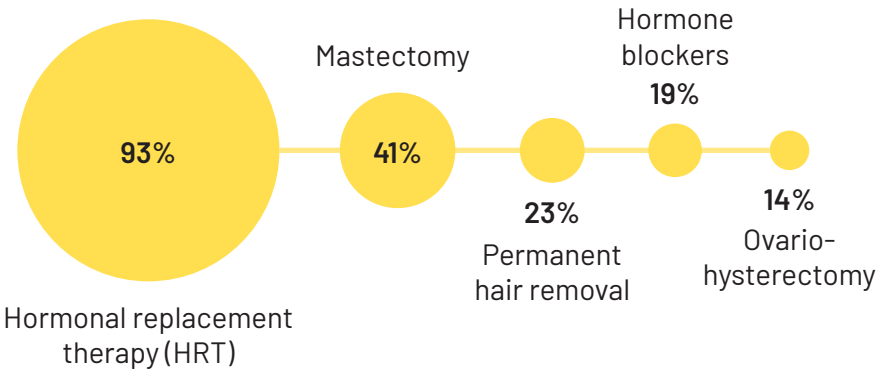
Counselors in the Context of Gender-affirming Care: Training Targets and Recommendations Following the AJUSTER Community Research Project

https://tr.ee/8tca9Dh3I2

Online survey analysis

What do we take away from it?

For **139** respondents, the 5 **most received GAC** are:



Of **176** respondants,

20%

haven't received any GAC.

Of **160** respondants, **only**

20%

have received **all the GAC** they need / they desire.

For **127** respondents, the 5 most **desired but non-obtained** GAC are:

1. Mastectomy **(32%);**
2. Ovario-hysterectomy **(23%);**
3. Hormonal replacement therapy **(22%);**
4. Bottom surgery: penis and/or testicle creation (metoidioplasty, phalloplasty, vaginectomy, scrotoplasty or implant insertion) **(20%);**
5. Bottom surgery: vulva and/or vagina creation (vaginoplasty) **(14%);** Facial surgeries **(14%).**

Of **255** answers (all desired GAC combined), the 5 most selected **reasons** for **non-access** to the desired GAC were:

1. "The process seems long / complicated" **(31%);**
2. "I don't know what to do to access this care" **(30%);**
3. "I don't have the means to pay the initial and associated costs of this care" **(28%);**
4. "Public insurance / RAMQ doesn't cover this care" **(24%);**
5. "I'm on a waiting list" **(23%).**

Of **155** respondents, the **review** of **access** to GAC in general on a scale from 1 to 10, the average was 5,47.

Interviews with People who have Experienced Discomfort during GAC

What do we take away from it?

In 7 out of 9 interviews, **26 events of gender-based medical violence were detected.** 21 of them were **identified as violent** by the person interviewed.

Examples of **gender-based medical violence** include:

misgendering, despite having clearly communicated their pronouns to medical staff;

denial of medical services because the request was made by a trans person;

being **pressured to accept** a change to their GAC **without being correctly informed about it,** leading to **complications** and medical issues later on.

Impact of Desired GAC on the Mental Health of TNBQ People

1. Feelings of urgency to act

   All participants reported having had experiences and feelings of urgency to access GAC in order to improve their well-being. Some also mentioned that this feeling may or may not be present and can vary in intensity for each TNBQ person.

2. Mental burden associated with the process of attempting to access GAC

   All participants described experiences of having a mental burden when trying to access a GAC. Examples of this could be searching for GAC providers or preparing for and recovering from surgery.

3. Positive impacts on well-being following getting desired GAC

   All participants emphasized that, after gaining access to desired GAC, receiving it had a positive impact on their overall well-being.

Summary of Factors Facilitating Access to GAC According to Participants

- Seeking information about GAC on their own;
- Not needing to obtain and submit a referral letter confirming their ability to give consent to receive GAC;
- Having family support (including partners and in-laws);
- Having non-family support (like friends, social workers, teachers or therapists);
- Getting GAC in the cities of Montréal or Québec city for faster access.

Interviews with GAC Providers

What do we take away from it?

This section is aimed more directly at...

... **professionals** who **currently offer,** or **do not yet offer GAC.**

Pediatricians, endocrinologists, general practitioners, specialists, surgeons, nurses, speech therapists, beauticians, physical therapists, or other types of care professionals.

The following is a list of educational targets and recommendations for GAC providers and related staff, identified using three of the AJUSTER project's research methods in accordance with the literature:

- Normalization of transidentity;
- The need for empathy and active listening in care contexts;
- Mastery of basic information regarding GAC;
- Reaffirming the importance of informed consent;
- Raising awareness about misgendering and deadnaming.

For more information, see our research article,

Providers and Related Staff In Gender-Affirming Care: Training Targets and Recommendations Following the AJUSTER Community Research Project

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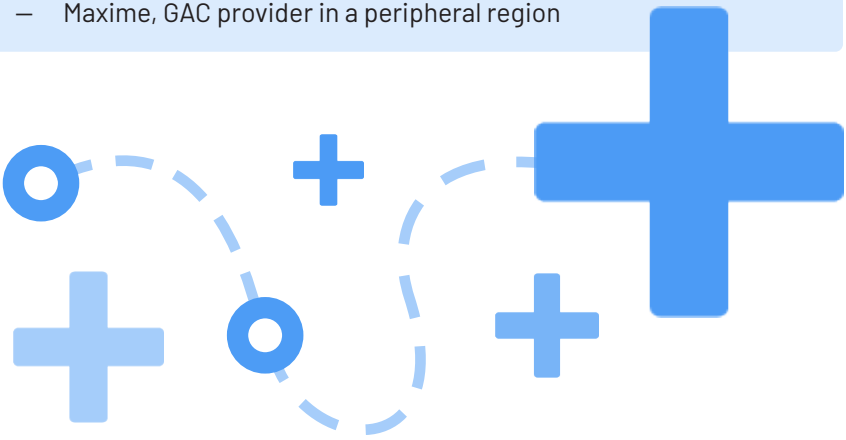
Here is a list of previous training resources recommended by the GAC providers that were interviewed:

- Receiving training from a doctor, psychologist, or other GAC provider;
- ECHO Program at CHU Sainte-Justine - Gender Diversity in Childhood and Adolescence;
- Mentoring by a colleague who provides GAC;
- Attending WPATH conferences;
- University internship;
- Learning during their residency;
- Online distance learning;
- Education through collaboration with community organizations;
- Training programs from the Institut de santé trans;
- Guidelines from the Sherbourne Health Clinic;
- Reading qualitative studies recording lived experiences of TNBQ people;
- Resources from Rainbow Health Ontario.



As soon as you have someone in front of you who tells you they're questioning their gender, on a first meeting, gather information, try to clarify their needs, and then, surround yourself with others. There are plenty of us. All doctors who provide gender-affirming care are ready to support people who want to get involved, or who want to give it a try, or who want to improve their skills. Surround yourself with communities of practice, ask us your questions, and we'll support you. There are plenty of people who'll be willing to see your patient once to conduct an assessment and provide a set of recommendations, or to coach you so you can prescribe hormones yourself and do a good job. *(literal translation)*

— Maxime, GAC provider in a peripheral region



Here are some concrete steps that providers can take to facilitate access to GAC:

- Getting support and assistance from colleagues who provide GAC services;
- When necessary, actively communicating and collaborating with one or more mental health professionals for a TNBQ patient;
- Regularly consulting scientific publications on GAC;
- Learning more and getting resources from professional networks;

- Learning more and getting resources from community organizations;

  Quoi faire :

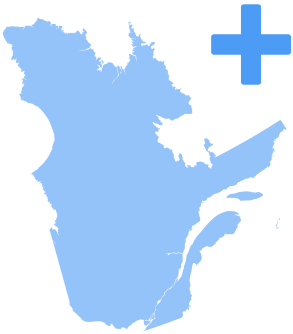
  - Get to know the organizations in your area
  - Check out their websites and social media
  - Find out what services are currently available
  - Visit in person if possible
  - Build trustworthy relationships with staff members/volunteers
  - Stay in touch to support one another

- Referring to the WPATH standards of care;
- Treating TNBQ patients/clients like any other patient/client;
- Recognizing GAC as a legitimate form of care;
- Recognizing that receiving GAC can contribute to patients'/clients' well-being;
- Positioning yourself as an ally to TNBQ individuals (ex.: having a trans flag pin, or having your pronouns visible)
- Improving your sense of competence regarding GAC;
- Recognizing that GAC journeys are diverse and unique;
- Understanding and normalizing the processes of detransitioning or discontinuation in the context of GAC;
- Ensuring your workplace is trans-inclusive (ex. having posters that promote the inclusion of TNBQ people, or having books or guides available that feature TNBQ people).

The endocrinologist really made some good points whenever we talked about the very medical side of things, no complaints there. She kept me informed. She gave me pamphlets. She made sure I had access to resources. At every appointment, she talked to me about the various side effects it could have: the desired ones and the undesired ones. She talked to me about alternatives, if I wanted one. All of that was really great. *(literal translation)*

— Poulet

Here are some ways to improve access to GAC services in peripheral areas:



- Developing expertise in GAC, both before and after graduation;
- Organizing training group workshops/ seminars/courses for providers;
- Reducing the number of institutions and professionals who are overly specialized in GAC, and ensuring that GAC become more common services among providers;
- Creating new service corridors, including through government funding;
- Collaborating with community organizations.

The goal is for everyone to be trained to do this and then for everyone to do it correctly. Right now, that's not the case. Also, I think that to improve access to care, what we need to do in each department is educate people who will then make care accessible so that it's easier to get hormones or referrals. *(literal translation)*

— Rose, GAC provider in a peripheral region

Interviews with Groups of People that have Received GAC in Common

What do we take away from it?

The key **findings** that emerge from the cross-analysis of the various focus group interviews are:

Having help at any stage of the process **facilitates access** to GAC;

> My parents have insurance through their jobs that covers a lot. It cost me maybe 30 bucks every three months. I was really lucky. Of course, I had to pay for gas to get around, and my parents let me borrow their car. So I was lucky, but if I hadn't had a car, I would've been screwed. *(literal translation)*
>
> — Clément - HRT and hormone blockers

There are **few GAC services** available in **peripheral regions;**

Referral letters are an **obstacle** to access GAC;

Waiting times to access GAC are **long;**

For sure, waiting times before the pandemic and after the pandemic aren't the same. From what I understand, waiting times have gotten worse since COVID. I was lucky because my surgery was before the pandemic. It got pushed back a bit because of that. It took a long time because there were more urgent surgeries. As I always say, I'm lucky I had my mastectomy because, otherwise, I don't know what would have happened during the pandemic. *(literal translation)*

— Hockey - Bottom surgeries (genital and reproductive systems)

Financial **coverage** (or lack thereof) of GAC from **public insurance** can **affect access;**

I had to pay for my GAC medication. Part of it was covered, but it cost me $100 a month. So I only took it for six months. Then, after that, I had to stop because it was too expensive. And while I was working, my testosterone wasn't covered. So that came to $35 a month for two years. *(literal translation)*

— Ruby - HRT and hormone blockers

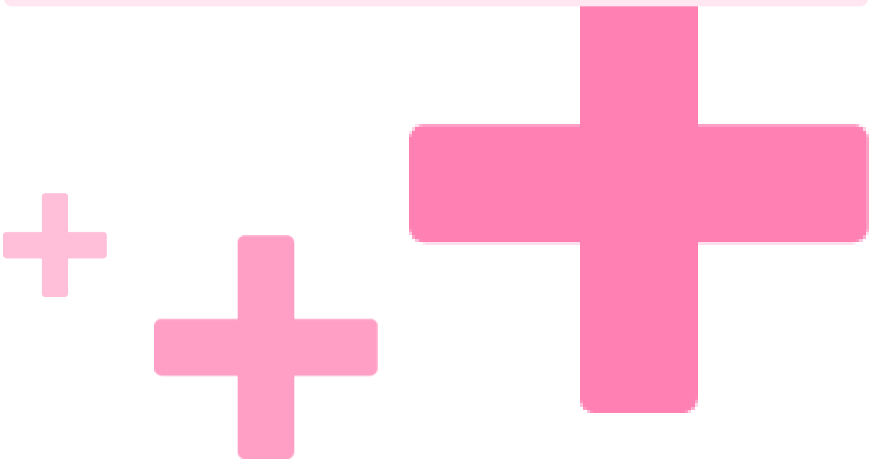
Some participants faced **conversion attempts** while they were **minors**—often by psychotherapists at the **request of their parent·s;**

Positive experiences are often just as memorable or **highlighted** as **negative experiences** in the **context of accessing** GAC;

Experiences with **informed consent vary** considerably;

Staff who **provide** GAC are usually **respectful** toward patients/clients;

> The nurses were really sweet [at GrS]. I feel the need to mention that too. I didn't really see my surgeon. I saw my anesthesiologist a little bit because of my medical condition, but the nurses were really, really kind to me when I went in. They were really efficient, and I really felt safe. I didn't feel any pressure, and I wasn't stressed before my surgery. I'd give the nursing staff a 10 out of 10 for my experience [at GrS]. *(literal translation)*
>
> — Lavande - Mastectomy and breast reduction



Family doctors and general practitioners often show a **lack of understanding** toward their trans patients;

> One obstacle I haven't mentioned yet is [...] my family doctor, since she chose to refer me instead of treating me at that time, which delayed my access by at least six months, maybe even up to eight.
>
> — Aim - HRT and hormone blockers

Experiences of discomfort are present in all groups, but the **type** of discomfort varies;

The **financial burden** of the **direct and indirect costs** to access GAC was mentioned in all groups;

> When I arrived in Canada, I paid for the laser treatment myself, and I also paid for my speech therapist. When I filed my taxes last year, I wasn't reimbursed. Nothing was done. So, to this day, I'm the one paying for my laser treatments, specifically to remove my facial hair, so I can achieve the feminization I want. And also for the speech therapist, for my voice... so it really isn't covered. *(literal translation)*
>
> — Luna - care that isn't covered by public insurance

Satisfaction with the results of GAC is often **ambivalent:** the procedures are considered **absolutely necessary,** but there is a **lack of information** about all the implications and aspects of GAC, which can negatively affect satisfaction when there are **impacts** on the person's health or appearance;

Not all participants were familiar with **transitionner.info,** but those who were used it to access their GAC.

To learn more about some gender affirmation care procedures, visit the **transitionner.info** website.

Summary of barriers to access GAC

This table summarizes and compares the barriers to accessing GAC identified in two of the methods used: interviews with people who have experienced discomfort in the context of GAC, and interviews with GAC providers.

Types of barriers	Barriers brought up by people who have experienced discomfort in the context of GAC	Barriers brought up by GAC providers
Financial	**Travel costs**	
	Related costs such as consultation fees, taking time off work at one's own expense, the number of paid consultations, postoperative material, fees for related healthcare experts, and amounts not covered by public insurance; **Only certain GAC** are **covered** by public insurance; **Psychological evaluations** are **available** quicker in the **private** sector than in the public sector, resulting in additional costs.	**Shortage of resources** in **public** healthcare institutions; **Private** healthcare institutions offering GAC is **expensive;** **Lack of funding** for **community organizations** that support TNBQ people and GAC providers.

Living in a peripheral or rural region	The **lack or absence** of **services** and **GAC providers** who are **trained or open-minded** toward 2SLGBTQIA+ people; Significant **variation** in the **quality** of GAC.	
	Experiencing **homelessness.**	**Not a lot of resources** on GAC **available** in **French** for francophone GAC providers and related staff.
Access to GAC providers	**Shortage** of GAC providers.	
	Not having a primary care provider; Having to **convince** your primary care provider of the need to access GAC **directly** or getting a **referral** for GAC.	
Access to certain GAC	**Only one clinic** in Québec can offer **certain surgical GAC;** GAC is often considered **low-priority or optional.**	
Time-based	Important **delays,** which can happen in **waiting lists,** before getting to **a step in** the process of GAC; The **administrative process** surrounding access to GAC;	

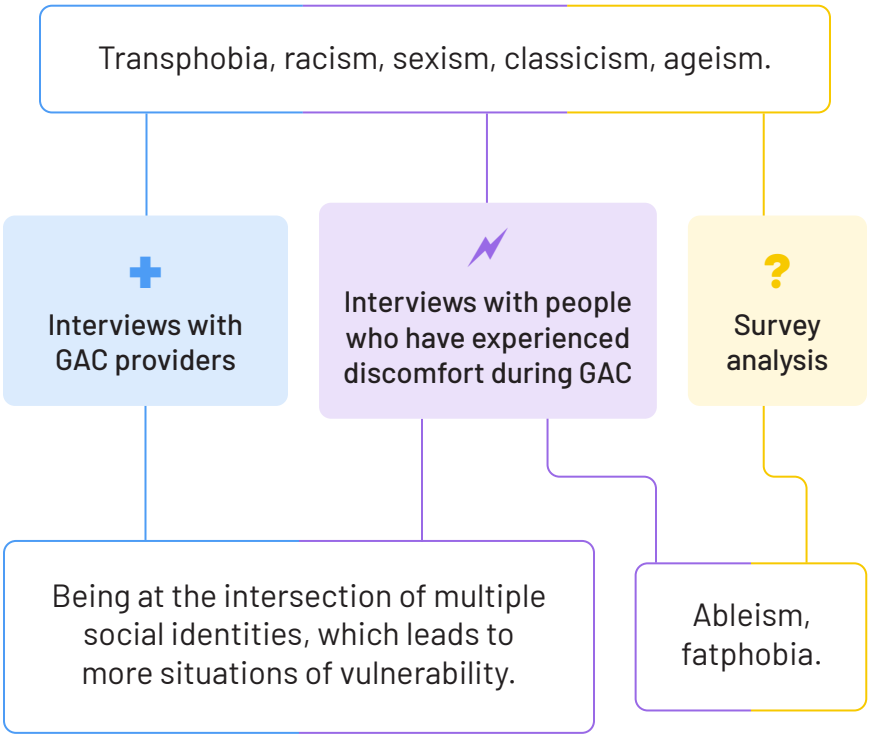
<table>
<tr><td rowspan="2">Time-based (cont.)</td><td colspan="2">Significant waiting times for providers to accept to provide GAC, where other forms of care could be prioritized.</td></tr>
<tr><td>Significant waiting times before getting a referral for HRT.</td><td>Not having enough time to provide GAC or to learn more about GAC.</td></tr>
<tr><td rowspan="2">Inefficient administrative processes</td><td colspan="2">IT (Information technology) systems that make it impossible for healthcare providers to change the gender designation or first name in a patient's record unless it has already been updated with the RAMQ. This makes it difficult or sometimes impossible for TNBQ patients to have their first name changed or to add a mention about their pronouns to their medical records.</td></tr>
<tr><td>Obligation to go through a general practitioner to obtain a referral to an endocrinologist;
Obligation from healthcare providers to obtain one or more referral letters;
Redundancy between referral letters and consent forms in GAC healthcare;
A referral from a physical or mental health professional is required to gain access to GAC.</td><td>Mismanagement of public healthcare and services;
Not enough time to provide GAC.</td></tr>
</table>

Inefficient administrative processes (cont.)	**Difficulty scheduling** appointments with GAC providers; Full **waiting lists** with **not a lot transparency** or **follow-ups;** The **lack** of an **accessible** list of GAC providers to make **referrals easier;** **Difficulty reaching** and **communicating** with the **GRS clinic.**	
Experiences in the healthcare system	Having had **negative experiences** with the medical system, such as a **lack or absence of empathy** and **active listening,** the **invalidation** of health needs, the **limited number** of healthcare professionals who are **comfortable** treating TNBQ individuals, or being **misgendered** or **deadnamed.**	Structural barriers in the healthcare system: The need for a **multidisciplinary** team; The need for **mental health** professionals; Greater **autonomy** in **providing** GAC services; **Management** decisions that make GAC projects **nearly impossible.**
Discriminatory attitudes towards TNBQ people	Before the age of 30, if that person has not already succeeded in obtaining another GAC, **demonstrating the need for access to a GAC related to the uterus** and its associated biological structures;	

Discrimina-tory attitudes towards TNBQ people (cont.)	Not identifying **exclusively** as a trans man or trans woman; Being a **minor;** **Denial of services,** such as the non-adaptation of a GAC, denial of access to a GAC by one's family doctor, having to convince providers of a post-op complication from a GAC, or denial to refer to an endocrinologist.	
Legal guardian(s) / Parental figure(s)	**Reluctance** on the part of legal guardians/ parental figures toward GAC or **obtaining** a GAC.	
Mental Health		Having **mental health issues** could **slow down** access to GAC.
Physiological	**Medical condition;** **Fatphobia;** **Physical handicap;** Having unfavorable **physiological reactions/ side effects** to medication that is associated with GAC.	

List of systemic obstacles during GAC

In these methods, at least 1 person of each method indicated that the following systemic obstacles make access to GAC harder:



Findings Concerning the Political and Media Context Surrounding GAC



1st FINDING

According to 7 out of 8 GAC providers that were interviewed, they find that the social context, in Québec in general, is currently more **transphobic, sexist and homophobic** than it previously was.

2nd FINDING

According to 7 out of 8 GAC providers that were interviewed, they find that the **parental figure(s)** of TNBQ minors and care **providers** are more misinformed about GAC from traditional media and social media.

According to 4 out of 9 gender-diverse people living in peripheral regions that experienced discomfort during GAC, media that is considered **transphobic** had an **impact** on their well-being. For 3 people, this **worries/scares them** and can bring **emotional distress.**

3rd FINDING

5 out of 8 GAC providers that were interviewed shared their **frustration** concerning the **polarization of discourse** surrounding TNBQ people. For example, to concentrate on all-gender restrooms instead of more critical issues for TNBQ people like access to GAC care.

> The whole thing about the restrooms and stuff like that, I think it's all just superficial and distracting, to avoid getting into the nuances, because nuances don't win votes. I think what everyone needs is nuance, and go back to what I said earlier: "I don't find it complicated, because it's about people, and it's not that different [if they're cis or trans]."
>
> — Anaïs, GAC provider in a peripheral region

3 out of 9 gender-diverse people living in peripheral regions that experienced discomfort during GAC reported feeling a certain degree of **exhaustion** due to the significant amount of **transphobic** content or political events in their daily lives.

4th FINDING

According to 5 of the 8 GAC providers that were interviewed, the episode titled "Transexpress" from Radio-Canada's "Enquête" program, which aired on February 29, 2024, spread **misinformation.** It was reported to have **fueled fears and concerns** regarding access to GAC for TNBQ individuals (both adults and minors) among parents of young TNBQ individuals, within their social circles, and among the provider's co-workers. According to 1 out of 9 gender-diverse people living in peripheral regions that experienced discomfort during GAC, TransExpress was used multiple times by a person around them to **question them** about their transition journey.

5th FINDING

According to 6 of the 8 GAC providers that were interviewed, the current situation concerning GAC in the **United States worries the parents** of the TNBQ youth and the GAC **providers** and those who could provide GAC.

6th FINDING

According to 6 of the 8 GAC providers that were interviewed, the **rise of transphobia** in Canada and in the United States brings **stress** and **discomfort** in their **practice of GAC.**

7th FINDING

According to 5 of the 8 GAC providers that were interviewed, the current political and media context concerning GAC **motivates them to provide GAC** since they **identify** them as **health needs.**

Resource list for...

... people wanting to learn more about GAC:

An evidence review and practical guide designed for healthcare providers and researchers

www.rainbowhealthontario.ca/resource-library/health-in-focus-transition-related-surgery-trs-post-surgical-care

ATQ resource directory

aideauxtrans.com/en/resources

Accessing Permanent Hair Removal as a Trans Patient in Montreal, by Montreal Trans Patient Union

transpatientunion.org/en/resource/hair-removal

Transitioning in Québec **(AS OF NOW, ONLY IN FRENCH)**

transitionner.info

Taking informed decisions on HRT: Feminizing Hormones, by TransEstrie **(AS OF NOW, ONLY IN FRENCH)**

transitionner.info/hormones-feminisante

Taking informed decisions on HRT: Masculinizing Hormones, by TransEstrie **(AS OF NOW, ONLY IN FRENCH)**

transitionner.info/hormones-masculinisante

Information Guides on the Gender Affirming Gear Distribution Resource Products, by TransEstrie **(AS OF NOW, ONLY IN FRENCH)**

transestrie.org/wp-content/uploads/2023/06/guide_rdaag_transestrie_web.pdf

... TNBQ people wanting to access GAC:

Trans Patient Union - Information and support in GAC

transpatientunion.org/en

AGIR Montréal - Support to LGBTQIA+ Migrants and Refugees in Montréal

agirmontreal.org

Indigiqueer Cercle of Québec - Support to 2SLGBTQIA+ Indigenous People in Québec

www.indigiqueercircleofquebec.com

Institute for Trans Health - List of transaffirmative professionals/ providers **(AS OF NOW, ONLY IN FRENCH)**

santetranshealth.com/liste-des-intervenants-transaffirmatifs

Preserving Your Fertility or Not – Decision Tree **(AS OF NOW, ONLY IN FRENCH)**

arbredecision.ca

How to support trans and non binary youth facing family intimidation - You! **(AS OF NOW, ONLY IN FRENCH)**

transestrie.org/fr/ressources/un-guide-pour-tout-le-monde

... mental health counselors:

Guide: How to Make Your Vocabulary More Inclusive at Work?, by GAIHST **(AS OF NOW, ONLY IN FRENCH)**

gaihst.qc.ca/wp-content/uploads/2026/02/Ecriture-inclusive-FR.pdf

... loved ones wanting to support a TNBQ person wanting to access GAC:

How to support trans and non binary youth facing family intimidation - Family **(AS OF NOW, ONLY IN FRENCH)**

transestrie.org/fr/ressources/un-guide pour-tout-le-monde

... professionals that can give access to GAC:

Indigiqueer Cercle of Québec - Training for professionals

www.indigiqueercircleofquebec.com/education

AGIR Montréal - Training for professionals

agirmontreal.org/en/education#trainings

Institute for Trans Health - Training for professionals

santetranshealth.com/en

Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients, by Sherbourne Health

www.rainbowhealthontario.ca/wp-content/uploads/2025/08/Guidelines-4th-Edition-2026.pdf

Guide: How to Make Your Vocabulary More Inclusive at Work?, by GAIHST **(AS OF NOW, ONLY IN FRENCH)**

gaihst.qc.ca/wp-content/uploads/2026/02/Ecriture-inclusive-FR.pdf

Trans Health: Referral Guide for Providers, by Divergenres **(AS OF NOW, ONLY IN FRENCH)**

divergenres.org/outils

How to support trans and non binary youth facing family intimidation - Professionals **(AS OF NOW, ONLY IN FRENCH)**

transestrie.org/fr/ressources/un-guide pour-tout-le-monde

Contact list

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Notes

This guide exists to inform all people who are involved in gender affirming care about the results and recommendations to put in action following the community research project from TransEstrie, AJUSTER: Access to Just, Unified and Safe Transaffirmative care in Estrie and other regions.

TRANSEstrie

AJUSTER

Access to Just, Unified & Safe Transaffirmative care in Estrie and other Regions