

Medical Transitioning is when a person takes medications and/or has surgery to affirm their gender identity. This may include:

- Hormone blockers, to delay the progression of puberty until they are old enough to make more serious medical decisions about their body
- Gender-affirming hormones
- Laser hair removal
- Chest reconstruction (removal of breast tissue) or augmentation (breast implants)
- Tracheal shave (making the Adam's apple smaller)
- Facial feminization surgery (altering the face to create feminine facial features)
- Removal of female reproductive organs or male reproductive organs
- Genital reconstruction (creating a penis or vagina using the genitals the person was born with).

According to the World Professional Association for Transgender Health Standards of Care, an individual must be of the age of majority in the country of reference (Canada) to be allowed to undergo gender reassignment surgery. Therefore, the required age for genital reconstructive surgery is 18 years of age and 16 for masculinization of the torso surgery (mastectomy).

Within Canada Surgeries for Phalloplasty, metoidioplasty or Vaginoplasty are provided at the *Centre Metropolitan de Chirurgie* in Montreal and *The Gender Surgery Program* in Vancouver B.C.

Medical Consent of Minors

A Patient under the age of 18 is presumed to be a Minor Patient without Capacity unless they have been deemed to be a Mature Minor.

Legal Representative Includes the following in relation to a Minor:

- Guardian
- Either the mother or father as authorized by law to consent for his/her child
- Divorced Parent with Custody
- Person appointed by Guardian to act on behalf of the Guardian
- Person authorized to consent to treatment under the Mental Health Act
- Any person who is authorized by law to consent for a Minor

A Patient under the age of 18 may be assessed and determined to be a Mature Minor. Several factors must be considered while assessing whether a Minor can be deemed to be a Mature Minor, and within Alberta are set out by AHS policy.

References used:

- <https://transstudent.org/gender/>
- <https://www.albertahealthservices.ca/info/page3084.aspx>
- <https://health.ucdavis.edu/diversity-inclusion/LGBTQI/LGBTQ-Plus.html>
- <https://www.albertahealthservices.ca/dvi/Page15590.aspx>
- <http://albertatrans.org/documents.html>
- <https://cps.ca/en/documents/position/an-affirming-approach-to-caring-for-transgender-and-gender-diverse-youth>
- <https://www.vch.ca/en/service/gender-surgery-program-bc>
- <https://www.albertahealthservices.ca/dvi/Page15676.aspx>

Hormone/puberty blockers are often prescribed by a pediatric endocrinologist.

Within Alberta there are only two Gender Programs that offer pediatric endocrinologists; **The Gender Program: University of Alberta Hospital and the Pediatric Gender Services Clinic: Alberta Children's Hospital.**

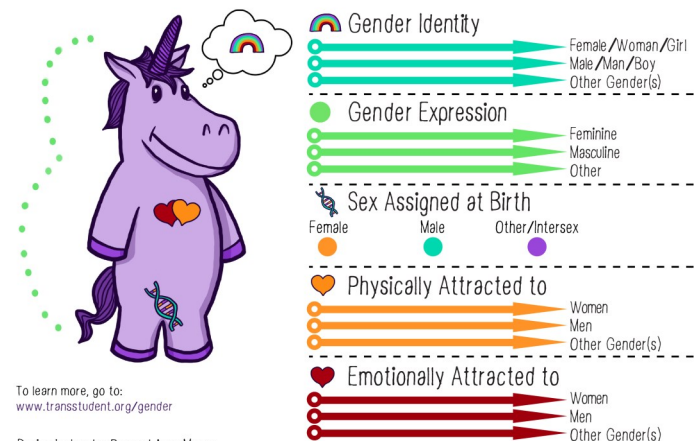
Each program (as of 2023) have an estimated waitlist of 2-3 years for an initial assessment.

Gender-Affirming Care



The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender: A social construct used to classify a person as a man, woman, or some other identity.

Gender identity: A person's internal sense of being a man/male, woman/female, both, neither, or another gender.

Gender Expression: How a person expresses oneself, in terms of physical presentation and/or behaviors that society characterizes as "masculine," "feminine," or "androgynous." Gender expression does not need to correspond to assigned sex at birth or gender identity.

Cisgender: A gender identity, or performance in a gender role, that society deems to match the person's assigned sex at birth. The prefix cis- means "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender.

Assigned sex at birth: Refers to the sex that is assigned to an infant, most often based on the infant's anatomical and other biological characteristics.

AFAB: Assigned female at birth.

AMAB: Assigned male at birth.

Intersex: A group of congenital conditions in which reproductive organs, genitals and/or other sexual anatomy do not develop according to the medically constructed categories for females or males.

Gender dysphoria: Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The DSM-5 includes gender dysphoria as a diagnosis.

Development of Gender

Gender cognition emerges early in life. By 2 years of age, children are often able to identify differences between sexes, and by age 3, most can label their gender with ease

By age 6 to 7 years, children begin to appreciate gender as an identity independent of external features.

Recent research has suggested that some children may recognize a degree of 'mismatch' between their gender identity and their assigned sex as early as age 2 to 3 years.

What is Gender Affirming care?

Gender-affirming care, as defined by the World Health Organization, encompasses a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity"

Gender Affirming care is not just for Transgender folk. Everyone engages in some form of Gender-affirming care, from the clothes a person wears, to how they do their make-up and hair, to the types of social behaviors they engage in.

Cisgender-affirming care can also be medical, including breast augmentations, testicular implants, hormonal supplements, hair removal, hair implants, and many other treatments.

To ban Gender-affirming care would be to ban all concepts of gender, including the binary view of man and woman.

Gender-affirming care benefits everyone, and not just those within the trans community.

The goal of all healthcare providers should be to provide affirming, supportive, inclusive, and non-judgmental care to people of all gender identities.

Why is Gender Affirming Care important for Transgender youth?

Transgender youth are at elevated risk for adverse health outcomes including:

- Depression
- Anxiety
- Eating disorders
- Self-harm
- Suicide

Canadian Transgender youth also report high levels of exposure to harassment and violence.

Risk may be mitigated by affirming experiences and environments, such as supportive parents, early social transition for those who express this desire, and inclusive and non-judgmental interactions with the health care system.

Transitioning is the process that many transgender people go through to reflect and affirm their gender identity.

There are two different ways to transition:

- Socially
- Medically

Social Transitioning is when a person changes aspects of their appearance, behavior or way of interacting with others to affirm their gender identity. This may include:

- Coming out as transgender to friends and family
- Asking to be called by a different name
- Asking to be referred to by the pronouns that match their gender identity (e.g., she/her, he/him, they/them)
- Dressing or wearing their hair in ways that demonstrate their gender identity
- Modifying their tone of voice
- Using non-surgical options to modify their body (e.g., binding, packing, tucking, padding)