

MEDICAL TRANSITION

Your child might be interested in seeking medical assistance to bring their physical appearance in line with their gender identity. This could include transition-related hormone therapy and/or surgery/surgeries. Treatment is determined on a case-by-case basis by the provider, and youth do not need parental consent for medical interventions in Ontario. However, youth have significantly better outcomes when supported by family.

FEMINIZING/MASCULINIZING TRANSITION RELATED HORMONE THERAPIES

A young person may begin transition related hormone therapy if transition is desired. Transition related hormone therapy is a course of gender-affirming treatment that some people take to better represent their gender identity. It involves taking medicines to increase certain hormones in the body and block the production of others. Family physicians in Ontario can prescribe puberty suppression and hormones to youth.

TRANSITION RELATED SURGERY

Also known as sex reassignment surgery, this includes various surgical procedures that a person may choose to undergo to better represent their gender identity. If your child is considering surgery, contact your primary care provider. This provider can guide the process or make a referral to one of the transgender youth clinics in Ontario.

Supportive and knowledgeable primary health care professionals can aid in exploring medical transition options, examining health risks and benefits, initiation and maintenance of transition related hormone therapy, surgery planning and referral.

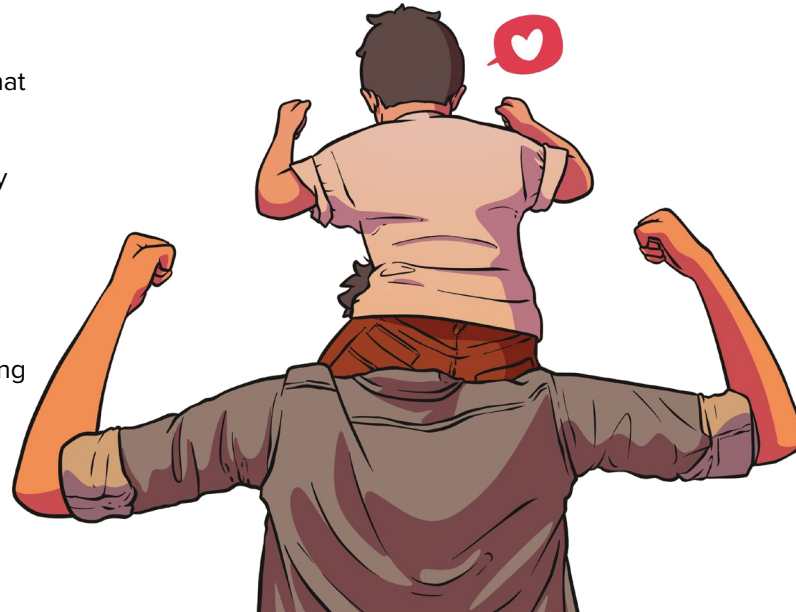
PRIVACY AND SAFETY

Transition often raises concerns about privacy and safety. These concerns are real, and every family will address them differently. If your child is transitioning, plan together for how to share this information with others, but also keep in mind that plans may change along the way.

Trans, non-binary, gender independent and gender non-conforming adults make a range of decisions about who they want to share their identity and history with. Much the same, young people who are transitioning also differ in how visible they wish to be.

Try to respect your child's comfort level and make decisions together as a family. Despite planning, it's not possible to control how others will respond and advocating for your child may become necessary.

For more information, see our brochures *Advocating for your Gender Independent Child*, and *Supporting Your Child's Gender Identity and Expression*



OTHER RESOURCES

Rainbow Health Ontario

2SLGBTQ health information, service provider directory, training, research and policy services. [RainbowHealthOntario.ca](https://rainbowhealthontario.ca)

Family In Transition Guidebook – A Resource Guide for Families of Transgender Youth

<https://ctys.org/wp-content/uploads/CTYS-FIT-Families-in-Transition-Guide-2nd-edition.pdf>

Gender Creative Kids

Canadian resources for supporting gender independent children and youth. [GenderCreativeKids.ca](https://gendercreativekids.ca)

Trans Parent Canada

Resources for parents of transgender children. transparentcanada.ca

PFLAG Canada

Resources for families of 2SLGBTQ children. pflagcanada.ca

SUPPORTS FOR CHILDREN AND YOUTH

Kids Help Phone

kidshelpphone.ca
Phone: 1-800-668-6868

LGBT Youthline

youthline.ca
Phone: 1-800-268-9688

Gender and Identity Support & Resources

<https://teens.aboutkidshealth.ca/article?contentid=3964&language=english>

gender affirming
options for gender
independent
children and
adolescents



INTRODUCTION

For many people, the sex they are born with (assigned at birth) is aligned with who they are. But for some, their sex and gender identity are not aligned. For example, a child whose sex is assigned male at birth, may be a girl on the inside; a child whose sex is assigned female at birth, may be a boy; or a child assigned as male or female may not identify as either a boy or a girl. These kids are sometimes called gender independent. Other terms are non-binary, gender creative, gender non-conforming, gender-expansive, trans, and for some Indigenous children, Two Spirit.

Parents and caregivers may feel that a child's questions about gender or gender identity are caused by something they did or didn't do. There is no evidence to suggest that parenting or any other outside exposure contributes to a child's gender identity or expression. We don't choose our gender identity. Being gender independent is not a choice. But people's life situations can determine how free they feel to express their true gender identity. Your child's gender identity is unique, and they are trying to express how they feel inside.

Many trans, non-binary, gender independent and gender non-conforming children struggle in silence with questions and feelings about their gender identity. They are afraid of being rejected, of losing their family's love and support. Like all young people, non-binary, trans, gender independent and gender non-conforming children rely on their parents and caregivers to listen to what they need and respond supportively. A common challenge for families is that parents and young people may have conflicting feelings about transition. Sometimes parents feel grief, fear, or hesitation while young people may feel certain. In other cases, young people may feel fluid and open about their identity, while parents feel concerned and anxious for their children to settle into a stable gender role.

WHAT DOES 'TRANSITION' MEAN?

For trans, non-binary, gender independent and gender non-conforming people, "transition" is the process of altering their gender expression (through psychosocial transition), change of name and sex designation¹ (through legal transition), and/or altering their body (through medical transition) to align with who they feel they are. While this might seem surprising to others, for the person transitioning it often just feels like being their authentic self. While not all gender independent people want or need to transition, some do. For parents and caregivers, this can be concerning and raise many important questions. A young person might express the need to transition as early as age three or four, or they may wait until puberty, their teen years, or adulthood to share this. Some might let their parents know how they feel directly through words, or indirectly through anger, depression, or self-harm. For parents, this usually raises complex feelings and fears. Most find it helpful to talk to other parents in this situation, or to supportive and non-judgmental professionals. As a parent or caregiver, you may benefit from our other brochures: *Supporting Your Child's Gender Identity and Expression* and *Advocating for Your Gender Independent Child*.

It's important that children know that they don't have to transition or feel pressured to transition to behave in nontraditional ways. Some experts advise that when a child persistently identifies as a different gender, families should be open to and explore this option. Some families may make a plan to support the young person to safely explore the new gender role. For example, at home or while away on vacation.

There are various non-medical components of transition that help affirm and realize a person's gender identity. Having an outer presentation that reflects a person's own sense of self can increase a person's wellbeing. Parents need to stay open to this possibility and reassure their child that they will still be supported and loved no matter what path they choose.

PSYCHOSOCIAL TRANSITION

Psychosocial transition refers to a change in social gender role, often including "coming out", appearance, using a preferred name and gender pronoun ("he", "she", "they", "ze", "xe"), which facilitates a person chooses to use such as washrooms and change rooms, as well as college or university residences. At present, psychosocial transition is the only transition option for young children (before they reach puberty), but medical interventions are available for adolescents.

LEGAL TRANSITION

Another non-medical component of transition that can help a child or youth affirm and realize their gender identity may include updating legal identification with changes to sex markers and name. Student cards, class registrations, health cards, birth certificates, and driver's licenses are just a few of the forms of identification that may need to be changed. In Ontario, for minors under 17 years of age, applications for change to legal identification are required to have supporting certification from a prescribed professional, and parental consent. As of April 2012, transition-related surgery is no longer required for a change in registered gender on Ontario documents.

MEDICAL INTERVENTIONS

PUBERTY BLOCKERS

For trans, non-binary, gender independent and gender non-conforming adolescents, puberty can bring unwanted body changes that can lead to severe distress, self-harm or thoughts of suicide. Physicians and nurse practitioners can prescribe puberty blockers to delay puberty, reduce stress and provide time to explore identity and make decisions. Puberty blockers essentially put a pause on puberty by stopping the advancement of secondary sex characteristics. The effects of puberty blockers are considered to be fully reversible, and youth who choose not to pursue gender transition can cease treatment and resume puberty without long-term physical effects. Puberty suppression can only be initiated after the onset of puberty, not before.

Many parents are understandably concerned about medical interventions for their child, but it is important to understand the urgency trans, non-binary, gender independent and gender non-conforming youth may feel to initiate medical care. Some of the changes in puberty can be irreversible and distressing, for example, a deepening voice or development of an Adam's apple for a trans feminine (masculine to feminine) youth. Other effects are difficult to reverse, for example, the growth of breasts for a trans masculine (feminine to masculine) youth or facial hair for a trans feminine (masculine to feminine) youth.

Puberty suppression has immediate benefits, like reducing stress, as well as potential long-term benefits, like reducing the complexity or need for surgeries for those who go on to pursue medical transition. Studies have shown that hormone blockers for gender independent and trans adolescents reduce anxiety, depressive symptoms, and thoughts of suicide, which then contribute to greater psychological functioning.

¹ Legal documents still use "sex designation" so we have used the term here for simplicity.