

Table (suppl. material) – Domains, subdomains, categories and illustrative core ideas with frequencies in the clinicians' interview

Area	Domain	Category	Sub-category	Illustrative Core Idea	Frequency
Identity and gender: the clinician's point of view	1. Psychological issues and associated risk factors	Psychological distress	Anxiety	He came to me lamenting symptoms of separation anxiety	General
			Depression	I saw both children at different times for marked anxiety and depression	Variant
			Discomfort related to sexuality	The girl showed some problems related to sexuality. There was something unclear about the adult world that frightened her	Variant
		Stigma and social and educational discrimination	Rigidity and school closure	The girl refused to go to school. An episode had happened on a school trip, the girl refused to wear this pink hat, the teachers insisted, she refused to get off the bus and had a sort of serious hysterical crisis	General
			Social stigma	The MtF here are considered only freaks	Typical
			Bullying	At the age of eighteen he hanged himself because he had been the subject of quite heavy acts of bullying in high school	Typical
		Trauma/Abuse		A child, son of friends, put a hand in her underwear and put a finger in it	Variant
		Self-administration of hormones (iatrogen risk)		The problem is that many take hormones on the internet and or take the birth control pill, buy stuff on the internet of all kinds and you have to invent something to keep them under control otherwise they kill themselves, they massacre themselves	Variant
		Self harm/Suicide		Sadly, at eighteen years old he hanged himself	Variant
	2. Clinician's interpretation of GV	Distress due to the incongruence between physical and mental aspects – Primary problem of identity		It seemed like an identity problem. When I supervised the case, even the expert therapists agreed	Typical
		Secondary to other problems	Result of family dynamics	The concern about their identity was more connected to their parents' marital difficulties	Typical
			Problems related to sexuality	This was a five-year-old girl who showed unusual sexual behaviors, but I think that they were mostly due to a family situation	Variant
			Non acceptance of homosexuality	The child was not so disturbed; he showed many anxious symptoms, but his issues were mostly related to hidden difficulties in accepting his homosexuality	Variant

			Desire for social revenge	I think that in his FtM identity the core aspect is related to a desire for social revenge; the importance given to gender roles is very strong, so I can never tell if it was about wanting to be a man because “men can do everything” or rather simply about deeply feeling you are a man, whatever that means	Variant
	3. Reflections on identity and gender	Binary vs non-binary paths	Imposition of a binary choice (M or F)	I say this because I think binarism is creating problems, especially in the FtM, because there is this need to immediately choose what you want to be: female or male. Now this boy is feeling very well in his non-binary identity	Typical
			Non-binary patterns in society	As a child she did not wear a skirt, she did not wear pink, but she had rather feminine ways. As a teenager he had a moment of transition in which he felt like a man, but now I think it's all more fluid, even regarding their orientation	Variant
		Persistence/Desistance	Persists recognizable from an early age	Personally, among the cases I have seen, no teenager has desisted but rather persisted	General
			Desistance after puberty	I have seen two youngsters that have reverted to the gender they were given at birth during puberty	Variant
Family: structure and dynamics	4. Family situation at the onset of GV	Parental crisis	Parental conflict	There was a family discomfort, a very complicated situation, big couple problems	Typical
			Parental separation/divorce	There was a rather complicated family situation. The mother have had an affair with a family friend and the child was a bit involved in this thing	Variant
		Structural problems in the family	Problems related to gender roles in the family	One of the cases concerns the daughter of a beautiful woman who had a first-born who was a model and with this second child had difficulties; so we started working with this little girl who felt very different from her beautiful mother and sister	Typical
			Involving parents	The girl did not understand what was happening, but she witnessed things not appropriate for her age. I mean, not sex scenes, but she witnessed something that made her aware that her mother was cheating on her father.	Variant
	5. Reactions of parents to GV	Concern	Relative to sexual orientation	Her mother was very worried about her daughter's tendency to choose men's clothes and games and she feared she would become a lesbian	General
			Relative to social stigma	The mum is worried about what could have happened at school because there boys should be	General

				boys and girls should be girls, and no one can dress differently than what you would expect	
		Refuse	Refusal of the non-standard identity	Many parents refuse to accept. They tell me: "how is it possible that it is happening to me, to my son among everyone!"	Typical
			Refusal of requests relating to clothing	The parents were completely in crisis because she hated pink, she wanted to wear male underpants and masculine clothes, she wanted everything a boy would want. They refused categorically to let her wear what she wanted.	Typical
		Sense of guilt or shame	Guilt	Often among Catholic parents there is a sense of guilt	Typical
			Shame	They only brough her to me when she was six; before then, her parents, out of fear and out of shame I think, said that they never saw anything, but it was a long time since the dysphoria had appeared	Variant
		Acceptance	Acceptance after an initial period of refuse	What I have often found is that at the beginning parents hope that there is an external reason for gender incongruence. A medical issue, something easier to accept. Then, however, many parents begin to understand and accept the complexity of the situation	Typical
			Acceptance since the beginning	These last parents were very open-minded, they turned to me to understand whether to pay attention to something rather than something else	Typical
Approach to practice: positive aspects and critical issues	6. Relationship between clinician and the family	Positive	Only with the mother	His mother was very cooperative, while his father always refused to accept the situation	Typical
			With both parents	Since they were so open minded, they immediately sought the best way to help their child	Variant
		Scarce collaboration		The mother chose to suspend the psychotherapy apparently for economic reasons, but my opinion is that she couldn't stand the fact that we were talking about his relationship with her, and that she felt blamed	Variant
	7. Network between clinicians and the specialized centers	No knowledge/No research		What's more, I tell you that these centers are little known. When I had to ask for a consultation on medical-hormonal matters, I did not know who to turn to	General
		Skepticism		I think they are too stigmatizing and medicalizing	Typical

	8. Training on the topic: experiences and needs	Need for adequate training	Difficulty in referring GV youth to other professionals	It is difficult to think of someone that could offer them proper care, many professionals fear that they lack the right training, that they do not have the right tools.	General
			Need to be updated on the latest developments	I would like to have had more specific training on this subject because it's impossible to keep up with what literature says on the matter	General
			Risk of doing harm	We can make a real mess if we are not well informed and prepared to deal with these issues	Typical
		Experiences carried out	Attendance of specific courses	I did a training course on the subject at the Careggi hospital	Variant
			Cycle of meetings with experts	I attended meetings with an expert professor and I became passionate about the subject	Variant
	9. Overall evaluation of the care	Positive outcomes		We did not want to continue therapy; after all he says he is feeling well, and he is calm, he is neither in denial nor anything, he is at ease with what he is	Typical
		Drop-out		Therapy was interrupted because their parents thought that "dysphoria was cured"	Typical
		Uncertainty about medical choices		I was very much in doubt about how to behave in front of a seemingly very important decision related to the sexuality or identity of this child	Variant