

Contesting Care:  
Applying a critical social citizenship lens to care for trans children

by

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B.A., McGill University, 2011

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We acknowledge with respect the Lekwungen peoples on whose traditional territory the university stands and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue to this day.

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## Abstract

Recent years have seen an unprecedented paradigm shift wherein pathologizing approaches to caring for trans children have been contested by efforts to accept and affirm trans children as their self-determined gender. This has resulted in a mainstreaming of gender affirming and de-pathologizing approaches to caring for trans children. While gender affirming care undoubtedly benefits many trans children, this research analyzes the ways in which practices and delivery of gender affirming care can be exclusionary of children who do not fit within a normative, binary, medicalized, white, and middle-class conceptualization of trans childhood. Applying critical social citizenship as a theoretical framework, this research argues that care for trans children is shaped through a complex interweaving of normative liberal citizenship regimes, professional and social care practices, and relational care practices that seek to recognize and create space for children to belong as their self-determined gender.

Using a community-based research methodology to engage with trans youth and supportive parent caregivers around their experiences of care, this study sought to a) better understand how the contested landscape of care impacts the lives of trans children and b) offer possibilities for transforming care for trans children. Centring the voices and experiences of trans youth and parents, this research argues that trans children face exclusions and barriers when accessing care. This research then discusses what relational care practices, as shared in participant narratives, offer for envisioning care possibilities that centre trans children's agency and gender self-determination. The outcome of this research is a vision of care for trans children that is rearticulated through a critical theorization of trans children's citizenship.

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## **Dedication**

This is for all the trans children who are yet to experience care  
that unconditionally embraces them  
for who they are.

And for those who are no longer here because of it.

We will not forget you.

## Introduction

This thesis contemplates the complexities, contradictions, and transformative possibilities surrounding care for trans children. Rather than trying to define care or suggest that there is a clear answer about how best to care for trans children, this research analyzes the ways in which care for trans children is contested and asks how trans children experience these contested understandings of care. Departing from the question “how do trans children experience care?”, this research centres the voices of trans children to challenge the notion that there is an easily identifiable and agreed upon boundary that delineates *care* from *harm* when it comes to trans children.

There are multiple axes along which care for trans children is contested. The most significant fracture in beliefs about what is best for trans children exists between those who take a pathologizing approach to gender non-conformity and those who argue that trans children should be affirmed for who they are. As RM Kennedy and Lisa Farley (2019) put it:

the struggle of trans people, youth, and children for the right to a gender existence not threatened by pathologization, violence, and exclusion may be read as one of the defining questions of our time and is one that is still rapidly unfolding (para 1).

While this research strongly supports the view that justice for trans children depends on them being affirmed and supported to live as their self-determined gender, this research contests the notion that mainstreamed gender affirming responses to pathologization recognize and equally benefit trans children. Through an analysis of the narratives of trans youth and supportive parent caregivers, this research concludes that how care is delivered and practiced centres normative liberal discourses about the adult citizens trans children should grow to become. Even as a resistance to pathologizing approaches, which assume a cis adulthood is in the best interests of children, gender affirming care tends to more easily recognize a normative conceptualization of



trans children's subjectivity, one that is binary, medicalized, white, middle-class, and able-bodied. This can have the consequence of trans children who are gender fluid, non-binary, racialized, poor, disabled, and/or those whose parents are not supportive of them not being recognized as their self-determined gender and facing exclusions and barriers when trying to access gender affirming care.

### **Researcher Positionality**

My relationship to and purpose for doing this research is both personal and a reflection of questions and tensions that have arisen through my time spent doing trans organizing and advocacy work. As a queer, non-binary, trans-masculine person, I feel connected to this research through a sense of responsibility to care for and protect the youngest members of my community. As a researcher, my interest in this topic comes directly from my experience working with and alongside trans children and facilitating a support group for parents and caregivers of trans children, youth, and young adults. From a decade ago, when I first started working with queer and trans youth, to now, the amount of change I have witnessed in how trans children are cared for seems surreal and unimaginable. In 2008 I was working at an LGBTQ2S+ youth organization in Tiohtià:ke (Montréal) where nearly all trans youth were living the negative health and mental health impacts of being rejected by their families, facing transphobia and erasure in nearly all parts of their life (Namaste, 2000), and living the reality of near unavailability of gender affirmative care. Since then, I have steadily met more and more gender non-conforming children who feel safe, affirmed, and loved as their self-determined gender, parents who are fierce advocates for their children, and service providers, both cis and trans, who do wonderful and affirming work with young trans people and their families. Furthermore, I am consistently inspired by the care embodied through informal and community-based responses that seek to

mend the harm trans children and their families experience. At a personal level, participating in this work as a trans adult has been unexpectedly and tremendously hopeful, and even healing.

However, relational and informal community-based care does not address the reality that trans children are dependent on the state and adults, especially parents and professionals, for access to gender affirming care. Even in a time where there is more (positive) representation and recognition of trans people than ever before, trans children continue to face unacceptable barriers and disrespect when trying to access care, lose family and friendships due to lack of acceptance, and are made to feel unsafe and misrecognized because of daily encounters with transphobia and erasure (Namaste, 2000). This is particularly the case for Indigenous trans and Two-Spirit children, trans children of colour, poor, and/or disabled trans children (Travers, 2018). How then do trans children experience growing up in a so-called unprecedented era of recognition, acceptance, and affirmation? Do they feel as though they are being taken care of? How do they want to be cared for, and what is necessary to achieve their vision?

Engaging with the topic of care for trans children is also, for me, interconnected with how care is embodied and enacted as an ethical commitment to solidarity and social change movements. To care about and fight for justice for trans people requires participation in resistance struggles that seek to dismantle systemic violence perpetuated by the state, in society, and in our relationships. This means both critically learning about and actively engaging in efforts to resist settler-colonialism, racism, xenophobia, capitalist exploitation and neoliberalism, ableism, and criminalization, because as long as these structures exist so too will trans people be treated unjustly and excluded from care. This work of caring may happen on the streets, but social change also depends on the care that exists in the everyday experiences of sharing of meals, having critical conversations, listening, doing caretaking labour, and making time for self-

care and healing. In the context of research about children, it is particularly necessary to recognize that political and radical caretaking work happens in the too often forgotten spaces and places where children are raised, cared for, and loved.

I also arrive at this research as a descendent of Gaelic Scottish, Irish, and English ancestry with white settler connections to Coast Salish territories (where I live and am raising a child) that reach back five generations. Foregrounding my writing and theorizing about care as a concept that can be complicit in harm is a reality that my family has benefited from and is complicit in upholding harmful settler-colonial and racist discourses of care. These discourses perpetuate racist categorizations of Indigenous people and white nationalist and settler-colonial logic that the Canadian nation-state is caring for Indigenous people through assimilationist policies, land theft, and removal of children from their communities. While this research is primarily about care in relation to trans children, I must acknowledge and honour that much of what I have learned about the harmful and violent ways care can be mobilized *and* about how care can fuel resistance and liberation, is the result of the tireless work of Black, Indigenous, and people of colour writers, scholars, activists, and friends, most especially women, Two-Spirit, queer, and trans folks.

### **Resisting Definitions**

It is common for books and literature about trans children to include a glossary of terms that are used by and within trans communities. Glossaries can certainly be an opportunity to support readers in their education around gender identity and expression, but by simplifying terms, glossaries can also perpetuate a belief that the complexity of trans life and the language we have created to express ourselves can be reduced to point form definitions. For this reason, I have chosen to not include a glossary or definitions for terms I use throughout this research.

There are, however, a few terms that are important to explain in the context of how they are used throughout this thesis:

- **Trans:** I use the term *trans* to broadly encompass anyone who does not identify with the gender they were assigned at birth and/or who challenge binary sex and gender categories. As I discuss in my second chapter, the category of trans is dominated by a Euro-Western notion of gender that entrenches binaries, medicalization, and normative liberal expectations of a white, productive, middle-class and abled body. I use specific and self-determined language when referring to research participants or to distinct groups and/or experiences (i.e. gender non-conforming children, Two-Spirit people).
- **Children:** I use children in reference to anyone under the age of 19. When referring to research participants, who were all between the ages of 13-19, I use the language of *youth* to distinguish and acknowledge that their narratives refer to a specific age range.
- **Parents:** Parents is used throughout this thesis as a term that includes adults who are in a primary caregiving role to children. I chose to use *parent* rather than *caregiver* to avoid confusion with caregivers who may be service providers (i.e. primary caregivers) and because research participants all identified as parents.
- **Professionals:** Although psychologists, psychiatrists, and physicians have long dominated care for trans children (Gill-Peterson, 2018; Riggs et al., 2019), the field of caring for trans children is becoming increasingly multi-disciplinary (Keo-Meier & Ehrensaft, 2018). I use *professionals* to broadly refer to the service providers who care for trans children as part of their work. This includes, but is not limited to, physicians, pediatricians, endocrinologists, nurses, psychologists, psychiatrists, social workers, counsellors, youth workers, etc.

- **Gender Affirming Social and Medical Care:** Rather than use language of *transition*, which can imply a linear, binary, and pre-determined process of transitioning from one gender to another, I have chosen to centre the kind of gender affirming care trans people may access. *Gender affirming social care* refers to the wide array of changes that trans people may make to be recognized as their self-determined gender, and can include: changes in appearance, name changes, using new pronouns, updating gender markers, updating legal names, etc. *Gender affirming medical care* refers to various body modifications a trans person may choose to make, for example taking hormones and/or having surgeries. I also use this term to refer to puberty blockers, which do not modify trans children's bodies but rather pause puberty to give children time to make decisions about what puberty they wish to go through.

## **Overview of Chapters**

In this research, I use a critical social citizenship lens to analyze how care for trans children is contested. This research argues that care for trans children is shaped through a complex interweaving of normative liberal citizenship regimes, professional and social care practices, and relational care practices that seek to recognize and create space for children to belong as their self-determined gender. In the first chapter, I review the relevant literature that informs my study and that which provides an overview of the historical and contemporary context that shapes care for trans children. I then apply critical social citizenship as a theoretical framework to discuss the contested and multiform ways that care appears within shifting social discourses about trans children. Here, I argue that despite increasing recognition and acceptance of trans people and changes in how trans children are cared for, trans children continue to face exclusions as a result of the hierarchical nature of liberal citizenship.

The second chapter outlines the community-based research methodology and methods I undertook for my research study. I provide a detailed account of the process I used to implement focus groups with trans youth and interviews with supportive parent caregivers, the structure I used for analyzing my data, and the limitations and ethical considerations of the study. This study seeks to a) better understand how the contested landscape of care impacts the lives of trans children and b) offer possibilities for transforming care for trans children. In the third chapter, I discuss the narratives of research participants through the themes of responsibility, recognition, belonging, agency, and self-determination. Through the voices and experiences of trans youth and parents, I discuss differences and similarities between how trans children, parents, and professionals understand and enact care.

In the fourth chapter, I analyze the narratives of research participants through a critical social citizenship lens and contextualize my research findings within literature about trans children and gender affirming care. My findings show that while gender affirming care has, in many ways, successfully contested the pathologization of trans children, aspects of the production of trans childhood through normative liberal citizenship has been reasserted into mainstream gender affirming care practices. Centring the voices and experiences of trans youth and parents, I discuss how trans children both face exclusions and barriers when accessing care and embody relational care practices that centre trans children's agency and gender self-determination. This chapter concludes with examples of how a critical theorization of trans children's citizenship offers possibilities for rearticulating care for trans children that is inclusive of trans children who are not easily recognized according to normative citizenship ideals.

## **Chapter One – The Landscape of Care**

Care for trans children is a contested concept. Using critical social citizenship as a theoretical framework, I discuss the contested and multiform ways that care appears within shifting social discourses about trans children. First, I give an overview of the contemporary landscape of care for trans children. I then introduce critical social citizenship theory as a framework that makes visible the ways in which care for trans children is shaped, not only by professional discourses, but through normative and critical notions of citizenship. As trans children are not currently discussed by critical social citizenship theorists, I draw on trans citizenship and children's citizenship literature so as to develop an understanding of care as it relates to trans children's citizenship. In the final section, I discuss how care for trans children is shaped by and resists normative citizenship regimes.

### **1.1 Conceptualizing Care for Trans Children**

The landscape of care for trans children is contested. Over the past decade, there has been a paradigm shift away from pathologizing approaches, which seek to “correct” trans children's gendered behaviours so that they conform to the gender they were assigned at birth, towards a belief that it is in the best interests of trans children to affirm their self-determined gender (Hidalgo et al., 2013; Keo-Meier & Ehrensaft, 2018; Pyne, 2014a). However, there continues to be no consensus amongst professionals about what constitutes ethical treatment of trans children (Ashley, 2019c; Drescher & Pula, 2014; Temple Newhook et al., 2018; Wren, 2019a), and many families experience significant barriers when trying to access gender affirming care (Gridley et al., 2016; Travers, 2018; Veale, Townsend, Frohard-Dourlent, Saewyc, 2018). Although trans childhood has been misrepresented as a new phenomenon (Gill-Peterson, 2018; Meadow, 2014),

the contemporary category of the trans child is entwined with early-20<sup>th</sup> century production of trans, gender non-conforming, and intersex children as medicalized and pathologized subjects with malleable bodies and psyches that could be re-formed and made normative (Gill-Peterson, 2018). Such categorization has been used to justify care practices that seek to eliminate gender non-conforming behaviours in children so as to prevent so-called undesirable outcomes of queer or trans adulthood (Bryant, 2006), and these care practices continue today (Riggs et al., 2019).

These treatments have resulted in nearly a century of traumatizing medical experimentation on trans, gender non-conforming, and intersex children (Gill-Peterson, 2018). Gender non-conforming people, including children, have also been subjected to violence throughout centuries of settler-colonial processes that resulted in the development of the nation-state of Canada (Hunt, 2016; Sparrow, 2018; Wesley, 2015; Simpson, 2017). Heteropatriarchal and cisnormative constructions of sex and gender were embedded into colonial and genocidal policies, laws, and social norms, such as the *Indian Act* and the Residential School System, which sought to assimilate and govern Indigenous peoples (Hunt, 2018; Sparrow, 2018; Simpson, 2017). Residential schools, for example, segregated boys and girls and forced all children to conform to European gender roles and expressions of the genders they were assigned at birth (Hunt, 2018; Wilson, 2015). As Saylesh Wesley (2015) argues, through the vilification of Indigenous practices and the enforcement of Christian values that equated homosexual sex as sinful and abusive, the Residential School System contributed enormously to the erasure of historical memory of Two-Spirit traditions and to creating generations of Indigenous peoples in Canada who were taught to hate and fear lesbian, gay, bisexual, transgender, queer, and Two-Spirit (LGBTQ2S+) people (pp. 8-9). In this way, the pathologization of gender non-conformity



is directly tied to enforced policies of cultural geocide and white nationalism which perpetuated pathologies of silencing and shaming Two-Spirit people (Sparrow, 2018, pp. 19-20).

Today in Canada, anti-trans violence, cisnormativity, and competing social and professional discourses about trans childhood create a social context where a trans child's right to live as their self-determined gender is precarious and comes with no guarantees of safety, health, or protection. This is especially the case for non-binary children (Clark, Veale, Townsend, Frohard-Dourlent & Saewyc, 2018), and Indigenous trans and Two-Spirit children, trans children of colour, poor trans children, and disabled trans children who are further impacted by colonialism, systemic racism, xenophobia, poverty, and ableism (Travers, 2018). In response to violence and attempted erasure of gender difference, trans, Two-Spirit, and gender non-conforming people have always resisted and created communities where we can belong and organize to have our rights to dignity be recognized (see Driskell, Finley, Gilley, Morgensen, 2011; Stryker, 2008; Irving & Raj, 2014). For trans children and their parents, this has included participating in trans organizing and advocating for community, family, professional care practices, and academic research that protect and honour trans children's agency and autonomy (Manning, Holmes, Pullen Sansfaçon, Temple Newhook & Travers, 2015; Meadow, 2011; 2018; Pyne 2016; Travers, 2018). Increasingly, professionals have joined in these efforts to resist harmful care practices by advocating for de-pathologizing and gender affirming care practices (Pyne, 2014a; Hidalgo et al., 2013; Ehrensaft, 2016).

By recognizing the ways in which care for trans children is contested and entwined with harm, it is tempting to work towards a definition of care and a universally applicable set of guidelines that can unequivocally settle debates about how to *best* care for trans children. Indeed, the desire to define what constitutes care for trans children is evident in the frequency with which

literature concludes with a list of recommendations and best practices to guide health care and social service providers in their work with trans children. My intention in structuring a research project around the question “how do trans children experience care?” is to begin by embracing an undefined conceptualization of care so as to learn how trans children and supportive parents practice, experience, and create their own meanings of care. To do so, I engage with care as a multilayered, relational, and interconnected concept, as reflected in Michael Fine’s (2007) description of care:

[C]are is a complex, contested, multilayered concept that refers not just to actions and activities, but to relationships and to values and attitudes about our responsibility for others and our own being in the world. It is at once an activity or form of work, as a system of social relationships that extends from the intimate and personal to a broader set of ties acknowledging our mutual dependency, and an ethical position that involves an approach to the self and a commitment to others. By extension, care can also be understood as an open and supportive orientation to strangers, to the community, to society at large (both national and global) and to the natural world (p. 4)

Care on these terms can at once signal affective connection (e.g. love, intimacy, emotion), action (e.g. care work, care giving, care receiving), ethics (e.g. values and responsibility), professions (e.g. social work, counselling, education), and sectors where care work is enacted (e.g. health care, social care). In refusing to provide or arrive at a singular and universal definition of care, I hope to engage with how care can respond dynamically to the specific and lived realities of trans children.

### **1.1.1 The Contemporary Landscape of Care for Trans Children**

The disciplines of psychology and medicine dominated early knowledge production about the trans child as a subject, and the legacy of their influence continues to shape the landscape of care for trans children today (Gill-Peterson, 2018; Kennedy & Farley, 2019). The

bulk of research about trans children continues to be concentrated in the health and ‘psy’ disciplines (i.e. psychology, psychiatry, psycho analysis, and psychotherapy) (Riggs et al., 2019), but the audience for this literature has expanded to include social workers, educators, counsellors, and nurses. In many ways, the dominance of medicine and the psy disciplines in early categorization of trans childhood has solidified the role of professionals as experts on trans children and as necessary to their care. At the same time, approaches to caring for trans children shifted significantly as trans people, parents of trans children, and professionals (including trans clinicians) started providing direct care, leading research projects, and influencing clinical approaches and ethical guidelines for working with trans children through frameworks that centred social justice, anti-oppression, and de-pathologization (Canadian Association of Social Workers, n.d.; Hidalgo et al., 2013; Manning et al., 2015; Pyne, 2014a; Ward, 2013). Increasingly, interdisciplinary approaches to caring for trans children are being favoured by gender clinics where multidisciplinary teams work to support trans children through direct care and by educating and offering support to parents (Gridley et al., 2016; Keo-Meier & Ehrensaft, 2018; Wong, 2014).

Currently, clinical guidelines for working with trans children in Canada and the United States are set by the American Psychiatric Association’s (APA’s) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the World Professional Association for Transgender Health’s (WPATH) *Standards of Care (SOC)*. These bodies set the eligibility criteria that determine who can access care and establish professionals as best suited and most responsible for assessing whether a child fits within the criteria for being recognized as transgender (Ashley, 2019b; Castañeda, 2014). These assessments in turn determine trans children’s eligibility for

gender affirming medical care, such as puberty blockers, hormones, and surgery (Ashley, 2019a; 2019c).

Although professionals are constructed as neutral actors who can objectively assess whether a child is trans, it was through the pathologization of gender non-conformity that professionals became established as experts and gatekeepers of trans children's care. As Kennedy and Farley (2019) argue, the inclusion of "Gender Identity Disorder in Children" and "Transsexualism" as new diagnostic categories in the *DSM III* beginning in the 1980s set trans children up on "a trajectory of being understood in Western discourse as mentally disordered" (para. 1). Today, the contemporary *DSM-V*'s diagnosis of "gender dysphoria" is still widely used by professionals to determine if a child is trans, even though formal diagnosis of gender dysphoria is not necessary or required by the *WPATH SOC* (Ashley, 2019b). Furthermore, although the *WPATH* has taken a de-pathologizing stance to care for trans people (*WPATH*, 2010), the *SOC*'s overwhelming focus on rationales for medical treatment of trans people reinforces a normative, binary, and medical understanding of the category of transgender, one which emphasizes the role of professionals in aiding in the achievement of treatment (Castañeda, 2014). In other words, the influence of the *DSM* and *SOC* on the conceptualization of care for trans children echoes treatment of children as pathological subjects who require professional intervention, and confines the necessity and purpose of care to a medicalized treatment approach that is intended to develop children towards normative transgender adulthood (Castañeda, 2014; Riggs et al., 2019).

By not outlining specific protocols, the *DSM-V* and *SOC* provide professionals with autonomy in how they will interpret and implement care guidelines. Though determining how professionals should care for trans children is a matter of considerable and contentious debate

(see Drescher & Pula, 2012; Drescher & Byne, 2012), three predominant approaches appear in the professional literature: (1) a pathologizing approach, which considers a child's rejection of gender assigned at birth to be a "problem" to be "corrected" through forced behavioural changes (Pyne, 2014b); (2) a "wait and see" approach, also known as the Dutch Model, which supports social transition but prolongs decision making around gender affirming medical care by advocating for puberty blockers over hormone therapy until later adolescence (de Vries & Cohen-Kettenis, 2012); and (3) a gender affirming approach, which considers gender non-conformity to be a natural part of human diversity and advocates for taking a child's lead when it comes to transition-related decisions (Hidalgo et al., 2013; Keo-Meier & Ehrensaft, 2018). Importantly, these three approaches should not be understood as distinct or easily distinguishable models of care. As evidenced in Chapter 3 of this thesis, and anecdotally through my work with trans children and their families, professionals are often influenced by aspects of each of these three approaches when making care related decisions.

As illustrated in a series of articles and responses published in 2018 by the *International Journal of Transgenderism*, concern that trans children will start to identify as their gender assigned at birth in adulthood, a possibility that has been labeled by some as "desistance," is at the centre of intense disagreement amongst professionals about whether to affirm children's self-determined gender. The original article by Temple Newhook, Pyne, et al. (2018) provides an in-depth critical commentary about the methodological, ethical, and interpretive concerns of four frequently cited longitudinal studies with trans and gender non-conforming children that are largely responsible for perpetuating the myth that 80% of trans children will "desist" and identify as cisgender by adulthood. While the article skilfully lays out the numerous shortcomings of the studies, the crucial argument made by Temple Newhook, Pyne, et al. (2018) is that respect for

children's present-day autonomy must be prioritized over trying to predict children's future gender identities: "what is problematic is the assumption that a potential future shift in a child's gender identity is a justification for suppressing or redirecting their assertion of identity in childhood" (p. 9). Predictably, the overarching theme of the two response articles by Kenneth Zucker (2018) and by Thomas Steensma and Peggy Cohen-Kettenis (2018) was concern that it would be unethical to stop producing longitudinal studies about trans children's gender development into adolescence and adulthood. It is noteworthy that nearly all the authors who participated in these debates are based in Canada. This suggests that while desistance is a matter of transnational discussion, with particular focus on North America and Europe, the influence of and need to resist desistance myths is particularly apt to the Canadian context.

### **1.1.2 Research Context**

This research project is situated in the contemporary Canadian context where there is strong professional, academic, and community advocacy for gender affirming approaches to care. Gender affirming literature offers a critical response to categorization of gender non-conforming identity or expression as pathological (Hidalgo et al., 2013; Keo-Meier & Ehrensaft, 2018) and is backed up by evidence-based research demonstrating the health and mental health benefits of affirming children to live as their self-determined gender (Aramburu Algria, 2018; Durwood, McLaughlin, Olson, 2017; Katz-Wise, Ehrensaft, Veters, Forcier & Austin, 2018; Olson, Durwood, DeMeules, McLaughlin, 2016; Pullen Sansfaçon, Temple Newhook, et al., 2019; Travers et al., 2012; Temple Newhook, Winters, et al., 2018). Importantly, gender affirming literature takes into account all gender non-conforming and gender creative children, including those who may not identify as trans into adulthood (Ehrensaft, 2016). Though Indigenous children are rarely discussed in most gender affirming literature, Indigenous trans

and Two-Spirit people are educating and preparing professional care providers to deliver culturally competent gender affirming care to Indigenous trans and Two-Spirit children (Hunt, 2016; Shaughnessy, 2019; Issa, 2019; Savage, 2020) and are participating in the resurgence and reclamation of Two-Spirit knowledges, traditions, and ceremonies (Hunt, 2018; Simpson, 2017; Sparrow, 2018; Wesley, 2015). Given that the legacies of settler-colonialism continue to negatively impact Indigenous people's health and access to health care in Canada (Allan & Smylie, 2015), and are detrimental to health and well-being of Two-Spirit youth (Hunt, 2016; 2018), Indigenous approaches to gender affirming care deserve more attention and representation in the literature and in trainings for professionals.

In the past five years, recognition of gender affirming care has grown significantly in Canada. This is reflected in the numerous professional bodies, such as the *Canadian Association of Social Workers* (CASW) (n.d.) and the *Canadian Paediatric Society* (2018) who have released statements and resources in support of a gender affirming approach to caring for trans children. In addition, non-professional audiences, such as parents and families of trans children, have become more knowledgeable about gender affirming care due in large part to the number of gender affirming books and resources that are written for and accessible to a mainstream audience (Brill & Pepper 2008; 2016; Ehrensaft, 2011, 2016; Riggs, 2019), and workbooks that are written specifically for trans youth and their parents (Testa, Coolhart & Peta, 2015; Singh, 2018; Miller & Elin, n.d.).

However, not all in Canada agree that gender affirming care is in the best interests of trans children. Despite increased recognition of trans people and trans rights, trans children are not recognized or cared for equally to trans adults because, as children, they are treated as irrational and incapable of making autonomous decisions over their bodies (Pullen Sansfaçon et

al., 2018). The resulting dependence on the consent of adult caregivers to access care can put barriers in the way of trans children's autonomy and agency being respected. A major event in Canada took place in December 2015 when, following an external review, the Child, Youth, and Family Gender Identity Clinic at the Centre for Addictions and Mental Health (CAMH) in Toronto closed and terminated the employment of its director (Pyne, 2015; Travers, 2018). The significance of the closure of CAMH's gender identity clinic, which Tey Meadow (2018) refers to as "easily the most famous and controversial clinic for treating childhood gender nonconformity in the world" (p. 55), was that this event marked a recognition of decades worth of critiques of the clinic's approach of using psychological techniques to steer gender nonconforming children away from being trans (Pyne, 2015). While the closure of CAMH represented a win for many activists and advocates for trans children, recent years have also seen a growing movement of anti-trans organizing that often targets trans children and their parents (Serano, 2018a; 2018b). This has included efforts to delegitimize gender affirming care approaches by using dubious research and aggrandized stories of desistance and transition regret in adulthood to stoke fear and trepidation, especially in parents, about whether it is harmful to affirm a trans child's self-determined gender (Serano, 2018a).

Discomfort about providing care for trans children in the present, with no certainty about how they may identify in the future, makes the landscape of care for trans children a place of unrest and tension. While professionals have situated themselves as authority figures and experts on trans childhood, disagreement amongst professionals about what is the best approach to care leaves trans children in the unjust position of not having stable or predictable access to care that honours their dignity, autonomy, and agency by respecting their self-determined gender. However, the landscape of care for trans children does not exist in a vacuum of professional



authority because care is far too fluid, flexible, and relational to be contained. How trans children are cared for is also shaped by citizenship, from macro-level social and political context to the realities of quotidian life.

To ensure that trans children's experiences of care are theorized beyond professional care practices, I use critical social citizenship as a theoretical framework to analyze my research. Social care, as I engage with it, includes both vertical top-down care distributed by the state to citizens through social and health policies and horizontal or relational care, which is practiced within communities, families, and peer groups (Kabeer, 2005; Lister, 2007). In Canada, care is mediated through neoliberal policies, which put responsibility onto individuals for their care (Jenson & Saint-Martin, 2003). This means that trans children are impacted by the contradictory and even harmful ways the state's *duty to care* for its citizens is enacted on the basis of future-oriented concern for their development into normative adult citizens (James, 2011; Lister, 2007; Roche, 1999), a theme that is also at the core of professional debates about how to care for trans children (Drescher & Pula, 2012; Temple Newhook, Pyne et al., 2018; Temple Newhook, Winters, et al., 2018). While it is crucial to critically analyze the role of the state and the social in shaping care for trans children, the intention of this research is to articulate how trans children *experience* these discourses. This means that it is necessary to engage with care at a relational, familial, as well as professional levels and with trans children as not only subjects of professional care regimes, but as citizens who participate in their care and who are impacted by the ways in which normative citizenship constrains their capacity to be recognized and to belong as their self-determined gender.

## **1.2 Critical Social Citizenship: a theoretical framework for analyzing care for trans children**

Citizenship is a concept theorized by scholars from a range of disciplines who take interest in citizenship's exclusionary tendencies and the social justice possibilities of citizenship's inclusionary promises (Lister, 2007). During the post-World War II era, British sociologist T.H. Marshall monumentally restructured how liberal citizenship was understood by arguing that a social dimension should be incorporated into liberal understandings of citizenship through what he called *social rights* (Isin, Brodie, Juteau & Stasiulis, 2008; Turner, 1997). Stemming from an attempt to mitigate class inequality and the threat of class revolution, Marshall conceived of social rights as entitling citizens to social security by making accessible necessities such as health care, income assistance, social housing, education, etc. (Isin et al., 2008). However, unlike a normative liberal notion of social citizenship, which focuses on formal rights and responsibilities through a top-down or vertical approach to relationships between the state and its citizens, critical social citizenship theorists engage with citizenship as a layered concept that critiques the exclusionary tendencies of the nation-state, while also engaging with a horizontal negotiation of rights, responsibilities, belonging, and participation through social relationships and everyday life (Lister, 2007; Turner, 1997; Yuval-Davis, 2011).

Critical social citizenship theorists centre the perspective of marginalized groups to show the multiplicity of ways in which the disembodied and so-called universal citizen at the centre of liberal notions of citizenship is inherently exclusive of differences that mark their social identities and experiences of citizenship (Brodie, 2008; Lister, 2007; Moosa-Mitha, 2005). While normative liberal citizenship assumes all citizens are rational, autonomous, and self-sufficient subjects, critical social citizenship theorists point to the ways in which social processes and governance techniques have produced a conceptualization of the universal citizen that envisions

a white, cisgender, masculine, heterosexual, able-bodied, adult subject who is obedient, productive, and competes in the free market (Brodie, 2008; Isin et al., 2008; Irving, 2008; Moosa-Mitha, 2005). Although normative liberal citizenship assumes all subjects are the same and therefore equal to one another, the nation-state excludes those who do not fit within this imposed notion of the normal citizen by constructing difference as a threat to normative citizens and to the well-being of the nation-state (Spade, 2011). This allows the nation-state to justify to its citizens the marginalization, criminalization, pathologization, and institutionalization of those whose race, nationality, religion, gender, sexuality, class, and abilities are constructed as unacceptably different from the norm (Brandzel, 2016; Irving, 2008; Spade, 2011; Stryker, 2008; withers, 2012).

In response to the violent efforts of the state to exclude and eliminate difference, marginalized groups respond by struggling to have their rights and inherent dignity as human beings be recognized (Brodie, 2008; Lister, 2007). Taking to heart the promise of citizenship that all citizens have the “right to have rights” and to be included (Arendt, 1958 as cited in Isin et al., 2008, p. 5), critical social citizenship theorists point to struggles for recognition as examples of the inclusive potential of citizenship to recognize and centre difference (Lister, 2007; Moosa-Mitha, 2005). Critical social citizenship theorists are interested in developing alternative notions of citizenship, and within the body of critical social citizenship literature scholars draws from feminist, anti-racist, anti-colonial, transnational, disability justice, queer theory, and critical trans theories to illuminate conceptualizations of citizenship that resist exclusion on the basis of difference.

However, not all critical scholars agree that attempts made by critical social citizenship scholars to reconceptualize and reimagine citizenship will result in their intended social justice

goals. In *Against Citizenship*, Amy Brandzel (2016) argues that citizenship is a temporal formation that retains the attention of political activists and scholars because of its *future* promise of eventual inclusion. According to Brandzel, the violence and exclusionary structure of citizenship is inescapable because “citizenship is, inherently, a normativizing project – a project that regulates and disciplines the social body in order to produce model identities and hegemonic knowledge claims” (p. 5). Brandzel agrees with critical social citizenship scholars that citizenship can be a site of struggle, resistance, and agency. However, she cautions that critical social citizenship’s encompassing definition of citizenship can result in wrongly claiming all community-making, activism, and political resistance as “acts of citizenship,” even when these acts were purposefully intended as “anti-citizenship” or “non-citizenship” (Brandzel, 2016, p. 8). Imposing the concept of citizenship onto acts of resistance and social movements whose intended purpose is to dismantle the nation-state and normative citizenship regimes indeed runs counter to the very goals of critical social citizenship to learn from and listen to the voices marginalized people.

Throughout the process of writing this thesis, I struggled to articulate what critical social citizenship offered as a theoretical framework for analyzing trans children’s experiences of care. In many ways I align with Brandzel’s (2016) take on citizenship because anti-state scholarship and activism, in particular the critical trans political lens laid out in Dean Spade’s *Normal Life* (2011), has been formative to my development and growth intellectually and as an organizer. Each time I applied critical social citizenship theory to care for trans children it activated a question of enduring personal uncertainty: do I believe that the fight for justice requires collaboration with a state founded on settler-colonialism, capitalism, white nationalism, and liberalism, or do these efforts require a politics of rejecting and dismantling the state? While a

resolute answer to this question is certainly beyond the scope of this research project (and perhaps my lifetime), I have chosen to resist the limitations imposed by the binary assumption of the question itself. Instead, the analysis of care for trans children found within this thesis engages in a critical discussion of trans children's citizenship that honours the struggles of trans children and their parents to be recognized by the state, but does not preclude a dialogic consideration of how understandings, embodiments, and visions of care for trans children resist the state and disrupt and unsettle normative notions of citizenship.

A strength of critical social citizenship theory is that it offers multiple theoretical perspectives on the relationship between care and citizenship. This includes recognizing care as a necessary aspect of political citizenship and enabling a radical destabilization of the adultism embedded into normative notions of autonomy, self-sufficiency, and participation (Chen, 2008; Lister, 2007; Moosa-Mitha, 2005). The possibilities of expanding discussions of care for trans children beyond professional care regimes and parent responsibilities is also enhanced by how critical social citizenship theory challenges the dichotomization of vertical state-citizen relationships from a horizontal view of everyday relationships between citizens, what Ruth Lister (2007) describes as a "lived citizenship." This is an important lens to bring to trans children's citizenship because so often the influence of the state's power in shaping trans lives is diluted and obscured by individualistic representations of trans people's struggles as centred in personal identity along the sex/gender spectrum (Irving, 2013). While mindful that citizenship literature can be complicit with too easily and uncritically claiming particular actions as "acts of citizenship" (Brandzel, 2016), the only literature I could find that touched on care for trans children through a citizenship lens was a recent book, *The Trans Generation*, by Travers (2018). Using a critical social citizenship analysis opens up dual possibilities of recognizing trans

children within citizenship literature and contributing a critical citizenship analysis to literature which seeks to affirm, support, and improve the lives of trans children. The following sections introduce the three themes discussed in critical social citizenship literature that form the basis of my analysis of trans children's citizenship: recognition, belonging, and responsibility.

### **1.2.1 Recognition**

For liberal theorists, rights are assumed to be innately granted through birth or formally given through the acquisition of legal documentation recognized by the nation-state as proof of equal citizenship (Isin et al., 2008). The welfare state fulfills its duty to care equally for all of its citizens by redistributing wealth and social care so that citizens have equal opportunity to participate in the market (Brodie, 2008; Staeheli, 2013). Critical social citizenship theorists have argued that such a narrow conceptualization of citizenship as formal membership to the nation-state excludes all those who are not carrying the 'right' kind of passport from being recognized by the welfare state as eligible for social care (Moosa-Mitha, 2016; Yuval-Davis, 2011). Additionally, citizens who may formally belong as passport carrying members of a nation-state may also be excluded from having their innate rights to equality and social care be recognized if they are a member of a marginalized social group (Brodie, 2008). Critical social citizenship theorists argue that the normative citizen thus becomes the neutral reference point by which the equal rights of citizens are circumscribed. Due to the hierarchical nature of normative liberal citizenship, which more easily recognizes citizens who approximate or can pass as the ideal normative citizen on the basis of their race, gender, sexuality, abilities, age, and participation in the workforce, those from marginalized groups must continually struggle to have their rights to equality and dignity be recognized (Isin et al., 2008; Brodie, 2008). For critical social citizenship

theorists, the agentic and active participation of citizens in civil and political struggles for recognition is evidence that citizens are not passive in relation to their citizenship rights.

Critical social citizenship literature also turns its attention towards the aspects of social identity that underpin struggles for recognition through a reflection of the ways in which marginalized groups have struggled to not only have their rights be recognized, but to have their differences be recognized and treated with respect and dignity (Lister, 2007; Turner, 1997). This is a response to struggles for recognition, for example the second-wave feminist movement or the gay and lesbian rights movement, that have been critiqued for using the strategy subsuming all members of a marginalized social group within an umbrella of sameness, for masking differences of race, gender, sexuality, class, ability, and age between members of a social group (Emejulu, 2011; Lenon, 2011; Moosa-Mitha, 2005; Spade, 2011). By struggling for equal rights on the basis of one aspect of shared identity, the inequities between members of the group are obscured, and ultimately those who most closely resemble the normative citizen are most likely to benefit from having their rights be recognized (Emejulu, 2011; Lenon, 2011; Spade, 2011). Therefore, critical social citizenship theorists argue that equality and inclusion is based on both the equal “right to have rights” (Arendt, 1958 as cited in Isin et al., 2008, p. 5) and the right to be recognized on the basis of difference, as different but equal (Lister, 2007; Moosa-Mitha, 2005).

However, not all critical theorists agree with critical social citizenship theorists that social justice can be achieved by seeking recognition from the state. For some, the settler-colonial and white nationalist foundations of the state make it incapable of fully recognizing difference because even as the state expands who is recognized as a citizen, the expectation of sameness and normativity will always be imposed onto citizens through disciplinary practices that attempt to eradicate difference (Brodie, 2008; Spade, 2011; Simpson, 2017; Brandzel, 2016). While a

social group may appear to have achieved recognition from the state, the inclusion gained through recognition struggles often results in subjugation through individualized processes of self-governance whereby citizens self-regulate so as to perform as normative and respectable citizens (Brandzel, 2016, p. 13). In this way, disciplinary practices subtly maintain normative expectations of citizenship and respectability to the exclusion of members who do not fit within the newly expanded boundaries of citizenship.

Similar processes of recognition struggles resulting in the exclusion of difference have been discussed in the context of trans citizenship. Despite the struggle of the trans rights movement to have gender identity and expression be recognized as protected categories within human rights law, trans citizens are still subjected by the efforts of the state to reassert a normative male/masculine and female/feminine gender binary onto its citizens (Hines, 2009). As Sally Hines (2009) argues, even where recognition has facilitated access to and improvements in gender affirming care, those who transgress binary gender norms are often excluded from this care. In the case of trans children, who are understood within a liberal framework of citizenship as “not-yet-citizens,” Jake Pyne (2014) argues that corrective approaches use shame and the exploitation of the desire to be normal as tools to bring gender non-conforming children and their families into an enclosure of expert power relations with clinicians who prescribe self-governance, through the regulation of children’s gender behaviours. Whereas trans adults may find that their recognition as citizens is premised on conformity with binary gender expectations, trans children are regulated according to the same gender binary, only in their case, disciplinary techniques also apply a cisnormative notion of ideal citizenship. From this perspective, recognition of trans citizenship based in normative binary gender ideals not only excludes on the basis of gender difference, but as the exclusion of trans children from being recognized as trans



demonstrates, also fails to have trans subjectivity be fully recognized as different but equal to cisgender subjectivity.

Critical trans scholars have also critiqued mainstream trans rights activists for adhering to normative, colonial, and neoliberal discourses when their struggles for recognition emphasize narratives of trans people as normative and respectable social subjects who deserve protection from the state (Irving, 2013; Spade, 2011; Aizura, 2006). As an example, Dan Irving (2013; 2008) argues that efforts to legitimize trans citizenship through recognition of the trans body as a productive working body, and therefore deserving of gender affirming medical care, serves to reinforce recognition on the basis of neoliberal and exploitative class relations. This legitimizing of access to care through the representation of trans people as viable neoliberal subjects fails to illuminate the exploitative and exclusionary conditions of neoliberalism (Irving, 2008). Such efforts perpetuate a notion of trans citizenship that excludes the experiences and needs of trans people who are gender non-conforming, racialized, poor, disabled and who cannot (or refuse to) perform or pass as normative citizens (Irving, 2013; Spade, 2011).

Recognition is most often theorized in critical social citizenship studies in terms of the struggles of marginalized social groups to be recognized by the state, but recognition can also have affective, relational, and spiritual meanings. Nishnaabeg scholar Leanne Betasamosake Simpson (2017) argues that Indigenous resurgence movements must reject a politics of recognition from Canada because this does not end well for Indigenous people given that the Canadian state is founded on settler-colonial policies of land theft, assimilation, and cultural genocide of Indigenous peoples. However, Simpson does not reject the concept of recognition all together, and instead articulates a concept of recognition in Nishnaabewin:

Recognition within Nishnaabewin is a lovely practice that builds resilient relationships. My people recognize through song when spirits entre our lodges and ceremonies. We

recognize our family members who have passed on to the Spirit World through particular ceremonies. We recognize and greet the sun every morning, and the moon each night through prayer and ceremony. We recognize when particular animals return to our territory in the spring, and when plants and medicines reappear after winter rests. Recognition for us is about presence, about profound listening, and about recognizing and affirming the light in each other as a mechanism for nurturing and strengthening internal relationships to our Nishnaabeg worlds. It is a core part of our political systems because they are rooted in our bodies and our bodies are not just informed by but created and maintained by relationships of deep reciprocity (p. 182).

This very moving description of recognition within Nisnaabewin suggests that the emancipatory and transformative power of recognition lies not with how the state defines recognition but within the agency of communities to self-determine what recognition means for them. Thus, while recognition refers to efforts made by marginalized groups to have their rights be recognized by the state, engaging with horizontal and relational aspects of recognition, including how communities themselves want to be recognized, is also crucial for encompassing an understanding of care as practices that respond to citizenship as exclusionary of difference.

### **1.2.2 Belonging**

Belonging for critical social citizenship theorists constitutes the embodied and emotional sensations that emerge from participating and feeling a part of various social and political contexts (Yuval-Davis, 2006; Lister, 2007). According to Ruth Lister (2007), belonging takes on a spatial meaning that “expand[s] the terrain of citizenship to embrace also the intimate and domestic, the local, the urban, the regional, and the global” (p. 55). While belonging for liberal theorists is about legal status and membership to a nation-state, normative concepts of belonging imply that rights are equally awarded because the state assumes that all citizens are the same. This assumption rests on a racialized notion of the nation-state that privileges whiteness with a

sense of “automatic belonging” (Juang, 2006, p. 248). A critical politics of belonging is based in shifting notions of normativity as a condition for inclusion and difference as a basis for exclusion from social membership (Yuval-Davis, 2006). For example, the racial categorization of who is stranger or threat to a nation-state fluctuates in response to ever changing global and local contexts, conflicts, and economic needs by which racism and xenophobia, as state and social practices, determine the criteria of who should be included and who should be excluded from membership to the nation-state, regardless of one’s legal status as a citizen (Yuval-Davis, 2011).

Belonging is also a concept that exists outside of and often times in resistance to membership to the nation-state. Critical social citizenship theorists engage with belonging as a concept that encompasses how citizens participate and see themselves as members of their communities, families, and peer groups (Yuval-Davis, 2006, 2011). Drawing on Sarah Ahmed’s (2004) work, Nira Yuval-Davis (2011) argues that the politics of belonging occurs at an emotional level that involves “the full range of human emotions and passions, from pain and grieving, via fear and disgust, to shame and love” (p. 177). Thus, a critical articulation of the concept of belonging centres and engages with difference at a political, relational, and emotional level and as an active response and resistance to state-imposed boundaries of inclusion and exclusion within normative citizenship.

Recognition, belonging and social care are overlapping and interconnected concepts. As the state’s duty to care extends first and foremost to its own members, a subject must first be recognized as equal and worthy or deserving of care (Isin et al., 2008). Recognition is a requisite to belonging through a subjective experience of membership that has its basis in being recognized according to how a citizen self-determines they wish to be seen. Belonging thus refers not only to vertical notions of care and how the state recognizes citizens, but also to

horizontal notions of care. Both recognition and belonging shape the ways in which care is distributed, practiced, and experienced.

### **1.2.3 Responsibility**

Normative liberal citizenship entails not only social rights, but also a bundle of responsibilities and obligations (Staeheli, 2013). While obligations of normative liberal citizenship may include duties enforced onto citizens with or without consent, such as paying taxes and obeying laws, responsibility implies acting as good citizens through active and consensual participation, for example through volunteerism (Staeheli, 2013). Jane Jenson and Denis Saint-Martin (2003) use a concept they call “responsibility mix,” which “defines the boundaries of state responsibilities, differentiating them from those of markets, of families and of communities” (p. 80), to analyze the various ways responsibility is defined within citizenship.

Overtime, the social welfare intentions of the 1960’s and 70’s were eroded as neoliberalism became the favoured approach to social policy development. This marked a shift away from social rights towards social *obligations* as the social welfare state disappeared under an era of neoliberal policies (Isin et al., 2008; Jenson & Saint-Martin, 2003). Neoliberalism prioritizes the market and understands social security as a responsibility belonging to individual citizens (Brodie, 2008). This has fostered an individualization of social problems and the creation of social policies that favour the market and economic investment (Brodie, 2008). Under neoliberalism, the state’s duty to care for its citizens is an individualized approach to care that emphasizes self-sufficiency and citizens as responsible for their own care, rather than care as a state or collective responsibility (Jenson & Saint-Martin, 2003). Prioritizing the market in all aspects of neoliberal social policy individualizes responsibility for social security, meaning that social rights are earned by citizens who can prove their worth as entrepreneurial and self-

sufficient subjects (Brodie, 2008). This shifted boundary of the responsibility mix assigned more responsibility to markets, families, and the voluntary sector and meant that responsibility of care was shifted to communities, parents and individuals (Jenson & Saint-Martin, 2003). Lynn Staeheli (2013) argues that in present day neoliberal nation-states "...responsibility takes on an instrumental function that justifies a lessened role for the state in guaranteeing the social rights of citizenship" (p. 524). This marks a moving of responsibility towards communities to provide social welfare and is normative in that it works to ensure individuals learn to be responsible, self-disciplined and self-governing citizens (Staeheli, 2013).

Critical social citizenship theorists interconnect conceptualizations of responsibility by challenging the state to meet its obligations to care for its citizens while advocating for a communal and collective notion of care (Staeheli, 2013). Communities and people have a responsibility to care for each other, but this care does not justify the state not caring for its citizens (Staeheli, 2013). However, neoliberalism reworks understandings of citizen obligations and responsibilities. According to Lynn Staeheli (2013) "[r]ather than care reflecting an obligation to *one another* to foster wellbeing and self-development, care becomes a responsibility to care for *oneself*, such that one does not place a burden on others" (p. 525). As I discuss further, the interplay between notions of care for trans children as a social responsibility and the influence of neoliberalism has resulted in social and health care policies that bolster inequity between trans children by only covering some aspects of transition related health and social care (Travers, 2018; Veale et al., 2018).

This has been further shaped by the ways in which normative citizenship sees children as worth investing in to ensure the health and future of the nation-state through an adultist lens that views children as not-yet-citizens who are vulnerable, innocent, irrational, and dependent which

leaves adults with the responsibility and power to determine what is best for children (Chen, 2008; Jenson & Saint-Martin, 2003). Normative notions of childhood entrench a cultural and political understanding of children as a social group that is separate from and dependent on protection and guidance from adults who, as complete beings, can make rational decisions in the best interests of a child (Stasiulis, 2002; Moosa-Mitha, 2016). Parents are given the responsibility to act in the best interests of their children by ensuring that they grow to thrive as autonomous, productive, and self-sufficient adult citizens (Chen, 2008). Although the state maintains the capacity to intervene when it is determined that parents are failing to adequately care for their children, the criteria used by the state to determine whether families are fulfilling their responsibility to their children are determined according to normative white, heterosexual, and middle-class notions of the family. As a result, non-normative marginalized families, particularly Indigenous families, are most often surveilled and deemed by the state to not be fulfilling their responsibilities to their children (Moosa-Mitha, 2016; Carrier & Thomas, 2014). This includes instances of child protective services removing children from families that affirm and support their gender (Pullen Sansfaçon, Dumais-Michaud, & Robichaud, 2014)

As there is no professional or social consensus about how to care for trans children, what is in the best interests of trans children frequently depends on whether their trans identity is recognized and accepted by the adults, especially parents and professionals, who have significant decision-making power in their lives (Pullen Sansfaçon, Temple Newhook, et al., 2019). Putting the burden of responsibility onto adults does not address the ways in which trans children who do not have parental support, non-normative trans children, and trans children whose parents experience financial and other barriers to providing care, face more challenges when trying to access care (Travers, 2018). Despite universal health coverage in Canada and efforts to make

gender affirming care widely available to trans children, research shows that families still experience barriers when trying to access gender affirming care if they live rurally or do not have extended medical care to cover the costs of prescriptions (Gridley et al., 2016; Travers, 2018; Veale et al., 2018). According to Travers (2018):

[A]ccess to [gender affirming] care is unevenly distributed to the extent that less precarious trans kids are being positioned as (proto-) citizen consumers in a racialized biomedical market that reflects and exacerbates existing socioeconomic divides. This is what what we have done is doing: we are enabling the survival of some trans kids and not others. Unless we engage meaningfully to challenge white supremacy, colonialism, and capitalist exploitation, it is what we will continue to do (p. 180)

In other words, the neoliberal state's downloading of responsibility onto individual families has resulted in inequitable investments in trans children's care that ultimately result in marginalized trans children experiencing exclusion and harm.

### **1.3 Contesting Care for Trans Children: applying a critical social citizenship lens**

Although critical social citizenship theorists have theorized trans citizenship and children's citizenship, there is very little discussion to date of trans children within critical social citizenship scholarship. Additionally, most critical trans studies scholarship is focused on trans adulthood, although a growing body of critical literature and research studies that seek to represent the voices of trans children suggest that this is changing (see Ashley, 2019c; Gill-Peterson, 2018; Pullen Sansfaçon et al., 2018; Pullen Sansfaçon, Temple Newhook, et al., 2019; Pyne, 2014a; 2016; Temple Newhook, Pyne, et al., 2018; Temple Newhook, Winters, et al., 2018; Travers, 2018; Veale et al., 2015; Herriot & Fry, forthcoming; Winters et al., 2018). This final section weaves together a range of literature pertaining to trans citizenship, children's

citizenship, and trans childhood to introduce a critical perspective on the historical and social contexts that shape trans children's experiences of care.

### **1.3.1 Pathologized and Medicalized Recognition**

The 1960s are widely attributed as the time during which gender non-conformity in childhood was first conceptualized, by the field of psychology, as a problem to be solved and treated (Bryant, 2006; Pyne, 2014b). Through the psy disciplines, childhood gender non-conformity came to be associated with a fear that gender non-conforming children would become homosexual or transsexual adults (Bryant, 2006). Through clinical studies about gender non-conforming children and their psychosexual development, researchers sought to develop preventative treatment programs that could protect gender non-conforming children from these “suboptimal” adult outcomes (Bryant, 2006). This was followed by decades of harmful medico-psychological inquiry and clinical interventions that pathologized and forced gender non-conforming children to behave according to the normative stereotypes of their gender assigned at birth, legacies which continue to influence clinical treatment of trans children (Kennedy & Farley, 2019; Pyne, 2014a; 2014b). In this sense, aspects of trans children's recognition is rooted in the categorization of gender non-conformity as a problem that can be diagnosed and treated through measures which seek to prevent development seen to be non-normative.

However, adult and professional recognition of children's gender non-conformity did not always mean that children were forced to conform with the gender they were assigned at birth. Jules Gill-Peterson's (2018) ground-breaking book *Histories of the Transgender Child* gives new evidence that trans children were recognized within medicine from the early 20<sup>th</sup> century. Indeed the term gender was coined by John Money, an American psychologist and at the time preeminent authority on intersex and trans children, in 1955 to distinguish biological sex from



the psychosocial dimension of sex that developed through childhood and became fixed into a masculine or feminine form by adulthood (Gill-Peterson, 2018). Through this medicalized production of gender, previously malleable theorizations of non-binary bisexuality as a natural and biological component of sex were erased (Castañeda, 2014; Gill-Peterson, 2018). Instead, Money and his colleagues constructed gender as a more rigid phenotype than sex, one that should be developed towards either a male or female outcome so as to prevent social stigma or psychological distress (Gill-Peterson, 2018). This paved the way for gender non-conformity to be considered a treatable pathology.

According to Gill-Peterson (2018), some trans and intersex children were permitted to undergo experimental medical treatments so that their bodies fit within the normative expectations of their self-determined gender. While these interventions did allow children to live as their self-determined gender, the intention was to develop children into normative adults who would not be visibly gender non-conforming. Intersex children, whose bodies did not easily or obviously conform to a binary system of gender, were particularly likely to be subjected to these experimental and oftentimes non-consensual treatment programs (Gill-Peterson, 2018). This history shows that while recognizing gender non-conformity in children did not universally lead to children being forced to conform to their assigned gender, the intention of medical and psychological interventions and care was to ensure children developed into normative and gender conforming adults.

### **1.3.2 Racialization of the Trans Child**

Early recognition of trans children was also a racialized process. Gill-Peterson (2018) makes a significant contribution to knowledge about the racialization of trans childhood by applying a trans of colour critique to archival evidence, historical medical journal articles about

sex and gender, and letters between trans children and professional experts to provide a previously absent representation of the lived experiences of trans children throughout the 20<sup>th</sup> century. Gill-Peterson theorizes about recognition of trans children through the concept of “plasticity,” a term which she uses to refer to the production of gender, sex, whiteness, white bodies, and children as malleable and capable of transformation. She argues that scientific racism and medical racialization of sex and gender constructed white bodies as biologically adaptable, and therefore recognizable within the category of transsexuality, while non-white bodies were rendered not plastic enough to be capable of changing. Children, and specifically white children, were constructed through the childhood development model as capable of taking on new forms through medical interventions (Gill-Peterson, 2018; Castañeda, 2014).

Together, the racial plasticity of white bodies to change sex and the plasticity of childhood as a time of biological and psychosocial development meant that physicians and psychologists thought of white trans children as excellent subjects for “a normative cure or at least improved normality” through surgical and endocrinological experiments and interventions (Gill-Peterson, 2018, p. 79). In contrast, Black trans children and trans children of colour were excluded from care because they were not plastic enough to be recognized within the medicalized category of trans. As Gill-Peterson (2018) puts it:

For white trans children, being brought into the orbit of medicine involved being reduced to living laboratories, proxies for all kinds of theories and experimental medical techniques aimed at altering the sexed and gendered phenotypes of the human. For black trans and trans of color children, by contrast, the racialization of plasticity as white tended to disqualify them altogether from this medicalized framework on the presumption that they were less plastic and therefore less deserving of care, in many cases intensifying state systems of detention and incarceration that took hold of their lives instead (p. 197).

Gill-Peterson's (2018) work shows the criteria determining who is recognized as a trans child revolves around normative medicalized understandings of what it means to be trans, processes which are shaped according to the racialization of sex and gender. Inequities seen today in who is recognized as a trans child is thus historically rooted and has long influenced which trans children are deemed eligible to receive care.

### **1.3.3 Transnormativity and Normative Citizenship**

Under the early expansion of the social welfare state developed the need for specialized professionals who could work as arms of the state to implement social care programs and delineate who was deserving and undeserving of social care (Brodie, 2008). Using scientific and positivist research methodologies, professionals began to study individual behaviours with the objective of constructing diagnostic categories and treatment regimes that could fix individuals so that they could participate as normative members of society (Hick, 2002). This marked the beginnings of the state working in collaboration with professionals to determine who is deserving of social care, and to regulate and oversee the distribution of this care.

During the time that positivist research and specialized professions developed modalities of categorizing, diagnosing, and treating social issues, the modern conceptualization of the trans subject emerged as a public figure (Meyerowitz, 2002). Alongside the popularization of psychology, advancements in surgical techniques and in the field of endocrinology opened new possibilities for trans people to modify their bodies. This allowed some (privileged) trans people to access medical care that afforded them the safety to be recognized full time as their self-determined gender (Meyerowitz, 2002). However, efforts during the second half of the twentieth century to legitimize trans people's claims to gender affirming medical care were premised on a pathologized notion of trans subjectivity, one which designated power to recognize whether an

individual fit within the category of transgender to the psy disciplines (Meyerowitz, 2002; Pyne, 2014b; Riggs et al., 2019).

The earliest criteria used to diagnose whether an individual was “truly” transgender was entrenched in a medicalized understanding of trans people as trapped in the wrong body (Meyerowitz, 2002). However, those who were recognized as transgender and approved to receive care that affirmed their gender were also expected to conform to normative notions of citizenship, particularly to Euro-Western notions of sex/gender, heterosexuality, and ideals of the self-sufficient worker-citizen (Gill-Peterson, 2018; Irving, 2008; Riggs et al., 2019). Although trans activism has succeeded in expanding some aspects of who is recognized as transgender, legacies of professionals using normative criteria to determine eligibility to care continues to influence who has access to care, and how this care is experienced.

Riggs et al. (2019) argue that the *DSM* and the *WPATH SOC*, which are two of the most influential guidelines for determining clinical care with trans people, have reinforced normative criteria for recognizing trans people and perpetuated a transnormative vision of trans life.

Transnormativity, as Riggs et al. (2019) define it, refers to:

the ways in which dominant narratives about what it means to be transgender emphasize a particular and narrow set of tropes to which all transgender people are expected to adhere. These include expectations that (a) all transgender people conform to a “wrong body narrative” when describing their gender, (b) all transgender people require medical treatment, and (c) all transgender people should seek to present and be perceived as cisgender (p. 913).

In this way, the psy disciplines produced a recognition of trans people on the basis of a “culturally mediated, psy-inflected account of what it meant to be transgender” (Riggs et al., 2019, p. 915). While literature about transnormativity focuses primarily on how trans people are regulated according to medicalized notions of binary gender ideals (MacKinnon, 2018; Riggs et

al, 2019; Vipond, 2015), transnormativity can be applied expansively to theorize how medicalized notions of trans subjectivity are rooted within and legitimized through normative ideals of white, masculine, heterosexual, and middle-class citizenship (Johnson, 2016; Hines, 2013; Irving, 2008; Stryker, 2014).

### **1.3.4 Best Interests of Trans Children: towards gender affirming care and gender self-determination**

Gender affirming approaches to caring for trans children emerged as resistance to pathologization of trans children by asserting that children should be recognized and accepted as their self-determined gender. The key theoretical principles guiding gender affirming care include: (a) no gender identity or expression is pathological; (b) gender is diverse; (c) gender is an “integration of biology, development and socialization, and culture and context” (Keo-Meier & Ehrensaft, 2018, p. 14); (d) gender is fluid, non-binary, and can change over time; and (e) pathology is caused by negative reactions to gender diversity (Hidalgo et al., 2013; Keo-Meier & Ehrensaft, 2018).<sup>1</sup> Unlike pathologizing approaches which are aligned with a cis-supremacist notion of citizenship that centres cisgender as normal and assumes it is best for gender non-conforming children to grow into cisgender adults, gender affirming care can be practiced as a method of doing justice because it identifies efforts to normalize trans children, rather than trans children themselves, to be the problem (Pyne, 2014b).

Gender affirming care fits with notions of critical social citizenship because it resists normative understandings of trans children and their families as reliant on the expertise of

<sup>1</sup> A recent article by Riggs et al. (2019) discusses the contributions of trans people in resisting pathologization of trans subjectivity within the clinical sphere. However, I only found brief mention of the influence of trans people and activism on the principals of gender affirming care with children in one article (Wren, 2019a). In general, the specific contributions of trans communities, trans children, and parents of trans children in advocating for and aiding in the development of gender affirming care for trans children appears to be largely absent in scholarship about gender affirming care.

professionals by recognizing the participation of parents and children when making decisions about what is in the best interests of a trans child (Ehrensaft, 2016; Pullen Sansfaçon, Kirichenko, et al., 2019; Pyne, 2016; Travers, 2018). Together, recognition and gender affirmation have been proven to enhance the well-being of trans youth, whereas non-recognition has been shown to be a barrier to self-realization (Pullen Sansfaçon et al., 2018). In some cases, parents who are gender affirming will choose to honour relational parent-child knowledge over conflicting advice from professionals (Pyne, 2016). As gender affirming care insists on the recognition of trans children (Pullen Sansfaçon et al., 2018; Pullen Sansfaçon, Temple Newhook, et al., 2019; Pyne, 2016), it encompasses a vertical and horizontal understanding of citizenship in that it acknowledges the need to address legal and institutional misrecognition of trans children while at the same time fostering broader social acceptance of trans children, acceptance amongst parents (Pullen Sansfaçon, Kirichenko, et al., 2019), and even self-acceptance for trans children who have been taught to feel shame about their gender identity and expression.

Successful movement towards gender affirmation becoming the most widely accepted approach to caring for trans children is reflective of the social change made possible by victories of the trans rights movement and increasing mainstream representation and acceptance of trans people. For trans children, being recognized and accepted as their self-determined gender is crucial to facilitating their capacity to belong (Singh, Meng & Hansen, 2014). As an approach which seeks to recognize trans children, gender affirming care fits with a critical notion of citizenship as a practice and expression of human agency by supporting a recognition of how children also embody and express agency (Lister, 2007). For trans children, this means putting aside future-oriented notions of the citizens they should become by listening to and respecting children's autonomy in the present (Temple Newhook, Pyne, et al., 2018; Temple Newhook,

Winters et al., 2018; Winters et al., 2018). Additionally, gender affirming care advocates have made it possible for all citizens to participate in efforts to care for trans children by making knowledge, resources, and information about gender affirming care practices widely accessible. Unlike pathologizing and clinical literature, which is primarily published for academic audiences, a considerable amount of gender affirming literature is written to be accessible to parents, service providers, and mainstream audiences (Brill & Pepper, 2008; 2016; Ehrensaft, 2012; 2016; Riggs, 2019).

At the same time, the influence of normative liberal citizenship can also be found in gender affirming care literature. Although gender affirming care recognizes gender diversity as natural to human diversity, cisgender remains the assumed natural, normal, and fixed category from which trans children deviate. This has been exemplified in recent research comparing trans children to their cisgender counterparts to evaluate mental health outcomes (Durwood et al, 2017; Olson et al., 2016). When gender affirming care research and literature uses cisgender children as a comparative control group, a liberal notion of recognition on the basis of sameness is asserted. Furthermore, an implicit and transnormative assumption is made that the reason gender affirming care benefits trans children is that it facilitates the ability for trans children to pass and be read as cisgender.

Additionally, gender affirming care literature reasserts professional expertise over trans people by claiming gender affirming service providers to be capable of determining which children will “persist” with a trans identity into adulthood (Hidalgo et al., 2013; Ehrensaft, 2016). This aligns with the assumption of normative citizenship that children occupy a unique position of being *potential citizens* and that the role of professionals and parents is to protect their best interests and future potential by supporting them to develop into normative adult

citizens (Moosa-Mitha, 2016; Isin et al., 2008). This pathway of normative childhood development values white, heterosexual, and middle-class majority and thus assumes children will grow into a cisgender and heterosexual adulthood (Riggs, 2006). Claudia Castañeda (2014) has critiqued the *WPATH SOC* for reinforcing a normative and Euro-Western conceptualization of childhood development that assumes that children are incapable of making decisions for themselves. This reinforces the notion that professionals are capable of predicting whether a child will identify as trans into adulthood. This approach arguably undermines efforts of gender affirming care providers to listen to trans children and to recognize their agency because, as Davia Stasiulis (2002) argues, when children are considered merely as potential adults “their status as autonomous citizens capable of exercising their political will and participating in political and social life, is severely undermined” (p. 511).

Although counterintuitive to the assertion by gender affirming care providers that gender can change over time, the theory of gender that dominates gender affirming literature is based in a “born this way” notion of a “true gender self” (Ehrensaft, 2012). This approach can fail to recognize trans children’s autonomy and agency to explore their gender by applying a normative categorization of transgender when determining whether a child will persist or desist from their gender identity (Ashley, 2019c). At the same time, not all advocates for gender affirming care agree with this take on the etiology of trans childhood. Although a “born this way” theorization of gender dominates gender affirming literature, some have explicitly rejected this discourse by theorizing gender as dynamic and changing over time (Ashley, 2019c; Temple Newhook, Pyne, et al., 2018; Winters et al., 2018). The “born this way” paradigm reinforces the notion that professionals are capable of predicting whether a child will identify as trans into adulthood. Those who propose seeing gender as dynamic and changing argue that rather than attempting to



predict who trans children will be in the future, gender affirming care should focus on meeting the needs of trans children today (Temple Newhook, Pyne, et al., 2018; Temple Newhook, Winters, et al., 2018).

Gender affirming care has been instrumental to improving the health and well-being of trans children, but it can also re-inscribe normative notions of childhood and trans subjectivity. By emphasizing trans children as normative, gender affirming approaches reinforce a discourse of sameness that categorizes trans children as normative to the detriment of recognizing trans children as differently equal. This can limit the capacity for parents and professionals to provide all children (not just gender non-conforming children) with the social, cultural, and political tools to self-determine their gender and resist the gender binary (Ward, 2013). While recognition of trans citizenship in some ways offers hope that trans children can be trans and be members of society, the criteria of who is recognized as a trans citizen assumes an adultist and transnormative notion of citizenship. Furthermore, as normative citizenship is adultist, trans children may not have their agency and self-determined gender recognized, particularly by their parents, which can make it difficult or impossible to access gender affirming care.

#### **1.4 Conclusion**

In this chapter, I presented an overview of the multiplicity of ways that care for trans children is contested and argued that critical social citizenship theory offers a framework for analyzing the influence of normative citizenship on the development of care for trans children. Despite increasing recognition and acceptance of trans people and changes in how trans children are cared for, trans children continue to face exclusions as a result of the hierarchical nature of liberal citizenship. Although gender affirming care has in many ways successfully contested the pathologization of trans and gender non-conforming children because of their difference from a

cisgender norm, aspects of the production of trans children through normative liberal citizenship has been reasserted into mainstream gender affirming care practices. In many ways, gender affirming care is caught in the duality of existing as an effort to depathologize trans children and needing to be a clinical approach backed by positivist research and respectable to normative citizenship regimes so as to be taken seriously as an alternative to dominant discourses and pathologizing treatment approaches. Thus advocates of gender affirming care who seek to critically resist transnormative and exclusionary care practices face the challenge of determining how to move forward in a way that honours the struggle to make accessible to trans children care that recognizes their agency and gender self-determination in a context where gender affirming care continues to be criticized and contested. For trans children, the future direction of gender affirming care is a matter of critical urgency given that, as it stands, gender affirming care is not equally accessible to all trans children, both in terms of how it is redistributed and who it excludes (Travers, 2018). In the following chapters I discuss the possibilities critical social citizenship theory offers for re-theorizing care for trans children and offering transformative and radical future directions for gender affirming care.

## **Chapter Two – A Methodology for Care**

In this chapter I describe the critical emancipatory research paradigm and community-based research (CBR) approach that informed my research methodology. I then outline the methods I used to undertake this research study, which included two focus groups with eight trans youth and individual interviews with six supportive parents (from four families). I finish with an overview of the ethical considerations and limitations of this research.

### **2.1 Research Purpose**

The purpose of my research study was to explore care for trans children based on the lived experiences and perspectives of trans youth and parents who self-identified as supportive, and to seek out their possible recommendations for how care for trans children can be understood and practiced differently. As the objective of this study was to centre the voices of trans youth and supportive parents, I aimed to: a) ensure that my analysis of trans children's care was based on participants' subjective experiences, rather than working from a pre-determined definition of what care for trans children looks like; b) engage with participants about what factors influence their understandings of or approaches to care, and to discuss whether these understandings of care shifted over time; c) utilize the findings of the field study, as is congruent with the wider critical social citizenship lens I use throughout the thesis, to better understand the mixed responsibility of state, professionals, families, and individuals to care for trans children.

### **2.2 Research Question**

My research was structured around the encompassing question, "how do trans children experience care?" and was guided by three sub-questions: a) how do trans youth and supportive parents define care?; b) what should care for trans children look like, and what must change so

that this can be accomplished?; c) who is responsible for caring for trans children?

### **2.3 Critical Emancipatory Research Paradigm**

As a critical researcher, I am interested in using research as a tool for social change in a way that upholds the validity of knowledge informed by lived experiences of marginalization. Therefore, I centred a critical emancipatory research approach that was grounded in critical epistemologies and emancipatory methodologies (Pease, 2010, p. 7). Critical epistemologies view knowledge as socially constructed and are critical of how knowledge regimes premised on universal truths are used to establish the dominance of some groups of people over others. Emancipatory research approaches enable social change to be embedded into the research process and intentions. Therefore, a critical emancipatory research paradigm aims to include critical epistemologies as an important aspect of creating social change. In the case of this research study, a critical emancipatory research paradigm maintains that engaging with how we know what we know about social care is important to creating social change in normative practices and understandings of care.

There are many critical theories that inform social change and social justice-oriented research, including feminist poststructuralist (Strega, 2015), anti-oppressive (Potts & Brown, 2015), queer (Ferguson, 2013), and Indigenous approaches (Wilson, 2008). While there are theoretical and epistemological differences between and within these critical theories, they align with the broader framework of the critical social citizenship lens that I use in my thesis by resisting liberal ontological and positivist epistemological assumptions that there is a singular and universal truth to be discovered (Moosa-Mitha, 2015).

Critical research approaches challenge positivist research paradigms by emphasizing knowledge as socially constructed and influenced by power relations (Kovach, 2015; Pease,

2010; Potts & Brown, 2015). This is important to trans research because positivist and objectivist methodologies have silenced the knowledge and experiences of trans people (Ferguson, 2013), including trans children (Gill-Peterson, 2018), thus contributing to our erasure and invisibility (Namaste, 2000). As discussed in Chapter 1, this has resulted in the pathologization and medicalization of our identities and lives (Meyerowitz, 2002; Riggs et al., 2019), and developed harmful, pathologizing, and normalizing approaches to caring for trans children (Gill-Peterson, 2018; Travers, 2018; Pyne, 2014b). My research challenges positivist research about trans children by drawing on critical epistemological stances about the production of knowledge to analyze the lived experiences of trans youth and parent participants in a way that addresses factors of power and oppression directly.

Beth Humphries (2008) argues that “a critical research methodology asserts that questions about justice, freedom and equality should be explicitly addressed as part and parcel of its approach” (p. 107). Therefore, critical epistemologies must centre the voices and lived experiences of marginalized communities and maintain an explicit commitment to social change and social action (Humphries, 2008; Pease, 2010). Given that this research study came out of and was informed by my work and relationships with trans children and their parents, it was imperative to me that I use an emancipatory paradigm that centred the knowledge and lived experiences of research participants (Kovach, 2015; Wagaman, 2015) and emphasized a commitment to social change (Fossey, Harvey, McDermott & Davidson, 2002; Potts & Brown, 2015). However, without a critical lens, research with emancipatory intentions can have disempowering effects when it reproduces the dominance of professional knowledge claims that oppress or marginalize groups (Pease, 2010). A critical emancipatory research paradigm aligns well with the critical social citizenship framework I use throughout this thesis because both aim

to address oppressive power regimes and see individuals as active and as having agency. Thus, both ensure the voices and lived experiences of trans children and parents are valued when creating knowledge about how care is enacted and when envisioning what equitable care for trans children would look like in practice.

A critical emancipatory research approach is also a relational one, which allowed me to locate myself as a researcher in relationship with research participants and the research process (Potts & Brown, 2015; Travers et al., 2013; Wilson, 2008, 2013). Indigenous scholar Shawn Wilson (2013) argues that in Indigenous ontologies knowledge itself is relational, and reality is influenced by and influences relationships. In Wilson's (2013) words, "I have come to understand that I'm not just *in* these relationships, but that I *am* these relationships" (p. 313, emphasis in original). While I do not claim an ontological positionality grounded in an Indigenous worldview, such an understanding of relationships resonates with how I positioned myself as embedded within and impacted by the research. Framing relationality within a critical emancipatory framework grounded me in accountability, as a researcher, to be reflexive of how my analysis of the research findings was influenced by my social location (Daley, 2010), and to maintain a commitment to the social change and social action orientation of the research outside of and beyond the research study.

## **2.4 Community-Based Research Principles**

When designing this research study, I drew on the principles of Community-Based Research (CBR). CBR fits within the umbrella of community-engaged and participatory research approaches that maintain a commitment to research that will benefit participants directly through their participation in the research, and/or by using research results to inform social change (Israel, Schulz, Parker & Becker, 1998, p. 176). A CBR approach to research is congruent with a

critical emancipatory theoretical paradigm and aligns with the purpose of my research because it draws on critical theoretical perspectives, is critical of positivist research approaches that situate research participants as passive subjects, and seeks to design a research process that uplifts community as creators of knowledge for the purpose of social change (Burns, Cooke & Schweidler, 2011; Israel et al., 1998; Wallerstein & Duran, 2008).

Key principles of CBR include recognizing community as a unit of identity; acknowledging community members as knowledge holders; ensuring research is relevant and focused on the needs of community; treating community as collaborators in the research process; promoting an empowering process that attends to social inequalities; and integrating knowledge and action for social change efforts (Israel et al., 1998; Minkler, Garcia, Rubin & Wallerstein, 2012). These principles were fitting to my research study because they ensured the knowledge of trans youth and supportive parents would be valued. Guided by a CBR approach, I was able to design a research study that started with the needs of community and reminded me to continuously consider whether I was attending to power dynamics between myself and participants, and between research participants themselves (Mayan & Daum, 2016; Travers et al., 2013). The orientation of CBR towards social action and social change meant that the research study could be used in ways that were useful to trans children and their families, which was of particular importance to me given my existing and ongoing work with these communities.

Participation and building collaborative relationships between researcher and community members is crucial to a CBR approach. Although participation in CBR exists along a spectrum that can range from researcher-controlled projects that involve a lesser degree of participation from community to approaches wherein community has leadership and ownership over the research from design to analysis (Banks et al., 2013, p. 265), CBR literature emphasizes the

importance of community members participating in determining the research questions and research design (Israel et al., 1998; Minkler et al., 2012; Wallerstein & Duran, 2008). When considering how I would design the research study, I reflected on challenges raised by Nooshin Khobzi and Sarah Flicker (2010) about grad students doing community-based research and by Bruce Wallace (2005) about the importance of researchers maintaining long-term and sustainable partnerships with communities before undertaking participatory and action-oriented research. Aware that I did not have the funding to offer research participants honorariums and that I faced institutional and time constraints as a student, I reflected on existing relationships I had with trans children and their families. Drawing on what I have learned through these relationships and my ongoing commitment to work and organize alongside and within these communities, I felt that I could ground my research in relational CBR principles by designing a study and choosing research questions that were informed by aspects of care for trans children that have already been identified by community as needing to be addressed and changed (Burns et al., 2011; Travers et al., 2013; Wallerstein & Duran, 2008).

I chose to use a qualitative research methodology because it fit well with a critical emancipatory research paradigm and the principles of CBR. While qualitative methodologies are the most commonly used methodology for research centring a CBR approach, CBR may also make use of quantitative methodologies when doing so increases the likelihood of institutional validity (Israel et al., 1998; Pyne, Bauer, Hammond & Travers, 2017; Travers et al., 2013; Wallerstein & Duran, 2008). Indeed, some trans researchers have noted that quantitative methodologies can aid in addressing structural invisibility and erasure of trans people (Namaste, 2000; Pyne et al., 2017). For example, the community advisory team of the Trans PULSE Project, which was a community-based participatory research project that produced the first



large-scale survey of trans people in Canada, decided that their survey should use both qualitative and quantitative methodologies to address the erasure of trans people from most quantitative data (Pyne et al., 2017). They were then able to use the data from the survey to produce a report showing the significance of parental support for the health and well-being of trans youth and this report has been one of the most impactful tools in my work training service providers and supporting parents (Travers et al., 2012). In my study, I chose to use a qualitative methodology on the basis that it was best suited to answering my research question and goal of centring the voices of trans youth and supportive parents.

## **2.5 Researcher Location: dynamics of an insider research position**

Given my social location as a trans person, and my relationships and roles within communities of trans children and their families, it was impossible for me to separate myself from this research. While insider researchers face some specific ethical challenges of navigating power dynamics and relationships with research participants and the communities we are part of (Mayan & Daum, 2016), I believed by reflexively positioning myself within this research I could challenge modernist notions of researcher objectivity and neutrality and cisnormative ideas of what counts as knowledge and who counts as a “knower” (Moosa-Mitha, 2015; Strega, 2015). Indigenous and critical race scholars have made important contributions to literature about researcher positionality by drawing attention to how the assumed neutral subject at the centre of the pursuit for scientific knowledge and objectivist research is a rational white male (Ladson-Billings, 2000; Smith, 2012). In response, Indigenous and critical race scholars have identified and resisted the epistemological racism that is embedded into dominant research paradigms (Ladson-Billings, 2000; Smith, 2012). Many Indigenous scholars have also responded by

developing research paradigms that are grounded in relationships and Indigenous ways of being and knowing (see Kovach, 2015; Qwul'sih'yah'maht, 2015; Smith, 2012; Wilson, 2008).

Trans scholars have also mounted challenges against the dominance of cisnormative researchers and cisnormative bias in research done on and about trans people (Namaste, 2000; Pyne et al., 2017; Riggs et al., 2019; Travers et al., 2013; Travers, 2018). As Riggs et al. (2019) argue, such research has supported the institutional power and privilege of cisgender researchers and resulted in research that drives the regulation of trans people through transnormativity (p. 918). Two-Spirit, Indigenous, and critical trans of colour scholars have further contributed to the literature through their efforts to address issues of race and racialization in trans research by bringing to the forefront the experiences of Indigenous, Two-Spirit and trans people of colour, and by challenging the dominance of a white, binary, and medicalized trans subject in trans research (Boellstorff et al., 2014; Gill-Peterson, 2018; Snorton, 2017).

I am grateful for the teachings and reflections of trans and queer researchers who have come before me, particularly in terms of doing research that is personal while navigating issues of equity and power when doing research within our own communities (Holmes, 2017; Kanuha, 2000; Namaste, 2000; Travers et al., 2013). Importantly, I have learned that being part of the trans community does not guarantee that my lens or approach will be critical. While my insider positionality may unsettle who is the knower within trans research, I am cognizant that the power I hold as a researcher and the social location I occupy as a white, trans-masculine, and middle-class adult means that I straddle what Michelle Fine (1998) calls the hyphen between “insider” and “outsider.” Valerie Kahuna (2000) describes her experiences of researching at the “hyphen of insider-outsider” in the context of doing research with and as a lesbian of colour. Discussing the ethical and methodological complexities of navigating institutional ethics and community

relationships, Kahuna (2000) argues that insider researchers are “grounded implicitly and situated at all moments in the dual and mutual status of subject-object” (p. 441). While researching at the hyphen of insider-outsider can be challenging and beneficial to both researcher and participants (Kahuna, 2000; Fine, 1998), the power the researchers hold cannot be fully mitigated. However, Fine (1998) offers that one approach researchers can take to address power inequities is to hold a critical awareness of the fluidity between insider-outsider and to take responsibility to not essentialize or speak for the communities research seeks to represent.

To recognize and respond to the impact of social power on research processes and interviewing relationships, I used critical reflexivity in how I designed, implemented, and analysed my research (Daley, 2010, p. 69). This meant that I continuously reflected on my position as a researcher and the relationships I had with participants to disrupt positivist notions of research participants being “knowable” and researchers being “evidence” collectors intent on proving an argument (Fook & Gardner, 2007). Although published after I had completed my research study, the *Canadian Professional Association for Transgender Health’s* (CPATH) (Bauer et al., 2019) ethical guidelines for research with trans people and communities reflects many of the questions I grappled with as a trans researcher. Overall, the guide includes an encompassing six principles for transgender research and seventeen guiding questions, replete with numerous sub-questions, for informing researchers seeking to do research with trans communities (Bauer et al., 2019). I was particularly impacted by one point made in the CPATH guidelines which addresses researcher reflexivity and recommends researchers “maintain awareness that no researcher is ‘unbiased’ or neutral on issues of gender” (Bauer et al., 2019, p. 4). This made me reflect on the importance of not collapsing all trans people within an umbrella

of sameness and of the responsibility trans researchers have to be transparent about their beliefs about gender.

To this point, my analysis of the research was influenced by my political stance that gender is socially constructed, that all people deserve the right to self-determine their gender (and for their gender to change over time), and that gender affirming medical and social care should be free, safe, and non-pathologizing. At the same time, I believe it is important to acknowledge that being trans does not make me an expert on trans people. As a white trans-masculine person who was raised in a middle-class home in a Western context, I experience privileges that limit an embodied knowing of how racism and trans-misogyny and poverty intersect with transness. At the same time, my personal experiences of gendered oppression and queerphobia, from experiencing the invisibility of being a non-binary person who uses they/them/their pronouns and the visibility of being genderqueer and a queer parent, to being treated as a girl and young woman for most of my life and now facing the uncertainty of being read as a different gender depending on context, have informed my belief that the experiences of marginalized people must be amplified and inform the direction of social change efforts. Therefore, the critical trans lens I apply to my research is intended as an epistemological challenge to cisnormativity, transnormativity, and oppression while transparently and critically reflecting on how my personal and lived experiences of gender inform and limit how I interpret and analyze the experiences of research participants.

## **2.6 Methods**

### **2.6.1 Planning and Implementing the Research Process**

For this study, I used semi-structured focus groups and interviews. Interviews were guided by a series of questions that asked participants about how they understood or defined care, who they believed was responsible to care for trans children, and what they believed could

be improved about how trans children are cared for. The guiding questions were structured to centre the perspectives and experiences of participants and were designed to be broad and open to interpretation to avoid putting pressure on participants to share experiences they were not comfortable sharing for the purposes of a research study.

After designing research protocols to address issues of informed consent, voluntary participation, confidentiality, and anonymity (discussed in subsequent sections), I applied to the University of Victoria Human Research Ethics Board (HREB) for ethics approval and was approved (Protocol Number: 18-168).

Two groups were asked to participate in the research study: trans youth, and supportive parents. As the focus of the research was trans children's experiences of care, it was imperative that young trans people participate in the research. Trans youth between the ages of 13 and 19 were invited to participate in a two-part focus group process that was facilitated by me. Youth were told the focus group would take place over two meetings, each lasting approximately two hours. Eight youth attended the first focus group, and six youth returned for the second.

It is well-established that parental support is vital to the health and well-being of trans children (Travers et al., 2012) and in my experience working with parents of trans children, I have witnessed the immense amount of advocacy and carework parents do to support their children. Given the significant care parents provide in the lives of trans children, I thought it was important to include the perspectives of parents who self-identified as supportive in this research to better understand how parents make care-related decisions, what actions parents take to care for their children, and how parents are also impacted by the care their children receive. My intention in only recruiting parents who self-identified as supportive was to show how different parents define, understand, and enact support for their trans child and to compare this with how

trans youth define and want to be cared for. I did four interviews with six supportive parent caregivers. Two interviews were done with couples, and two were done with individual parents. Interviews lasted between one and two hours. There was no requirement that parent and youth participants be related.

## **2.6.2 Participant Recruitment and Selection**

### *2.6.2.1 Trans Youth Recruitment Process*

Once I received HREB approval, I used a convenience sampling recruitment approach and third-party recruitment strategy of contacting service providers (ex. youth workers, counsellors, social workers, etc.) who work with trans youth. In an email to service providers I included a poster (Appendix A) containing information about the research and my contact information to be distributed in sites where trans youth were already accessing services and programs. In case service providers knew of supportive parents who might be interested in participating in the study, the email also included information about parent participation (Appendix B). Posters were distributed via social media, put onto poster boards at LGBTQ2S+ youth events and drop-in spaces, and given to youth directly.

Within a few days, I heard back from one youth participant. An additional two youth expressed interest after having learned about the research through their parents. After this it took a few weeks before I heard from more youth. I believe this was in part because my relationships and work in community at the time were primarily centred on parent caregiver support and programming for younger trans children. Given the importance in community-based research of building relationships and trust with community, and considering how quickly youth communities change, I expected that my step away from youth work during grad school to focus on the gaps in services for parents and younger trans children would impact the interest I received from trans youth. For this reason, I relied on my relationships with service providers

who trusted me to distribute recruitment information. After a few weeks, a trans service provider who works closely with trans youth in community invited me to attend an LGBTQ2S+ youth drop-in space to share information about my research because they felt it would be better for youth to meet me in-person. At this group, a number of youth expressed interest and this snowballed into them sharing information with other friends who also decided to participate. Within the week following that group I had eleven interested youth participants.

To avoid excluding or creating barriers to participation for trans youth who have not disclosed they are trans to their parents/guardians, or who may not be supported by their parents/guardians, Adams et al. (2017) and Bauer et al., (2019) recommend that researchers and research ethics boards consider alternative approaches to consent with young trans people. In accordance with the HREB (2008) policies, which state that youth over 13 can consent to their own participation in research, trans youth participants interested in participating in this research study were not required to get parent or guardian consent (p. 12). However, while the HREB agreed to allow youth to consent to their participation, I was also asked to modify my research protocol to ensure that the parents and guardians of interested youth participants under the age of 19 be informed of their child's participation in the research. This may have excluded some youth from participating as informing parents/guardians of their interest in trans-specific research still put youth into a position of having to disclose to their parents that they were trans or of having to face potential repercussions if they were not supported by their parents/guardians.

Once participants indicated that they were interested in participating, I set up a time where we could meet in person to discuss the study and go over the consent form together to ensure informed consent. Given that trans children have been subjected to treatments without their consent (Gill-Peterson, 2018; Travers, 2018), it was important to me that I meet with youth

one-on-one prior to focus groups so as to ensure that they had an opportunity to ask questions about the research, voice any concerns, and let me know about any accessibility needs. This also gave youth, particularly those who did not already know me, an opportunity to meet and ask me questions and then some time before the first focus group to consider whether they still wanted to participate.

At these meetings, I ensured youth met the eligibility criteria and went over the consent form in detail. Every youth was given a hard copy of the consent form and for my records I asked youth to fill out a short information sheet with their name, pronouns, contact information, self-determined gender identity, accessibility needs (i.e. no florescent lighting, wheelchair access, etc.), and a pseudonym they wished me to use in the research. During these meetings I also assessed, through informal discussion, whether a trans youth could face potential harm from parents/guardians if they decided to participate in the research study. Three youth invited their parents to attend this meeting, and I met with the other eight youth without their parents. After the initial meetings, two youth decided not to participate.

#### *2.6.2.2 Parent Recruitment Process*

I used two methods to recruit supportive parent caregivers. The first was a third-party recruitment email sent to service providers who work with parents and support groups for parents of trans children and youth on Vancouver Island (Appendix C). An email was also sent to the listserv of the support group for parents and caregivers of trans children that I facilitate (Appendix D). Given the potential for a dual-relationship with parents recruited via the support group, this email was accompanied by a message that explicitly stated that participation was optional and that the choice to participate would not impact any parent's ability to continue participating in the support group, nor their relationship to me. I elaborate further on the ethics of



navigating my role as a researcher with existing relationships in the communities who participated in my research in the section on ethical considerations.

Within two days of sending parents information about the study I received more interest than I had space. This put me into a difficult position of choosing who could participate in the research. On the one hand, I wanted to avoid having all families from the same social backgrounds, but as I had not prepared for this possibility, I decided to use a first-come-first-serve approach.

Consent forms were sent to parent participants via email prior to the interview to give them time to review and ask questions. In this email I also asked parents if they had a preference about where they were interviewed, and gave everyone the option of providing a confidential and accessible space.

### 2.6.3 Profile of Participants

#### Youth Participants

<b>Pseudonym</b>	<b>Pronouns</b>	<b>Age</b>	<b>Gender</b>
Hamilton	He/him/his or they/them/their	13	Female-to-Male (FTM)
Sebastian	They/them/their	13	Agender
Rowan	He/him/his	14	FTM
Marla	She/her/hers	14	Trans girl
CB	All pronouns and interchange	18	Non-binary
River	They/them/their	18	Non-binary
Gob	He/him/his	19	FTM
Owon	He/him/his	19	FTM

I did not ask research participants to share specific demographic information beyond pronouns, age, and how they would like their gender to be identified. However, when responding to questions during focus groups and interviews, participants shared other aspects of their identity and lived experiences. Four of the youth participants were living or had lived in rural

and remote communities. During one of the focus groups where youth discussed sexuality and relationships, two youth shared that they had first identified as lesbians but later, as they came into their gender identity, started identifying as gay boys. Although I did not specifically ask about race, CB, who is multiracial, and Owon, who is Indigenous, discussed how race and racism impacted their experiences of care. The age division between participants, half being thirteen or fourteen and the other half being eighteen and nineteen, created some interesting inter-age dialogue where older youth gave advice or discussed what was different about their lives in comparison to younger participants.

#### Adult Participants

<b>Pseudonym</b>	<b>Pronouns</b>	<b>Trans Child's age</b>	<b>Trans Child's pronouns</b>	<b>Trans Child's Gender *</b>
Patricia & Leslie	She/her/hers & she/her/hers	14	He/him/his	Trans boy
Tessa	She/her/hers	14	She/her/hers	Trans girl
Cassandra & John	She/her/hers & He/him/his	15	She/her/hers	Trans girl
Susan	She/her/hers	16	He/him/his	Trans guy

*\* Represents the language parents used to describe their child's gender*

Parent participants were all married or in long-term partnerships. Two families had three children, one family had two children, and one family had one child. All parents were cisgender, three of the families were in heterosexual relationships and one family identified as a queer family with lesbian moms. One family was a blended family, and another family had adopted a child internationally. Different families spoke of the importance of faith, culture, and community in shaping their approaches to parenting, including connections to Jewish, Francophone, and queer communities. Three of the families discussed having middle-class privileges, and all parents from those families had graduate-level education. All of the families identified their trans

child as having disabilities, including undiagnosed learning disabilities and diagnoses of autism, anxiety, and Attention Deficit Hyperactive Disorder.

## **2.6.4 Interviews**

### *2.6.4.1 Focus Groups with Youth*

Each focus group lasted two hours and was structured around a series of questions to guide help guide the conversation. At the beginning of the focus groups I went over the consent form (Appendix E) and limitations of confidentiality with the group and then took a short break to give youth an opportunity to sign the form or to leave if they no longer wanted to participate. Each youth was provided with a copy of a list of local trans affirming resources and counsellors to access should they need one as a result of participating in the focus group, bus tickets, and were told that leaving would not impact their access to these resources. In the case of one youth, I reimbursed them for parking and mileage as they had driven from a surrounding rural community. At the second focus group I repeated the same process but with a shorter consent form.

At each of the focus groups I provided food and made sure there were containers so that participants could take home leftovers. I have learned about the importance of food and feeding people through community organizing, especially from BIPOC-led organizing, and consider food to be vital to building relationships and fostering community. We took breaks during both focus groups to share food and build community. Youth came early and stayed up to thirty minutes after both focus groups to talk, hang out, and help set up/take down the room. At the end of each focus group I checked-in with youth to ensure they were doing alright emotionally. Although many difficult and emotional stories and experiences were shared during the focus groups, we

also shared many moments of laughter and the energy in the group was one of belonging, joy, and safety.

Eight youth participated in the first focus group. After taking a break to sign consent forms I turned on two audio recorders, one for each side of the table. I then started with putting together a collaborative group agreement for how we wanted to be in community together during the focus groups. This group agreement was intended to create an opportunity for youth to discuss ways that the interviews and space could foster safety and participation. The question I used to prompt creating the group agreement was: “How can we make this a caring space for dialogue? What will this look like in practice?”. The youth shared ideas about what confidentiality could look like, about the importance of respect, and a speakers list strategy to avoid talking over or interrupting one another. Before moving to new questions, they asked me to ask the group if anyone had anything to add. Conscious of my responsibility and power as the researcher, and trying to be critically reflexive of my intentions to not observe but to participate in the conversation, I added to the group agreement that for me it felt important that we consider that there may be different power dynamics and relationships in the room that could make it difficult for some people to participate. I shared my hope that everyone feel as though their voice matters and that we treat everyone’s story with care, respect, and non-judgement.

Although a series of questions framed the conversation, I did not interrupt the flow of conversation to follow a particular order. The discussion flowed easily between youth and at times I asked follow up clarification questions or briefly offered my responses to what youth were sharing when I felt this could offer validation of their experiences. I was careful to ask if anyone wanted to add to any questions before moving to new ones. Being transparent and open about being trans also informed how I approached my participation during the focus groups.

When relevant, I shared about my experiences of being a trans person by framing questions or contributions to discussion through my trans perspective, for example saying: “in my experience it can feel different to be misgendered by people I love versus people I don’t know – what about for you?” Doing so was intended to show participants where my questions as a researcher came from, but also to invite space to interrogate similarities and differences between our experiences as trans people.

The following questions served as my initial guide to the focus groups. In preparation and with the intention of facilitating participation, I made a note of a few prompts and follow up questions to ensure clarity. Although I did not read many of these prompts because the initial questions generated dialogue without need for further clarification, I have included them below for the sake of transparency.

#### Youth Focus Group 1:

1. What does *care* mean to you?
  - a. Prompt: Complete the sentence – “I feel cared for when \_\_\_\_\_” (*write on flipchart as visual*).
2. What does it look or feel like to be cared for? (Doesn’t have to be specifically about being *trans*, but can be more generally about good experiences of care).
  - a. Can you think of a time you witnessed or experienced *good care*?
  - b. How did you know it was good care? (What did this feel like?)
3. In your experience, where does the best care for young trans people usually happen? Who is providing it?
  - a. Does care happen in relationships (friendship, loves/dates, family)? In health care, at school, faith communities, etc?
  - b. Are there differences between these kinds of care?
4. Whose responsibility is it to care for trans youth?
5. What do you think prevents / stands in the way of trans youth from having good and positive experiences of being supported and cared for?

There was one week between focus groups during which I took time for reflection, listened to the recordings, processed what I had heard and took notes. I remarked that there were

significant disparities between how older and younger youth were speaking, with older youth (most of whom knew each other before arriving at the focus group) taking up the majority of the time. While I believe that there are many reasons why some people do not speak often in groups and that presence and witnessing is in itself a form of participation, I felt it was my responsibility to address some of the inequitable power dynamics in the room.

Six youth returned for the second focus group. After signing consent forms and turning on the recorder, I revisited the group agreement and asked the group how we could rearticulate our collective commitment to support everyone to participate in a way that felt good for them. After some discussion, I offered that I had been reflecting on this and was curious whether the group was open to taking time to individually write down or sketch reflections to questions before moving into group discussion. The youth agreed to try this. I was clear that I would not collect or read anything youth wrote, nor ask them to share with the group. Rather, the intention was to both give youth who need time to process questions before answering the opportunity to do so. Perhaps due to a mixture of this strategy and being a smaller group, the flow of the conversation was more equally distributed amongst participants.

During the break, one youth approached me and asked that one of the stories they told be removed from the transcript. I told them that I would of course do this and asked if I could do anything to support them. It was reassuring and meaningful to me that this youth felt enough trust in me and the research process that they could make this request.

The following questions guided the discussion at the second focus group:

Youth Focus Group 2:

6. Check-In: name, pronoun, anything you want to add from last time (i.e. things that have come to mind since then, things you didn't get a chance to say).
7. How would you describe your identity and who you are?

- a. not looking for any specific demographic information, but if there are any pieces that are important to who you are, and how you see the world, I'd love to know about this so that I can reflect this in the research
8. Do you think identity impacts your or other trans youth experiences of being cared for, including access to care services (like health care, assessments for hormones or diagnosis, or social services)? In what ways?
9. Do you think trans youth get the care they deserve? Why, or why not?
  - a. What do you think prevents / stands in the way of trans youth from having good and positive experiences of being supported and cared for?
10. Who do you think gets to decide what is the *best* way to care for young trans people? Who should be deciding what is best for young trans people?
  - a. What would your dream world for care for trans youth look like?
11. What do you think needs to change to improve or benefit trans youth's experiences of care?
12. What role do you think trans youth should have in improving the ways trans youth are taken care of?
13. Anything else you would like to add?

I closed the focus groups by honouring the time we had spent together and expressing my gratitude. I invited everyone to do a check-out where they could add any final thoughts.

#### 2.6.4.2 Interviews with Parents

I used a semi-structured approach to interviewing parents. As I had heard from interested parent participants before I had heard from youth, and because it was easier to coordinate with individual families, I started and completed my interviews with parents before the focus groups. I did four interviews with six parents and between each interview I had time for reflection and to listen to the audio recordings. I asked participants to set aside one hour for each interview, though on average they took 1.5 hours. Each parent was offered a childcare stipend or bus tickets, but nobody took me up on this offer.

When I met with parents for the interview, I reviewed the consent form (Appendix F) with them together, out loud. When they signed the consent form, I asked them to put down a pseudonym they wished me to use for themselves and their child and gave them a copy of the consent form for their records. To address challenges around small communities and confidentiality in the data analysis process, I was careful to spend the time necessary to be transparent and clear about the potential risk that some readers may identify a research participant based on the stories or information they choose to share, especially given how small and interconnected the community of parents and trans youth is in our region. I then turned on the audio recorder and began the interview. While I left room for the conversation to shift and asked clarification questions as needed, the following questions served as my initial guide to the interviews with parents:

1. Can you describe a bit about your family?
2. What role do you see yourself having in the life of your trans child?
3. What are some ways you show your trans child you care for and support them?
4. How do you think caring for a young trans person impacts you?
5. Other than yourself, who provides care that is trans/gender affirming in your trans child's life?
6. What do you think good care for trans children and youth should look like?
7. In terms of trans and gender affirming support, do you ever feel conflicted about what is the best way to care for your trans child?
  - a. If YES: What is an example of a time you felt conflicted about how best to care for your trans child? How did you ultimately decide what to do?
  - b. If NO: What helps you feel certain and confident that you know how best to care for your trans child?
8. Can you describe a time you felt the way you cared for your trans child had a positive result? What makes you feel it was positive?



9. What are some challenges you experience caring for or accessing care for your trans child(ren)?
10. Whose responsibility is it to care for trans children and youth?
11. Who should determine how care is provided to trans children and youth, including what is best for them?
12. What changes (ex. in policies, in practices, etc) would benefit your trans child?
13. Any additional comments?

## **2.7 Analyzing the Narratives**

I analyzed my data using thematic analysis (TA). TA is an umbrella term that refers to a range of different and theoretically flexible approaches used to identify, encode, and analyze patterns and themes found in qualitative data (Braun & Clarke, 2006; Braun, Clarke, Hayfield & Terry, 2019; Clarke & Braun, 2018). The flexibility of TA to analyze patterns across the differences and similarities in participants' lived experiences and perspectives aligned well with my research purpose and methodology because it encouraged the identification and interpretation of themes found within the data (Braun & Clarke, 2006; Clarke & Braun, 2017; Nowell, Norris, White & Moules, 2017).

As there are many different approaches to TA, I felt that a reflexive TA approach was best suited to this research study because it acknowledged my power as a researcher to interpret the data and determine which themes would be highlighted (Braun & Clarke, 2006; Braun, Clarke, Hayfield & Terry, 2019). Virginia Braun, Victoria Clarke, Nikki Hayfield and Gareth Terry (2019) describe themes as “reflecting a *pattern* of shared meaning, organized around a core concept or idea, a central organizing concept” (p. 845, emphasis in original). However, rather than seeing themes “emerge” from the data, which implies a passive role of the researcher in identifying patterns and selecting themes, TA can be used as an approach that acknowledges the interpretive role and position of the researcher (Braun & Clarke, 2006; Clarke & Braun,

2017). To help guide my approach in identifying and analyzing themes, I drew on the work of a number of authors who have broken down TA into a series of phases (Braun & Clarke, 2006; Braun et al., 2019; Nowell et al., 2017). While these phases in some ways represent step-by-step processes, they are not intended to be taken as an iterative and reflective process that shifts between and returns to the various phases (Nowell et al., 2017).

I began by familiarizing myself with the data. Once interviews were complete, I hired transcribers to produce detailed verbatim transcriptions of each interview, including pauses, silences, and laughter. To verify the transcriptions and immerse myself in data, I listened to the interviews at least two times while following alongside the transcription. I sent participants a copy of the transcriptions for their corrections and feedback. I reminded participants that I would not include obviously identifying information and that they could ask me to remove certain stories from the transcript. I then started to generate initial codes and search for themes within the data set. I followed Virginia Braun and Victoria Clarke's (2006) advice of going through the entire data set to begin identifying codes. This began with looking through initial notes and reflections I had recorded while listening to the recordings of the interviews. I then reviewed the transcripts line-by-line to generate a list of themes and sub-themes that appeared in the interviews.

In a reflexive TA approach, coding is an iterative practice that can evolve as codes are split, renamed, or combined with different codes (Braun et al., 2019). I was guided in identifying and analyzing my themes by critical social citizenship theory. The entire process of analysis was an active and non-linear experience for me. Using numerous visual maps and representations to organize my themes, I was consistently collapsing, removing, adding themes and adjusting where certain sub-themes fit. Nowell et al. (2017) suggest debriefing with peers throughout the

phases of generating, searching for, and reviewing themes. For me, this included a number of discussions with my supervisors which I always left seeing new connections between themes. Additionally, over the number of months I spent reviewing the data and defining themes, I started to notice the themes I was reflecting on appear and re-appear in my work with parents and trans children. This led to a reflexive process that I felt showed the principles of CBR in action in that I could see how the themes that I was identifying in my research were relevant to community. Additionally, I found that being in community at the same time as doing my thematic analysis brought the data to life, and in some cases illuminated connections in the data that had otherwise not been visible to me.

## **2.8 Ethical Considerations**

Ethical considerations pertaining to this research study largely centred navigating relationships between myself and participants. While CBR is a research approach that centres collaborative partnerships, CBR literature discusses how relationships between researchers and participants can present ethical challenges for ensuring confidentiality, informed consent, and navigating boundaries and power dynamics within relationships (Banks et al., 2013; Israel, Eng, Schulz & Parker, 2005; Israel et al., 1998; Mayan & Daum, 2016; Wallerstein & Duran, 2010; Wilson, Kenny & Dickson-Swift, 2017). As I already had established relationships with community, I experienced the challenge of ensuring that the trust in these relationships be maintained. This brought up a number of issues surrounding recruitment, consent, and confidentiality.

Already being in relationship with potential research participants through my practice as a social worker pushed me to critically reflect on the ethical considerations of dual relationships. The UVic HREB (2008) defines a dual relationship as when a researcher has power over

participants and when public release of research results could compromise privacy of participants (p. 2). Mindful that CBR often requires researchers to take into account ethical considerations beyond those outlined by research ethics boards, I drew on CBR literature to carefully consider the ethics of being in a dual-role relationship with research participants (Wilson et al., 2017).

This first meant acknowledging that relationships are common and almost unavoidable in trans and queer communities. In a discussion about navigating dual relationships between counsellors and clients, Bethan Everett, Devon MacFarlane, Vikki Reynolds and Harlene Anderson (2013) argue that there are many ways queer communities can benefit from dual relationships being navigated ethically and with careful consideration of power dynamics and confidentiality, which “offers the benefit of hope in the form of positive role models and capacity building that is essential to strengthen and enrich communities that can be very marginalized and disenfranchised” (p. 22). CBR literature suggests that one way of addressing ethical issues of maintaining boundaries and ensuring confidentiality is through open and ongoing discussion about researcher and participant roles (Banks et al., 2013; Wilson, Kenny & Dickson-Swift, 2018). I applied my existing experience and knowledge of navigating dual relationships as a social worker and trans community member to the likelihood that I would have previous connections with research participants.

At the time of this research I was one of the few people in the region providing support services for trans children and was the coordinator of a peer-based support program for parents and caregivers of trans children in the region. A CBR approach provides frameworks for working within the complexities of overlapping relationships and roles in a way that keeps the best interests of community at heart (Wallace, Pauly, Perkin & Ranfft, 2015). I was clear throughout the research process, from recruitment to transcription and analysis, that participants

could withdraw from the research at any time, and that this would not impact their participation in community programs. For those who did express interest in participating, I was clear that what was shared through the research would be kept confidential and contained to the interview. To address concerns about confidentiality in small communities, I encouraged participants to review copies of the transcriptions and informed them that I would change any details they felt might be identifying.

Ethics and quality of qualitative research are interlinked (Fossey, Harvey, McDermott & Davidson, 2002). Assessing quality of research means discussing power relations between researcher and research participants and ensuring “authentic representation” of participant perspectives (Fossey et al., 2002, p. 723). Ensuring the quality of this research study was particularly important because of the political moment within which this research is situated. Those doing research with trans communities must carefully consider that their work could be used to advance anti-trans dogma, attack the provision of trans care, and increase stigma (Adams et al., 2017, p. 168). Research about trans children is, in the current political and social climate of rising anti-trans sentiment, vulnerable to being attacked, taken out of context, or spun to reinforce violent and corrective treatment of trans children. As the work I do in community is immersed in these tensions, I have carried the fear throughout this research process that my research could be used in a way that could harm those I intend to benefit (Wilson, Kenny & Dickson-Swift, 2018). Ensuring that my methodology and methods upheld a standard of quality that could withstand the potential of adverse reactions is thus a matter of ethical consideration related to protecting research participants and the communities who are represented and impacted by this research.

## **2.9 Research Limitations**

By limiting recruitment of participants to the Southern Vancouver Island region, the data findings and discussion were contained to the context of a small and specific region. Although participants who lived in rural areas reported facing more barriers to accessing gender affirming care practitioners or trans positive resources and programs, the closest urban centre of Victoria is well-resourced with gender affirming service providers and programs for trans children and parents. As a result, the data represented a fairly unique context, at least for regions in British Columbia, in that a range of gender affirming service providers, resources, and programs were available to most participants.

Additionally, the study is limited in that it reflects a relatively small participant sample size. Demographically, the majority of experiences and perspectives represented within the research were reflective of white privilege, as the majority of participants were white, and of class privilege amongst parent participants, as most identified themselves as having graduate degrees and being middle-class. Had I prepared for the possibility that more parents than I had space for would show interest in the study, I would have considered asking for demographic information as part of my recruitment strategy to potentially address limitations regarding parent representation. Although participants were quite reflective of how their privileges influenced their access to and experiences of care, few racialized parents or youth participated in the study, which in turn limited discussion of how racism impacts trans children's experiences of care. While some youth participants spoke of how classism and racism, particularly when it intersected with not having supportive parents, impacted their experiences of care, parent participants spoke primarily from the perspective of middle-class privilege. An additional limitation was that most youth participants identified that they were assigned female at birth, which limited the depth with which the research study could analyze how trans-misogyny

influences trans children's experiences of care. Furthermore, the requirement that youth participants inform parents about their participation in the research may have resulted in certain perspectives, for example those of youth whose parents do not know they are trans or whose parents may not be supportive of them participating in trans-related activities or community, being missed.

While the overall number of participants is reflective of the scope of this study as a Master's-level thesis, much of my analysis of the data draws on my five years of experience working as a practitioner with over 50 families with trans children. Although I chose not to use autoethnography as my research methodology, and therefore do not directly use my personal and practice experiences as data, as a study informed by CBR and as a researcher who is actively involved in supporting trans children and parents, my analysis is informed by and reflective of what I have learned providing support services and building community relationships with trans children and parents.

Each of the parent participants discussed how caring for and accessing care for their children was impacted by disability and ableism. As I had not prepared to engage with parents about how disability shaped their child's experiences of care, my discussion and analysis of the data was limited in how profoundly it could address themes of ableism as it relates to how trans children are cared for. This experience left me aware of how my privileges as an able-bodied person and my lack of knowledge and engagement around disability struggles resulted in a missed opportunity to bring representation to the intersections of disability and trans childhood from a critical lens. Although this experience challenged me to learn from critical disability justice studies, particularly by queer and trans authors (Clare, 2013; Piepzna-Samarasinha, 2018;

withers, 2012), this research study is unfortunately limited in representing disability from the lived experiences and perspectives of participants.

## **2.10 Conclusion**

In this chapter I discussed the critical emancipatory research paradigm that informed my decision to use a community-based research approach and qualitative methodology to guide my research. I described the process I underwent to implement semi-structured focus groups with trans youth and interviews with supportive parent caregivers, I discussed how I analyzed the research data, and described the limitations of the research study. In the next chapter I analyze the data and in the final chapter I discuss and interpret it.



## Chapter Three – Voicing Care

In this chapter, I discuss how the themes of responsibility, recognition, belonging, agency, and self-determination emerged from how research participants described their experiences of care and how they envisioned what care for trans children should look like. Descriptions of responsibility included not only who is responsible to care, but a belief that responsibility is enacted through care that affirms trans children's self-determined gender. The theme of recognition emphasized the ways in which normative notions of trans subjectivity and childhood influence accessibility of gender affirmative care. Research participants also resisted normativity in spaces where they felt a sense of belonging and acceptance for who they are. This chapter concludes with agency and self-determination as guiding themes for envisioning how care for trans children can be based in relationships that honour their differences from an assumed norm.

### **3.1 Responsibility: who cares and who decides what counts as care?**

The theme of responsibility appeared not only in response to the question “who is responsible to care for trans children?” but throughout interviews and focus groups. Trans youth participants believed that adults, especially parents, are responsible for ensuring trans children are well taken care of. Youth described adults as having a responsibility to support and affirm their self-determined gender. When trans youth did not feel that the adults in their life cared for them in a way that supported or affirmed their gender, they often relied on each other for care. Parent participants agreed that caring for trans children is primarily the responsibility of parents but also felt that this responsibility should be shared with extended family, community, and professionals. When making decisions about how to act in the best interests of their trans child, parents were guided by a desire to affirm their child's gender. However, systemic barriers to care

and competing professional discourses about what is in the best interests of trans children made it difficult for parents to always act in ways that were gender affirming.

### **3.1.1 Adult Responsibilities: trans youth perspectives**

Although Rowan felt it is the “*responsibility of really everyone to be somewhat – like at least just respectful of trans youth,*” trans youth participants agreed that adults, especially parents, are responsible for trans children’s care. As Owon put it, trans children must be recognized as *children* who need adults to care for and protect them because “*it’s adults’ responsibility to take care of youth in general, so like just because your kid is trans, doesn’t mean you get to just stop taking care of them.*” Youth used the terms care and support, sometimes interchangeably, when describing their experiences and discussing the responsibility of adults. For River, trans children depend on multiple adults who, depending on their role, can provide different types of support:

*I feel socially, you should be supported, like at school, by your teachers, principals, whoever again is in charge there that can help influence the others. Your family issues – your family should definitely support you. And with health, it – whatever you need. Again, it’s going to be mostly adults, because they’re the ones that have the power to help you. It’s going to be your doctors and your counselors and stuff.*

Care and support from parents and adult family members was the most significant, important, and meaningful to youth. Gob gave the example of how meaningful it can be when their family takes the time to show support and be alongside trans children as they access care:

*I feel cared for when, um. [pause] When, um, family sees me as I am and wants to support that. [...] taking time out of their days to like [...] take the day off of whatever they’re doing so that they can come with me to a medical appointment, um, that has to do with trans stuff and everything.*

In some cases, youth saw professionals as playing a role in caring for them by supporting parents to fulfill their parental responsibilities. For example, professionals could help educate parents about how to better care for their trans children. CB described how grateful ze was to have a youth worker who provided resources to hir unsupportive parents:

*When I did come out to my parents, they weren't very supportive, but I had a youth navigator who [was] more supportive who was willing to talk to them. So, I think that having people like that give them resources, instead of putting it all on the kid is really important.*

Trans youth emphasized that adults are responsible to care for them because they are children. In particular, youth felt that the responsibility of parents to care for them should not change because they were trans, a finding which suggests that it is not a normative expectation for trans youth that parents will support them and continue to care for them after sharing that they are trans. Youth also saw other adults, including family members and professionals, as having a responsibility to care for them. As the following section discusses, youth did not only feel that adults are responsible to care for them but were also specific about what this care should look like in practice.

### **3.1.2 Responsibility to Care in Action: trans youth perspectives**

Youth defined adult responsibility as being active and responsive to their needs. For Marla, this meant that adults are responsible to take initiative to become educated and informed so that they can provide adequate care:

*It's good for them to do their own research instead of relying on the kid who's like eleven or twelve to, like, educate them on something that they aren't really even fully educated on themselves. Like, when I came out when I was, like, eleven I think, my mom, she started going to, like, a bunch of support groups. Like support groups for, like, parents with, like, transgender kids.*

This is not to say that youth wanted adults to make care decisions on their behalf. Rather, youth saw it as the responsibility of adults to share knowledge that might be difficult for trans children to access. River gave the example of how professionals should have a responsibility to share their knowledge with trans children, even if this means sharing upsetting news:

*We don't know everything. Like if we want hormones or surgery, we don't know everything regarding our bodies. [...] I think that we should definitely have adults involved that know what they're talking about to help us, or at least explain to us, and be like, 'I get that you want to do that, I support that, but this is why we can't do it right now.'*

However, some youth were prevented from living as their self-determined gender by parents who used their power to stop youth from accessing gender affirmative care. In Owon's experience, having an unsupportive family member delayed the already long process of accessing hormones:

*It was at least a three-year process [to start hormones]. And you had to have a set like support system. Like even if one person in your family was like, 'no I don't think this is good,' they wouldn't have given me testosterone.*

Youth experienced parents and family as inconsistent in how they supported them and found that adults could fluctuate between being affirming and disaffirming. Rowan described his parents as advocates for him with extended family members and professionals, but his parents also imposed unwanted limitations in terms of access to gender affirmative care: *"In my household I'm not allowed to start hormones or get new surgeries or anything until I'm moved out. One of the reasons why I'm moving out of high school too."* While youth experienced parental support as a spectrum, rather than as a binary of all or not-at-all supportive, lack of support did impact youth's sense of being cared for by their parents and had material effects of limiting access to gender affirming care.

More often than not, youth described professionals as not fulfilling their responsibility to care for them. Youth found it especially challenging when the professionals who were determining what was best for them were not well trained, culturally competent, or gender affirmative when working with trans children. Owon expressed frustration at how privilege, rather than knowledge about trans community, seemed to determine which professionals end up with decision-making power in the lives of trans youth:

*I feel like right now who's deciding what's best for trans youth is cisgender like white men who don't [get to] have a say in it and who are like set in like either religious beliefs or just like old time like bad beliefs.*

CB called it abusive when medical professionals and the medical system spread misinformation and actively discourage trans children from living as their self-determined gender:

*Personally, I think that a lot of the problems with the medical system aren't like all of the steps that you have to go through. It's the people that are making you go through those steps. And they're not just making it difficult, they're trying to discourage you. [...] They're not being like "hey, is this what you really want?" They're being like, "you don't want this, this will ruin your life." They're telling you lies, and they're not giving you information that you can actually consent too. [...] You may want to see a therapist, you may want to talk it through. Maybe you're not sure. But... there's a lot of abuse in the medical system that just – yeah.*

In practice, the care most youth received was inconsistent and fluctuated between affirming and harmful interpretations of what was in their best interests. When youth felt they were not being cared for, this put them into difficult positions of not having access to gender affirmative care. At the same time, when adults did not care for youth in ways that affirmed their self-determined gender, youth responded with agency and resilience by taking on care responsibilities for themselves.

### 3.1.3 When Responsibility for Care Falls to Trans Children: trans youth perspectives

While trans children are in many ways dependent on adults for care, inconsistent and unreliable care experiences suggest that trans children cannot always depend on adults to care for them in a way that is respectful of their self-determined gender. River explained that although adults have the power to provide care for trans children, they do not always follow through by caring in the ways trans children need:

*There's so many people that should care for trans youth but not everyone is capable to do it in the ways that we need. [...] It seems like it's generally going to be adults, because they have the power to do whatever, but it seems currently, it's always youth, because they're the only ones that seem to care most of the time.*

When adults did not *actively* educate themselves or support youth to access care, youth took responsibility to ensure their care needs were met. Owon, who lived rurally on a reservation, had to rely on friends or lie to his family to get to a clinic to access hormones:

*I remember there was a clinic in like it was probably an hour and a half drive away from where I lived, and every week I would get driven up there by like friends or like sometimes family if I lied to them about where I was going.*

As Owon's example shows, lack of state resources meant that youth were left to take on the responsibility to access gender affirmative care themselves and often had to rely on under-resourced friends and communities to access this care.

Youth also depended on adults and peers for information about gender affirmative care. While youth were clear that they are knowledgeable about what care they want and need, CB pointed out the difference between being listened to and being expected to know everything about how to meet one's individual care needs:

*People were kind of like, 'oh, what – what do you need?' and then I told them and they're like, 'how do we do it?' And it's like, I'm a child. I don't know how to do it. Like, I don't have all the answers for you; I'm just telling you that something is wrong.*

When youth did not feel that parents or caregivers were fulfilling their care responsibilities, youth faced difficult decisions about whether to continue maintaining relationships with those adult caregivers. For Gob, this meant making the extremely difficult decision to leave his family:

*It hurts, it hurts to say goodbye to family... even if they're horrible to you. Even if they're horrible to you. It is so hard, I know this. I know this first goddam hand. But you have to live your own life and respect yourself first.*

Likewise, Owon described an experience far too common amongst trans youth wherein choosing to live as his self-determined gender meant being kicked out of his caregiver's home:

*She [Owon's parent caregiver] told me that if I wanted to [transition], that I'd have to get out of her house. And I was like sixteen at that time, and I said 'okay' and now she's sad that I'm moving. But, oh, you told me to move so I am.*

It is an unacceptable reality that trans children are being forced out of or feel they have to leave their homes because they are trans. Trans children in this position were further impacted by how neoliberalism shifts responsibility away from the state and onto individual citizens. As I discuss further in the section on "Belonging," when parents did not fulfill their responsibilities to care for their children, trans youth responded by caring for each other. However, youth discussed how they do not have the social power or resources to care for other trans children in the ways they need and deserve. For Rowan, lack of financial resources was a barrier to youth caring for each other:

*You don't want to become dependent on other youth for your personal health and your personal well-being. 'Cause nine times out of ten, that person doesn't have a steady income, can't actually afford to like keep you at their house every day. That person might just be, like, getting their parents to let you stay at their house.*

While supportive parents of trans youth may be willing to extend their support to other trans youth (or even see it as their social responsibility to do so), River described how precarious it feels to be a trans youth who relies on the family of friends:

*And then it gets tricky because you're relying on your friends constantly to help you, which is taking resources from them and their family, and you're not giving anything back because you don't have anything to give. And then you can be frustrating their family and them. Which isn't what you want either, but they could be your only source of support. And it's... not ideal.*

CB pointed out that absence of care from adults puts trans youth into positions where they take on so much responsibility it creates conflict:

*I see it happening too much that youth are relying on each other and it's becoming really toxic and unhealthy and not safe. And they just don't really have anywhere to go because like while it is adults' responsibility, sometimes we just don't have adults in our lives to take care of us.*

Throughout the focus groups, youth were absolutely clear that they want adults to care for them. Having their self-determined gender actively affirmed was so integral to how youth understood adults' responsibility to care for them that youth chose to rely on themselves and each other for gender affirming care, even if this meant facing difficult, precarious, and unsafe living situations. The ways in which youth took on responsibility for their own care is indicative of both trans children's agency to live as their self-determined gender, but also elucidates how the neoliberal state's assumption that parents will provide adequate care to their children can leave trans children who are not affirmed by their families in precarious positions of having to rely on themselves and other under resourced communities and friends for their care.

#### **3.1.4 Roots of Responsibility: parent perspectives**

Although I did not ask parent participants directly, almost all chose to identify what led them to know it was their responsibility to accept their child's self-determined gender. For Tessa's husband, participating in art and music communities meant that he "*knew a bunch of trans people who were good friends... so him growing up, kind of that's where he got like his trans education.*" While Tessa herself did not know trans people before her step-daughter came



out, Tessa emphasized that her upbringing in a family that “*had strong values of respect for everybody*” meant that she never questioned whether she would be supportive. While John also did not know trans people before his daughter, he felt that his friendship with a gay roommate from the military prepared him to be accepting:

*He was a good friend, we got along great [...] And then finally after about 5 months he finally – that’s when he told me, “I’m gay.” [...] So, so I, I think that’s opened my eyes long ago, took like any inhibitions away. Like the person is a person.*

Unlike heterosexual parents whose approach to caring for their trans child was informed by previous connections with queer and trans communities and to liberal values of equal rights, Patricia and Leslie’s sense of responsibility was informed by their personal experiences of marginalization as lesbians and of having to protect their children from homophobia, transphobia, and ableism, especially in schools. Leslie described how being different from the norm meant that she and Patricia had to constantly be vigilant so as to keep their children safe:

*I think about [psychological safety] in terms of my family constantly. Being a gay family and having a child who is both trans and autistic [...] [a]nd, you know, having children who have lesbian parents, I’m constantly thinking about “what is it going to be like?”*

At the same time, Patricia noted that being lesbian parents strengthened their abilities as parents of trans and gender diverse children: “*I think we had built some skills as lesbian parents that some of the other parents probably don’t necessarily have. And that gave us a layer that was really helpful.*”

Whether informed by connections to queer and trans community, liberal values of equality, lived experiences of marginalization, or combinations thereof, that nearly all parents felt it was important to explain, unprompted, what life experiences helped them to be accepting of their child suggests that it is not normative for parents to affirm their trans children.

### 3.1.5 Care Collective Responsibility: parent perspectives

While parent participants all emphasized that family played a very important role in care for trans children, they also believed that the responsibility for care should not fall to parents alone. Cassandra's first instinct when asked whose responsibility it is to care for trans children was to talk about family, but then she shifted towards a vision of care as a collective responsibility:

*I really, really, really think families. Where they're your youth, they're your responsibility. So, I think that's [pause]... and I shouldn't say family's. Schools, medical; I think everybody should be responsible. [...] Now I that I say that... Family number one, but definitely everybody.*

Like Cassandra, Tessa believed that parenthood means being ultimately responsible to care for your children, but argued that parents, especially those who are not already educated about or supportive of trans people, also need to be cared for:

*Well, it shouldn't only be parents [...] because it's parents' job to take care of whoever they're taking care of whether they're trans or not [laughter]. You don't get out of it [...] But it should not be exclusive to that [...] For the youth's needs to be taken care of, the parents have to be too. [...] If the youth's needs are taken care of and the parents aren't feeling good about it, it can't be good for the youth. [...] think about the parents who aren't affirming, they need support!*

Parents relied on outside support to ensure their child's self-determined gender is honoured and understood care for trans children as a collective responsibility that encompasses family, community, and professionals. However, as discussed in the previous section, it is not a normative expectation that parents be affirming of their trans children. In this sense, parents defined social responsibility to care for trans children as being gender affirmative.

Overall, parent participants had broad understandings of how individuals and institutions fit within the collective responsibility to care for trans children, and in many ways collective

responsibility was closely associated with fostering a sense of belonging. Cassandra and John emphasized the importance of extended family, particularly grandparents, in providing care to trans youth and parents and ensuring they still feel they are a part of the family. Tessa shared how her family's faith community, where they are very involved, embraced their trans family and even helped them to build relationships with other trans people. Patricia and Leslie discussed the importance of belonging to a queer community that included trans people because this meant their children could feel represented and respected in a community that was already important to their family.

Susan, Tessa, Patricia and Leslie agreed it is the responsibility of the state and institutions to provide better care for trans children through improvements to policy, education, funding, and human rights legislation. Leslie gave the example of forms: *"I believe forms are very powerful [...] because when people give you a form and they accept your answer on a form, it endorses you."* Tessa described the interconnections between the social and the state in supporting families to be affirming and accepting:

*[...] having affirming communities, and social organizations, and structures, and institutions, and, um... and like, have that enshrined as values, enshrined into public expectations, I think really matters. Like transphobic jokes should not be acceptable anywhere. [...] Community has to be affirming so that everyone feels like being affirming is something that they [as individuals] can do. Because I think that if you're feeling – even if you feel like "I want to help my kid, I want to be supportive, but..." everything's working against you... "My boss will fire me, my..." dot, dot, dot, dot, dot.*

For parents, a collective responsibility to care was not about eschewing their responsibility to care for their children, but about showing that for trans children to be affirmed as their self-determined gender, parents need support. Parents understood collective responsibility as coming from relationships, stemming from a sense of belonging within families and communities, and as

deriving from social policy and institutional changes that facilitate recognition of a child's self-determined gender. This means that the state also has a responsibility to ensure the right of trans children to have access to care that affirms their self-determined gender.

### **3.1.6 Professional Responsibility: parent perspectives**

Parent participants considered professionals to have integral roles in the collective responsibility to care for trans children. Notably, professionals were a significant presence in the lives of the parents I interviewed because all have a child who had both undergone puberty blocker and/or hormone assessments with a professional (specifically social workers, counsellors, and/or psychologists) and had interacted with professionals for reasons not directly related to gender (e.g. disability-related diagnoses and mental health care).

In some cases, the first place parents went when they learned their child was trans or questioning their gender was to a professional. Cassandra and John eventually connected with a parent support group, but initially saw a psychologist for support. Cassandra expressed gratitude for how the psychologist taught them to follow their child's lead, even though this meant following their child's desire to not immediately transition socially:

*When the doctor said to me “She’s in the driver’s seat” and she was 9 years old – 9, 10 years old – I [laughingly] was like “What?!” [...] And I think that’s been a big part for her, is she has been able to make decisions. And she knows that we’re right there beside her. And like if it was me, I would have wanted her to transition years ago. But she wasn’t quite – she wasn’t ready. It had to be up to her.*

Parents turned to professionals to feel certain that they were acting in the best interests of their child. For example, decision making around hormones can be particularly challenging for parents (Pullen Sansfaçon, Kirichenko, et al., 2019). Although an assessment with a professional is a requirement for starting puberty blockers or hormones, many parents supported this as an

important step in the process of accessing gender-related care. Susan, for example, was glad that her child had to go to multiple meetings with a social worker because this gave her the confidence that the decision to approve her son for hormones was well thought through and took his anxiety into consideration:

*Just the fact that she considered what was what. So I really believe in people looking at what the issues are and making sure where things come from. Um, making sure that, ah, anxiety isn't locking or, or accentuating things I think was helpful. And, um, she was, um, she was I think quite good at teasing that out.*

However, not all parents agreed that the hormone assessment process was necessary. Tessa's description of the hormone readiness assessment process was particularly negative:

*...[It is] quite involved, quite costly, and doesn't do anything to help her. Except keep someone happy. [...] If it was actually like something useful, I'd feel way more like "Yeah, that was good, she got something out of it." But she doesn't get anything out of it. We don't get anything out of it. All we do is prove that we know what we're doing. And that is stupid.*

Legacies of mental health professionals being perceived as experts on trans children appeared in Patricia and Leslie's decision to seek out a psychologist for their child's hormone readiness assessment, in order to quell their own uncertainties about whether starting testosterone was the best possible decision. It was important to Patricia and Leslie that they communicate with their child, James, that they did not question or doubt his self-determined gender but felt the psychologist would give them the information they needed to make the most informed decision about starting hormones. As Leslie described:

*For me the big thing wasn't, wasn't, ah, whether James would change his mind or not. It was...I think once I could get James to understand that "Yes, we fully endorse that you are a male person, that that is what you, you feel you always were. And we fully endorse getting you there. But this is a medication and I wouldn't just give you any medication, I have to understand that medication." [...] "What we need, what mom and I need, is*

*education to know we're being the best parents we can, and taking you the best way that we can [to] take you to where you need to go."*

Although Patricia and Leslie saw the assessment with a psychologist as reassurance that they were making the best possible decision for their child, they also honoured their child's gender self-determination by recognizing his gender fluidity as part of, rather than in contradiction to, his identity as male. Patricia and Leslie felt that the psychologist may not agree with them, and when they ran into the psychologist shortly after James was approved to start testosterone they found themselves fearing she would change her mind because James was wearing feminine clothing:

**Patricia:** *James will always be fluid, but we were like trying to like move James away from [laughs] Doctor [psychologist]. [...]*

**Leslie:** *That's part of our family, that people dress one way [...] or another. [...] The gender identification by appearance is not really part of what we've ever taught him to do.*

Parent experiences illustrate how professionals are positioned as experts who can support parents to make difficult decisions about what is in the best interests of their children. However, parents had mixed experiences of professional care, and one parent expressed frustration about the professional hormone assessment process. Parents also described being guided by their own beliefs about what was best for their children. These beliefs were based on values and approaches to parenting, as well as relational knowledge of who their children are and what they need to be well cared for. As mentioned in a quote above, Susan thought the hormone assessment process was positive, but she also felt a responsibility to advocate for her child throughout the process of accessing testosterone because of his mistrust of professionals and his learning disabilities, which can make it difficult for him to process or take in new information all at once:

*So the whole process of going to a social worker or a therapist about [starting testosterone] was, ah, not a...Not something he gravitates towards. He's never, ever liked going to therapists. Ever. And has never been able to really benefit from, you know, treatment modalities. [...] There was a fair bit of supporting him through...Through saying what he needed to, and asking questions, and how to help the process along through it. How to reflect on what she [the social worker] was saying, and respond to it.*

Parents encountered both lack of knowledge about trans children and overt anti-trans attitudes amongst professionals who were providing care for reasons not directly related to gender. Susan faced the challenge of navigating a lack of knowledge about supporting trans students in her son's school at a time when she herself was uncertain about how best to support her child:

*I think at the very beginning it was... it was very hard to know exactly how to proceed and how fast to proceed. Um, because things were much more confused than they are now. [...] And he was in a school [with a] much smaller number of kids than most of the high schools, and probably less diverse [...] So, um, I... [longer pause] Yeah, so at some point, he, he really wanted a change [in schools]. And I was very conflicted about that change. [...] And there was a guidance counsellor there who was not terribly helpful in the end. [...] I think she was trying hard, but she ended up trying to get Finn to tell everybody about the gender problems, or issues, and conflicts. And it's too much.*

Tessa's stepdaughter experienced horrible transphobia from hospital staff when she was hospitalized after self-injuring. As described below, Tessa was put into the unbearable and heart wrenching situation of having to advocate for her stepdaughter to be recognized and respected as a girl by hospital staff while knowing that this could compromise her safety:

*If one of them [hospital staff] felt sufficiently annoyed by me advocating [...] or offended, that they could then start calling [her step-daughter] by her dead name. They could start harming her. And she's already vulnerable, just because she can't leave. [...] So part of it is just protecting her and, and just feeling like you can advocate. But if they're so far on the other side of it, you can, you can only push so far until you have to like build a*

*relationship [with the professionals], and we didn't have time to build a relationship. [...] And then just to know that she's in a situation where the people around her weren't super affirming. For the first time in her life.*

Parents, like trans children, can also be vulnerable to the power professionals have over them.

While their child was in hospital, a doctor questioned Tessa and her husband about whether they should be affirming their child's gender at all:

*And I'm like, you are... one of the most powerful people in a position where the most vulnerable families come to in their most vulnerable time. [...] This is also the person who gets to decide if this kid gets discharged or not into your care. [...] And as a parent who's got a kid in the mental health unit of the hospital, you feel like you have failed.*

Thankfully, Tessa and her husband are unwavering in their commitment to affirm their child.

However, even though Tessa stated multiple times during the interview that privilege facilitated her ability to be resolutely gender affirmative without worry, her family still had to protect themselves from professionals who thought they knew better about what was in the best interests of trans children.

Parent participants believed that professionals have a responsibility to care for trans children and put their trust into professional expertise to guide them towards making decisions in the best interests of their children. However, professional expertise sometimes conflicted with what parents believed was in the best interests of their children. In these moments, the parents I spoke with tended towards putting trust in their relationship with their children and honouring their child's self-determined gender. In this sense, the state also has a responsibility to ensure that children are cared for in a way that affirms their self-determined gender. As the following section discusses, how trans children were cared for was also shaped through normative notions of trans subjectivity and childhood.



### **3.2 Recognition and Normativity: what shapes access to and experiences of care?**

Research participant experiences demonstrate that trans children's access to and experiences of care were shaped by whether or not they could fit within normative notions of trans childhood. Trans youth participants experienced pressure to fit within cisnormative and binary gender norms for their own protection and safety, and so that they could access gender affirmative medical care. Lack of recognition of non-normative gender identities and expressions resulted in non-binary and gender fluid youth being excluded from gender affirming care. Youth described how racism and poverty resulted in them feeling excluded from LGBTQ2S+ youth spaces and facing more barriers when accessing professional care. Professionals had significant power in the lives of youth and parents, especially as gatekeepers determining eligibility for gender affirming medical care. Oftentimes, professionals used normative and pathologized notions of trans childhood as their criteria for determining which youth they would recognize as trans. Finally, the theme of luck emerged in both youth and parent data as a signifier of privilege and as a comparative marker between those who are *lucky enough* to be accepted as trans, and those who are not.

#### **3.2.1 Recognition on the Basis of Cisnormativity and Binary Gender Norms: trans youth perspectives**

Trans youth participants discussed at length the pressure they feel to "pass." Passing refers to being read publicly as one's self-determined gender. However, lack of recognition of non-binary people means that the concept of passing is most closely associated with cisnormative and stereotypical expectations of what masculinity and femininity looks, sounds, and acts like. While the desire to pass is about recognition and affirmation of one's self-determined gender, it also connotes the safety that comes with *not* being recognized as a trans person. As this excerpt from River shows, passing is a concept that is fleeting and seemingly

unachievable because, in practice, there is no universal agreement about what normative gender expression looks like:

*Passing is going to be different for everyone and we're not all going to have the same idea of what it is. And you can be feeling like really feminine or really masc or really neutral, whatever you want to be that day, and go out and feel like confident, but there's always going to be people that are going to be like 'you're not passing' when you feel like you really are. And I think that's a real shit concept because [...] passing is just something we all strive for but really it's – there's no clear image of it. [...] It's just kind of stupid that we have this magical thing that everyone's going to get to one day, like a frickin leprechaun at the end of the rainbow [group laughter] when it's going to be different for everybody and you're never going to have the same image. And it's just like really destructive, I think.*

While youth found the concept of passing problematic, there was also an acknowledgement of the safety and affirmation associated with passing. Owon disliked the concept of passing, but he also acknowledged the importance of passing: “*I know passing is a terrible – I don't even know what to call it – and it should definitely not be a thing, but it does affect how people are treated like in day-to-day lives and stuff.*” For Marla, passing meant that she could build friendships with girls her age and have control over deciding when and with whom to share that she was trans:

*So far I've been lucky with passing because like, [...] I was in [a girl-only program] last year and um all the girls were, um, talking about like periods and they asked me when I was going to get my period and I said I'm never going to get a period and they were like 'yes you are, you're a girl' and [...] at a camp out I told them about how I was trans and they totally accepted it.*

Hormones were especially important to youth who wanted to pass. Rowan, whose parents would not let him start taking hormones, was belittled for not ‘really’ being trans by an ex-date, who was also trans:

*Like the person I dated, they'd be like people who are trans, like female to male who are on hormones, they'd be like, "oh they're a boy." But if they weren't they'd be like, "oh they're a 'smol boiz.'"* You know? [...] it's almost like they're outing you to people...

Passing was a concept closely associated with recognition. For Rowan, increased visibility and recognition of trans and queer people at his school actually made him feel *less* safe because it meant that peers had expectations that trans students look and pass as cisgender. In Rowan's experience, the likelihood of experiencing violence was greater in spaces where he was more likely to be read as trans:

*Different people have different perspectives on what passing is. [...] At a school with so many just like trans people and all these different LGBTQ groups, you almost get more judged for whether or not you're passing or not, just because so many people are passing "better," in quotations, than you. So like I'm totally comfortable going to the men's washroom at the [local mall], that's not a big deal for me, cause I can just put a hoodie on and no one really cares, but if I'm at school, I can't go into the guys' washroom because people are so much more like "oh, a tranny" and then they'll like, be like, "hey, get the fuck out of the washroom" [...]*

"Passing" took on new meaning when youth discussed accessing professional care because youth had to perform their gender in a way that conformed with normative expectations of what it means to be a trans child. Owon was told by friends that to be approved for hormones he had to pretend to be stereotypically masculine and tell a story that reflected mainstream representations of trans children always knowing they were trans:

*I was, like, told, like, you lay it on thick that you were like a boy the second that you popped out of the womb. Like, never tell them that you were like all comfortable wearing dresses or like you like to sing or something. I was even told not to wear leggings. Like, I was told like go get like disgusting like boy jeans or something.*

<sup>2</sup> 'Smol boi' is a term used derogatorily in reference to feminine trans boys and men. In some cases, this term is also being reclaimed by trans boys and men who are proud of their feminine gender expression.

For CB, the expectation amongst professionals and within the medical model that trans youth fit within normative gender expectations is violent and abusive:

*I feel like the care that I get from medical professionals is never going to actually really help me because I'm never going to be passing as someone who is gender fluid and I don't really want to transition because I'm intersex and I've gone through like, especially at a younger age, a lot of abuse in the medical system and I never want to have to go through that again. [...] and I don't know how to like process those emotions and I don't feel like there's a place for me to process them.*

Despite increased trans recognition, cisnormativity and binary gender norms significantly impact which trans children are recognized as their self-determined gender. This meant that trans youth felt pressure to conform to gender norms in order to be safe and recognized. At the same time, youth strongly disliked the concept of passing because it imposed oftentimes unachievable and inaccessible, not to mention unwanted, expectations onto how they expressed their gender. Professional care also reinforced normative gender expectations, but passing with professionals also meant fitting within the normative category of trans childhood. Youth who did not or could not pass according to cisnormative or binary gender expectations faced threats of violence and had a more difficult time accessing gender affirmative care.

### **3.2.2 Recognition on the Basis of Gender Fluidity and Gender Exploration: trans youth perspectives**

Most trans youth participants did not fit within normative and stereotypical narratives of trans children as always knowing they were trans. Instead, youth described their self-determined gender as being shaped through exploration, trying different pronouns and names, and expressing gender fluidity. As Gob's experience shows, this process of gender exploration can take place over many years:

*Me coming out... me accepting that I'm trans has been, like, over a ten-year process. But*

*accepting that, oh, I'm gender non-conforming and then, oh, [sigh] I, I, like, want to medically transition and, like, he/him and stuff and, like, changing my name and everything, like, that was, like... a three or four year process.*

Youth found it difficult to ask that this process of exploration be respected by friends and family. Owon, described feeling worried that people might not be understanding about how many times his gender and pronouns changed:

*When I came out, I came out as, like, non-binary and I didn't really... know what my gender was and, um, and it changed. Like, I kind of re-came out a couple times. And so, I always thought that I had to stick with what I...finally decided I was, um, cause, I thought that people would be annoyed. But when I brought up that maybe I wanted to start using they/them sometimes people were supportive, that felt good.*

It was so important to Rowan that he be respected and supported to change his pronouns and gender that he actually told family and friends this might happen:

*In my process of coming out as, like, female to male trans [...] I didn't want to, like, fully jump to anything. Like, I went through a point where I was going by, like, they/them or going as gender fluid cause I wanted to try different things out [...] and a lot of what care looked like for me at that point was when I said, like, I use they/them pronouns but please be aware that that might change because I don't fully understand my gender yet. [...] Even now I'll be like, yeah my gender – my pronouns are he/him but like if that changes please just respect me for that, you know?... because I am so much more than my gender and my pronouns.*

Being able to change pronouns, names, and explore different gender identities was important to how youth defined being cared for. Several youth agreed with River that being cared for means being able to express gender fluidity without having transness or gender identity questioned:

*Feel[ing] safe no matter who you're around [...] Like, say you want to do something that's traditionally more feminine and you identify as male, you know, like, if you want to do that, they're not going to be like, 'well are you really trans?'*

The examples in this section show that youth had understandings and experiences of being trans children that were different than normative and most widely recognized representations of trans childhood. Instead, youth wanted to be recognized on the basis of their self-determined gender identity, and to have this include a recognition that their gender may be fluid and change over time. However, youth were also keenly aware that not fitting within normative expectations of trans children could result in their transness being questioned.

### **3.2.3 Advocating for Recognition: parent perspectives**

Parent participants found that much of the advocacy they had to do for their children revolved around recognition, especially when their child was fluid, non-binary, or did not pass as their self-determined gender. Tessa described the challenges her child faced when the school expressed concern about her child using both the boy's and girl's bathrooms:

*When she was more fluid and figuring out what was going on early in the stages, one thing is that the school was weird and was like “We don't want you choosing the girls and then using the boys and confusing the other children.”*

Leslie and Patricia, whose child identifies as a trans male but is fluid in his gender expression, were faced with the challenge of having to advocate for their child to be able to compete on a female sports team while still being recognized as male:

*And he still wants to go to that [female sports] class. [...] “He's female, he has a female body, so you should let him on; but he's trans male and I want you to honour that” [...] It's like, really? How contorted do I have to get in my advocacy?*

When parents faced challenges of having to advocate for their children to be recognized as their self-determined gender, it was often because their children did not fit within cisnormative and binary gender norms. As the next section discusses, race and class also impacted the ways in which trans children are recognized.

### 3.2.4 Racism, Poverty, and Exclusion: trans youth perspectives

CB, who is a person of colour and intersex, described how racism and cisnormative gender norms made it difficult, if not impossible, for ze to feel safe or recognized within binary gendered spaces, even when ze identified as cis:

*I could never like even go into the girl's washroom when there were other girls in there when I identified as cis, and I could not use like the change room with them, it's just like... not just because I was trans, because I looked a little bit different than them.*

Queer and trans spaces were also complicit in perpetuating an exclusionary and normative white conceptualization of transness. CB experienced racism and exclusion from LGBTQ2S+ youth spaces, which were meant to be safer spaces for trans youth to be themselves:

*I'm treated a little bit differently because I'm visibly not white. Not as much as someone who's like darker because I am light skinned, but I feel there's a lot more criticism towards me or people don't want to approach me as much.*

For Owon, who is Indigenous, growing up in poverty on a reservation meant that learning about queerness and gender non-conformity was not a priority for his family or community:

*I feel like growing up poor and in a poor community has [...] affected the way that people view me because usually where I'm from people see like gay kids or like queers as like softer or an easier target [...] it's just not accepted and there's not many organizations or like groups to help because people just don't think of that as like such a like pressing issue when you like have parents who are like drug addicts or like can't pay the bills or something like that.*

Owon's example illustrates how certain lived realities, such as living in poverty, can take precedence over addressing transphobia and homophobia within families and communities. Both CB and Owon's examples suggest that the oppression and exclusion trans people face for being gender non-conforming people is understood as separate from, rather than intersecting with, other forms of oppression and marginalization. For recognition to be intersectional, it is

necessary to analyze and acknowledge the different ways social exclusions intersect with and impact the lives of trans children of colour, Indigenous trans and Two-Spirit children, and/or trans children living in poverty.

### **3.2.5 Professional Recognition: trans youth perspectives**

Trans youth participants had mixed experiences of having their self-determined gender recognized by professionals. Owon expressed frustration at how the professionals who are supposed to be working with trans people often fail to provide affirming or dignified care:

*Even with people who are supposed to help trans people in the medical community, I've heard a lot of them are awful. And it's really disappointing because these are supposed to be people who will help you get whatever it is you want, whether it be like hormones or top surgery or whatever surgery you're doing, and they're making your life so much more difficult, because I get they have to, it's paperwork, but some of them just have you running around in circles and they're disrespecting you and they're making it very clear they're not there to help you. [...] I know people that don't even want to go and even try to do these things because they've heard all these horror stories about these awful people.*

For youth who grew up in rural areas, where there are fewer professionals, just being recognized as trans was a challenge. River had to tell their doctor multiple times that they were trans:

*I found with um some doctors specifically [...] you really have to battle them to get them to respect you. Like you can come in and tell them time and time again every time you see them that this is my name these are my pronouns, and like reassert it and then it'll take you like a solid like at least year for them to even be like "oh you're trans!" I'm like "no you're a dumbass, yes I'm trans."*

CB shared how it is difficult to find an affirming professional because they are met with exasperation when they share that they are trans:



*Being in [small town] and being trans is really hard 'cause I've gone through so many therapists and doctors there and as soon as I bring up anything about being trans – not even me being trans – they'll be like “oh so you're going to make this difficult for me.”*

In some cases, youth were not recognized or treated as their self-determined gender because professionals would only recognize a youth according to their legal name or gender marker. Marla described experiencing this misrecognition while at the hospital:

*I've also been unlucky every time I've gotten medical care. Um like I was in hospital [...] and um they kept calling me [dead name] or they called me he/him pronouns. It was very very disturbing. They also wrote [dead name] on the medical bracelet and like yeah, we had to keep telling them “no don't call me that.”*

In contrast, youth were grateful for the professionals who did recognize their self-determined gender. When Gob moved to a bigger town where there were more professionals who were affirming when working with trans youth, he described how “*it's really brought me from here to here [gesturing a space with hands] in confidence and stuff.*” In some cases, the specific kind of professional youth were seeing made a difference. In River's experience, counsellors were more likely to be affirming than doctors:

*I found with counsellors, it's totally different. Like, you come in and you tell them – you're like “okay I'm trying out this name or something” and no questions asked, they'll switch to it. [...] It was really cool to see how counsellors just take whatever you tell them and work with it, whereas like your doctor who deals with like your personal health like body related things is more like weary.*

River described how a counsellor they are seeing for a hormone assessment was able to adapt aspects of the assessment questionnaire that imposed normative narratives of trans childhood:

*I've recently started seeing a lady about getting the whole process of getting hormones and she has like this questionnaire that she has to ask you. And one thing that I really enjoy that she did was if there was a question that was, or that even could be offensive – because a lot of it was like basically, “so you were designated this at birth, when did you*

*know? Were you always like this?” And they like expect you to know from like the moment you popped out of the womb you were trans. So, she kind of would like stop and be like, “this question might be offensive so I’m going to reformat it.”*

Trans youth experiences with professionals show that the main difference between youth having positive and affirming rather than invalidating experiences with professionals was whether professionals imposed a normative definition of trans childhood onto youth or recognized them as their self-determined gender.

### **3.2.6 Professional Recognition: parent perspectives**

Parents discussed the power professionals have to determine whether or not a child is trans. John, whose child took a few years before feeling ready to publicly present as a girl, expressed indignation at stories he had heard from other parents about professionals who expected children to “prove” their gender:

*“Oh, they have to dress, and act, and [present] like a girl for one whole week” ... Why? [...] Why are you putting that stress on the child? [...] Like, they have enough anxiety and issues as it is. Why do you need that? Is that going to prove it to you? Right? Like they come to you anyways with all this, and by making [children prove themselves]... That just drives me up the wall when I hear people talk about it.*

Parents did not even have to be face-to-face with a professional to be influenced by professional expertise. Tessa shared how early in her learning about trans children, the influence of pathologizing ideas of gender non-conformity actually made Tessa question whether her child was trans:

*When they talk about kind of the, your stereotypical experience and they talk about, um, like gender dysphoria; [...] and so for me, definitely I was like “So if you don’t have dysphoria, does that mean you’re not trans?” [...] And so they [professionals] attach this label as like an assumed experience when you can have... You can be trans without being – have dysphoria. So, she doesn’t and that’s a wonderful thing. [...] It did make me confused. Like “So if this what everybody has and it’s tormenting them and they’re all*

*feeling [...] Does that mean we're not in the same boat?" [...] It's like so there is kind of like I guess oversimplified like stories that people all kind of expect someone who's trans to have.*

Parents acknowledged that privilege made it easier to disagree with professionals and improved the likelihood and speed at which this care could be accessed. Susan appreciated the assessment process overall, but recognized that being able to pay for the assessment privately likely improved the speed at which they were approved for starting hormones:

*I think basically people have been great in terms of just recognizing where people are at. I think, um, the same can be said for the psychologist and social worker that we saw for assessment. [...] we had money to pay for that. So I don't know whether the access would have been the same otherwise. Probably not as fast.*

For Tessa, privilege made the entire experience of navigating professional care easier:

*I also think about it [hormone assessments] from the perspective [...] of parents who can't do what I'm doing. [...] And I'm not saying I'm a rock star at it, but I can do it decent. And I have a lot of background, a lot of education, a lot of skills, a lot of interest. I don't have barriers of like money [...] I'm fully comfortable navigating systems, advocating, and doing all the things I need to do. And I know how to do them, and I know what needs to be done; or I'm pretty good at figuring it out. [...]*

Patricia was also aware of how she could use her privileges to the advantage of her children, but she also described how racism and homophobia meant that she had to present herself in a way that made her middle-class privilege more obvious and to ensure she and her family were taken seriously:

*So I will not go to a new doctor or new thing without wearing a suit. I just won't do that. [...] And I carry my privilege of "Oh, where do you work?" "Well, I work for [government]." "And what do you do?" "Blah, blah, blah." Right? So, I lay it out, taking advantage of that for my children. I will do that every time. And I'm sorry, shameless, but I'll do it. Right?*

Professionals have a lot of power in determining whether a trans child will be recognized as their self-determined gender but parent experiences of using their privilege to improve access to and experiences of care shows how recognition is also shaped by privilege. In instances where professionals recognize trans children through normative notions of trans subjectivity, this can result in misrecognition and exclusion of trans children. In this sense, other aspects of privilege intersect with professional regulation of trans children.

### **3.2.7 The Luck of Being Recognized: trans youth perspectives**

Luck was a theme that emerged when trans youth participants described being accepted by parents and family members. Sebastian described being “*crazy lucky that my parents have been so supportive*” after sharing how their cisgender peers have been less accepting since coming out as non-binary. Marla, who was well supported by her father and step-mother, described feeling relieved her birth mother does not know she is trans:

*I was really lucky because, um, my birth mom was out of the picture when I became trans. [...] She was, um, protesting against me getting medicine for having ADHD. Um, so, I'm sure she'd be furious if she knew about me being trans.*

Hamilton described feeling lucky “*so far*” because “*my parents are supportive and no one in public has been mean.*” For Gob, whose parents are only somewhat supportive, acceptance from extended family members has been especially meaningful. Gob described how extended family have taken time to learn and ask questions about his gender:

*[...] they'd just sit me down and be like “okay... talk us through it, what can we do to help?” And now they're, yeah, super good on that. They're gonna be my top surgery aftercare people. Yeah, so, that's nice. Yeah. Extended relatives can be really bad, but they can also be good and I'm very lucky to have good ones.*

Hamilton, on the other hand, described luck as being sheltered from a lack of acceptance from extended family:

*I've also been pretty like lucky with family being supportive and everything [...] I was kind of like sheltered from all of the bad stuff going on. Like I knew it was happening but it was kind of separate from me. I mean like we can't really go to visit certain members of our family because um like we can't even tell them that I'm trans because they wouldn't be okay with it.*

For River, they described being lucky to have had positive representation of LGBTQ2S+ community because this opened up for them the possibility of being trans:

*Personally I was lucky as a kid to have my best friend when I was little, she had two moms [...] and they're just the best thing and they, like, really really helped me, like, realize that people who are LGBTQ exist and aren't just these scary aliens off in the distance who you never really hear or see from except for at Pride once a year.*

Trans youth descriptions of feeling lucky to be recognized, accepted, and affirmed, as their self-determined gender, or in River's case to have positive representation of LGBTQ2S+ community, shows that being trans is still widely understood as non-normative.

### **3.2.8 Luck and Privilege: parent perspectives**

Luck was also a theme that appeared in interviews with parent participants. Cassandra discussed how her child, Moon, was lucky to fit within typical trans narratives because this made Moon easily recognizable as a trans:

*Nobody was surprised, and everybody, everybody that was there said to us "We love her no matter what. She is beautiful, she's loving, she's a – she's our Moon." So, from the time we told them, and they accepted her. [...] We're so lucky.*

Tessa associated privilege with luck and compared herself with other parents who did not have access to the same resources as herself:

*I mean I'm lucky. [...] Not all parents can go to groups, not all parents can like sit on Facebook groups and ask questions or know the questions to ask. Not all parents can even take kids to appointments if they have ear infections. I mean, so again, I'm lucky.*

Patricia and Leslie, however, did not only attribute the positive experiences their family had had with professionals to luck. While recognizing that they have middle-class privileges and opportunities other families do not have, they discussed how being marginalized and excluded due to homophobia meant that they had to struggle to protect their family by making intentional choices, which included using their privilege, to ensure their children's safety and well-being:

**Patricia:** *[...] But I think it wasn't just pure privilege. I think it was very, very deliberate choices all our married life. Like from before we were married. It was going to [local neighbourhood] and me harassing them and harassing them until they let us into the [school]. Right? [...] I remember going there many, many times trying to get on that list. [...] Privilege is a big thing. We recognize that. [...] But I do also recognize that it wasn't just handed to us on a platter either.*

**Leslie:** *No, it was intentional. [...] We had to be very intentional. You have to be intentional.*

**Patricia:** *In a queer family you have to be intentional.*

**Leslie:** *So caring is providing all those safe spots, making them safe, monitoring their safety, advocating when they're not safe.*

A significant difference in how parent notions of luck differed from youth perspectives is that parents associated luck with fitting in as normative and having privileges, while youth discussed luck as not experiencing rejection and violence. Being mis-recognized was, therefore, experienced as a form of violence that some youth and their parents felt lucky for having escaped.

### **3.3 Belonging**

Another important theme that emerged in the narratives of research participants was that of belonging. Trans youth participants strongly associated a sense of belonging with trans community, both with other trans youth and through intergenerational relationships with trans adults. Parent participants emphasized the importance of belonging with communities they were

connected with before their children came out as trans. In some cases, having a trans child negatively impacted their relationships and sense of belonging within families and communities. However, parents also described finding new community and belonging through connections with other parents of trans children. Overall, participant experiences of belonging were horizontal in nature, as community recognition, and not (just) professional recognition, which is a more vertical relationship, were essential for trans children and their parents to feel as though they were cared for.

### **3.3.1 Belonging as “Weird Kinship”: trans youth perspectives**

Trans youth participants shared stories about the violence and marginalization they experienced for being trans, many of which have been shared already. In some cases, transphobia manifested through a clear and hurtful message of not belonging. Rowan recounted such a moment when he was with his cisgender and straight girl friends:

*I remember being at a trampoline park with my friends and them being like, “ah, hey, birthname, can you turn around, I don’t want you to see if my shirt flips up cause you’re gay and that would be weird.”*

River explained how they carry the impact of transphobia and exclusion in their body:

*I’m constantly kind of really tense and, you should feel my shoulders, man, it’s pretty rough. [...] When I’m in a situation and I’m around people where I feel comfortable and I don’t feel like I have to be putting on, like... putting on, putting on a show. [...] And I definitely feel like the whole burden thing as well, cause it’s like a lot of times, a lot of times, just being trans around other people that don’t really get it can feel like you’re being a bother by demanding that they use this name and these pronouns and blah blah blah when it’s like... that’s just basic human respect.*

In response to exclusion and feeling as though they did not belong, youth explained that they created a sense of belonging through caring for each other. This belonging was based on a

shared experience of being trans that recognized that trans youth are different from one another and may not even get along. River first described this sense of belonging as “weird kinship,” and the term resonated for other youth in the focus group who soon started using it as well. This excerpt shows how River defined weird kinship:

*...you form kind of like, yeah, this weird kinship where even if you don't necessarily enjoy this person if they're in a bad situation or even something that's less than ideal, you and some others might come together and, like, help them figure it out. Like, if they need a place to stay someone will offer it up. And I think that's kinda neat because then sometimes if you kinda, like, meet more people in different situations and get different takes on how they are and how they're experiencing something because, like, you might not know the experience of, like, getting threatened to be kicked out of your house or something like that, but they do, and then you can kinda, like, form some weird bonds. And sometimes you get friends and sometimes you get people you never want to talk to again, but it's really neat that, like, even if you don't want to be around this person you're still like... “well shoot”, you want to help them anyway, because, like, you know how difficult it is to be trans or gay or whatever it is you are in this world.*

Rowan gave an example of how weird kinship was about the sense of belonging and bonding that developed through a shared experience of being trans:

*I don't have any, like, best friends that are also trans but a lot of people who I know that go to my school who are trans, they'll call me and they'll talk to me about their problems [...] I think that's something that a lot of people who are trans experience is that talking to someone else who is trans is a lot easier if it's about things that relate to your gender or your dysphoria if that's something that you deal with, that sort of thing.*

CB described how weird kinship could transcend the need for youth to like each other in order to offer care and support:

*Since my home isn't always the safest place, I feel cared for when even, like, other trans youth who don't necessarily get along with me, they will go out of their way to, like, make sure I'm supported or that I have somewhere to stay.*



Youth discussed a variety of LGBTQ2S+ youth spaces that provided opportunities for youth to connect and feel a sense of belonging. River explained that these spaces are supportive not only because there was no need to worry about being respected without having to advocate or educate, but also because they provide an opportunity to explore gender without being questioned:

*You go and you say your name and your pronouns and that's it. That's all anybody wants or will use for you, and I think that's really good especially if you're just trying out different names and stuff, is just go in and be like, "hey, this is what I want to be called," because that's what they're gonna do.*

For Sebastian, who is well supported by their family but has found that their cisgender peers are not as supportive or understanding, spaces to meet trans youth have been crucial:

*A lot of my friends are – they're basically all cis and they're – they don't necessarily have a problem with it but [...] they don't really see me as – they kind of just see me as different now that I came out. Um, they kind of accepted me more before I came out. Um, which has been – has made it hard. [...] so being around other trans youth, not necessarily that are my friends or that I connect with on a really, you know, emotional level, but kind of just being around other trans youth has been important.*

However, CB's experiences of racism when entering LGBTQ2S+ youth spaces, discussed in the previous section, also shows that weird kinship on the basis of being trans does not mean that racialized, low income, and disabled trans children are safe or feel fully included:

*I'm treated a little bit differently because I'm visibly not white. Not as much as someone who's like darker because I am light skinned, but I feel there's a lot more criticism towards me or people don't want to approach me as much.*

When an in-person LGBTQ2S+ community or youth space was unavailable, youth found online spaces to be important spaces for connection. This was especially the case for trans youth like Owon, who grew up in smaller and more isolated communities:

*I come from a really small, like, conservative reservation town and I feel like the only*

*resources I had growing up as a kid, like, when I was questioning my gender and my sexuality, was online. So, I'm just really glad that now I see more workshops and more, like, school acceptance for the younger generation of gay people or transgender people. Like, I feel like online was really the only resources our generation had.*

CB also described the importance of online spaces to combat the isolation of living in a small town, even though these spaces could be toxic:

*Resources online aren't always that great, they can be really awful. But the friends that I've made online, like that are still with me now, I feel like... they're the people who will understand my gender best. And actually be there for me when I need it.*

Weird kinship was described by youth as a sense of belonging based on sameness or feelings of shared experience, while at the same time acknowledging and even welcoming difference. In some ways, how youth discussed weird kinship appeared idealistic and did not fully account for the ways in which some youth felt excluded, not recognized, and unwelcomed in trans communities. At the same time, as youth discussed weird kinship the energy and sense of connection actually shifted in the focus group as if it suddenly became visible that the group had been brought together because of weird kinship. At one moment, Owon actually started speaking directly to other youth from a place of weird kinship, sharing from his experience and trying to honour what stories youth had shared about family rejection:

*I just want to make the point that it's okay to not accept the fact that your parents or your grandparents don't accept you. Like, it's okay to just be like, I don't want – if you're in a safe position, it's okay to be like, "okay, well if you can't respect me, then you won't be in my life for this reason." Because I see a lot of people from more traditional families or younger people or even older people saying that they don't want to come out to – they don't want to fully transition or fully invest themselves because they're scared that they're disrespecting their previous families. Like, it's okay, you're not disrespecting anyone. It's them that is disrespecting you.*

Weird kinship is a response youth had to the negative experiences they had with family,

professionals, and peers. While weird kinship is in some ways an idealistic representation of the ways in which trans children want to be cared for, it is also indicative of how trans children actively participate, however imperfectly, in creating communities of belonging that transcends exclusion on the basis of difference.

### **3.3.2 Belonging Through Intergenerational Relationships: trans youth perspectives**

Weird kinship also came up in reference to intergenerational friendships and community relationships. Gob, the oldest trans youth participant, reflected on how he sees himself as responsible to younger trans youth:

*Regardless of, like, where I personally stand with anyone [...] if they're trans, especially if they're younger than me [...] something about, like, weird kinship [...] you just, like want to extend at least [...] a bit of care because you understand [...] as trans people, you have different experiences, you still know that it's hard being trans, you know that it's – it can be really tough.*

Youth shared multiple examples of relationships with trans adults that were important and meaningful to them, especially when they were first exploring their gender identity and learning about being trans. For Rowan, a friendship with a trans adult helped him to feel connected to community:

*Like, one of my best friends is like twenty four and they've been – they were my babysitter when I was little and they use they/them pronouns [...] every single time I get to see them it's like really nice because it's getting to talk to someone in the community that's not like being like controlling or like mean or anything who's seen me grow up so it's like – I think it is like totally normal for age different like friendships to be a thing, I don't think that's necessarily a bad thing at all.*

CB similarly felt grateful to the older trans friends who helped him feel safe and listened to:

*I've definitely felt very like safe and more accepted when I had older friends who were also trans. Just like seeing them existing and like going somewhere in life and like being happy was very influential on me. [...] I was figuring stuff out about myself and then they*

*were there and they were like, “oh you’re going through this, you can talk to me about it,” and like it’s not like talking [pause] – it’s kind of like having a parent that isn’t a parent.*

Youth saw trans adults as sources of information and knowledge. Gob described how listening to trans adults could provide information about body modification that is difficult to access and often not shared by professionals:

*You can find, like, older trans people and listen to how they’ve thought about things. Because maybe they’ve had the surgery you want to have, or maybe they’ve been on testosterone or estrogen or whatever longer than you’ve been [...] and they can offer you insight because maybe you were, like, dead set on that and then you’re listening about all their experiences and you’re like, “maybe I actually don’t want that or maybe I don’t want that high of a dose” or maybe there’s different things you want.*

When Owon asked a counsellor if there was a trans person who he could talk to about being trans, he was met with exasperation. This caused Owon to reflect on the barriers trans people experience in becoming service providers themselves:

*I remember asking [...] “is there any transgender people or like gender non-conforming people who I can talk to about this?” and she [the counsellor] looked at me like, “no. [exhale, like it is a ridiculous idea].” It was just, it was hard. [...] I have never seen a transgender doctor in that field before. [...] I feel like it’s just harder for them to – for transgender people to go into like healthcare or something like that because people like slap, like “oh you have psychological issues” on them. And how are we going to let you like help children when you have like psychological issues yourself.*

However, when youth were connected to trans adults, connections were not always positive. Youth discussed how power differences between adults and youth can create harmful or unsafe situations. CB shared how the excitement of meeting other trans and queer adults can mask harmful power differences and make relationships seem better than they are:

*I think that a lot of time we forget that like within queer communities there's a lot of different power dynamics. And that a lot of the time we're blinded to them because we're like, "oh I feel accepted."*

Owon and CB described how it is common to idolize trans adults, which exacerbates the power a trans adult can have over a trans youth:

**Owon:** *Like, a lot of mishaps that happened to me as a child was because I trusted, like, I looked up so much to older queer people.*

**CB:** *It's really easy to idolize people.*

**Owon:** *Yeah, exactly. Like, I idolize them. And it didn't end up well.*

River pointed out that trans adults can offer a lot of knowledge and information about how to access gender related care, but this was mixed with a sense of responsibility to stay vigilant about power dynamics:

*If I'm friends, or like talking to a trans adult that's like in their thirties, we're in a really different point. [...] It's really useful because like they can talk to you about like whatever they've done so far and like how they got to that point or like maybe they've changed their name, you can be like, "how do I do that?" [...] I think you just both have to be like, really recognize where you are in your lives at that point and realizing what's okay for your friendship and what's not. [...] [T]o be super mindful of like making sure no one is asserting like an over like exaggerated amount of power onto the other because that's when it becomes like dangerous and unsafe and you don't want to let that person go, because they might be like your only trans adult friend.*

While trans youth felt strongly that relationships with trans adults facilitated a sense of belonging to trans community and much needed access to information and knowledge that was difficult to find, youth also felt vulnerable to the power trans adults had over them. This power was further exacerbated by the reality that, because opportunities for intergenerational connection can be rare, trans children may not be as attuned to the ways in which certain trans adults may be unsafe or be exerting power over them.

### 3.3.3 Belonging to Community: parent perspectives

Community was an important place of belonging to many parent participants. Patricia and Leslie associated the importance of belonging to queer community with safety. Unlike parent participants who initially accessed professional support when their child shared that they were trans, Patricia and Leslie immediately turned to queer community and programs for trans children. Patricia noticed that this instinct was unlike other parents:

*That's what I noticed what was different. [...] Absolutely the first place we went was go and find community. And we were used to, um, pushing our kids to get, go find their people.*

Leslie reflected on how her and Patricia's experiences of marginalization helped them to feel unafraid to reach out to community:

*When you haven't known marginalization, you have more fear about stepping into that circle with marginalized people. [...] I think that's true for them [other parents]. They have much more fear of change, of stepping outside the box than we did because we'd already been outside the box.*

Patricia also emphasized that before knowing about their children's gender identities or sexualities, she and Leslie had specifically built queer community around their family that would be accepting and supportive:

*But the queer community has always been – like we've always been part of that, right? [...] As a result of that that we feel much more supported. [...] so the fact that now we have a [child who is] gender diverse, and that we're living in a place that accepts us, it wasn't – like not everybody's going to experience that. We're not going to – like not everybody would have done that, right?*

The importance of belonging to community was also a value that Patricia and Leslie imbued into their children. Despite feeling concerned about age differences between youth at local

LGBTQ2S+ youth drop-ins, Patricia and Leslie supported their child to attend. As Patricia put it:  
“*‘Just find the people who are safe.’ Right?*”

Susan, on the other hand, experienced loss of community belonging because of her child being trans. When Finn left his French school because of lack of acceptance and support, this personally impacted Susan, who was connected to a Francophone community:

*I was very involved at his French school, so it was a change for me. And that was conflicting too [...] And he'd always been connected to French community. [...] And knowing what was right in the whole thing was very difficult.*

Community was important to parents' sense of belonging, but the relationships they had with communities could shift depending on if these communities were accepting of trans people.

### **3.3.4 Belonging as a Parent of a Trans Child: parent perspectives**

Although none of the parent participants were trans, they experienced a paralleled form of weird kinship through connections to other parents and trans communities. This was especially the case for families who participated in a local parent support group and trans family events. Tessa joked about how her whole family has benefited from the community relationships that have formed through the experience of supporting their trans child: “*I mean, if suddenly she's like ‘I'm not trans anymore’ I'd still be like ‘Well can I still hang out with my friends?’ [Laughs] [...] ‘We can still go to the picnics, right?’*”

For many parents, it was very meaningful to connect with other parents who could relate to the experience of raising a trans child. Cassandra described the emotional and physical release parents experience when they first attended a parent support meeting: “*Everybody [who] comes there the first time, cries; which is just a relief too.*” However, similar to how differences impacted how trans youth participants felt a sense of belonging in their peer groups, not all parents felt they belonged to the parent group in the same way. Leslie brought up that although

she and Patricia felt quite different from other parents in the parent support group, they appreciated and benefited from participating in the group:

*But the one thing that is, you know, we've all had to step out. I'm sure they probably wouldn't spend time with two lesbians either. [...] So here we are together because of our kids. And that's, ah, that's been wonderful.*

Parents found that accessing parent groups or online parent communities made them feel less isolated or alone as parents of trans children, but they also described the practical benefits of how these spaces were places where information and experiences about local resources and professionals could be exchanged. Tessa compared what she learned in a parent group to more generic and broad-reaching resources:

*There's definitely things that I've come out of the parent group being like "Okay, write that one down." [...] There's the kind of information that is like, that you'd find in a book, like The Transgender Child [...] specific to a general like experience. [...] Then there's like the local experience, because all of this is mediated through social connections.*

Trans children were also important sources of knowledge and learning for parents. Susan acknowledged that her son Finn taught her about trans people:

*He did tons and tons of research before ever saying anything to us, so, ah, was a real wealth of information. Um, probably – yeah, I would say that the people who had been through it have the most resources. I don't – I can't say that Doctors or, or even psychologists have... Would necessarily have all of that vision as clear. Even if they work in it, they're still not quite as clear.*

Parents found belonging through connections with other parents of trans children. Similar to how trans youth benefited from the knowledge exchange that happened through connections to trans adults, parents discussed how an outcome of the belonging fostered through lived experience was access to knowledge, information, and resources.



### **3.4 Centring Trans Children’s Agency and Self-Determination**

The final theme that appeared throughout the data was that of agency and gender self-determination. While examples of agency and gender self-determination appear throughout this chapter, this final section discusses these themes in relation to the vision trans youth participants outlined for what care for trans children should look like, dependent on transforming cisnormative and binary gender norms. Youth agency and gender self-determination also guided how parents approached caring for their trans children. When confronted with what parents called the “balancing act” of making challenging decisions regarding their child’s care, parents were guided by their child’s agency and affirmed their self-determined gender. The joy trans children expressed when they were affirmed validated for parents that they had made the right decision regarding their child’s care. I conclude with an illustration of how love shapes the unfixed, ever changing, and relational aspects of care.

#### **3.4.1 Agency and Self-Determination in “A Perfect World”: trans youth perspectives**

For Marla the question of who should be deciding the best care for trans children was simple: “*Um, the young trans people themselves.*” However, when I asked trans youth participants “what would the best care for trans children look like?”, the youth responded by describing how improving care for trans children begins with no longer assigning gender at birth. As Marla described, this would make it easier for children to assert their gender self-determination and have this respected:

*My idea of a perfect world in terms of trans care, that would be um where children aren’t, uh, judged on their gender based on their private parts. And their parents don’t assign them a gender until they are able to tell them – their parents, what gender they believe they are.*

Similarly, Owon described a perfect world as one where everyone has the freedom to grow into their self-determined gender. However, even in taking the time to dream or imagine what care

for trans children could look like, Owon felt the need to point out that it is impossible that this kind of a world could exist:

*I feel like the perfect world for like identity and stuff, like that would be where there is gender identity, but it doesn't matter. Like, you're not assigned something at birth, and like you're able to grow and like live in your gender – I know that's like impossible but...*

Rowan explained how in his ideal world, there would be no gender dysphoria because there would be no cisnormative ideas about sex determining gender:

*My ideal world would be one just without gender dysphoria in general. Because if – if I didn't have dysphoria identifying as female with a female body, I wouldn't transition. Personally. That's just me. If I could live as the body I was born in, I would live as the body I was born in. So, like my ideal world would be one where there was just a way for people to just never have to deal with it. 'Cause it's really stressful and it adds a lot of angst to everything and it just... it just makes life generally harder. [...] And it costs a lot of time, emotion, and it causes a lot of like judgment in your communities.*

In this quote, Rowan is showing how gender dysphoria is the result of a lack of affirmation and recognition of trans children's self-determined gender. However, a world without gender dysphoria and where children are not assigned a gender at birth should not be misinterpreted as evidence that a gender expansive society would result in trans people no longer desiring to modify their bodies. Instead, unconditional recognition of children's self-determined gender would transform the agency and autonomy children have over their bodies and how they want to express their gender because children's agency would not be constrained by the challenge of expressing gender self-determination while trying to find safety and survive the dominance of cisnormative and binary gender norms.

### 3.4.2 The “Balancing Act” of Honouring Agency & Self-Determination: parent perspectives

Parent participants self-identified as supportive of their children and were well-informed about gender affirmative approaches to caring for trans children. As part of this, parents believed it was important to honour their child’s agency. For Patricia and Leslie, supporting their child’s self-determined gender was informed by their own experiences of having parents who did not affirm their sexuality:

**Leslie:** *It doesn’t matter if it’s about trans stuff or autism, autistic stuff, or*

**Patricia:** *Or what religion they decide to be, it doesn’t matter. It’s their decisions that we guide as best as we can, but they’re the ultimate decision makers.*

**Leslie:** *Well particularly these decisions are very important.*

**Patricia:** *Yeah. They’re personal. [...] And I think that has to do with having grown up and...you know, like we all kind of knew, we probably knew when we were young that we were dykes and whatever decision our parents would have made or not made wouldn’t have changed that.*

At the same time, parents acknowledged that part of the challenge of parenting is honouring a child’s agency while still maintaining responsibility to care for them as children. In practice, however, this was not always easy to do. Cassandra and John described the process of following their child’s lead to delay transitioning socially:

**Cassandra:** *At that point I probably would have said “Okay, let’s start dressing like a girl tomorrow.” [...] Because to me, that would have made the best sense and... But now I look back and I’m like “No, she was right.” Like definitely.*

**John:** *“You make the decisions. Okay, yeah, I’ll support you.” Right? “You do that, I’ll keep you safe, and yes, I love you.” Right? [...] “Okay.” And like, maybe we supply a hint. And like, not like “I think you should only do this,” but like “do you feel comfortable? You tell the world.”*

Parents emphasized the importance of advocacy as part of enacting their responsibility to care for their trans children. This often intersected with their children needing additional support

because of disabilities. Cassandra described needing to offer support because of her child's anxiety:

*And now with her anxieties, her huge anxiety issues, we still have to be that voice even though she's 14. Because she can't, a lot of times, bring herself to talk about things. So, so she'll talk to me, she tells me everything. And, um, yeah. I go – I go to every appointment. So yeah, I'm a big part of that portion of her life, the care portion.*

Susan described her parental role as a kind of balancing act between respecting her child's autonomy and agency while recognizing her responsibility as an advocate as the parent of a child with disabilities:

*It's his journey. Right? But still keeping a bit of a...still keeping my paws in it a little bit... because he's got memory issues, and he...I don't want him to lose what a doctor has said, or to lose some piece of information he needs to get. [...] So it's kind of a balance, it's always a bit of a balancing act. [...] And also making – he's very self-directed in what he wants to do, which is great. Ah, but really encouraging that and making sure that he...um, is ready, and feels ready, and then has what he needs to move ahead.*

Leslie also described the making decisions as a “fine balance.” In one example she discussed the balance between respecting the right of children to change their minds and having the responsibility as parents to put boundaries around making these changes out of concern that people would not take her child's transition seriously:

*We run a fine balance between supporting his ideas – it's just like any other teenager; supporting their ideas without constantly riding the emotional roller coaster of “Now we're going to do this. Oh no, we're not doing that anymore!” “Now we're going to do...” Yes, that's not really fun. An example, James would like to change his name again. And we are like “no.”*

However, a few months following our interview, Patricia and Leslie did decide to support James to change his name again because they felt his happiness was most important. This suggests that

the “balancing act” of supporting a trans child’s agency is a process that evolves and transforms over time.

For Tessa, supporting her child to feel affirmed in her self-determined gender was possible because of privilege:

*People feel like they can't be affirming because they have worries, that are probably grounded in some sort of truth, that negative things can happen. [...] I mean, everyone's just trying to help and do their best and all that. And I think that it's really hard to have people not affirm their kids in an environment where there's [only positives] to come out of it. [...] Like for instance, part of the reason perhaps – I'd like to think it's because I just have good values, but - perhaps part of the reason why I find it so easy to affirm is because I don't worry about money. [...] I don't have to worry about paying for prescriptions, that's taken care of. I don't have to worry about my job or being fired from my job because I work in a very, you know [supportive environment] [...] I don't have to worry about my family disowning me, I don't have to worry about my neighbours and my teachers at my kid's school, I don't have to worry about... like all of those things that in some places people literally and understandably have to worry about.*

I include this longer excerpt because it shows that honouring a child’s self-determined gender is more involved than simply being gender affirming. Parent participants struggled with making decisions that were supportive of their children’s self-determined gender, while balancing this with their responsibility to provide protection and care that recognized their children’s specific and individual needs. Factors such as financial resources, supportive families, communities, and work environments, and access to resources and information about how to support trans children also impacted how parent participants decided to approach supporting their child.

### **3.4.3 The Joy of Honouring Agency and Self-Determined Gender: parent perspectives**

Parent participants described numerous instances of feeling uncertain about how best to support their children, but also shared stories of moments when they knew, for certain, that they

had made the right choice to honour and support their child. These were often joyful moments that parents would describe vividly, with detail and with excitement. Cassandra shared the example of taking Moon to get her nails done:

*One way we support her is she's really conscious of her hands. She has big hands, she has big feet. She wants – she wanted nails. So I broke down and took her and got her some [...] nails put on. And just to see her face. And she just was thrilled and she couldn't be more thankful. But it's just, it just gave her that... That feeling of "my mom and dad accept me for who I am." And that's important, to both of us.*

Patricia and Leslie experienced joy when the principal at James' school lent him a tie for graduation:

**Leslie:** *We were able to go to the principal and say "James forgot his tie"*

**Patricia:** *"And can you please tie it because he's got two mothers who have no idea of how to tie a tie!" [Laughs]*

**Leslie:** *It was a very expensive tie, "Oh yes, I've got an extra one hanging up, here you go."*

Deciding to start hormones was a difficult decision for parents to make, but Susan, Patricia and Leslie described the uncertainty they felt around this decision dissipating when they saw their child's reaction when he was approved to start hormones. Susan enthusiastically shared the moment when her child left a hormone assessment appointment with a prescription for testosterone:

*The joy and, and he just about exploded in the car with joy about the whole thing [laughs]. It was just, he was bouncing off the ceiling of the car. It was hilarious [laughs] [...] Just so happy [...] So it was a confirmation for me that it was the right direction. And that he really needed to do this.*

Leslie also shared a touching story about James picking up testosterone from the pharmacist for the first time:

**Leslie:** *It [testosterone] came in a – everything [i.e. needles] they - the pharmacist gave it to us in a brown paper bag. [...] It was really great. The brown paper bag is the most beautiful bag that he's ever seen. [...] "Can you take a picture? Can you take a picture of me carrying it like this? When I hold it like this?"*

**Alyx:** *Aw! [Laughs] I can see the joy in your faces.*

**Patricia:** *Yeah.*

It is notable that witnessing their child's joy at being affirmed as their self-determined gender was the most significant factor in solidifying for parents that they were acting in their child's best interests. Care in this form is relational because instead of imposing decisions onto children, parents make decisions, and even change their decisions, based on relational cues from their children. This resists the notion that parents (or adults in general) are best suited to know what is best for trans children.

### **3.4.4 Love: trans youth and parent perspectives**

Examples from trans youth participants and parent participants showed that there is no clear answer about how to honour a trans child's agency and self-determined gender. As examples throughout this chapter illustrate, while trans children may self-determine their gender, this process of recognition and affirmation is relational. Love emerged as a way for messiness and uncertainty to be part of parent-child relationships and acted as an anchor as parents learned and transformed how they understood their responsibility to care for their children. Cassandra gave the example of one time making the mistake of deadnaming<sup>3</sup> and misgendering Moon:

*She just said "Mom, it doesn't bother me. Because you've known me as [deadname] for 12 years and, you know, here I am all of a sudden Moon." She's like "I know you would never do that to hurt me because you're just here and supporting me, and that's all that*

<sup>3</sup> "Deadname" is a term some trans people use to refer to the name they were given at birth (legal name), or to previous and no longer used names. Some people prefer language such as "old name," "birth name," or "legal name." I use deadname here because it was the term most commonly used by research participants.

*matters.” And that, that is, I’m so glad she took that from it. Because I would never, ever intentionally hurt anybody by saying their wrong name or pronouns, especially Moon. [...] She knows we support her and love her no matter what.*

Sebastian spoke with compassion and understanding of why adults, especially older adults and seniors, may struggle to always use affirming language:

*I’ve also found that people from an older generation are, um, more set in their ways, um, definitely. And sometimes... if they are corrected, they’ll just be like ‘meh.’ [...] given time to process it and kind of think it over and just kind of be around you more, [they] will come to accept it more than they seem like they will ever at first. [...] it might take more time because they have had more time to engrain the cisheteronormative culture.*

Acceptance, love, harm, and care were often intermingled and experienced simultaneously.

Marla gave an example of being hurt by her grandparents when she was misgendered on her birthday, but also showed care and generosity towards them:

*My first year after I came out, on my birthday they [grandparents] gave me a card that said: “happy birthday grandson”. And it really, really hurt. I was like... ‘look at this card’ and they were like, “oh, we’ll get you a new one” [dismissive tone]. It was just awful. And they still call me he/him by accident when I’m at their house and stuff. [...]. I don’t really want to disrespect them by reminding them all the time, because they probably won’t remember.*

In CB’s relationship with their family, love and acceptance could also feel painful and challenging:

*I feel like I missed out on a lot of time with my grandparents just because of cisheteronormativity...and also culturally. [...] I feel like I missed out on a lot because I just didn’t have it in me to be misgendered at the time so it was really hard to go through and then, knowing that [my grandparents are] never going to accept that and they’re never going to really know [I’m non-binary] is just hard because you still love them. [...] like they just don’t understand, or they don’t know how to communicate how they care. Because with my parents, my immediate family, they, like... they try to accept it, but they*



*don't really show love to me. But my grandparents would show love to me, but they wouldn't exactly accept it.*

This chapter includes many examples of how easily the boundary between care and harm can be, oftentimes unknowingly and unintentionally, crossed. I conclude with love, in part to acknowledge that people who care deeply for trans children can still cause them harm. However, care experienced as love is also different than care that prioritizes what adults believe to be in the best interests of trans children to the detriment of honouring trans children's agency and recognizing their self-determined gender. Though not always the case, through loving relationships, care has the capacity to change over time through new learning and new experiences. With humility and by letting go of a singular best or right way to care for trans children, care can be a relationship between trans children and those who care for them.

## **Chapter Four – Envisioning Transformative Possibilities for Care**

In this final chapter, I centre the narratives of the trans youth and parents who participated in my research to discuss how care for trans children can be re-theorized through a critical analysis of trans children's citizenship. I do this by putting my research findings into conversation with literature about trans children's care, critical social citizenship, and critical trans studies. In the first part of this chapter I analyze how gender affirming care practices can be exclusionary of trans children who do not fit within normative expectations of trans childhood. I then discuss how misrecognition of trans children can produce uncertainty and tension amongst adults about their responsibility to act in the best interests of trans children. The second part of this chapter applies a critical social citizenship lens to themes found in participant narratives about resisting the notion that trans children should become normative citizens and about the importance of honouring gender self-determination and fostering belonging. I argue that recognizing trans children's citizenship offers critical possibilities for gender affirming care practices. I conclude with examples of how a re-theorization of care through trans children's citizenship can be applied in practice.

### **4.1 Contesting Gender Affirming Care**

The conceptualizations and experiences of care that unfolded throughout the narratives of research participants reflected a sense that loving trans children profoundly and feeling a responsibility to do what is best for them can be enveloped in complexity and uncertainty. While no universal conceptualization of what care should look like emerged through the data, participant narratives showed that care is strongly associated with support, acceptance, and a belief that adults have a responsibility to actively affirm trans children's self-determined gender.

For trans youth participants, experiences of being cared for were reflected through examples of when family members, friends, and adults who accepted them for who they are, took initiative to become more informed, actively supported them to access gender affirming medical care, and advocated for them with family members who were unsupportive. For parents, affirmation and acceptance were foundational to how they approached caring for their children. In their narratives, parents described doing what they could to ensure their child's gender was affirmed by advocating for them at school or in extra-curricular activities, educating extended family members, and supporting their child to navigate and access gender affirming medical and social care.

However, despite comparable understandings between participants who associated care with acceptance and action, my findings indicate that trans youth often felt that the care they received inconsistently met the criteria and expectations they had for how they should be cared for. This meant that there were discrepancies between what parents and professionals believed to be caring practices and how trans children experienced this care. While everyone who participated in my research agreed that trans children should be affirmed and accepted as their self-determined gender, youth and parents had different perspectives about how this should be achieved. Trans youth felt it was the responsibility of adults, particularly parents, to unconditionally support them to embody their gender self-determination. At the same time, trans youth wanted to be recognized as children who needed the support of adults to access knowledge and resources that would help them to explore their gender and to make informed decisions about how and when to express their gender self-determination, particularly when making decisions around modifying their bodies through hormone treatments and/or surgeries. Parents described caring for their trans children as a “balancing act” between their responsibility to

affirm their child's gender self-determination and their responsibility to take into consideration safety and the long-term best interests of their children, even where doing so clashed with their child's gender self-determination. As has been discussed in other critical research with parents of trans children (Meadow, 2011; Pullen Sansfaçon, Kirichenko, et al., 2019; Pyne, 2016; Riley, Sitharthan, Clemson, Dimond, 2011; Travers, 2018), parents often relied on parental intuition and knowledge shaped by their relationship with their child. At the same time, the sense of responsibility to ensure that they were attending to their child's present and future well-being meant that parents also relied on the expertise of professionals for validation and information when making care-related decisions.

Unfortunately, professionals were themselves not always equipped to provide gender affirming care to trans children. A troubling number of participants encountered professionals, specifically psychologists, social workers, counsellors, and physicians, who acted as gatekeepers by using their position of power to decide, on behalf of trans children, whether they should be granted access to gender affirming care, often based on inconsistent or unclear criteria. Participants also encountered professionals who perpetuated the harmful pathologizing belief that it is best for trans children to conform to the gender they were assigned at birth. Although not a focus of this analysis, it is notable that participants' most acute experiences of being pathologized were when accessing health and mental health care services for reasons not specifically related to gender, for example being hospitalized for self-harm or for youth accessing general medical health care. This finding supports research that indicates many trans youth feel uncomfortable sharing they are trans with their family doctor and are likely to experience barriers to accessing supportive health care (Veale et al., 2015). While the principles and practices of gender affirming care are most commonly used in reference to gender affirming

medical and social care, trans people live intersectional lives and have health and social care needs that expand far beyond these needs. At the same time, experiences of discrimination and exclusion on the basis of gender often make care difficult to access (Veale et al., 2015), especially for non-binary youth (Frohard-Dourlent, Dobson, Clark, Doull, Saewyc, 2016; Clark et al., 2018). In this sense, it is important to emphasize that gender affirming care *is relevant and necessary to all sectors, services, and spaces*.

Participant narratives about interactions with professionals who were providing gender-related care show that legacies of pathologized, medicalized, and binary notions of trans childhood continue to influence how trans children are cared for. In cases where research participants described experiences with professionals who were affirming and supportive, the care these professionals provided aligned with how trans youth wanted to be cared for, as was the case when a youth worker advocated for a youth to their family, or when a counsellor acknowledged that questions on a hormone assessment questionnaire were offensive. However, research participants also interacted with professionals who saw their role as one of assessing whether a child fit within the criteria and expectations of being eligible for care (i.e. hormone treatments or puberty blockers). Care on this basis relied on determining whether a child fit within normative discourses about trans children. Trans youth described instances of performing their gender in such a way that they fit within these normative expectations, for example wearing masculine clothing to a hormone assessment to start testosterone or making up stories about knowing they were trans since early childhood. Additionally, trans youth shared examples of being excluded from care because their gender was fluid rather than fixed, was non-binary rather than stereotypically binary, and because they did not experience extreme dysphoria about their body.

In Chapter 1, I discussed how care for trans children in Canada is contested due to the resistance gender affirming care offers to the previously dominating pathologizing discourses about trans childhood and approaches to caring for trans children. Gender affirming care, which is grounded in the principle that diverse gender identities and expressions of all children should be recognized and respected (Ehrensaft, 2016; Hidalgo et al., 2013; Keo-Meier & Ehrensaft, 2018), is increasingly the preferred guiding approach amongst service providers who work with trans children in Canada (Pullen Sansfaçon, Temple Newhook, et al., 2019; Temple-Newhook, Winters, et al., 2019). Certainly, how participants conceptualized care for trans children aligned with de-pathologizing and gender affirming care literature and research. Indeed, research participants expected gender affirming medical and social care to be available and accessible to them. This suggests that although discussion of gender affirming care as a viable alternative to pathologization only started appearing in professional literature within the past decade (early examples include Ehrensaft, 2011, 2012; Hidalgo et al., 2013; Pyne, 2014b), gender affirming care has rapidly transformed from an exceptional and radical proposal to an expected norm when caring for trans children in many places within Canada.

Although researchers have discussed how gender affirming practices can differ across services, regions, and families (Clark et al., 2018; Gridley et al., 2016; Pullen Sansfaçon, Temple Newhook, et al., 2019; Veale et al., 2015), my research indicates that gender affirming care is itself a contested concept. To date, gender affirming care research has focused on legitimizing itself as an evidence-based best practice and alternative to pathologization (Durwood et al., 2017; Katz-Wise et al., 2018; Olson et al., 2016; Pullen Sansfaçon, Temple Newhook, et al., 2019; Travers et al., 2012; Temple Newhook, Winters, et al., 2018). Although these efforts have succeeded at garnering widespread support for gender affirmation as the best approach to caring

for trans children in many areas in Canada, this support is precarious. Faced with ongoing challenges to gender affirming care in a context of increased polarization and efforts to dismantle trans rights, researchers and advocates continue to feel pressure to prove the gender affirming care that is necessary and in the best interests of children (Ehrensaft, 2016; Keo-Meier & Ehrensaft, 2018; Pullen Sansfaçon, Temple Newhook, et al., 2019; Temple Newhook, Pyne, et al., 2018; Temple Newhook, Winters, et al., 2018; Winters et al., 2018). Perhaps in part as a result of the urgent need to present a united response to threats of pathologizing, conservative, and anti-trans discourses, less attention has been dedicated within gender affirming care literature towards critically analyzing the discourses that shape how gender affirming care is theorized and practiced.

However, there has been a recent growth in literature that does engage with and critique the ways in which gender affirming care can reassert normative notions of trans childhood, childhood development, and professional expertise (Ashely, 2019c; Castañeda, 2014; Meadow, 2014; Temple Newhook, Pyne, et al., 2018; Travers, 2018; Winters et al., 2018). This literature offers insight into potential future directions for addressing exclusionary aspects of gender affirming care practices. One series of recent articles and responses between Bernadette Wren (2019a; 2019b) and Florence Ashley (2019c) stands out as an example of critical discussion about the ethically challenging and contentious questions that emerge regarding the implementation of gender affirming care. The excerpt below from Wren's (2019a) initial article stands out as a succinct articulation of the tensions embedded in gender affirming care that were reflected throughout my research findings:

While families, carers and clinicians may share common ethical aims, such as supporting and acting in the best interests of the individual child, the ways in which notions such as care, autonomy, protection, participation, choice, harm, self-determination, so on are

interpreted can diverge significantly, leading to conflict which can be described as ‘ethical’ in nature. On the other hand, we have the responsibility, which many clinicians and parents/carers feel when considering the wisdom of medical intervention, to respect the shifting developmental dynamics of childhood, to be concerned about significant associated difficulties and to acknowledge the impact of powerful social communities of influence – and therefore to adopt a more cautious approach where clinicians do the work of ‘gatekeeping’ with age limits and other criteria for accessing treatments. (p. 204)

In response to Wren’s article, Ashley argues that gender exploration should be acknowledged and celebrated as part of childhood development and not be used to prevent trans children from accessing gender affirming care, including hormone treatments and puberty blockers. What is striking is that while Wren and Ashley agree on most aspects of how trans children should be cared for, they disagree on the tension in care that was most highlighted in my research: should gender affirming care acknowledge trans children’s gender self-determination, which includes allowing room for exploration, uncertainty, and fluidity in identity and expression, to the extent that they be allowed access to socially and medically affirming care, or should trans children be required to be certain and consistent in how they identify before they access these forms of care? In addition, another point of contention raised in my data was the question of who gets to determine whether care is gender affirming? I elaborate on these questions, and their implications for critically analyzing gender affirming care, in the following two sections.

#### **4.1.1 Recognition**

Recognition has been discussed in critical social citizenship theory in reference to the struggles of marginalized groups to have their rights to equality and dignity be recognized by the state and in society (Isin et al., 2008; Lister, 2007). According to critical trans scholars, trans rights struggles for recognition have resulted in a respectability politics that reinforces a transnormative and medicalized notion of trans subjectivity (Johnson, 2015; Riggs et al., 2019;



Vipond, 2015) and privileges normative, white, middle-class, and non-disabled trans people (Irving, 2013; Spade, 2011; Travers, 2018). My findings illustrate that the concept of recognition is relevant to trans children because normative and exclusionary notions of trans childhood shaped how gender affirming care was practiced and distributed. Trans youth participants also related caring with recognition and acceptance of who they are. While trans youth described the importance of having opportunities to explore their gender, for example by changing pronouns and names, youth also found that, especially in the context of accessing professional care, a gender fluid identity or being uncertain about their gender could reduce the likelihood of them receiving the same level of care as children who were recognized as normative trans children. This finding suggests that there is a hierarchy within gender affirming care where normative, binary, and medicalized notions of trans childhood are more easily recognized by care providers. This is significant as research shows that misrecognition of trans children negatively impacts their well-being (Pullen Sansfaçon et al., 2018).

While the experiences of non-binary and gender fluid youth participants aligned with other research showing that non-binary youth are more likely to face greater barriers when accessing care than their binary counterparts, particularly when seeking hormone therapy (Clark et al., 2018), nearly all participants in my research shared examples of being misrecognized for not fitting within normative narratives of trans childhood. As I discuss in Chapter 1, the medicalized and racialized production of trans childhood privileges a recognition of trans children whose gender expression and identity reflect Euro-Western notions of childhood development and binary conceptualizations of gender (Castañeda, 2014; Gill-Peterson, 2018; Travers, 2018). As with previous studies, my own research shows that imposing normative criteria onto trans children (i.e. knowing since early childhood that they were trans or expressing

their gender in ways that align with stereotypical, binary, and Western conceptualizations of gender), results in Indigenous trans and Two-Spirit children, trans children of colour, and non-binary children being less likely to be recognized and thus facing barriers and exclusions when accessing care (Clark et al., 2018; Pullen Sansfaçon et al., 2018; Singh et al., 2014; Travers, 2018). Indeed, trans youth were so aware of how common it is to be misrecognized and to face barriers when accessing gender affirming care that they described themselves as “lucky” if they were able to access this care. Although some research contributes important insight into what changes could facilitate trans children having equal access to care (Frohard-Dourlent et al., 2018; Gridley et al., 2016), additional work is needed to further analyze how racism, classism, ableism, and cisnormativity create barriers to care for trans children, with particular attention to the impacts of racism and settler-colonialism on Indigenous trans and Two-Spirit children and trans children of colour.

Some parents described feeling uncertain about how to recognize their child when normative notions of trans childhood conflicted with how their child experienced and expressed their gender. For example, Tessa described feeling uncertain about whether her child was trans because she did not fit within stereotypical expectations of trans children being gender dysphoric or of feeling as though they were born into the wrong body. While Tessa chose to take her child’s lead, which included advocating for her to use both the boys’ and girls’ bathrooms at school while she was first exploring her gender and coming out, dominant discourses about trans childhood did cause Tessa to question whether she was doing the best thing for her child by affirming her trans identity. This and similar examples from my findings illustrate that when it comes to trans children’s recognition, there can be competing beliefs about whether adults should have the power to determine whether a child is trans, or whether children should be

recognized and provided care on the basis of who they say they are, regardless of what labels or terms they identify with. While parents who participated in my research tended to recognize and advocate for their child regardless of whether their self-determined gender fit within normative discourses of trans childhood, some parents also felt lucky if their child could be recognized as a normative trans child because this increased their likelihood of receiving care.

Parents also discussed luck as having certain privileges when advocating for their child to be recognized as their self-determined gender. Parents gave specific examples of how social location and identity, for example of being white and/or middle-class, meant that they had advantages, for example, having the financial resources to pay for hormone assessments, and time to become educated on trans children, to attend parent support groups, and to accompany their children to appointments. In interactions with professionals, parents described using class privilege to their child's advantage by communicating in ways that made their family appear respectable and deserving of care. The ways in which parents used their privileges to benefit their children show that factors contributing to the recognition of trans children include not only how a child expresses and identifies their gender, but also whether their parents are supportive of them *and* have the privileges to support them to navigate and pay for professional gender affirming care. Significantly, however, parent narratives also show that being supportive of their children was not sufficient to guaranteeing access to gender affirming care. Similar to youth, parents were aware of the importance of being recognized as normative as a condition for receiving care, and they also described feeling lucky if their child fit within normative understandings of trans childhood.

The finding that parents use certain privileges to advocate for and support their children is reflected in other research findings about parent experiences raising trans children (Manning et

al., 2015; Pyne, 2016; Riley et al., 2011; Travers, 2018). While it is known that parents with relative privilege have certain advantages when it comes to supporting their child to access care, Travers (2018) astutely argues that these parents are particularly well positioned to use their power to not only advocate for trans children, but to “work in coalition with other marginalized communities to generate safety for kids who are even more unsafe than their own, to use their relative privilege to create more space at the table for everyone” (p. 156). This framing reconceptualizes the role of parents of trans children from one of advocating for their individual child to be recognized towards one of participating in broader struggles to dismantle the structures and systems of oppression that exclude and harm children who do not fit within normative citizenship ideals.

The findings that indicate that normative notions of trans childhood dominate how trans children are recognized suggests the need for further research into how these discourses appear within gender affirming care practices, and to propose alternative approaches that centre trans children’s gender self-determination. To date, gender affirming literature has started discussing the concept of recognition in relation to trans children (Pullen Sansfaçon et al., 2018), the importance of recognizing non-binary youth (Clark et al., 2018), and how to approach caring for children who are uncertain and still exploring their gender (Ashley, 2019c; Ehrensaft, 2016; Temple Newhook, Pyne, et al., 2018; Winters et al., 2018; Wren, 2019a; 2019b). The concept of transnormativity, which refers to medicalized and Western conceptualizations of trans subjectivity that were developed through the psy disciplines (Riggs et al., 2019), may offer another lens through which to further challenge normative discourses about trans childhood within gender affirming care practices. The concept of transnormativity has the potential to analyze how struggles for recognition can fall into using a medicalized and racialized

conceptualization of trans subjectivity, one that is predicated on whiteness, to perpetuate a notion of trans people as respectable and deserving citizens (Johnson, 2015; Spade, 2011; Vipond, 2015). Additionally, as Dan Irving (2008) argues, state recognition and funding for surgeries and hormone treatments were legitimized through the argument that this care would produce productive citizens. Therefore, transnormativity is a concept that can also be used to further analyze how normative liberal notions of citizenship, which emphasize a productive and self-sufficient citizen, influence the redistribution of and criteria determining gender affirming care. In other words, a critical analysis of transnormativity in research about trans children can further understandings of how gender affirming care is accessible to some trans children to the exclusion of others.

Additionally, my research indicates that access to care is not only influenced by how trans children are recognized, but by how this care is distributed. According to Clark, Veale, Greyson and Saewyc (2017) and Pullen Sansfaçon et al. (2018), costs not covered by universal health coverage, such as prescriptions and mental health services, present a barrier to care for low income families. Although not specifically discussed by youth participants, I would add that gender gear (i.e. breast forms, binders, gaffs, packers, etc.), which trans people wear to feel safer and more comfortable in their appearance, presents a significant cost for low-income families and youth who do not have parental support because these items are not currently recognized by most health care plans as medically necessary<sup>4</sup>. Trans youth participants living rurally reported being especially impacted by the challenges and costs associated with needing to travel for care, a finding which supports other research into the barriers trans children experience when

<sup>4</sup> The First Nations Health Authority in British Columbia is an exception as they cover the costs of gender gear. This recognition by a health authority of gender gear as necessary for many Two-Spirit and trans people's health and well-being is promising, and my research suggests that it would benefit trans children for other health authorities to follow their lead.

accessing care (Clark et al., 2017; Gridley et al., 2016). Thus my research found that while trans children who are formally recognized as Canadian citizens benefit from the aspects of gender affirming care covered under universal health care, neoliberalism and the privatization of care, which puts responsibility onto citizens to care for themselves (Jenson, 2003; Spade, 2011), creates hidden costs that make care inaccessible to trans children who do not have parental support and/or who come from lower income families. Therefore, efforts to make gender affirming care more inclusive and accessible must consider how recognition and redistribution are both necessary to ensuring that trans children to be cared for equally.

#### **4.1.2 Responsibility to Act in the Best Interests of the Child**

The principle of the best interests of the child acts as a trope that guides how the state, society, and families rationalize and enact their responsibility to care for the social welfare of children (Moosa-Mitha, 2016, p.2). In the case of trans children, there is immense debate about what is in their best interests. Despite considerable evidence that gender affirming care benefits the health and well-being of trans children (Aramburu Algria, 2018; Durwood et al., 2017; Katz-Wise et al., 2018; Olson et al., 2016; Pullen Sansfaçon, Temple Newhook, et al., 2019; Travers et al., 2012; Temple Newhook, Winters, et al., 2018), many continue to fear that allowing children to transition will lead to them regretting these decisions in adulthood. My research shows that for parents, knowing how to act in the best interests of their child presented a challenge of balancing between honouring their child's gender self-determination and protecting their child's present and future well-being. This resulted in parents sometimes making decisions that were in conflict with what trans youth believed was in their best interest.

My findings show that participants had diverging opinions about who is responsible to determine what is best for trans children and about how this responsibility should be enacted.

Trans youth participants identified adults, particularly parents, as having a responsibility to care for them, but were also clear that this responsibility was one of ensuring they could embody their self-determined gender. In other words, youth wanted to be recognized as children who relied on adults for their protection and care, but also wanted to be recognized as agentic and capable of self-determining their gender. Importantly, youth conceptualized their gender identity not as an innate or authentic sense of self, but as a process of self-exploration that occurred over time and was relational, shifting as they learned more about themselves and about different gender possibilities. For example, youth shared how important it was for them to have connections with trans adults so that they could learn from and ask questions to people of trans experience as they explored their own gender. In this sense, youth conceptualized the overall responsibility of adults as one of supporting and affirming them in their process of gender exploration and self-determination.

Parent participants envisioned their responsibility to care for their children as embedded within a collective responsibility to create the necessary social conditions and access to care that would allow for trans children to safely express and live as their self-determined gender. When necessary, parents enacted their responsibility by advocating for their child's right to gender self-determination in their communities, with family members, and with professionals. However, parents also grappled with the reality of parenting within a social context that does not guarantee that trans children will be safe and accepted. Parents described feeling conflicted about how to act in the best interests of their children, especially when it came to decisions around starting hormones, when and how often to change names, ensuring safety at school or when accessing health care services. This "balancing act," as one parent described it, reflected the tension parents felt when they perceived affirming their child's gender self-determination as conflicting with

their responsibility to keep their child safe. When uncertain about how to best fulfill their responsibility to act in the best interests of their child, many parents turned to the expertise and guidance of professionals to help them to make these decisions.

Notably, most trans youth participants believed that, in addition to their parents, professionals did have a role in caring for them. Many participants interacted with professionals who provided care that was respectful of what youth wanted, and youth narratives indicated that professionals, parents, and trans children can be aligned in their understandings of what is in their best interests. At the same time, nearly all participants interacted with professionals who they felt were invalidating, disrespectful, had little education or awareness about how to work with trans children. One youth even described their experiences with professionals as abusive. Trans youth contested dominant notions that professionals are experts who should act as gatekeepers of children's care. Instead, youth emphasized that professionals, similar to their parents, have a responsibility to act as knowledgeable guides to help them to make decisions related to their bodies and gender, for example whether, or when, to start hormone treatments.

Within a normative liberal notion of citizenship, children need some adults to protect them because as not-yet-citizens they are perceived to lack competence and are dependent on adults to make autonomous decisions, particularly when it comes to decisions regarding their bodies (Cockburn, 1998; James, 2011; Jans, 2004; Moosa-Mitha, 2005). Conceptualizing of adults as the enactors and gatekeepers of gender affirming care is thus consistent with the adult centrality of liberal citizenship, which downloads responsibility onto adults, particularly parents, to care for and act in the best interests of children (Chen, 2008). Trans children are also subjected to what professionals deem to be in their best interests as a result of historical processes that established professionals (who act as arms of the state) as experts and gatekeepers in determining



how trans children should be cared for (Gill-Peterson, 2018; Pyne, 2014b). Even as care for trans children moves away from pathologization of trans children, parent narratives about relying on professionals for guidance about how to best support their children shows that professional beliefs and practices continue to have significant influence over how trans children are cared for. With professionals at the helm, protecting the best interests of the child can become a form of protectionism and protection-as-punishment (Bittle, 2002) when children are excluded from receiving care because they do not meet the criteria professionals use to assess eligibility for care. Therefore, while the intention is to protect children from making decisions they will regret, the outcome can be that children are punished if their self-determined gender does not conform to normative conceptualizations of trans childhood.

Critical social citizenship theorists argue that normative conceptualizations of children as citizens-to-be and childhood as a transitory and developmental stage has resulted in an understanding of the best interests of the child that prioritizes the protection of their future development into adult citizens (Lister, 2007). A liberal understanding of the best interests of the child assumes that it is the responsibility of parents, adults, and the state to ensure that children will be the ‘right’ kind of (normative) citizen (Moosa-Mitha, 2016). Decisions about what is best for children are further determined by adultist understandings of children as vulnerable because of their immaturity and reliant on adults to protect them from acting “irrationally” (Cockburn, 1998; Hart, 2009; James, 2011; Jans, 2004). Childhood has also been theorized as the time during which gender identity is still malleable and in development (Gill-Peterson, 2018). Taken together, normative discourses about children, childhood development, and gender have resulted in treatment approaches that attempt to “correct” gender non-conforming children’s behaviours to conform with the gender they were assigned at birth (Bryant, 2006; Pyne, 2014b). At the same

time, Claudia Castañeda (2014) has argued that the most recent WPATH *Standards of Care*, which is typically seen to be a more affirming improvement to pathologizing approaches, is problematically premised on a Euro-Western view of childhood development and gender that merely expands a medicalized treatment for trans children who are binary and normatively gendered. My research supports Castañeda's claim, showing that when gender affirming care practices assume normative liberal understandings of childhood, a future-oriented understanding of the best interests of the child can take precedence over affirming trans children in the present, especially if this child does not fit within normative citizenship ideals.

Defining children's best interests through a future-oriented lens is problematic because, in seeking to predict how children will identify into adulthood, professionals overlook the autonomy and agency of children in the present (Ashley, 2019c; Temple Newhook, Pyne, et al., 2018; Temple Newhook, Winters, et al., 2018; Winters et al., 2018). Trans youth participants in my study described that when adults made decisions on their behalf, this often resulted in them not having access to the care they wanted. One youth, for example, was made to delay starting testosterone because his parents were not supportive of him beginning hormone treatments. Rather than adults making decisions about what was in their best interests without their input or consent, youth participants felt that it was in their best interests to be affirmed and supported as their self-determined gender on an ongoing basis, if and as their gender identity and expression fluctuated over time. In other words, rather than assuming that it is in the best interests of trans children to protect their future development into normative citizens, trans children are demanding that adults should listen to their present needs.

My findings also suggest that best interests of the child can be an evolving concept. Whereas normative understandings of the best interests of the child are static, my study found

that parent understandings of what was best for their child changed over time as they became more educated, connected with other parents, and accessed supportive professional care. For example, while Patricia and Leslie hesitated at first to allow their child to change his name for a second time, they later changed their mind. This supports the findings of a recent study which indicates that parent processes of accepting their child as trans continue even after supporting their child to access gender affirming care (Pullen Sansfaçon, Kirichenko, et al., 2019). While parents discussed feeling uncertain when making decisions about what was best for their children, they felt reassured that their decisions were positive when they witnessed the joy it brought their children to be accepted and affirmed for who they are. Parents, therefore, contested normative notions of the best interests of the child when they centred their relationship with their child and saw their responsibility as one of supporting their child and following their lead.

#### **4.2 Reconceptualizing Care Through a Critical (Re)-Theorization of Trans Children's Citizenship**

In Chapter 1, I provided an overview of how the historical and contemporary landscape of care for trans children has been shaped by pathologizing, medicalized, and binary notions of trans childhood. Despite increasing recognition of trans people as citizens who have rights and deserve protection on the basis of our difference from a cisgender norm, this recognition has primarily benefited trans people who fit within normative expectations of citizenship based on proximity to a white, masculine, middle-class, able-bodied, and hetero/homonormative ideas about the ideal citizen. Moreover, due to the adultist nature of normative liberal citizenship, trans children are caught within the liminal space of being formally excluded from trans citizenship (due to their status as children) and being beneficiaries of trans struggles for recognition, including efforts to end the pathologization of trans people.

While my findings contest the notion that gender affirming care practices are universally inclusive of and equally accessible to trans children, my study also illustrates how gender affirming care can honour trans children's gender self-determination by recognizing trans children for who they say they are, even as their gender identity and expression evolves over time. This is particularly important in the case where trans children's differences from the norm are not just limited to their differences on the basis of gender and sex, but when these differences include class, race, disability and sexuality. For gender affirming care to be a socially just and inclusionary model of care necessitates a critical analysis of how some gender affirming approaches can be complicit in reinforcing normative notions of trans childhood and citizenship, and by extension the settler-colonial and neoliberal state. In this section, I analyze the narratives of my participants through a critical notion of trans children's citizenship to envision gender affirming care as a practice and politic that centres trans children's gender self-determination and disrupts normative notions of trans childhood.

Given that the best interests of the trans child citizen are often attached to normative assumptions about trans childhood, a critical theorization of trans children's citizenship offers a crucial alternative to the dominant ways of caring for trans children. The demand made by trans children is to have their gender self-determination recognized while also being cared for as children who deserve protection and support from adults. Trans children's citizenship posits that trans children should be recognized as agentic, should participate in determining what is in their best interests, and that how they are cared for should not prioritize development into normative adult citizens over their present-day identity and needs. My intention is not to dismantle or offer a new version of gender affirming care, but rather to remember and tend to the political roots of gender affirmation as grounded in trans children's liberation. Additionally, I hope that the

following discussion of the claims trans children have to citizenship offers a new contribution to critical social citizenship theory, particularly in the areas of trans citizenship and children's citizenship.

#### **4.2.1 Recognizing Gender Self-Determination**

A salient theme in participant narratives was the importance of gender self-determination to positive care experiences for trans youth. From a citizenship lens, self-determination is closely related to autonomy and agency. Self-determination within liberal citizenship is conceived as the right and freedom of the individual to pursue their self-interests (Moosa-Mitha, 2005). Critical social citizenship theorists argue for a more collectivist notion of self-determination as one of being recognized while living in accordance to their own (different) way of life. Marginalized groups struggle to have their rights recognized, often due to experiences of having their self-determination denied (Lister, 2007). In this sense, self-determination is both a right in itself and an action through which marginalized groups lay claim to being included as citizens.

Trans youth gave numerous examples of how they enacted citizenship through expressions of agency and their struggle to have their gender self-determination be recognized and affirmed. For instance, trans youth enacted and embodied gender self-determination by demanding that their gender be recognized, even in instances where their gender was fluid or changed over time. However, gender self-determination also appeared in the narratives of trans youth through how they made decisions about when, how, and with whom to express their gender. Trans youth expressed their gender self-determination when they made decisions to present their gender identity and expression in such a way that they would be more likely to be approved for care. Gender self-determination, in other words, appeared in the data as an

expression of agency wherein trans youth made decisions within the circumstances and contexts they were living within.

In many ways, gender affirming care supports children's agency and the principals of gender self-determination given its objective of recognizing and supporting children to live as their felt gender (Keo-Meier & Ehrensaft, 2018; Hildago et al., 2013). However, as I have discussed, misrecognition of trans children's gender is a regular feature of trans children's care experiences, even when they are receiving care defined as "gender affirming." Youth participant narratives show that misrecognition is not the result of a lack of agency and resiliency on the part of trans children, but rather an effect of the normative discourses that determine how trans children are recognized. Trans youth responded to misrecognition and exclusion from gender affirming care by presenting their gender in ways that could be recognized as fitting within these expected norms so that they could receive care. Examples from trans youth doing what was necessary to receive the care they wanted, indicates that not recognizing trans children's gender self-determination is also a misrecognition of trans children's agency. Therefore, recognition in the case of trans children's claim to citizenship, is a complex phenomenon that consists of both a struggle to have their gender recognized (for example, by being addressed by their pronouns) and a struggle to be recognized as agentic as they make contextual decisions about when and how they want their gender to be recognized. A critical conceptualization of social citizenship demands that we recognize the ability of children to both self-determine their gender and interact with their environment in a way that is safer and enables them to access care. In agreement with Davia Stasiulis' (2002) theorization that protecting children should not be viewed as mutually exclusive of and separate from children's participation, my findings indicate that supporting trans children to participate in their care can in itself be a form of protection.

My findings suggest that gender self-determination is a concept that merits the attention of gender affirming care literature. Some gender affirming literature has briefly remarked on self-determination as a concept that pertains to the concept of caring for trans children (Aramburu Alegría, 2018; Clark, 2017; Manning et al., 2015; Singh et al., 2014; Ward, 2013), while other literature has discussed concepts associated with self-determination, such as “self-definition” (Singh, 2012) and “self-realization” (Pullen Sansfaçon et al., 2018). Travers (2018) provides a description of the importance of gender self-determination that especially resonates with how the concept appeared in my data:

As long as binary gender systems are in place, there are limits set on the scope of gender self-determination available to kids. Targeting binary gender systems for transition, rather than binary-conforming trans kids, is the appropriate strategy to widen the scope of gender self-determination available to all. (p. 180)

Therefore, gender self-determination refers to both the individual autonomy and agency of trans children and demands that the systems that create barriers and make it unsafe for any child to express gender non-conformity be dismantled. Recognizing children’s agency also means turning to trans children about ideas they have for how this may be achieved. For example, when trans youth envisioned a “perfect world,” they discussed how not assigning gender at birth would honour children’s gender self-determination from the moment they are born by creating the conditions for children to be safe and free enough to explore and express their gender. On the one hand, my research findings show that the concept of gender self-determination can further efforts to provide equitable care to trans children because it centres their voices and lived experiences. At the same time, the *self* in gender self-determination that appeared in my data should not be mistaken as an individualistic selfhood. Rather, gender self-determination was conceptualized as a relational self that is tied to a collective struggle against binary systems,

normative citizenship ideals, and neoliberal conditions that constrain children's capacity to explore and express their gender self-determination.

Critical trans scholar Eric Stanley (2014) argues that there is merit to engaging with gender self-determination as an "ethic" that can resist seeing the inclusion and formal recognition of trans people within settler-colonial nation-states as victories. Gender self-determination on these terms is understood to be connected to the radical practices and theories of self-determination embodied within movements for Indigenous sovereignty, decolonization, Black liberation and prison abolition because it acknowledges that trans people's liberation is embedded within a collective struggle of resisting state and interpersonal violence (Hunt, 2018; Spade, 2011; Stanley, 2014).

Take for example, the relationship between professional recognition and gender self-determination. Trans disability justice activist Eli Clare (2013) argues that trans activist struggles to remove gender dysphoria ("gender identity disorder" at the time of his writing) from the *DSM* are indicative of an ableist shaming within trans community of not wanting to be associated with mental illness. Instead, Clare argues that "we could learn to use diagnosis without being defined by it, all the while resisting the institutions that hold power over us" (p. 265). In part, what Clare is referring to is the ways in which diagnosis is a category that facilitates access to social care because the state recognizes diagnosis as a legitimate reason for needing gender-related care, for example surgeries, or for changing a gender marker on legal documents. Rather than struggling to distance trans people from disability and the *DSM*, trans activism could follow the advice of trans disability justice activist aj withers (2012) and "adopt a radical disability perspective...fight for medical care without pathologization and use this discussion as a way of challenging the medical system and the existing power structures that the medical system moulds its perspectives



to” (p. 102). Recognition on these terms embodies an ethic of gender self-determination that exists in solidarity with disability justice and in resistance to systemic injustice, rather than on the basis of having the right to self-determination on an individual basis. For trans children, this would mean struggling for gender self-determination on the basis of dismantling the structures and social conditions that restrict their capacity to fully explore and express themselves, rather than seeking to adjust existing gender affirming care practices based on transnormative recognition.

Critical social citizenship is a lens that can be applied to theorize how trans children’s care is shaped by the social and political contexts within which they live, as well as through relational care practices. A critical theorization of trans children’s citizenship views the social justice struggle to honour trans children’s gender self-determination as a form of resistance to address systemic inequities and challenge the terms of recognition of trans children’s citizenship that is based on their proximity to an assumed norm. This encompasses efforts for self-determination that have been experienced as exclusionary on the basis of race, class, ability, and land sovereignty. However, it also means recognizing trans children’s gender self-determination on horizontal and relational levels. On a vertical state-citizen level, recognition of trans children’s gender self-determination radically shifts away from viewing children as passive recipients of social care and of the state (especially through professionals, who act as arms of the state) as a neutral, expert caregiver who delivers this care. Instead, gender self-determination insists that children be recognized on the basis of how they want to be recognized. At a horizontal level of relational community, familial, and peer care practices, gender self-determination encourages acceptance of trans children, recognition of their right to equality and of being treated with dignity. Such care practices listen to trans children, support them in

accessing resources, information, and community, and encompass efforts to advocate for trans children to be recognized and to feel as though they are accepted and belong. Conceptualizing gender self-determination in these ways can locate gender affirming care as part of a broader struggle, not only for trans children's liberation, but for liberation from injustice.

#### **4.2.2 Belonging**

Participant narratives showed that belonging was important to how trans children experience care. Ruth Lister (2007) defines belonging as membership and participation within society and at more localized levels of community, family, and friendship. As I discuss in Chapter 1, recognition, belonging, and social care are interconnected concepts in critical social citizenship theories. Determining who is eligible for social care is normatively ascertained according to who is recognized as fitting within the boundaries of membership and inclusion within the *polis* (Isin et al., 2008). These members are then considered equal members of society and worthy of receiving publicly funded care interventions (Isin et al., 2008). This normative framing of social care, which reinstates a liberal interpretation of equality as based on sameness, becomes the criteria through which demands for being recognized as eligible to receive social care are made. Critical social citizenship theorists posit that belonging which frames equal membership on the basis that all citizens are the same is exclusionary because it overlooks differences. Instead, critical social citizenship theorists argue that membership and belonging should be based on being "differently equal" (Yuval-Davis, 2011). Belonging is thus defined through a recognition of equality that centres difference (rather than ignoring it).

My research found that normative liberal citizenship ideals result in trans children feeling as though they do not belong because of their gender difference. However, as trans youth narratives show, youth actively sought out people and spaces where they felt they could belong

because their gender self-determination was recognized and respected, for example by attending LGBTQ2S+ youth programs and connecting with trans adults and trans community online.

Youth also participated in creating spaces where they felt they could belong. When youth did not have supportive parents or access to gender affirming professional care, they described finding belonging by creating spaces where they could care for one another. This practice of caring for each other, which youth described as “weird kinship,” was both about a bond and connection that was based on kinship through a shared experience of being trans and of being different from the cisgender norm.

While weird kinship had the purpose of providing youth with material safety (i.e. a place to sleep or have respite from unaccepting family), it also created space for knowledge exchange. Youth described feeling a responsibility to care for one another, even when they were not friends. However, the sense of belonging that emerged through weird kinship was not universally inclusive. One youth participant described how racism in LGBTQ2S+ youth spaces made them feel unwelcome and of being excluded because of their difference from a white norm. While a limitation of my research study is that the majority of research participants were white, the experience of this youth of colour participant raises important questions about who belongs within spaces and care practices of weird kinship. How can spaces premised on a shared experience of difference from a cisgender norm still be complicit in perpetuating whiteness, middle-class norms, and ableism? How do these exclusions and norms impact who feels as though they belong within these spaces, or create barriers to who participates within these spaces? While the concept of weird kinship is significant in that it shows that trans children are participating in creating their own spaces of belonging, further research is needed to unpack and

examine how racism, classism, and ableism can re-create exclusionary spaces where not all trans children feel as though they belong.

A conceptualization of belonging that mirrored trans youth understandings of weird kinship also appeared in the narratives of parents. Parents described the importance of the community and sense of belonging that arose through opportunities to connect with other parents of trans children. These groups also provided opportunities for families to share resources and information with one another. For one parent, the sense of connection she felt to other families with trans children was so significant that she said she hoped she would still be invited to attend picnics and events for trans families, even if her child no longer identified as trans. At the same time, normative discourses and power dynamics also exist within parent support spaces. Though only one family named the experience of feeling different from group members because of their sexuality, in my experience facilitating a parent support group, the majority of families who regularly attend and return to the group are white, middle-class, and heterosexual. These norms could result in some parents feeling excluded on the basis of their differences from other parents. Broadly speaking, while some parent participants did not find that having a trans child impacted their sense of belonging with their communities and/or within their families, other parents did experience a loss of belonging with family members and in their communities when their child came out as trans.

In agreement with critical social citizenship theorists, my findings show that belonging is not only understood within the narrow bounds of vertical state-individual citizen relationships. An integral site of belonging occurs across horizontal lines in the relationships that take place within and through communities, neighborhoods, peers and families. Trans youth participant narratives suggested that being cared for and supported by their families was particularly

important to them. When adults did not *actively* educate themselves or support youth to access care, youth themselves took responsibility to attempt to ensure their care needs were met. Although trans youth with supportive and accepting parents did experience misgendering and transphobia, they also reported very few challenges accessing gender affirming care. This was mirrored in parent narratives, where they described paying for hormone assessments, acting as supports to their children during meetings with professionals, and a resolve to protect their children from professionals and situations where their gender could be questioned or invalidated. In comparison, trans youth whose parents were not supportive of their self-determined gender, described experiences of housing precarity, having to navigate hormone and surgery assessments alone or rely on friends for help, and facing substantially more negative experiences with professionals than their peers. Especially in cases where parents and professionals were not adequately providing the care youth wanted and needed, youth participants actively sought out and created places of belonging where they could be accepted for who they are. My findings show, therefore, trans youth who do not feel that they belong, either because they are trans or because they do not fit within certain normative expectations, report feeling less cared for by family as well as professionals. The importance of feeling like they belonged and were regarded as equally worthy is evidenced by the narratives that some participants shared about the lengths they went to in order to find new spaces for belonging.

For critical social citizenship theorists, a spatial analysis of belonging includes an analysis of the inclusions and exclusions that exist within place and space (Moosa-Mitha, 2016). While normative liberal citizenship assumes that children belong in the private sphere and intimate spaces of the home, critical social citizenship theorists' critique this assertion for falsely assuming that there is a binary separation between private and public realms (Moosa-Mitha,

2016). My data supports a critical social citizenship understanding of children in that trans children's sense of belonging was more pronounced when they were with peers than in the home. Participants also described feeling a sense of belonging when they were able to connect with other trans adults. Trans children learned that to participate in the exploration of the kinds of gender affirming care they wanted to access required participating in spaces and relationships that allowed weird kinship to flourish. Trans children participated in creating opportunities for belonging through the ways in which they took care of each other, especially youth who did not have caring home environments. Through a critical social citizenship perspective, which argues that children's participation in society should be recognized as expressions of citizenship (Jans, 2004; Larkins, 2014; Moosa-Mitha, 2005; Stasiulis, 2002), trans children enact citizenship through the ways in which they participate in creating spaces for belonging and membership.

#### **4.3 Care Practices Through a Critical Theorization of Trans Children's Citizenship**

In this final section, I discuss some ways in which a critical re-theorization of trans children's citizenship, as discussed above, could be put into practice to transform approaches to caring for trans children.

*Create opportunities for trans children to actively participate in shaping the structures and standards that govern their lives.*

Trans children show their citizenship through their agentic and active participation in advocating for their care and, when necessary, caring for other trans youth. Trans children's knowledge about how care can be inequitably conceptualized and delivered and their vision for what care for trans children could look like should be recognized as necessary and important to the development of policies and professional standards of care for trans children. At the same time, it is also critical that trans children be recognized as *children*. For example, meaningfully

including trans children in decision-making processes should not assume that trans children have all of the answers and should not substitute the responsibility of adults to further educate themselves about the struggles trans children experience. Adults can show their respect of trans children as citizens whose voice and knowledge are critical to furthering just approaches to caring for trans children through reflexive listening, engaged advocacy, and financial compensation, but also by engaging in these processes as opportunities for collaborative learning and growth as critical thinkers.

*Engage with trans children's best interests as a collaborative and relational process and make space for risk, uncertainty, and exploration.*

While it is understandable that professionals and parents fear that risk will result in harm, harm can also result from adults making decisions about what is best for trans children when these decisions undermine trans children's gender self-determination. Recognizing trans children's citizenship means letting go of normative notions of trans childhood and developmental approaches (i.e. that children are too young to know their gender) and taking seriously trans children's capacity for gender self-determination. A critical theorization of trans children's citizenship posits that making decisions about what is in the best interests of a trans child involves a collaborative and relational process between adults and children. Rather than seeking to minimize risk by imposing limiting transnormative notions of care or trying to predict the gender identity children will have in adulthood, a re-framing of trans children's citizenship recognizes trans children's present self-determined gender and values their participation in making decisions about their lives and bodies.

When processes of gender exploration and fluidity are expected, understandings of what it means to protect trans children can shift towards a harm reduction approach that accepts risk

and uncertainty as part of self-exploration and focuses instead on addressing the systemic conditions that make it less safe for trans children to explore their gender. Doing so makes it the responsibility of adults to care for trans children by fighting for social changes that could make it safer for them to fully and freely embody and explore their gender self-determination. This could take the form of supporting trans children to connect with diverse representations of trans experiences, to build relationships with trans communities, to ask questions about gender affirming medical and social care and transition, and to provide them with spaces where they can freely express doubts and uncertainties without reducing the likelihood that they will be recognized for who they are and approved for care.

*Include trans adults in care for trans children.*

If adults have a responsibility to care for trans children, trans adults should also be included within this work. On the one hand, trans adults can also participate in caring for trans children as service providers. However, to encourage this requires valuing the importance of trans adults participating in this work as trans adults can face barriers to accessing the education necessary for these roles and may experience discrimination when seeking employment. Trans service providers who work with trans children also face the risk of being accused of ‘influencing’ children to be trans, and thus require the support of cis allies to stand in solidarity with us as we do this work. Additionally, trans adults could have roles in caring for trans children through intergenerational relationships. This could be facilitated through programs and community initiatives that create opportunities for intergenerational storytelling, knowledge transfer, and mentorship. These intergenerational spaces could also be expansively conceptualized to include multi-aged spaces that bring together younger and older trans children. By recognizing the importance of relational care in supporting trans children (and their families),



critical trans children's citizenship recognizes that both trans children and trans adults can find belonging when they have opportunities to be in community together.

*Articulate care for trans children as part of a broader struggle for self-determination and justice.*

As long as there is injustice and marginalization of those who do not conform to liberal and normative notions of citizenship, care for trans children will not be equitable or accessible. In the struggle for gender affirming approaches to caring for trans children, we must remember that trans children's lives are shaped by multiple systems of oppression (Temple Newhook, Pyne et al., 2018; Travers, 2018). As long as gender affirming care is exclusive of and inaccessible to Two-Spirit and Indigenous trans children, trans children of colour, poor trans children, disabled trans children, and those whose gender is non-binary and/or fluid, it will be complicit in perpetuating symbolic and transnormative notions of trans recognition. This can result in an illusion of improvement and progress in trans children's lives that ultimately serves to legitimize a state that excludes, perpetuates violence, and assists in the death of those whose difference and non-normativity is threatening to its settler-colonial, white supremacist, and capitalist foundations. As Jane Ward (2013) articulates, supporting all children to live gendered lives that are not confined to binary or cisnormative expectations is a critical and necessary part of this work:

When we apply the insights of queer and feminist theory to the work of raising children, we become invested in providing all children – not just those who show the signs of gender non-conformity – with the social, cultural and political tools they can use to simultaneously work with and against the gender binary (p. 47).

## Conclusion

“You have to act as if it were possible to radically transform the world. And you have to do it all the time.” — **Angela Davis**

This research study engages in a critical analysis and discussion about trans children’s experiences of care. Applying critical social citizenship theory to literature about trans children’s care and data collected through focus groups with trans youth and interviews with supportive parents, this study argues that care for trans children is contested along multiple axes: as a struggle between pathologizing and gender affirming approaches to care; as tensions between how trans children, parents of trans children, professionals, and the state conceptualize the best interests of trans children; and as divergences between how gender affirming care is envisioned and how it is practiced.

Despite increasing recognition and acceptance of trans people and the mainstreaming of gender affirming care, trans children, especially those who are marginalized and/or do not have supportive families, continue to face exclusions as a result of the hierarchical nature of liberal citizenship and inequitable redistribution of resources due to neoliberal policies. As a result, the care trans children experience is shaped by structures and discourses that perpetuate a transnormative, binary, classed, and racialized categorization of the trans child. Furthermore, the positioning of adults, particularly professionals, as expert gatekeepers of what is best for trans children, often results in the misrecognition of children’s agency and capacity for gender self-determination.

This research is indicative of what applying a critical social citizenship analysis to trans children’s experiences of care can add to present understandings of children’s citizenship, trans citizenship, and gender affirming care. By framing these discussions within a broader context of normative liberal citizenship and neoliberalism, a critical social citizenship lens compliments

current critiques of care practices that reassert professionalization and undermine trans children's gender self-determination. Furthering conversations about recognition of trans children and redistribution of care resources offers possibilities for contesting the exclusionary aspects of how gender affirming care is conceptualized and practiced.

As illustrated through the narratives of participants in this research, there is transformative potential to relational embodiments of care that are practiced in daily family life, through friendship, and in community. This is certainly an area for further research that uses community-engaged methodologies which centre the voices of trans children and those who care for them. Without losing sight of the need to continue resisting the pathologization of trans children, this research suggests the need for further discussion amongst advocates of gender affirming care about what actions must be taken to address barriers and exclusions embedded into how gender affirming care is practiced and distributed. What do lived experiences of care and visions for how care may be improved contribute to disentangling from normative, oppressive, and exclusionary approaches to caring for trans children? How can gender affirmative care approaches integrate relational knowledge and practices from social movements that challenge settler-colonialism, racism, ableism, cissupremacy, and neoliberalism?

### **Closing Thoughts: the challenge of care**

Those who trans children call on to protect and care for them find ourselves in a crossroads between mainstreaming of gender affirming care and a growth of anti-trans sentiment and violence. In 2014, the year before I began grad school, *TIME Magazine* published an infamous article about how recognition of trans rights represented a “trans tipping point” and a “new era of civil rights” (Steinmetz, 2014). Since this time, an unprecedented amount of change towards recognition and protection of trans people has taken place in Canada, from the passing

of Bill C-16 (2016) which added gender identity and gender expression to the *Canadian Human Rights Code*, to the closing of the Child, Youth and Family Gender Identity Clinic at the Centre for Addiction and Mental Health (CAMH) in Toronto (Pyne, 2015), to six provinces adding the option for citizens to change their gender marker to “X”. However, causes for celebration have been marred by anti-trans lobby groups and trans exclusionary feminists who have doubled down on their efforts to organize and campaign against trans rights.

Oftentimes, these groups perpetuate rhetoric and use misinformation to target legislation and programs that grant trans children access to gender affirming care. This year in the United States and United Kingdom, there have been intense efforts to stop gender affirming care for children (Andrew, 2020; Doward, 2020). South Dakota went so far as to recently bar service providers from providing gender affirming care to trans children and their families, on punishment of imprisonment (Cole, 2020). In Canada, public institutions have gone ahead with hosting anti-trans speakers and events despite public outcry and protests (MacLeod, 2019; Pablo, 2019). During these dangerous and uncertain times when efforts to discredit and denounce gender affirming care are growing louder and stronger, I certainly felt conflicted about whether this was the moment to be writing a thesis that critically engages with gender affirming care.

Certainly, there are arguments to be made that because the mainstreaming of gender affirming care benefits trans children, it is best to focus efforts and attention towards directly resisting the pathologizing and anti-trans rhetoric that threatens it. However, it is my belief that critically analyzing gender affirming care is in itself an act of caring for trans children by resisting the structures that perpetuate violence against trans people. To engage in caring critique to remember that the radical struggle and transformative vision that sparked the movement to de-pathologize gender diversity in children was not intended to only benefit certain privileged trans

children. Critically engaging with gender affirming care means interrogating the ways in which transnormativity, adultism, racism, classism, and ableism are embedded into how gender affirming care is practiced and of resisting the ways in which neoliberal privatization makes aspects of gender affirmation care inaccessible to those who cannot afford it. In this sense, to work towards addressing the ways in which gender affirming care can be exclusionary means acknowledging the work of caring for trans children as embedded within struggles against settler-colonialism, white supremacy, and capitalism.

In the preface of her book, Jules Gill-Peterson (2018) argues that trans children are “unable to be cared for except through forms of harm” and that “we scarcely yet know what it would mean to care for trans children” (p. ix). Through this research I have learned that care regimes have come to shape how trans people are known and how we have come to know ourselves. As we struggle to envision and practice care that is loving, that affirms our right to explore our gender over time, and which carves out space for us to belong, we must challenge ourselves to be freed of the notion that we are lucky to be cared for or that there is not enough care for all of us. As a trans adult, I see my responsibility to care for trans children as intertwined with this broader work of envisioning, articulating, and enacting new ways of caring for ourselves and each other. Inspired by Angela Davis, a Black feminist through whom I first encountered an analysis of how trans and non-binary people’s challenge to conceptions of what should be considered normal are interlinked with abolitionist ways of thinking about prisons and policing, I believe that how we care for trans children intersects with acting as though “it were possible to radically transform the world” (Davis, 2014). Fighting for a future where trans children only know care as abundant and accessible will not only radically transform the world for trans children, it will radically transform the world for all of us.

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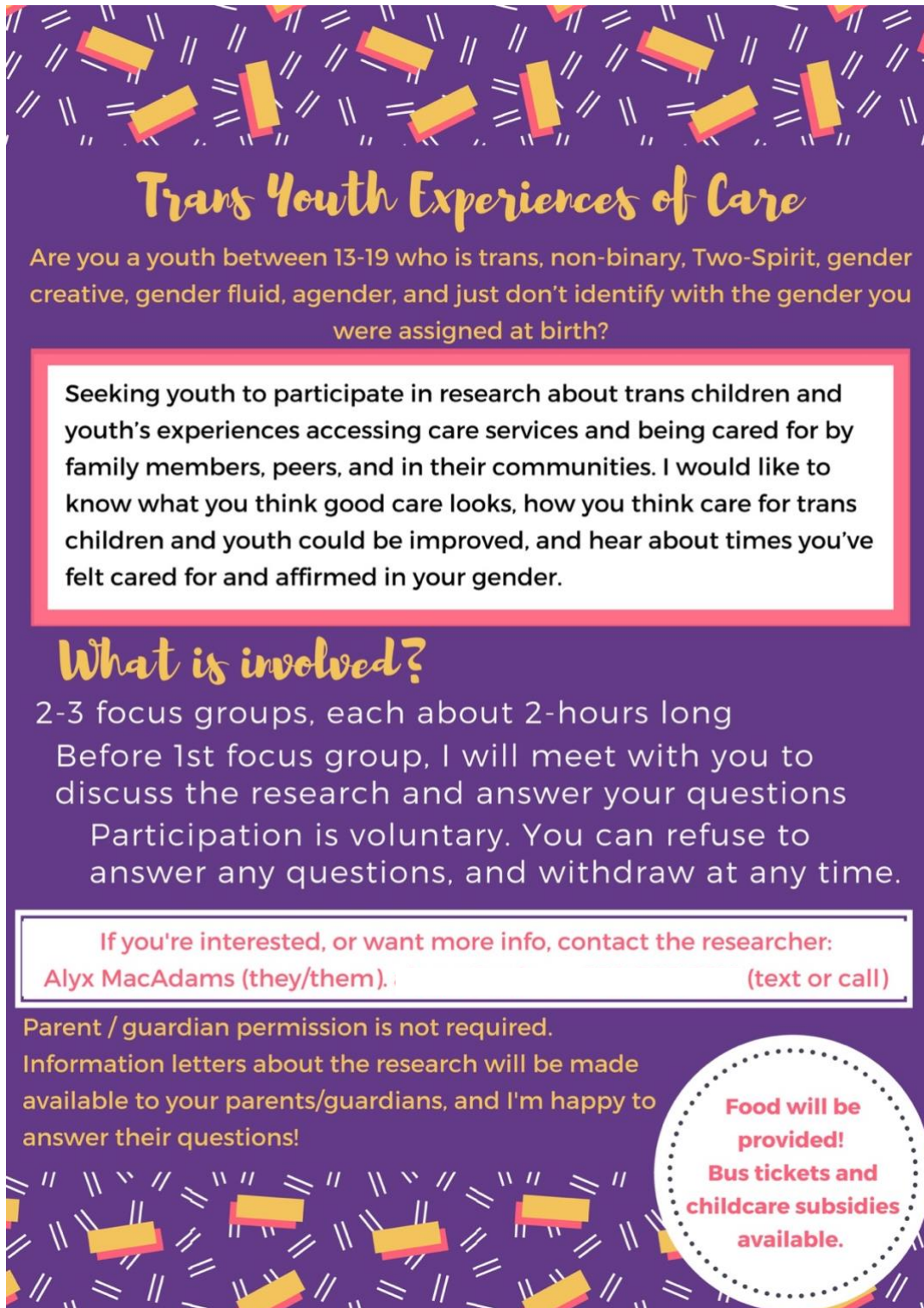
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## Appendices

### Appendix A: Information Poster for Trans Youth Recruitment



**Trans Youth Experiences of Care**

Are you a youth between 13-19 who is trans, non-binary, Two-Spirit, gender creative, gender fluid, agender, and just don't identify with the gender you were assigned at birth?

Seeking youth to participate in research about trans children and youth's experiences accessing care services and being cared for by family members, peers, and in their communities. I would like to know what you think good care looks, how you think care for trans children and youth could be improved, and hear about times you've felt cared for and affirmed in your gender.

**What is involved?**

2-3 focus groups, each about 2-hours long  
Before 1st focus group, I will meet with you to discuss the research and answer your questions  
Participation is voluntary. You can refuse to answer any questions, and withdraw at any time.

If you're interested, or want more info, contact the researcher:  
Alyx MacAdams (they/them), (text or call)

Parent / guardian permission is not required.  
Information letters about the research will be made available to your parents/guardians, and I'm happy to answer their questions!

Food will be provided!  
Bus tickets and childcare subsidies available.

## **Appendix B: Information Email about Parent Recruitment**

“What ‘How We Care’ Says About Why We Care: Youth and Primary Caregiver Perspectives on Trans Children and Youth’s Experiences of Care” is a research project about young trans people’s experiences accessing care services and being cared for by family members, peers, service providers, and their communities.

I am seeking parents and primary caregivers who:

- Have a trans child (or trans children) under the age of 19
- Self-identify as supportive and affirming of their trans child’s gender identity and expression.

“Trans” includes those who are non-binary, Two-Spirit, gender creative, gender fluid, agender, and/or identify with a gender that is not the one they were assigned at birth.

### **About the Research**

The purpose of this research project is to explore trans children and youth’s experiences of care. I would like to know your thoughts about what caring for trans children and youth looks like, and hear how you think care for trans children and youth could be improved. Specifically, I would like to know about times you have cared for and affirmed in your child’s gender, witnessed your child receiving care from others (i.e. family, peers, service providers), and the uncertainties you have felt about how ‘best’ to care for your child. For this research, I will be doing focus groups with trans youth, and interviews with parents and primary caregivers who are supportive and affirming of their trans children and youth.

This research project is for my Master of Social Work thesis, and I am trans-identified.

### **What is involved?**

You will participate in an interview, about 1-hour long. For interested families, interviews can include up to two (2) adults who plays a significant caregiver role raising your trans child (i.e. partner or spouse, co-parent, grandparent, etc.).

Participation is voluntary. You can refuse to answer any questions, and withdraw at any time. Food will be provided, and bus tickets and childcare subsidies available.

If you are interested, or have any questions, please contact the researcher:

**Alyx MacAdams**  
[alyxm@uvic.ca](mailto:alyxm@uvic.ca)

## **Appendix C: Third Party Recruitment Email for Service Providers**

### ***What “How We Care” Says about Why We Care: Youth and Primary Caregiver Perspectives on Trans Children and Youth’s Experiences of Care***

Please find attached details regarding a research project about trans children and youth’s experiences accessing care services and being cared for by family members, peers, and in their communities.

I am seeking participation from:

- 1) **Trans Youth**, ages 13-19
  
- 2) **Parents and primary caregivers** who are supportive and affirming of their trans children, 19 and under.

“Trans” includes anyone who is non-binary, Two-Spirit, gender creative, gender fluid, agender, and/or identifies with a gender that is not the one they were assigned at birth.

Attached is information for both potential trans youth participants (a poster), and for supportive parents and primary caregivers (an information letter). Please pass this information along to any youth or caregivers who may be interested!

This research project aims to elevate youth and supportive parent / primary caregiver perspectives about who is taking care of trans children and youth, what this care looks like, and about how it can be improved.

Youth will participate in 2 to 3 focus groups, each about 2 hours long. Caregivers will participate in interviews, about 1-hour long. Food will be provided, and bus tickets and childcare subsidies available. Participation is voluntary.

Parent / guardian permission is not required for youth participation. For those interested, I have information letters about the research available for parents / guardians, and I am happy to answer questions from parents / guardians.

For more information, please contact the researcher:

**Alyx MacAdams (they/them/their)**

[alyxm@uvic.ca](mailto:alyxm@uvic.ca)

## **Appendix D: Email Invitation to Parents/Caregivers on Victoria Support Group Listserve**

I am writing you regarding a research project, called “What ‘How We Care’ Says About Why We Care: Youth and Primary Caregiver Perspectives on Trans Children and Youth’s Experiences of Care”, which I am doing for my Master of Social Work thesis.

This research project is about trans children and youth’s experiences accessing care services and being cared for by family members, peers, and in their communities. This research project aims to elevate youth and supportive parent / primary caregiver perspectives about what good care for trans children and youth should look like, and about how care for trans children and youth could be improved.

I am seeking participation from:

- 3) **Parents and primary caregivers** who are supportive and affirming of their trans children, 19 and under.
- 4) **Trans Youth**, ages 13-19.

“Trans” here includes anyone who is non-binary, Two-Spirit, gender creative, gender fluid, agender, and/or identifies with a gender that is not the one they were assigned at birth.

Primary caregivers will participate in interviews, about 1-hour long. Youth will participate in 2 to 3 focus groups, each about 2 hours long. Food will be provided, and bus tickets and childcare subsidies available.

As many of you know me, I want to be clear that **participation in this research is voluntary**. During interviews, you would not have to answer questions you are not comfortable with, and you can withdraw at any time. **Most importantly, your choice about whether to participate in this research will not impact the relationship you have with me, or your ability to participate in this support group.** Your participation in this research will be completely confidential.

Attached is further information for potential youth and parent participants.

If you are interested, would like more information, or have any questions, you can text or call or email me ([alyxm@uvic.ca](mailto:alyxm@uvic.ca)).

Warmly,  
Alyx MacAdams (they/them/their).

## Appendix E: Youth Participant Consent Form



**University  
of Victoria**

## *Youth Participant Consent Form*

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### **What “How We Care” Says about Why We Care: Youth and Primary Caregiver Perspectives on Trans Children and Youth’s Experiences of Care**

You are invited to participate in a study entitled “What ‘How We Care’ Says About Why We Care” that is being conducted by Alyx MacAdams.

#### **Researcher**

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I am a Master of Social Work student at the University of Victoria. I use they/them/their pronouns.

You may contact me if you have further questions by email: [alyxm@uvic.ca](mailto:alyxm@uvic.ca) or phone/text:

This research is being done to meet the thesis requirements for a degree in Social Work. It is being conducted under the supervision of Dr. Mehmoona Moosa-Mitha and Dr. Cindy Holmes.

You may contact my supervisors at (Dr. Moosa-Mitha; [mehmoona@uvic.ca](mailto:mehmoona@uvic.ca)) or (Dr. Holmes; [cindyholmes@uvic.ca](mailto:cindyholmes@uvic.ca)).

#### **Purpose of Research**

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The purpose of this research project is to explore trans children and youth’s experiences of care. Specifically, I would like to hear about times you’ve felt cared for and affirmed in your gender, who made you feel cared for, and what that looked and felt like. I would like to know what you think good care looks, and how you think care and support of trans children and youth could be improved. For this research, I will be doing focus groups with trans youth, and interviews with parents and primary caregivers who are supportive and affirming of their trans children and youth.

#### **Participation**

---

You are being asked to participate in this study because you are between the ages of 13-19 and self-identify as trans, non-binary, Two-Spirit, gender creative, gender fluid, agender, and/or a gender that is not the one you were assigned at birth.

Your participation in this study is completely **voluntary**.

- You may choose not to answer any questions.
- You may stop participating in the research at any time.
- There are no consequences for withdrawing from the research, and you will not be asked to give an explanation.
- Your decision to not take part in the research will not change your relationship with Alyx MacAdams.



If you choose to stop participating after the study has started, I will do my best to remove your contributions from the data. However, it may not be possible to remove your contributions to the discussion if I cannot tell which voice is yours. I will remove all identifiable information from the data so that any contributions will not be identifiable as yours.

### **What you will be asked to do in the research**

---

If you consent to voluntarily participate in the research, your participation will include attending two (2) to three (3) research meetings. Each meeting will be two (2) hours long. Therefore, your participation will take between four (4) to six (6) hours.

The research meetings will take place over June and early July. The location of the meetings is yet to be determined, but will be confidential, accessible, and have gender inclusive washrooms.

At the meetings you will be asked to discuss, in a group with other trans youth, questions posed by me (the researcher). You have the right to refuse to answer any question(s) you do not want to answer, and will not be individually called upon at any time. I am a non-binary, trans-masculine person, and therefore all people present at the research meetings will be trans.

All research meetings will be recorded through an audio-recorder. The recordings will be transcribed.

### **Inconvenience and Risks**

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Participation in this study may cause some inconvenience to you, such as taking up your time. To offset some costs associated with travel, there will be bus tickets available. If you require childcare, a subsidy of \$40/research meeting will be available.

As this research is group-based, participating in this research poses some potential risk to your anonymity and confidentiality. We will discuss as a group the importance of maintaining confidentiality (not talking to anyone outside of the group) of people participating in the research.

There is a risk that some of the discussion will cause you to feel upset. You have the right to refuse any question(s) you do not want to answer, step away from the group, or withdraw from the study.

If you feel like you would like to be connected with trans-friendly youth resources (i.e. counselling, youth programs, gender affirming medical care) as a result of the research meetings, I can support you with this.

### **Benefits**

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I cannot guarantee any personal benefits to your participation in this research. However, you may feel that aspects of participating in the research, such as having an opportunity to connect with other trans youth, or sharing your perspective about how trans youth can be better cared for, is of some benefit to you.

### **On-going Consent**

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You can stop participating in the research at any time, for any reason, and you will not be required to provide an explanation as to why. To make sure that you continue consenting to the research, I will pass around a shortened version of this consent form at the start of each research meeting for your signature. If during a meeting you wish to leave, you are welcome to do so at any time. You may withdraw by informing me in-person, or contacting me by email, text, or phone.



## Anonymity and Confidentiality

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As this study is group-based, it is not possible to fully protect your **anonymity** (making sure data cannot be connected to you) or **confidentiality** (privacy about what you share in the research). **I cannot guarantee your anonymity and confidentiality because the other people in the meetings will hear your comments, and know you took part in the research.** At each research meeting, we will discuss the importance of keeping confidentiality, and I will ask all participants to keep everything they hear confidential. You should only share information you are comfortable with sharing.

A limitation to confidentiality is my legal duty to report to the Ministry of Children and Family Development (MCFD) any known or suspected risk of harm (ex. abuse or neglect) of minors. If you share something that makes me feel concerned about your safety, I will speak with you about this privately (after the group or during a break), and will involve you as much as possible in any reporting to MCFD. You should only share information you are comfortable sharing.

To protect your privacy, your name will not appear in any documents that come out of this research. **Research meetings will be recorded, hand-written notes taken, and the information will be kept confidential.** Only I will have access to this data. Any identifying information (ex. your name, or where you go to school) will be removed from the data as much as possible, and I will keep the data as confidential as the law allows. I will refer to you only by a pseudonym (a name that is not your own), which you will choose and only I will know. If you prefer, I can choose a pseudonym for you.

Your data will be safely stored in a password protected files and hard copies in a locked cabinet for three years following the study, after which all consent forms and data will be destroyed.

## Dissemination of Results

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Data from this study will be used for my thesis, academic and community presentations, and journal articles. Once the data has been analyzed, I will do a 'share-back' of the research for youth participants.

## Questions about the Research?

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If you have any questions about the research in general, or about your role in the study, please feel free to contact me by email ([alyxm@uvic.ca](mailto:alyxm@uvic.ca)), phone, or text

In addition, if you have any concerns about your treatment or the treatment of another research participant, or if you wish to verify the ethical approval of this study, you may contact the Human Research Ethics Office at the University of Victoria (250-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)).

## Consent

---

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researcher, that you have received a copy of this consent form for your records, and that you consent to participate in this research project.

*Name of Participant*

*Signature*

*Date*

---

Pseudonym

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## Appendix F: Parent Participant Consent Form



**University  
of Victoria**

*Parent / Caregiver  
Participant Consent Form*

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### **What “How We Care” Says about Why We Care: Youth and Primary Caregiver Perspectives on Trans Youth’s Experiences of Care**

You are invited to participate in a study entitled “What ‘How We Care’ Says About Why We Care: Youth and Primary Caregiver Perspectives on Trans Youth’s Experiences of Care” that is being conducted by Alyx MacAdams.

#### **Researcher**

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I am a Master of Social Work student at the University of Victoria. I use they/them/their pronouns.

You may contact me if you have further questions by email: [alyxm@uvic.ca](mailto:alyxm@uvic.ca) or phone/text:

This research is being done to meet the thesis requirements for a degree in Social Work. It is being conducted under the supervision of Dr. Mehmoona Moosa-Mitha and Dr. Cindy Holmes.

You may contact my supervisors at (Dr. Moosa-Mitha; [mehmoona@uvic.ca](mailto:mehmoona@uvic.ca)) or (Dr. Holmes; [cindyholmes@uvic.ca](mailto:cindyholmes@uvic.ca)).

#### **Purpose of Research**

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The purpose of this research project is to explore trans youth’s experiences of care. I would like to know your thoughts about what caring for trans youth looks like, and hear how you think care for trans youth could be improved. Specifically, I would like to know about times you have cared for and affirmed in your child’s gender, witnessed your child receiving care from others (i.e. family, peers, service providers), and the uncertainties you have felt about how ‘best’ to care for and support your child. For this research, I will be doing focus groups with trans youth and interviews with parents and primary caregivers who are supportive and affirming of their trans youth.

#### **Participation**

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You are being asked to participate in this study because you are both the parent or primary caregiver of a youth between the ages of 13-19 who is trans, non-binary, Two-Spirit, gender creative, gender fluid, agender, and/or a gender that is not the one they were assigned at birth, and you are supportive and affirming of your child’s self-determined gender identity and expression.

Your participation in this study is completely voluntary.

You may choose not to answer any questions.

You may stop participating in the research at any time.

There are no consequences for withdrawing from the research, and you will not be asked to give an explanation.

Your decision to not take part in the research will not change your or your child's relationship with Alyx MacAdams or your ability to participate in programs facilitated or organized by Alyx MacAdams.

### **What you will be asked to do in the research**

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If you consent to voluntarily participate in the research, your participation will include an interview lasting approximately one (1) hour. Interviews will be recorded with an audio-recorder, and with your permission, I will take hand-written notes. The recordings will be transcribed.

### **Inconvenience and Risks**

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Participation in this study may cause some inconvenience to you, such as taking up your time or having to organize childcare. To offset some costs associated with participating in this research, bus tickets and childcare subsidies (\$20) can be available.

A potential risk to participating in this research is that some of the discussion may cause you to feel upset. You have the right to refuse any question(s) you do not want to answer, ask to take a break, or withdraw from the study.

If you feel like you would like to be connected with parent support or trans affirming services, I am able to support you with this.

### **Benefits**

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I cannot guarantee any personal benefits to your participation in this research. However, you may feel satisfied that you are taking part in research that may contribute to improving the care trans youth receive.

### **On-going Consent**

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You can stop participating in the research at any time, for any reason, and you will not be required to provide an explanation as to why. Your data will be removed from the study. Your decision to withdraw, or refuse to answer particular questions, will not affect your relationship with the researcher. You may withdraw by informing me in-person, or contacting me by email, text, or phone.

You will be provided a transcribed copy of your interview to read and provide feedback or suggest changes.

## **Anonymity and Confidentiality**

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If you are doing this interview with another parent or caregiver (i.e. your partner, or co-parent), this poses a limitation to your confidentiality and anonymity in the research. If you withdraw but your interview partner chooses to continue participating in the research, your comments during the interview will be removed from the transcripts and not included as data in the research. You may withdraw consent confidentially by contacting me directly by email, phone, or text. You should only share information you are comfortable sharing.

A limitation to confidentiality is my legal duty to report to the Ministry of Children and Family Development any known or suspected risk of abuse or neglect of minors. If you share something that makes me feel concerned about a child's safety, I will involve you as much as possible in any reporting to MCFD.

To protect your privacy, your name will not appear in any documents that come out of this research. Interviews will be recorded, hand-written notes taken with permission, and the information kept confidential. Only I will have access to this information. Any identifying information (ex. your name, where you live) will be removed from the data, and I will keep the data as confidential as the law allows. In the research, I will refer to you only by a pseudonym, which you will choose and only I will know. If you prefer, I can choose a pseudonym for you. You should only share information you are comfortable sharing.

Your data will be safely stored in a password protected files and hard copies in locked storage box for five (5) years following the study, after which all consent forms and data will be destroyed.

## **Dissemination of Results**

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Data from this study will be used for my thesis, academic and community presentations, and journal articles. Once the data has been analyzed, I will share a summary of key themes and analysis with you.

## **Questions about the Research?**

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If you have any questions about the research in general, or about your role in the study, please feel free to contact me by email ([alyxm@uvic.ca](mailto:alyxm@uvic.ca)), phone, or text

In addition, you may raise any concerns you have with this research or verify the ethical approval of this study by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)).

## **Consent**

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Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researcher, that

you have received a copy of this consent form for your records, and that you consent to participate in this research project.

---

*Name of Participant*

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*Signature*

---

*Date*

*A copy of this consent will be left with you, and a copy will be taken by the researcher.*