

Parents, Caregivers, and Families of Trans and Non-Binary Youth in Clinical Care: New Research from the Stories of Care Project and Trans Youth CAN!

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CPATH 2019 – Montreal, Quebec – 1 November, 2019



Stories of Gender Affirming Care

Literature Review

- Literature shows that parents'/caregivers' (hereafter "parents") reactions to a child's coming out vary, ranging from expressions of love and affirmation to negative reactions (Aramburu Alegria, 2018; Birnkrant & Przeworski, 2017; Pullen Sansfaçon et al. 2015; Meadow, 2018; Travers, 2018; Wong & Drake, 2017), such as a "negative neutrality" or even rejection (Pullen Sansfaçon et al. 2018).
- Lack of parental support, family-based rejection as well as stigma and discrimination are detrimental to the health and wellbeing of trans youth (Pullen Sansfaçon et al., 2018; Simons et al., 2013; Travers et al., 2012, Veale et al., 2015).
- Youth who are surrounded by family acceptance, support and affirmation of their gender identity experience greater overall quality of life (Aramburu Alegria, 2018; Durwood et al., 2017; Katz-Wise et al., 2018; Olson et al., 2016; Veale et al., 2015).
- Studies show that education, clinical and/or peer support are elements that allow parents to adopt affirming practices (Ehrensaft et al., 2018), as these GA settings enable improved parent/child relationships, increased self-esteem and reduced stress for parents (Gridley et al. 2016).

The study objectives

- To learn more about the experiences of youth and their families:
 - The motivations and pathways leading youth and families to seek GA care;
 - Strategies used to express and or/address dysphoria and to navigate social and family situations;
 - Aspects that contribute to psychosocial wellbeing and quality of life.

Methodology

- Project development and data collection using the Grounded Theory methodology (2016-2019)
- Sensitizing concept: Social determinants of health framework
- Recruitment and data collection at three specialty clinics providing GA care to trans and gender-diverse youth and children in Canada:
 - Meraki Centre in Montreal
 - Children's Hospital of Eastern Ontario (CHEO) in Ottawa
 - Health Sciences Centre in Winnipeg

Methodology

Data collection

- 72 semi-structured interviews with 36 child-parent dyads (12 per clinic):
 - 36 prepubertal trans children & pubertal/postpubertal trans youth (interview)
 - 36 parents or caregivers (interview + socio-demographic questionnaire)

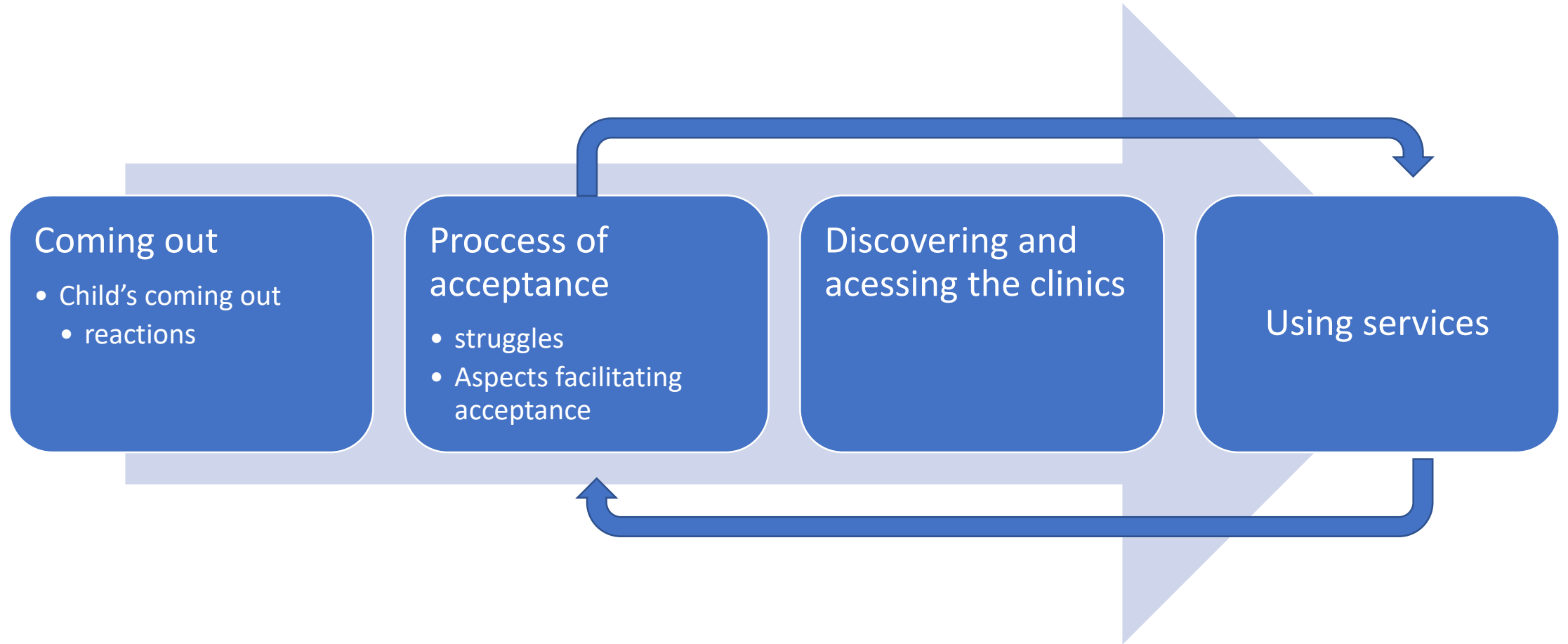
Data analysis

- Thematic analysis used due to time constraints and the research context
- Transcripts analysed using MAXQDA
- Youth and parent interviews coded by two different research assistants

Literature Gap

- There is a significant literature gap when it comes to the experiences of parents who accompany their child in their journey of accessing GA medical care.
 - Main concerns are related to lack of resources, safety, acceptance and the steps a transition process entails (Lawlis et al., 2019).
- We also know very little about pathways what lead families into the hands of GA care providers.

A parent's journey to supporting their child



Parent's perspective on their *Child's Coming Out: The Beginning of the Journey*

A child's coming out was an important moment for parents as it initiated their process of accepting their child's gender identity and eventually seeking care.

Main reactions to a child's coming out:

Disbelief

- Disbelief as a result of being overwhelmed:

So one night, he sat down next time me, he said, "Mom, I'm not well in my body, I'd like to become a girl". So then my reaction was me being angry. Because ever since they were little, both of my kids, they've had a lot of, you know, ADHD, medical follow-ups for their ears, medical follow-ups for their eyes [...] it was always me, me, me who was taking care of everything, everything, everything. So I'm a tired mom who's excited for her kids to be more independent. [...] I wasn't well. So, I was a little angry. I said, "it's time, it's money! I'm fed up!" (Franca, parent of a transfeminine 17-year-old)

- Genuine doubt, which was, in some cases, expressed directly to the child:

And I said, and of course my reaction was just like, um, it wasn't a good one, it was like, "No, this is how you were supposed to be born, and like, just because you like girl things doesn't mean you're a girl, it's okay to like both things" and it was just like "I didn't know what to do", I was just in a panic, right? (Kylie, parent of a transfeminine 11-year-old)

A Child's Coming Out: The Beginning of the Journey (continued)

Surprise

- Coming out as unexpected, regardless of presence or absence of previous signs of gender non-conformity.

I was surprised. It wasn't something that I was expecting for him to say to me, but at the same time, it wasn't heartbreaking or conflicting for me. (Jessie, parent of a transmasculine 15-year-old)

Being able to piece the puzzle together generated positive feelings and reactions

He just, slowly from puberty on, just slowly starting pulling away [...] and then talked less, less hugs. Just got really sad. And we didn't know what was going on, like we were taking him for all these things and nothing was really working. It was pure joy to know that this is maybe what was causing it all. (Mira, parent of a transmasculine 16-year-old)

Openness and pride

I looked and I said to [youth] "I am proud that you are my child... I am proud of the courage you had to express and to say what you were feeling and I am proud of the courage you display to move forward in all of this." (Jackie, parent of a transmasculine 15-year-old)

Parents' Interpersonal Struggles in Accepting and Accompanying their Child

Coming to terms with the personal and social struggles that come with being trans, including the child's safety

I think no matter what your child was going through, you wish they weren't. That doesn't mean I wish my child wasn't transgender. I just wish my child didn't have to go through what that entails. (Alma, parent of a transmasculine 10-year-old)

I'm nervous, no matter where she goes. Because people are aware, and people can be really cruel. (Alina, parent of a transfeminine 14-year-old)

Parents' Interpersonal Struggles (continued)

Disbelief and denial about the child's identity

I said maybe if it takes a little bit more time, [youth] can realize it's not that. Maybe he's gonna come and he's gonna say, "You know what? I'm a lesbian." I secretly wished that because I realized it would be so much easier to say "I'm a lesbian" than to say "I'm a transgender." Because being a lesbian doesn't involve any hormonal change and surgeries and physical change. (Maika, parent of a transmasculine/fluid 17-year-old)

Grief and mourning

I felt like, um, I definitely went through like, this grieving process where I thought, "How did I not know my kid?" Like, this was, this was my boy, I brought a boy into the world so, I felt very, like, "This child is still here, but different, and how do I connect..." (Kylie, parent of a transfeminine 11-year-old)

So I find myself with the loss of both my daughters. I had two daughters, and me, I wanted to have girls. So my grief at the moment is that, you know, to not go shopping with my daughter [...], to go do our nails or you know, you understand? Of the mother-daughter complicity. (Edith, parent of a transmasculine 14-year-old)

Concerns about regret

A handful of parents expressed concerns about potential regrets, and how it might affect the outcomes of the decisions they are making regarding their child's medical transition:

'Cause those aren't reversible, so I just think that he's way too young to make that decision. [...] [Youth] maintains that this is not a decision. This is just something that is. This is who he is and this is the next step. So I see it one way and he sees it completely a different way. So I haven't—I'm not there yet. [...] And I have to make that decision. Right? And then live with the consequences of it. Right? And then I don't want to have a 25-year-old or 30-year-old saying, "Why would you let me do that? I was 15-years-old." Right? I think that's my biggest fear [...]. (Steffie, parent of a transmasculine 13-year-old)

Parents' Interpersonal Struggles (continued)

Feeling overwhelmed by the steps a medical transition entails

So then I was like, "but yeah but now, what, you really want to change everything, you want to change your body, you want to change, you want to go through a full transition", and then he said "yes". Hey, it's really a lot, it's too much for me to process. (Barbara, parent of a transfeminine 17-year-old).

...Which came with **feelings of resentment** for certain parents:

I mean, there was a little bit of resentment to start with, because this year was meant to be my year of self-development. And then, [pause] it just all fell out of the window really, because my mind is completely redirected to my kid again [...]. (Brenda, parent of a transmasculine 16-year-old)

Concerns related to the effects of medical transition on their child's health, such as:

- Mood swings, loss of fertility, surgeries being very invasive procedures and long-term effects of hormone blockers and HRT

[...] we're guinea pigs, nobody really knows what this testosterone is doing to, ovaries, uterus and cervix, for cancer [...]. (Sylvie, parent of a transmasculine 17-year-old)

Parents' Interpersonal Struggles (continued)

Struggles using the child's new pronouns

- While almost all parents were using the right pronouns at the moment of the interview, many mentioned having struggled in the past, and a few were still misgendering their child.
- While misgendering wasn't usually intentional, it was used as a way of wielding power over a child in one particular case:

So now, since yesterday, because every time she calls me names, me, it makes my heart ache, it (makes a cracking noise). So [I told her] "You, you want to call us names, we, we tell you that we don't like it. So, me, if I start calling you [dead name] and saying 'he' again. Do you like that?" "Hey, you can't do that, that's low!" "Well I don't like it when you tell me to shut up and when you call me a cow. So stop it." [...] I've been trying this technique since yesterday. I don't know if it's the right one. (Franca, parent of a transfeminine 16-year-old)

Co-parenting struggles

- When a co-parent was unaccepting and therefore did not engage in the transition process:

At the beginning, [wife], my wife, she was taking care of [appointments at the clinic]. But she pulled out. I think it was too much, maybe too much emotion inside her. She didn't feel comfortable. For instance, I'm taking care of the papers for the [mastectomy], [...] and [wife], I had to force her to sign the papers. She didn't want to sign. (Donald, parent of a transmasculine 16-year-old)
- When a co-parent was neutral but uncommitted, accepting their child's gender identity but not helping throughout the process:

Is dad supportive? I feel like I do everything because I do. The psychologist, for example, that we sought out ourselves, they wanted to meet with him. He wasn't interested in doing that. He's like, "I'll sign the consents. I support [youth]", but he doesn't go to appointments. (Jessie, parent of a transmasculine 15-year-old)
- Single parents recounted being affected in a similar way.

Aspects Facilitating the Acceptance Process

Inevitably, **time** was identified as a facilitator of the acceptance process

- Some parents spoke about the timing of their child's coming as an important element in the transition process:

I always said to [youth], sometimes I wish [youth] was one of the kids that knew right from like 2-years-old and first words are, "Mum, this isn't right." Like, it would, I don't know if it would be easier, but in my mind I think it would be easier. (Amal, parent of a transmasculine 17-year-old)

Lacking prior knowledge and information was described as an element impeding the acceptance process

We didn't understand because we had nothing to do with transgender anything, I mean I might have heard the word but I didn't know anything about it. (Brenda, parent of a transmasculine 16-year-old)

Indeed, **becoming educated on trans-related issues** facilitated the acceptance process.

- Getting informed allowed parents to realize how important their support is:

I explained to [my husband] that the suicide rate for trans kids is high and that that's not gonna happen in our house, that's not an option, and that we need to support [youth] and like no questions asked. (Rose, parent of a transmasculine 14-year-old)

- And how allowing their child to socially and/or medically transition will contribute to their being and potentially save their life:

[Youth]'s making [the decisions] and we're supporting [youth]. And I think that's going to go a long way to help him with his self-esteem. So, and that's related to his medication. That's, you know, he's dealing with the Doctors now. He's having the say. And I think that's, you know, for his life, he's making the choices for his life, as opposed to for his death, which is what—where he was headed. (Jools, parent of a transmasculine/agender 16-year-old)

Aspects Facilitating the Acceptance Process (continued)

Similarly, while some parents were concerned about regrets, others were **certain that their child was on the right track**

I know initially, he would change his look, shorter hair, different clothes, stuff like that. Then we're calling him by pronouns and different name[...] I imagined way back, I just imagined him going directly from girl to boy. It was a lot. I was worried about that, especially the thought of surgery. One, I guess it's so permanent, and then eventually I realize, "Okay yeah, this is a thing. It's real." [...] He's not changing his mind, no. This is the right call. (Alberto, parent of a transmasculine 16-year-old).

Other **positive feelings** included:

Feeling **excited, and sometimes relieved, about crossing transition milestones**

[When Youth started HRT] I think it's just been, it's felt like such a long road to get there. I was just so happy to get there, that it's just relief. (Mira, parent of a transmasculine 16-year-old)

Feelings of **pride**

[I felt] ridiculously proud of her, you know? That she was able to figure out early enough given her circumstances of delayed puberty due to extreme lack of weight, that she was able to figure out early enough that this is who she is, and the willingness to face everything that comes along with that including now, once every month up until now, needle right like this is not a small thing. (Lola, parent of a transfeminine 16-year-old).

Aspects Facilitating the Acceptance Process (continued)

The importance of support

- **Being in contact with other parents of trans children and youth**

[Resource] put me in contact with a wonderful lady whose son transitioned about ten years ago. And she's basically been our angel. She's guided us through what to expect next, she kinda gave us the heads up that [youth] might wanna change his name [...] and then he kinda mentioned one night, "You know, I think I'd like to change my name," so, it was helpful because then it wasn't a complete shock, and I was able to be just more... supportive. (Mira, parent of a transmasculine 16-year-old)

- **Seeking professional support**

- For reassurance regarding the child's gender identity and/or medical transition

It reassured us because me, I was worried, I didn't have any signs, I was telling myself "What's the deal, is this just a phase?" She [the psychologist] told us "No, no, it's not just a phase," she reassured us. (Shirley, parent of a transfeminine 14-year-old)

- Therapeutic support for personal needs

Learning to reach out for support has been a big part of my experience because I've gone to counseling myself because there are a lot of conversations you should not be having with your child. You have to get your own individual support. (Jessie, parent of a transmasculine 15-year-old)

Discovering and Accessing GA Clinical Care

Finding out about the clinics

- Most parents discovered the clinics while searching for information and support following their child's coming out;
- Through a referral from a healthcare or mental health professional;
- Through a LGBTQ/trans advocacy organization.
- Through the child's school;
- Through other parents;
- When a clinic was mentioned on TV.

Reasons for seeking clinical care

- To better understand the necessary steps for the transition process;
- To improve their child's wellbeing through GA care;
- Specific request of their child.

Experiences at the clinics

Experiences at the clinics were **generally described as positive**.

Care accessibility

- Around a third of parents said their first appointment came quickly.
- However, perception of waiting time varied depending on each family's/youth's situation:
Because it wasn't a crisis. Right? So even if it was a wait, it's a different unit, different frame of mind. Right? When you're like, "Oh no, I need to be seen," when you're like, "Alright, I'm starting at 8 and I know that puberty's a ways away." So there might've been a wait, but it was insignificant to us, because I had started, you know, the process really early. (Steffie, parent of a transmasculine 13-year-old)
- Following intake, booking appointments and accessing different professionals was described as a quick and simple process.
- Certain parents described waiting time for endocrinology as appropriate:
If anything, I felt that they were being very cautious and taking their time, which of course to [Youth] was like torture. But we could definitely see why they wanted to make sure that he was really sure and that he understood that a lot of the things he's choosing is gonna be permanent. (Mira, parent of a transmasculine 16-year-old)
- For families with older youth, the clinics facilitated access to further GA intervention, such as surgeries.

Experiences at the clinics (continued)

Overall:

- Parents described staff as knowledgeable, and felt like they guided them towards informed decision without pushing them into something they weren't comfortable with.

I think we're surrounded with a good team. I think they're educating us. We rely on them. You know. It's the same thing as we're having a new program [...]. Right? Like I know I have a little human. I know how to be a parent. I know how to love my child. But, as far as what to inject in her for her to be who she is, my faith—our faith is in the people's hands who know and who study this, and who've gone to school a long time. (Deborah, parent of a transfeminine 14-year-old)

- Parents felt supported and comfortable discussing concerns and asking questions without fear of being judged.

I felt, from the beginning, I felt like home here. The support, the people. Everybody was very understanding. (Maika, parent of a transmasculine/fluid 17-year-old)

Experiences at the clinics (continued)

Criticism and challenges

- Waiting time to access care longer at one site
 - Waiting time was also significantly extended in one case where a youth was rejected multiple times due to protocol restrictions:

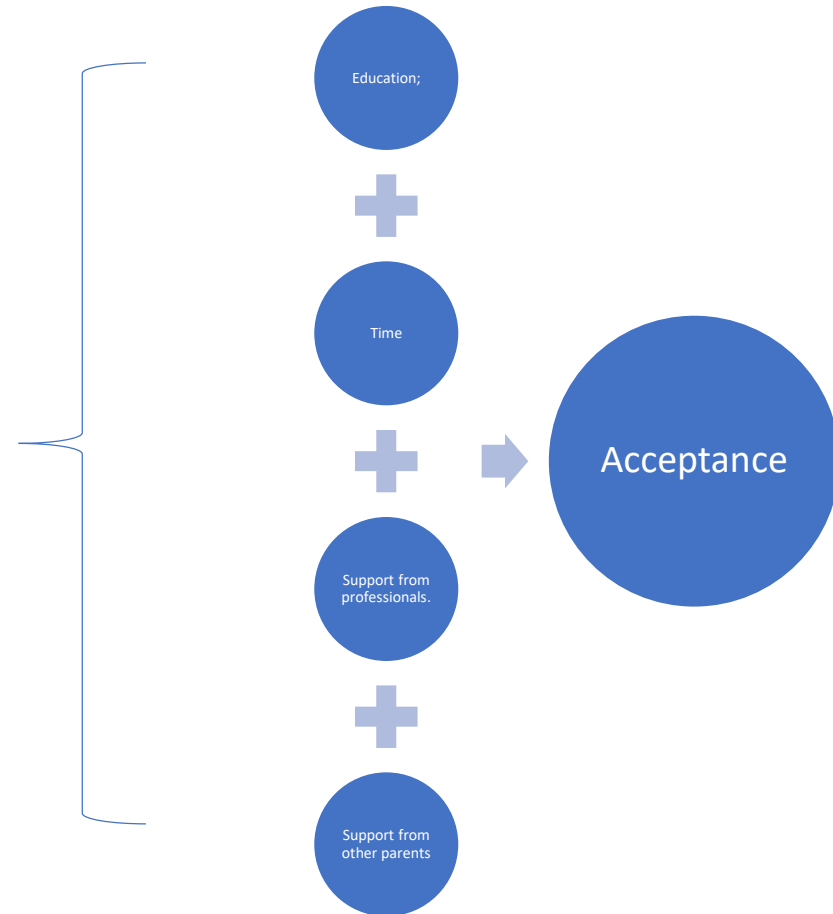
[The clinic] still rejected him, and he was still like, "Well, I guess you'll have to wait," and I'm like, "Are you guys insane?" Talking about, you read any of the documentation, you don't fucking wait. You know what I mean? [...] And, at times of times of extreme frustration, probably closer to rage, um, you know, I often think, "do I send the funeral bills to [the clinic]?" (Sophia, parent of a fluid transmasculine 13-year-old)
- Scheduling issues and scattered appointments
- Lack of mental health services for children and youth
- Other struggles identified by a handful of parents were related to language barriers, **lack of support resources for parents**, and the feeling that some needs and concerns were belittled by staff.

Experiences at the clinics (continued)

The biggest lesson that I learned, and I think that the most confusing part—it's not confusing for me to have a transgender child. That's not confusing. It was confusing to me when my kid was really young, and saying, "I want to be a boy", "I am a boy", and you don't know what the right thing to do is. You know? [...] What [doctor] told me, was that you'll never hurt them with love. So you follow their lead, do what they want. They want to cut their hair off? They want to wear all boy's clothes? They want to wear a dress? You're never, ever, ever going to hurt them with love and acceptance. And I think that was the biggest lesson, was love and acceptance doesn't hurt anybody. (Alma, parent of a transmasculine 10-year-old)

The process that parents go through before accessing the clinic is complex and long winded but can be facilitated by:

Four pillars of acceptance



Other themes to explore

In dialogue with youth interviews or separately:

- Perceptions of youth's early gender identity development and transition process;
- Navigating transition process in spheres outside of family;
- Experiences of clinical care outside of specialty clinics;
- Strategies to navigate negativity in all spheres and support systems;
- Mental health and general wellbeing.

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Acknowledgements

- This research was funded by



- The project was developed over many years by current and past members of the team in collaboration with community members and advocates including trans and gender diverse adults and youth, their families/caregivers, clinicians and other service providers who work with them.



Trans Youth CAN!

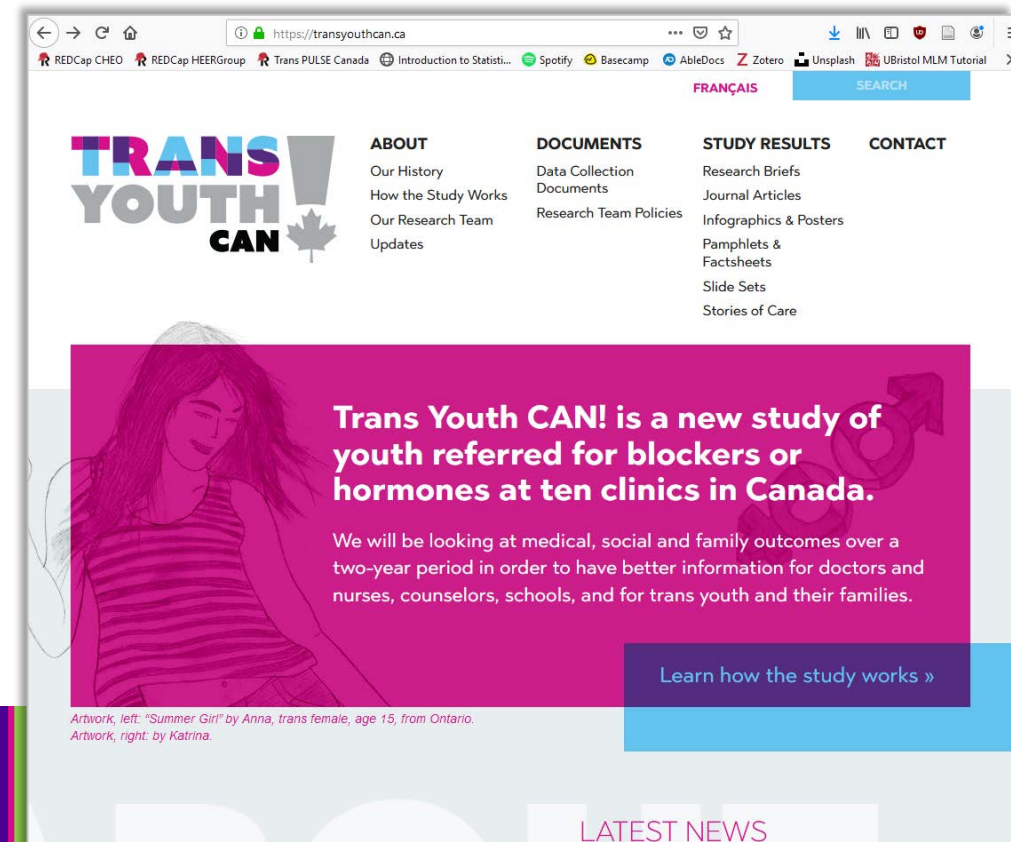
Cohort study of 178 youth aged from puberty to 15 attending one of 10 clinics for blockers or hormones, and where youth consented (and possible) a parent or caregiver (n=164).

Cities include Halifax (IWK Health Centre), Montreal (Meraki Health Centre), Ottawa (CHEO Diversity Clinic), Toronto (SickKids Transgender Youth Clinic), Hamilton (McMaster Children's Hospital), London (LHSC Children's Hospital), Winnipeg (GDAAY Clinic), Calgary (METTA Clinic), Edmonton (Stollery Children's Hospital), Vancouver (BC Children's Hospital).

Baseline enrollment is completed, and two years of follow-up data are being collected. Central questions are how best to support the well-being of trans and non-binary youth attending clinics for gender-affirming care, and their families. Data cover social, family, and medical outcomes.



Follow our progress and get results here!



Artwork, left: "Summer Girl" by Anna, trans female, age 15, from Ontario.
Artwork, right: by Katrina.

Methods

- Eligibility
 - Youth referred for gender-affirming endocrine care (blockers or hormones)
 - Minimum age: puberty
 - Maximum age: 15 (as need to follow for 2 years in pediatric clinics)
 - Consent (at some clinics or for some youth also parental consent)
 - A parent or caregiver was eligible if their youth consented to them being asked
- Data collection (English and French)
 - Youth surveys conducted in-person by research assistant – baseline, 1YR, 2YR
 - Case report forms
 - 3-month brief online checklists
 - Parent/caregiver surveys conducted online – baseline, 1YR, 2YR
- Statistical analyses
 - SAS software



Clinical vs. community studies and parent sample

- This is about understanding the patient population of youth referred for hormones or blockers, not the entire community of trans youth (most of whom are not yet accessing gender affirming care, and some of whom will never need to). Remember that not everyone has equal access to care.
- Many of the factors we study may themselves impact access to care. For example, parental support, age, mental health, school situation.
- Families could choose which parent completed the survey. We know that this group of parents was not representative of the broader group of parents of youth in our study (e.g., most identified as female). We have to be careful to consider this a convenience sample of parents, but reporting about (nearly) all the families.
- The aim of the study is to understand more about the patient population of youth and their families, how they do over time, and how best to support them.



Parent Participant Characteristics

Gender (total N = 164)	N	%
Male	25	15.2
Female	136	82.9
Non-binary, or something other than male or female	3	1.8
Sexual Orientation		
Heterosexual	131	79.9
Queer	33	20.1
Indigeneity/Immigrant Status (total N = 162)		
Indigenous	16	9.9
Immigrant	17	10.5
Non-Indigenous Canadian-born	129	79.6
If Indigenous (total N = 16)		
First Nation	8	50.0
Metis	8	50.0
Inuit	0	0.0

Age in years	N	%
20-29	1	0.6
30-39	31	19.1
40-49	93	57.4
50-59	32	19.8
60-69	5	3.1

Highest Level of Education (total N = 164)	N	%
Less than high school	6	3.66
High school diploma	12	7.32
Some postsecondary education, but no degree or diploma (university, college, or Cegep)	33	20.12
Postsecondary degree or diploma	72	43.90
Some graduate or professional education, but no degree or diploma	7	4.27
Graduate or professional degree	34	20.73



Who are the parents/caregivers bringing their youth to clinic?

Relationship of parent by parent gender (n=164)								
Relationship to youth								
Parent Gender	Birth parent	Adoptive parent	Foster parent	Step-parent	Other main caregiver	Other role	Missing	Total
Male	19	2	1	2	1	0	0	25
Female	123	10	0	1	1	0	1	136
Non-binary	3	0	0	0	0	0	0	3
Total	145	12	1	3	2	0	1	164

Other: Grandfather; grandmother



	YOUTH		PARENT/CAREGIVER	
Ethnoracial Background (check all that apply)	n	%	n	%
Indigenous	37	21.0	21	12.8
Latin American	4	2.3	3	1.8
East Asian	4	2.3	1	0.6
Indo-Caribbean	1	0.6	0	0.0
Black Caribbean	4	2.3	1	0.6
South Asian	0	0.0	1	0.6
Middle Eastern	2	1.1	2	1.2
Southeast Asian	1	0.6	1	0.6
White North American	141	80.6	132	80.5
White European	70	40.0	38	23.2
Black Canadian or African-American	7	4.0	1	0.6
Black African	2	1.1	1	0.6
Other	4	2.3	1	0.6
Don't know	3	1.7	-	-



Household Income

Household Income (total N = 159, 5 missing)	N	%
Less than \$10,000	1	0.6
\$10,000 to less than \$15,000	5	3.1
\$15,000 to less than \$30,000	19	12.0
\$30,000 to less than \$40,000	10	6.3
\$40,000 to less than \$50,000	13	8.2
\$50,000 to less than \$60,000	7	4.4
\$60,000 to less than \$80,000	16	10.1
\$80,000 to less than \$100,000	29	18.2
\$100,000 or more	59	37.1

25.2% of households met Statistics Canada's low income threshold.



Family Characteristics

Parent Has Partner	Parent Has Co-Parent Living Elsewhere			
	Yes	%	No	%
Yes	28	17.6	80	50.3
No	33	20.8	18	11.3

Other individuals living at home (N=13) include roommates, grandchildren, in-laws and other extended family members.

Others Living at Home	N	%
Male partner	94	57.3
Female partner	16	9.8
Non-binary gendered partner	1	0.6
Parent(s)	5	3.1
Other child(ren)	107	65.2
Others	13	7.9



Parent/caregiver-participant's support for youth's gender over time

Gender Identity Support

		Current Support Level			
		Not at all	Not very	Somewhat	Very
Initial Support Level	Not at all	1	1	1	5
	Not very	0	1	0	10
	Somewhat	0	0	5	36
	Very	0	0	2	102

53 with increased support; 2 with decreased; 109 the same.

Gender Expression

		Current Support Level			
		Not at all	Not very	Somewhat	Very
Initial Support Level	Not at all	0	0	1	3
	Not very	0	1	2	8
	Somewhat	0	0	7	40
	Very	0	0	4	97

54 with increased support; 4 with decreased; 105 the same.



Parent/caregiver-participant's support for youth's gender over time

Gender-affirming Medical Care

		Current Support Level			
		Not at all	Not very	Somewhat	Very
Initial Support Level	Not at all	2	0	0	6
	Not very	0	0	5	7
	Somewhat	0	0	11	23
	Very	1	0	4	103

41 with increased support; 5 with decreased; 116 the same.

- For each of gender identity, gender expression, and gender-affirming medical care, most parent/caregiver-participants reported that they were very supportive both when their youth initially came out to them and now.
- Overall trends are similar across all three, with more parents reporting increased support over time than decreased.
- Note that the gender-affirming medical care item didn't differentiate between support for blockers, hormones, and surgeries.
- Support levels were reported by parent/caregivers, and may or may not agree with levels of support experienced by youth.



Reported support of co-parents (living separately)

Gender Identity Support

Partner more supportive

More supportive

		Their co-parent (living separate)			
		Not at all	Not very	Somewhat	Very
Parent-participant	Not at all	0	0	0	0
	Not very	1	0	0	1
	Somewhat	0	0	2	1
	Very	4	2	20	26

61 parent/caregiver participants lived with a spouse or partner.
4 indicated “not applicable” and are not included here.

Conflict with Co-parents (living separately)

- There was more conflict with ex-spouses and other co-parents who did not live with the parent/caregiver-participant.
- 8.2% of those with a co-parent who does not live with them reported “a lot of conflict” currently and 19.7% report “some conflict”.
- Conflict was higher in the past: 14.8% reported they’d had a lot and 31.2% had some but not a lot.
- 50.8% had no past relationship conflicts with their co-parent regarding their youth’s gender.



Reported support of spouse/partner (living together)

Gender Identity Support

		Their spouse or (live-in) partner			
		Not at all	Not very	Somewhat	Very
Parent-participant	Not at all	1	0	0	0
	Not very	0	2	0	0
	Somewhat	0	1	4	2
	Very	0	2	13	82

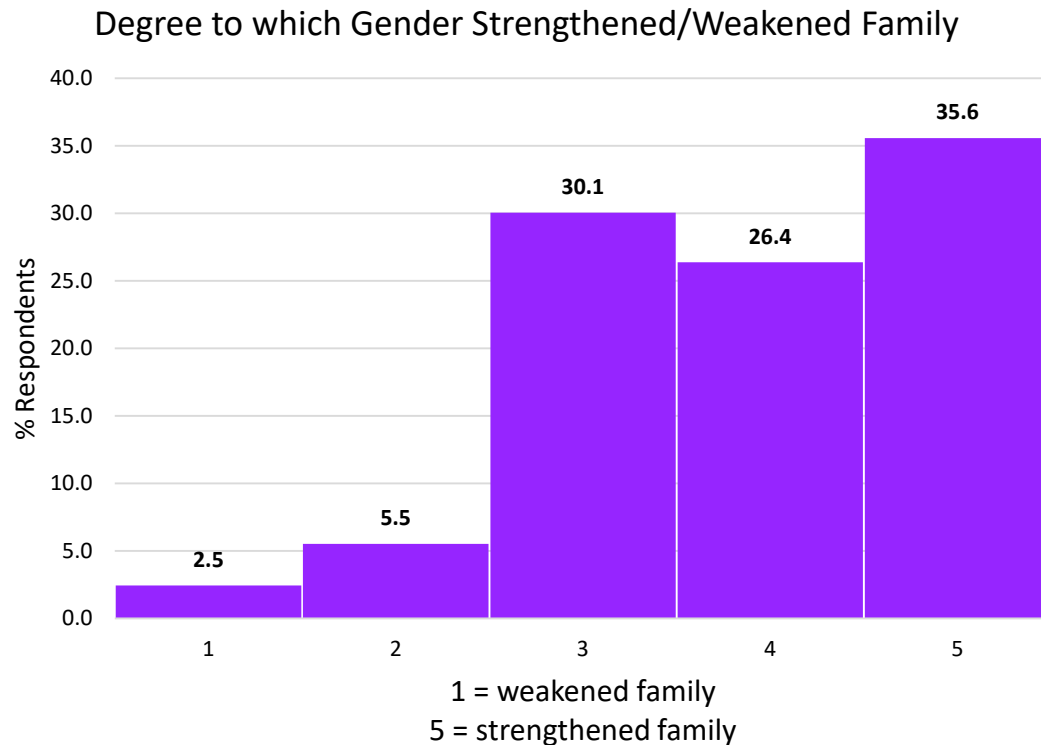
111 parent/caregiver participants lived with a spouse or partner.
4 indicated “not applicable” and are not included here.

Conflict Between Spouses/Partners

- 82.0% of those with a spouse/partner report no current conflict regarding their youth’s gender, and 63.1% no conflict in the past.
- No one reported “a lot of conflict” currently with their spouse or partner over their youth’s gender, but 18.0% report “some conflict”.
- When asked about past conflict, 4.5% reported they’d had a lot and 32.4% had some but not a lot.



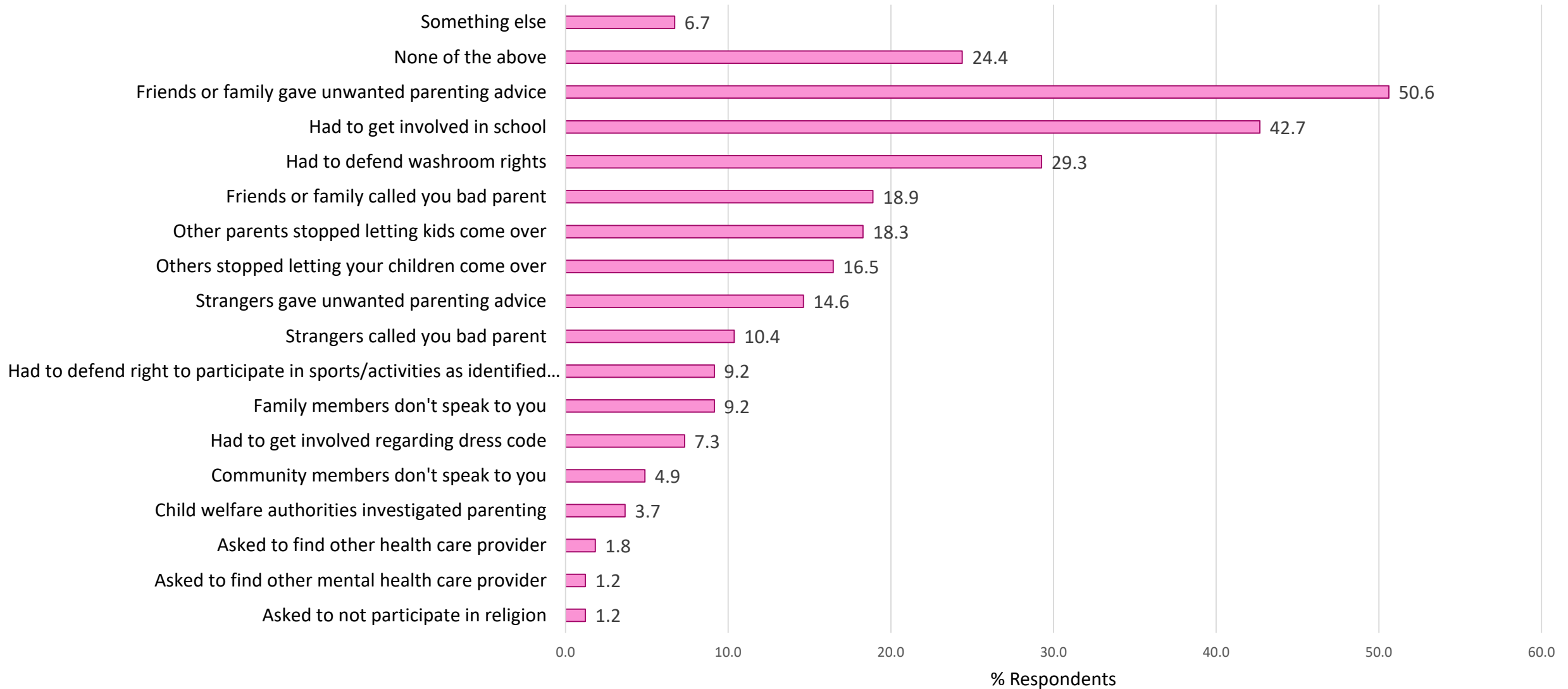
Degree to Which Addressing Youth's Gender Strengthened/Weakened the Family



"Going on this journey with our son has definitely brought us closer and has also given us the opportunity to be a more open family"

"I have become closer to my children, but feel detached from my husband as he is not as supportive as I wish he would be"

Trans-Specific Family Stressors Reported by Parents/Caregivers of Trans Youth



Total Number of Stressors on the Families of Trans Youth

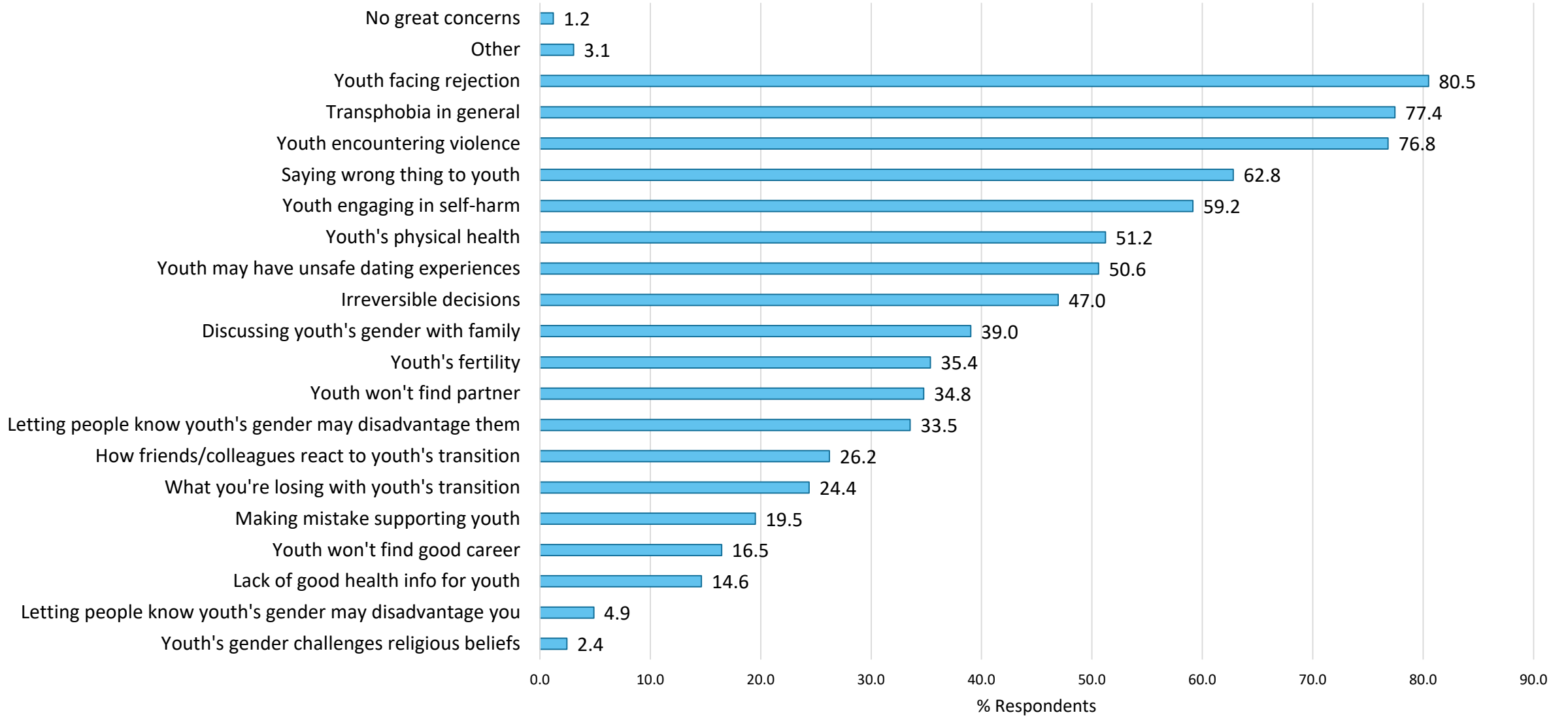
	Youth Report n=176	Parent Report N=163
	%	%
None	35.2	24.5
1	22.2	22.7
2-4	25.6	35.0
5-9	15.3	14.1
10+	1.7	3.7

- Parents reported a higher number of external family stressors than did their youth.
- Approximately 1 in 10 youth believed their family to have experienced no such stressors, despite parents reporting some, indicating that parents may be protecting their children from specific incidents.

Of 16 possible sources of external stressors, the maximum number reported by both youth and parents/caregivers was 13.



Parental Worries



Parental Worries

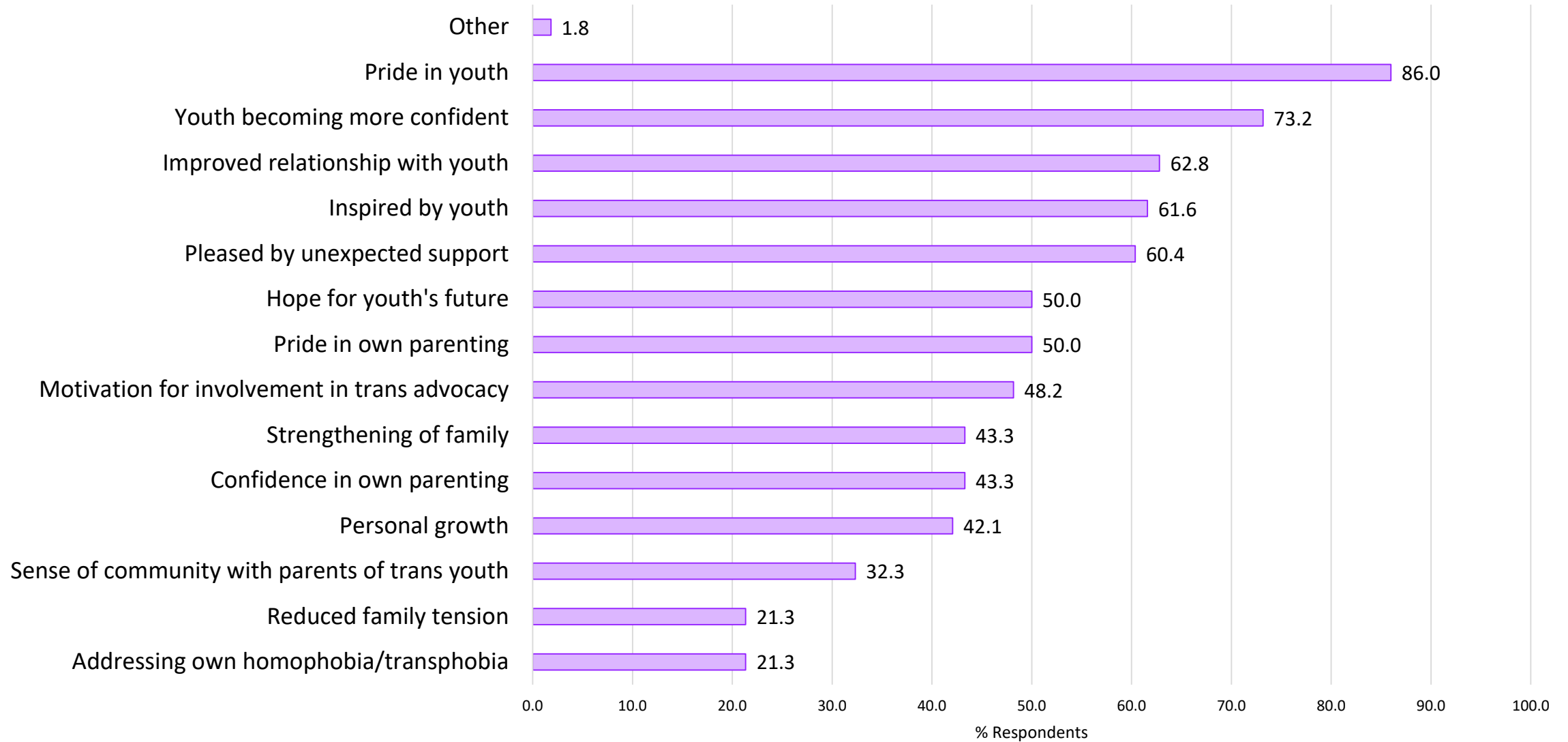
“I don't think our family itself has changed. We're pleased that our child felt he could talk to us about this. At the same time, we worry more about his well-being in the long term.”

24.4% of parents reported worrying about what they are losing with their youth's transition

“I grieve that [I] no longer have a son”



Parents' Positive Feelings About Youth's Gender



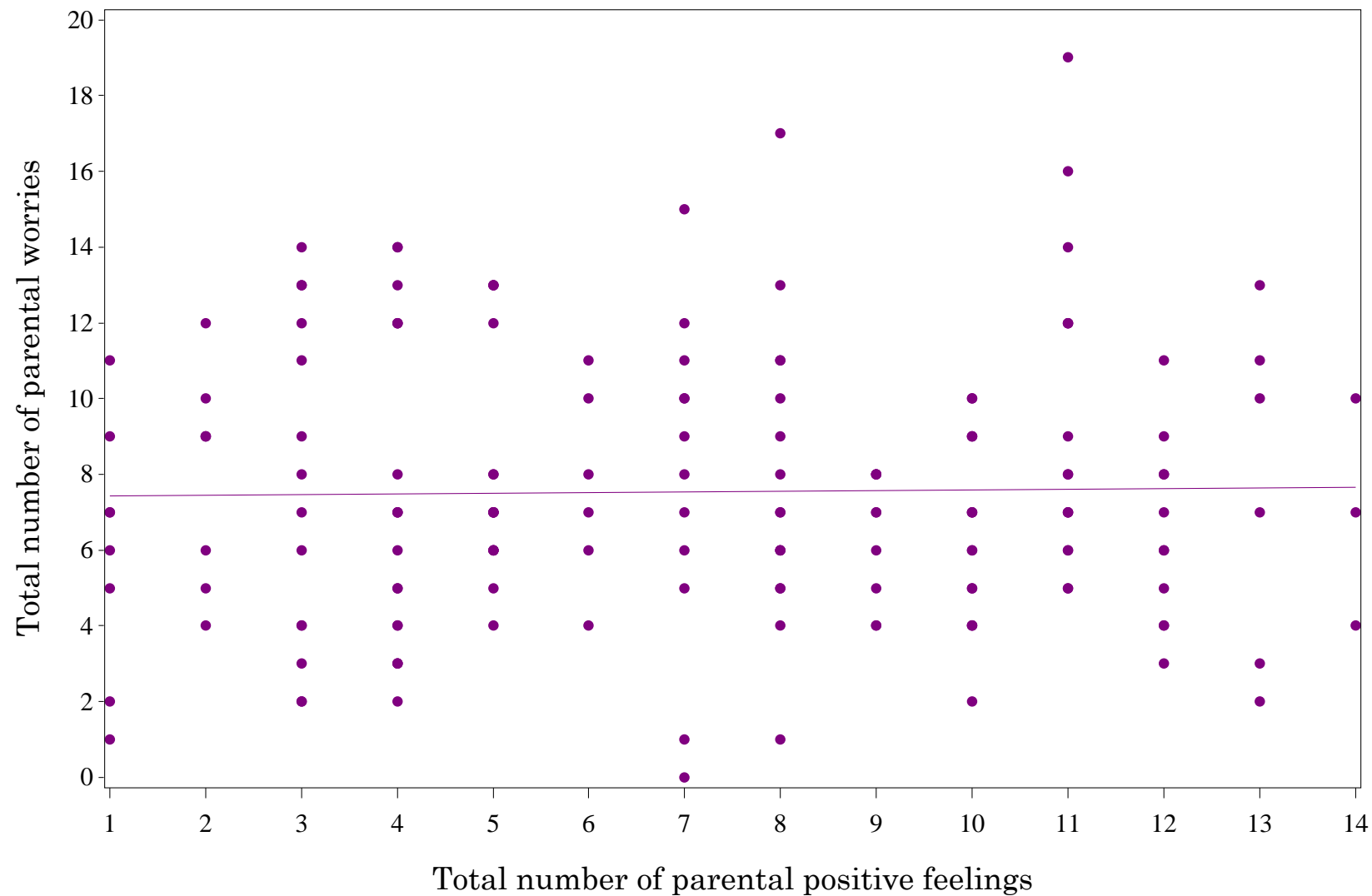
Parents' Positive Feelings about Youth's Gender

"As a child he was always exuberant. He lost that when puberty started. It's finally starting to come back as he transitions."

73.2% of parents report feeling positive watching their youth grow more confident



Parental Worries about Youth Gender vs Positive Feelings about Youth Gender

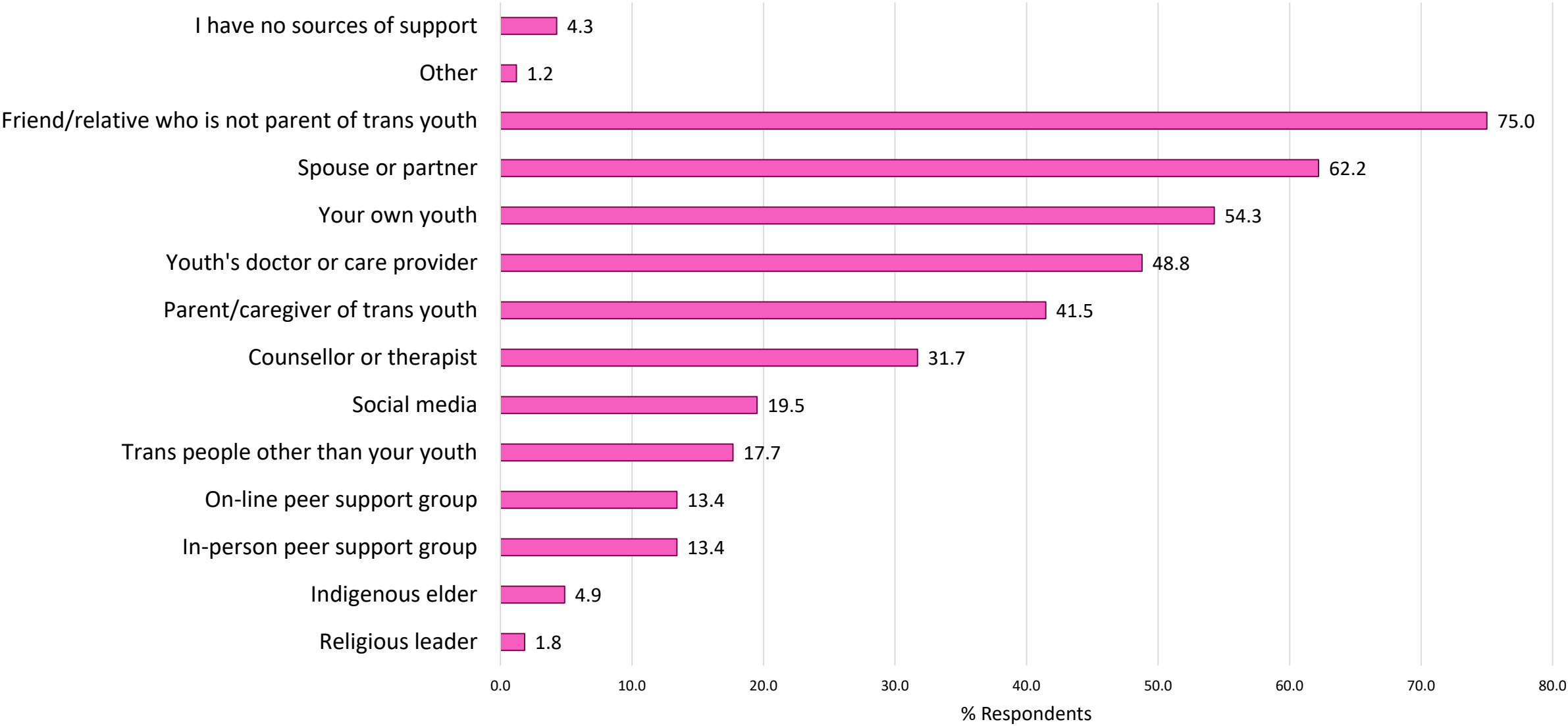


Worries: N=164

Positive Feelings: N=161 (3 missing)



Sources of Support Reported by Parents





“It has added to the complications in raising a family but being open as a family unit will make us stronger in the future.”



Thank you to our research team!

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**19 youth who provided
feedback on survey items
(English and French groups)**

**9 parents/caregivers who
provided feedback on survey
items (English and French
groups)**

Our youth participants

**Our parent/caregiver
participants**

Our funder:





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