The TransKidsNL Study: Healthcare and Support Needs of Transgender Children, Youth, and Families on the Island of Newfoundland

Julia Temple Newhook
Memorial University

Krista Benson
Eastern Health

Tracey Bridger
Eastern Health and Memorial University

Colleen Crowther
Memorial University

Rob Sinnott
Eastern Health

ABSTRACT

This investigation examined needs and concerns of transgender youth and their families throughout the island of Newfoundland. Twenty-four youth and 21 parents completed qualitative questionnaires. Both parent and youth participants expressed concern about general practitioners' lack of knowledge of transgender

Julia Temple Newhook, Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, St. John's, Newfoundland and Labrador; Krista Benson, Eastern Health, St. John's, Newfoundland and Labrador; Tracey Bridger, Department of Pediatrics, Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, St. John's, Newfoundland and Labrador; Colleen Crowther, Division of Adolescent Medicine, Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, St. John's, Newfoundland and Labrador; Rob Sinnott, Eastern Health, St. John's, Newfoundland and Labrador.

Colleen Crowther is now at the Student Health Centre, Memorial University, St. John's, Newfoundland and Labrador.

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Correspondence concerning this article should be addressed to Julia Temple Newhook, Department of Gender Studies, SN-4072, Memorial University, St. John's, Newfoundland and Labrador, A1B 5S7. Email: jtemple@mun.ca

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healthcare. Trans youths' main concerns included lack of parental support, feelings of dysphoria, the desire to be fully accepted, and safety. Parents' main concerns included wait times for care, their child's mental health, lack of information or guidance, safety, and depathologizing their children's identities. The findings point to six key recommendations for healthcare providers and policymakers.

Keywords: transgender youth, mental health, parent support, health services

RESUMÉ

Cette enquête a examiné les besoins et les préoccupations de jeunes transgenres et de leurs familles dans l'ensemble de l'île de Terre-Neuve. Vingt-quatre jeunes et 21 parents ont rempli des questionnaires qualitatifs. Les parents et les jeunes participants se sont dits préoccupés par le manque de connaissances des omnipraticiens sur les soins de santé destinés aux transgenres. Les principales préoccupations des jeunes transgenres comprenaient le manque de soutien parental, les sentiments de dysphorie, le désir d'être pleinement acceptés et la sécurité. Les principales préoccupations des parents concernaient les délais d'attente pour l'obtention des soins, la santé mentale de leur enfant, le peu d'informations ou d'orientation disponibles, la sécurité et la dépathologisation de l'identité de leur enfant. Les résultats de l'enquête font ressortir six recommandations clés à l'intention des fournisseurs de soins de santé et des responsables des politiques.

Mots clés : jeunes transgenres, santé mentale, soutien parental, services de santé

BACKGROUND

Trans and gender diverse youth are one of the most marginalized groups in Canada and around the world. This social exclusion has been linked to the extremely high levels of suicide and psychological health concerns in this population (Bauer, Scheim, Pyne, Travers, & Hammond, 2015; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2008; Veale et al., 2015). Recent research shows that parental support is essential to transgender children's and adults' health (Klein & Golub, 2016; Travers et al., 2012; Olson, Durwood, DeMeules, & McLaughlin, 2016; Durwood, McLaughlin, & Olson, 2017) and that transgender children who are supported in their identities can have positive mental health outcomes equivalent to cisgender (non-transgender) children (Olson et al., 2016; Durwood, McLaughlin, & Olson, 2017).

Given this developing body of knowledge and paradigm shift (Pyne, 2013) to affirmative care in clinical practice, the American Academy of Pediatrics recently released a guide to supporting transgender children (American Academy of Pediatrics et al., 2016). However, no such guidelines exist in Canada (Temple Newhook, Winters, Pyne, Jamieson, Holmes, Feder, Pickett, & Sinnott, in press). Healthcare and support needs of transgender children and their families are still poorly understood within the healthcare system (Brill & Pepper, 2008). Transgender children and youth face differing concerns from transgender adults (Brill & Pepper, 2008), and the healthcare needs of these children is a key research gap identified in a recent literature review (Pyne, 2014). Parents of transgender children may find it difficult to locate healthcare providers who are knowledgeable about children's gender diversity (Brill & Pepper, 2008), particularly in jurisdictions, such as Newfoundland and Labrador (NL), which have no designated gender health services.

There are few published studies of the specific health concerns and needs of trans youth and their families (Lawlis, Donkin, Bates, Britto & Conard, 2017). There is an emergent body of research on transgender youth and adults in Canada, including the TransPULSE research study (Bauer et al., 2015) and the Canadian Trans Youth Health Survey (Veale et al., 2015). However, these studies have not included data on pre-adolescent transgender children; nor have they examined the needs and concerns of parents of transgender children and youth.

The TransKidsNL study is the first research study to focus on transgender children and their families in Newfoundland and Labrador. The aims of our investigation are:

1. To describe the healthcare and support needs of transgender and gender-questioning children and youth in NL, as understood by youth and by parents.
2. To examine the main concerns and hopes of transgender and gender-questioning youth and by parents in NL.

Glossary

Agender – A term that can be used by someone who does not identify with any particular gender, such as non-binary trans people, or by someone who does not identify with gender at all.

Cisgender – A term used to describe someone whose gender identity aligns with what is expected given their assigned sex at birth.

Gender creative – Similar terms are gender-expansive, gender independent, gender diverse, and gender non-conforming. These terms refer to a child expressing their gender (through dress, interests, play) in ways that may not conform to social expectations for the sex they were assigned at birth. Some, but not all, gender creative kids will be transgender.

Gender dysphoria – The term refers to a sense of distress or discomfort related to the incongruence experienced between one's sex assigned at birth and gender identity.

Gender fluid – A term used to describe a movement or flow between gender identities and expressions or some combination, at any given moment, or over a period of time.

Gender identity – A term that refers to our internal sense of self as male, female, both, somewhere else on the spectrum or web of gender, or there may not be any identification with gender. One's gender identity may or may not differ from the gender that was assigned at birth or what society expects based on the assigned gender.

Genderqueer – A term used by people who experience gender identity and gender expression in a non-binary way. The term may be used by cisgender or transgender people.

Gender-questioning – A term used to recognize some people may be still exploring and questioning their gender identity.

Non-binary – A term used to describe a gender identity that is outside the binaries of male and female but rather somewhere else on the spectrum or web of gender, between those binaries.

Sex assigned at birth – the sex each individual is assigned at birth, typically based on genital anatomy.

Trans/transgender – An umbrella term used to describe people who have a gender identity that differs from what is socially expected given their assigned sex at birth.

Trans-feminine – A term used to describe gender identity and gender expression towards the female binary on the spectrum of gender.

Trans-masculine – A term used to describe gender identity and gender expression towards the male binary on the spectrum of gender.

Two-spirit – A term that has become used by some Indigenous North American people to describe their experiences of sexual orientation, gender identity or spiritual identity. Some use the term to refer to the presence of the masculine or feminine spirit, or some combination of spirits.

METHODS

The TransKidsNL study was conducted from April to June 2016, by the Trans Health Research Group (THRG). The THRG is a collaborative, interdisciplinary team of researchers and clinicians who work with trans and gender diverse children and youth and their families. The THRG is based in the Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, with connections to clinicians across the province.

This study was conducted within a feminist participatory action research framework, focused on inclusion, participation, action, social change and reflexivity (Reid, 2004; Kemmis & McTaggart, 2000). We worked in partnership with Parents of Trans and Gender Diverse Kids-NL (PTGDK-NL), the local volunteer-run peer support group for parents and guardians of transgender, two-spirit, and gender diverse children and youth. PTGDK-NL is co-facilitated by Dr. Temple Newhook.

Electronic questionnaires, available through a unique GoogleForms link, were designed for parents and guardians of transgender and gender-questioning children and youth up to the age of 17 years, as well as transgender and gender-questioning youth aged 12 to 17 years. Study posters with links to the questionnaires were shared electronically with peer support groups, including PTGDK-NL, PFLAG St. John's, the LBGTQ Youth Group, and the student Trans Support Group at Memorial University. Posters were also mailed or delivered to healthcare providers who offer care to trans youth to be displayed in their offices. In order to reach as many young people as possible, we collaborated with the NL Counsellors & Psychologists Association, which emailed posters to every guidance counsellor in schools serving Grade 7–12 in NL, to be displayed in their offices and shared with the school's GSA (Gender and Sexuality Alliance, student-run school groups inclusive of students of all sexual orientations, gender identities and gender expressions), if applicable. Finally, we worked with the guidance counsellor who had organized the provincial GSA youth conference, StandOut2. This counsellor emailed the poster to all attendees of the conference.

Three questionnaires were employed in this study: (1) a total of n = 24 youth (aged 12–17 years) completed one questionnaire on their own healthcare and support needs; (2) a total of n = 21 parents completed a questionnaire on *their child's* healthcare and support needs; and, (3) the same group of parents (n = 21) completed a questionnaire on their *own* healthcare and support needs. This paper focuses primarily on the results of the first two questionnaires. Importantly, given our differing recruitment strategies, with youth recruited from a broader student population and parents from a population specifically seeking resources to affirm their children, the parent and youth participants in this study were largely *not* from the same families. Thus, for the purposes of this analysis, we describe each questionnaire as representing a unique individual. (Based on the specifics of each dataset, we estimate that the overlap between the two surveys, i.e., the number of youth aged 12–17 years described by a parent who also completed their own youth questionnaire, is $n < 5$.)

Our focus in this study was an open-ended qualitative exploration of the needs of most concern to trans youth and their families, as opposed to gathering generalizable statistical data. Thus, the survey questions were developed by the authors as primarily qualitative research tools and we did not employ standardized validated quantitative survey tools. We intentionally designed broad open-ended questions. For example, instead of asking participants "Do you identify as…?" and offering a checklist of responses, we simply asked "What is your gender identity?" followed by a blank. This strategy was an element of our feminist participatory action research framework (Reid, 2004 Kemmis & McTaggart, 2000), allowing participants

the greatest freedom in self-identification and in identifying the needs and concerns most important to them. Open-ended questions were manually coded to provide descriptive statistics and qualitative data.

Ethics approval for the TransKidsNL Study was granted by the Health Research Ethics Authority of Newfoundland and Labrador, #2016.061.

RESULTS

Descriptive Results

A summary of the characteristics of these 45 trans and gender diverse young people ([n = 24 youth who responded to Questionnaire 1] + [n = 21 children and youth described by their parents in Questionnaire 2]) can be found in Table 1. Rates of physical and mental health concerns and access to a family doctor are described in Table 2.

Among youth and parent participants responding to questions about trans youth's healthcare needs (n = 37), 67.6% (n = 25) reported unmet healthcare needs, including counselling, peer support, hormone treatment, and chest surgery. A total of n = 37 youth and parent participants responded to questions about medical transition needs for pubescent and post-pubescent trans youth (Table 3). Youth and parent respondents with a family doctor (n = 41, 91.1%) were asked about their physician's knowledge of trans health and their own comfort talking to the physician about gender identity (Table 4).

…continued on p. 8

Table 1

Characteristics of Trans Children and Youth in the TransKidsNL Study (N = 45)

	n	%
Age		
5–11 years	7	15.6
12–17 years	35	77.8
18–20 years	3	6.7
Gender Identity		
Girl (or on the trans-feminine spectrum, e.g. “demi-girl”)	9	20.0
Boy (or on the trans-masculine spectrum, e.g. “demi-boy”)	22	48.9
Two-spirit	1	2.2
Non-binary (including “gender fluid,” “genderqueer,” “agender”), or Questioning	13	28.9
Sex Assigned at Birth		
Female	32	71.1
Male	12	26.7
Prefer not to disclose	1	2.2
Pronouns		
She/her	10	22.2
He/him/his	25	55.6
They/them (and other non-binary pronouns)	10	22.2
No pronoun change	4	8.9
< 1 year	18	40.0
1–2 years	14	31.1
> 2 years	9	20.0
Race/Ethnicity		
White	38	84.4
Indigenous	3	6.7
Other	4	8.9
Sexual Orientation (youth questionnaire only, n = 21)		
Heterosexual	0	0.0
Gay/Lesbian	7	29.2
Bisexual/Pansexual/Queer	14	58.3
Asexual	3	12.5
Rural-Small Town/Urban Residence		
Rural-small town	20	44.4
Urban	24	53.3
Not disclosed	1	2.2
Custody		
Lives with both parents	34	75.6
Lives with single parent	6	13.3
Shared custody	5	11.1

Table 2

Health and Healthcare Needs of Trans Children and Youth (N = 45)

	n	%
Physical disability	2	4.4
Chronic condition	7	15.6
Learning difference	7	15.6
Mental health condition	35	77.8
Puberty		
Pre-pubescent	6	13.3
Pubescent or post-pubescent	39	86.7
Have a family doctor	41	91.1

Table 3

Medical Transition for Pubescent/Post-Pubescent Trans Youth (N = 39)

	n	%
No medical transition required	10	25.6
Waiting for medical transition	15	38.5
GnRH analogues (blockers) only	4	10.3
Estrogen or testosterone	8	20.6
Chest reconstruction or other surgery	0	0.0
No response	2	5.1

Table 4

Perceptions of Family Physicians' Knowledge of Trans Health (N = 41)

	Youth N = 20		Parents N = 21	
	n	%	n	%
Family doctor is knowledgeable about trans health				
Yes	4	20.0	6	28.6
No	16	80.0	15	71.4
Comfortable talking to family doctor about gender identity				
Yes	5	33.3	17	81.0
No	15	66.7	4	19.0

Qualitative Results

In addition to descriptive analysis, the open-ended nature of our survey allowed for a qualitative analysis of (1) concerns about family doctors' knowledge of, and comfort with, healthcare for trans youth, and a thematic analysis of (2) primary concerns of transgender youth and their parents.

Family doctors' knowledge of, and comfort with, healthcare for trans youth. While the parent participants were largely comfortable with talking to their family doctor about their child's gender identity, youth and parents described young people as very uncomfortable with such discussions:

> He would like to start on treatments to suppress menstrual cycle and eventually hormone therapy but is not comfortable discussing these needs with our family doctor… (parent of a 13-year-old boy)

Parents and youth also called for more education for family physicians and other healthcare providers:

> [We need] more open-mindedness/sensitivity training among general healthcare providers. (parent of a 7-year-old, gender-questioning)

Both parents and youth expressed concern about the lack of knowledge of healthcare for trans youth among general practitioners:

> [The doctor] I grew up with would be a one on the scale [completely unknowledgeable], last one I saw is accepting but not knowledgeable and she was uncomfortable herself with helping me receive HRT. (16 year-old youth, non-binary transmasculine)

Others specifically sought out supportive providers:

> I have not encountered any difficulty largely because we have sought out and found a family physician who is young, feminist, liberal etc. (parent of non-binary youth, age 17)

Concerns of Parents and Youth

Parents. For parents in this study, the dominant concerns were: (1) wait times for their children to receive care, (2) their child's mental health, (3) lack of information or guidance, (4) safety and transphobia at school, and (5) de-pathologizing their children's identities.

Parents described the emotional impact of lengthy waits and travel requirements for urgent care:

> Each day I fear my child will become so depressed that he will commit suicide! We need help now! (parent of 17-year-old boy)

> My child needs to see her [provider] NOW and the first available appointment isn't [for two months]. A long wait when in crisis mode. (parent of 18-year-old girl)

> Most supports are not available in our community so it means travelling to larger centres 2+ hours from home. (parent of 13-year-old boy)

Parents talked about feeling "lost" and "frustrated" and not knowing where to find supports or information. They also talked about having to "fight" to have their child's needs met.

> I am an educated person with…university degrees, including a Masters... Even with this, I don't have the knowledge of how to best to help my child move forward. We both feel stuck. (parent of 18-year-old girl)

> [It is] very frustrating to try to get services. [I am] only aware of services through friends I have developed throughout this journey. Healthcare not adequate! (parent of 15-year-old boy)

Parents also expressed high levels of concern about their children's safety and about transphobia at school, from fellow students, from teachers, and in the curriculum:

> [M]y child has experienced bullying at school… The bullying has recently included a physical assault… We are deeply concerned about an escalation of physical violence… We are at a loss of what to do... (parent of 13-year-old girl)

> [The] NL school curriculum needs a major overhaul… I am ashamed at how we treat bodies, gender, sexuality in this province. ...Education and acceptance is the key to facing transgender issues in an accepting and loving way. (parent of 11-year-old boy)

Parents in this study were also very much concerned with de-pathologizing their children's identities:

> It's not a disease or issue that needs to be fixed…Grouping in [trans healthcare] with …mental health disorders… leads you to believe it must be something that needs fixing. …It makes me as a parent uncomfortable trying to access services for my son, knowing it means him going to places geared toward major mental health issues… I don't have to go to a mental health provider to get birth control or hormone replacement therapy if I needed or wanted and I don't think transgender people should have to either. (parent of 13-year-old boy)

> He may need supports to become a happy, healthy, genderqueer person, [but]…I don't want my kid to feel flawed or broken. (parent of 6-year-old child)

Youth. The main concerns expressed by transgender and gender-questioning youth included (1) lack of parental support, (2) feelings of dysphoria, (3) desire to be fully accepted by peers and family, and (4) safety and transphobia.

A small fraction, 13.0% (n = 3) of youth, described their parents as fully supportive.

Young people identified (1) using the correct name and pronouns (41.2%) and (2) being listened to and believed (29.4%) as the main types of support needed from their parents.

> [I wish my mother would] stop telling me that she "doesn't believe" I'm transgender. It makes everything a lot harder and stressful. (13-year-old boy)

> My dad is very transphobic, which is why I'm not out to him. (14-year-old youth, agender)

Young people, particularly those without parental support, described the intimate suffering associated with dysphoria and waiting for medical transition:

> My chest causes me immense distress. Puberty is really hard because without blockers I just have to bind and be helpless in terms of unwanted growth. I'm concerned with having a lot of unwanted changes continuing and pushing me backwards. (16-year-old youth, non-binary trans-masculine)

Youth also expressed experiencing multiple challenges to accessing care, with parental support a key factor in these barriers:

> My family doesn't have a lot of money currently and I'm only out to one of my parents, my mom, and she's finding it very difficult to understand this and accept it. (14-year-old youth, agender)

Youth shared parents' concerns about safety and about transphobia, particularly at school:

> [I'm concerned about] my safety travelling outside the country, and…at school. (17-year-old boy)

> I'd like for gender identity to be talked about more in schools. So far, no one's mentioned anything about it, so I have to learn everything on the Internet, which isn't all that helpful. …I'd like to come out, but I feel a lot of people at my school wouldn't accept it. I don't really feel safe in my school and I'd like that to change. (14-year-old youth, agender)

Young people's descriptions of their concerns as well as their hopes for the future are focused on the desire to be fully accepted by peers and family, and to be able to live in the world without having to justify their existence.

> [I hope] that people will come to accept me and I'll be able to be who I really am. (16-year-old youth, gender fluid)

DISCUSSION

General practitioners' knowledge of healthcare for trans youth. The TransKidsNL data points to a high level of concern among trans youth and their families regarding family physicians' level of knowledge and comfort with healthcare for transgender children and youth, with 80.0% of youth and 71.4% rating their family doctor as less than knowledgeable about healthcare for trans youth. This recognition of a lack of knowledge of trans healthcare among general practitioners has also been recognized by Rainbow Health Ontario, which recently released the Trans Primary Care Guide, an online interactive tool for general practitioners (Rainbow Health Ontario, 2016).

The Canadian Trans Youth Health Survey revealed that only 15% of respondents were "very comfortable" discussing trans-specific healthcare needs with their family doctor (Veale et al., 2015, p. 31). Similarly, only one third of youth in our study reported being comfortable with their family doctor, and those who did so specified in qualitative comments that they had been directed to a physician known to have a trans-affirmative practice. This option, however, was only available to youth in or near urban areas.

Unmet healthcare needs. In terms of transition-related care, individual needs vary, and transgender youth may or may not require medical transition. Over a quarter of the pubescent and post-pubescent youth participants reported no need for medical transition. However, research has made clear that for some individuals, medical transition can be a critical aspect of affirmative healthcare that improves mental health outcomes for transgender youth (De Vries et al., 2014; Edward-Leepers & Spack, 2012; Spack, 2015). The experience of dysphoria can be a matter of life and death, with the highest rates of attempted suicide reported during the period that trans youth are waiting for medical treatment (Bauer et al., 2015). In our survey, 41% of pubescent and post-pubescent youth were waiting for transition-related medical treatment.

While our small study sample represents a relatively homogenous population, research with more diverse populations points out that access to transition care is further shaped by intersectional patterns of inequality, with additional systemic barriers for youth who are Indigenous, racialized, living in foster homes or without dependable housing, dealing with low socio-economic status, immigration concerns, or other challenges (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Johns, Jin, Auerswald, & Wilson, 2017), or whose experiences with the healthcare system are shaped by chronic illness or differing abilities (James et al., 2016). In this study, parent participants who were seeking transition care for their children

identified numerous barriers to accessing such care, including the difficulty of locating information about trans-affirmative care in the province, and the lengthy wait times once care had been located. Access to care was also strongly shaped by socio-economic and geographical factors. Families in isolated rural regions of the province described lengthy and costly commutes to access transition-related care.

In addition to trans-specific healthcare needs, the Canadian Trans Youth Survey revealed that one in three of youth aged 14 to 18 years had missed needed medical care in the past year (Veale et al., 2015, p. 33). Research from Ontario and the United States also suggests considerable inequalities in general healthcare access. The Trans Pulse Survey revealed that 43.9% of trans Ontarians reported a past-year unmet healthcare need (Giblon & Bauer, 2017, p. 285), and 23% of respondents to the US Trans Health Survey reported avoiding seeing a doctor in the past year because of fear of mistreatment as a trans person (James et al., 2016, p. 93).

Parental support. Perhaps our most striking finding was that only 13.0% of NL trans youth described their parents as fully supportive. Similarly, the Canadian Trans Youth Health Survey reported that 70% of trans youth felt that their parents did not understand them, and one in three reported that they did not have a trusted adult to talk to (Veale et al., 2015, p. 2). In our qualitative findings, youth repeatedly expressed the need for strong parental support, and their desire to be fully accepted by family and friends, as among their most overwhelming concerns.

This reported lack of affirmative parental support is particularly concerning in light of recent findings on the vital importance of strong, parental support for trans youth. The TransPulse study revealed that 57% of trans youth who reported less than full support from their parents had attempted suicide at least once in the previous year. This attempted suicide rate was reduced by 93% among trans youth with full parental support (Travers et al., 2012). Our findings of very high levels of depression and anxiety, 89.7% (n = 35) of pubescent or post-pubescent youth in this study, also echoes TransPulse study findings that trans youth with less than full parental support reported significantly higher levels of depression than those with full support (Travers et al., 2012).

Beyond the intrinsic importance of parental care, the Canadian Trans Youth Survey noted that lack of parental support was one of the most important barriers to transition care for trans youth (Veale et al., 2015). Our survey echoed this finding. Youth lacking parental support described feeling "helpless" as they coped with the distress of dysphoria in silence and isolation throughout their adolescent years.

Mental health. Research from the United States indicates that for parents of trans youth, their child's acute mental health is one of their most pressing concerns (Lawlis et al., 2017), a finding reaffirmed in this present study. Among our youth participants, nine in ten youth in our study reported suffering from depression and/or anxiety.

A recent review of the mental health of trans youth confirms that trans youth tend to experience considerably higher rates of depression, disordered eating, self-harm, and suicidality than the general population (Connolly, Zervos, Barone, Johnson, & Joseph, 2016). In the past, it was believed that transgender youth were inherently mentally ill: that transgender identity itself was a psychopathology (American Psychiatric Association, 1980). Global standards of care now specify that gender identity "is a matter of diversity, not pathology" (WPATH, 2011, p. 4), and current best practices specify an affirmative model of care for transgender

children and youth. This model of care locates the problem not in the young person, but in a society that has refused to make space for their existence (American Academy of Pediatrics, 2016; Ehrensaft, 2016).

Recently, a ground-breaking case-control cohort study of pre-pubescent transgender children found that transgender children who are supported in their identities have mental health outcomes equivalent to their cisgender peers (Olson et al., 2016; Durwood et al., 2017). While the TransKidsNL study included a very small sample of young children (n = 7 children between 5 and 11 years), it is noteworthy that our findings echo this previous work. Given the nature of our recruitment, all of our data on children under 12 years of age comes from parents who had reached out for resources to support their child. No mental health concerns were reported for these children.

Safety and transphobia. Prior research supports our finding that safety and transphobia are predominant concerns for both parents and trans youth, particularly at school (Lawlis et al., 2017; Veale et al., 2015). These fears are given further weight by the findings of the Canadian Trans Youth Survey, in which 55% of youth reported being bullied and 36% reported physical threat or assault at school within the past year (Veale et al., 2015, p. 58).

Lawlis and colleagues (2017) note that safety and parental support can be linked in complex ways, given that parents' concerns about safety and transphobia can lead to resistance to their child's transition. In an editorial in the *Journal of the American Academy of Child and Adolescent Psychiatry*, Sitkin and Murota (2017) cite Perez-Brumer and colleagues (2017) to broaden this lens beyond the level of the individual, suggesting that structural transphobia can directly negatively impact trans youth's mental health. The authors argue that structural factors that limit the resources or well-being of trans youth, from public opinion and religious teachings to laws and policies, may help to explain increased suicidality among trans youth. They call for further research to identify the ways that structural transphobia at the level of the community, region, and country can impact suicidal ideation among trans youth.

Hope. Despite the serious challenges described by trans youth and their families, there were important signs of hope in the TransKidsNL study. Signs of hope came from parents' passion and determination to fight for a society where their children would no longer be seen as ill, but as healthy and vibrant individuals representing the diversity of the human experience. Above all, hope came from the resilience, strength, and optimism expressed by youth themselves, pushing forward with the belief that a more accepting world can be possible for all trans and gender diverse people.

RECOMMENDATIONS

Based on the results of the TransKidsNL study, we recommend six priority areas of action to address areas of concerns for trans youth and families:

1. Prioritize access to care for trans youth. Given the suffering described by youth and established risks of waiting for care (Bauer et al., 2015), timely access to transition-related and mental healthcare is critical. For example, trans youth should be prioritized on waitlists.
2. Improve training and continuing professional development on gender diversity for all healthcare professionals, including general practitioners and community mental healthcare providers. Specific

efforts are needed to educate mental healthcare professionals about affirmative care. Healthcare for trans youth should not have to be a specialty, nor should it require travel to an urban centre.

3. Improve supports for families of trans youth, including peer support and education. Institutional support is also needed to create awareness of these resources, where they exist. For example, healthcare authorities or provincial governments could provide a website designated for the navigation of trans healthcare resources and supports in their region.
4. Promote public education and advocacy about gender diversity to reduce widespread transphobia. This includes improved inclusion of gender diversity in primary, elementary, and secondary school curricula, with the long-term goal of creating a culture of understanding and celebration of gender differences.
5. Build any potential solutions from an anti-oppressive focus that addresses systemic barriers and inequities beyond gender, including those based on race, indigeneity, socio-economic class, immigration status, and disability.
6. Centre the voices of trans youth and their families in developing solutions. We echo the Canadian Trans Youth Survey's reminder (Veale et al., 2015) that trans youth have expertise on their own bodies, their own identities, and their own concerns, and their voices are needed to make effective change in the conditions that affect their well-being and their access to care.

Community-Engaged Research: From Research to Action

In immediate response to the data on trans youth mental health and desire for support from peers, in June 2016 the THRG worked with PTGDK-NL to found the Trans Youth Group, a peer support group for young people between 12 and 18 years of age. This group meets in a separate room concurrently with the parent support group. While the group is physically located in St. John's, it also offers the option for young people in other areas of the province to join by phone or video-conferencing. In October 2016, PTGDK-NL and the Trans Youth Group were awarded advocacy funding from the Janeway Children's Hospital Foundation, which allowed for the hiring of two trans educators as co-facilitators for the youth group. PTGDK-NL and the Trans Youth Group have since collaborated with the Environmental Education Centre of NL in a successful application for a 2017 Community Healthy Living Grant from the Government of NL, which funded the first summer camp for trans and gender diverse children and youth in NL, Camp Rainbow, held in July 2017.

LIMITATIONS

The primary strength of this study is its community engagement. This study was conducted across Newfoundland and Labrador and connected to a population that is difficult to identify and recruit for research participation. However, our study was limited to the island portion of the province. While smaller geographically, however, the island includes 94.7% of the provincial population (Newfoundland and Labrador Statistics Agency, 2016). It includes ancestral territory of the Mi'kmaq people. We were not successful in recruiting participants from the mainland portion of the province, Labrador, which includes Nunatsiavut, NunatuKavut, and Nitassinan territories. This was an important factor in our limited success in reaching indigenous youth

(6.7% of our sample, n = 3, including one youth (2.2%) who identified as two-spirit). This is a significant limitation given the present marginalization of indigenous trans youth. Historically, two-spirit and gender diverse individuals were respected in many indigenous communities (Hunt, 2016).

Given the difficulties inherent in defining, identifying, and recruiting such a marginalized population, this study does not provide a representative, population-based sample of transgender children and their parents. As noted, the parent participants in this study come from the minority of parents who recognize and affirm their children's identities and who have sought supports.

Similar to the Canadian Trans Youth Health Survey (Veale et al., 2015), we were also less successful in recruiting trans girls and youth on the trans-feminine spectrum. Veale and colleagues (2015) hypothesized that this was due to the increased marginalization experienced by trans-feminine youth, which may mean they are less connected to community organizations and thus harder to recruit.

CONCLUSION

The TransKidsNL study is a provincial qualitative survey of the healthcare, support needs, and primary concerns of transgender and gender-questioning youth and their parents. Parent and youth participants alike expressed concern about a perceived lack of knowledge of trans healthcare on the part of general practitioners. The primary concerns of parent participants included wait times for trans-affirmative healthcare, their child's mental health, lack of information or guidance, safety and transphobia, and the need to depathologize their children's identities. The primary concerns of trans youth included lack of parental support, feelings of dysphoria, the desire to be fully accepted, and safety and transphobia. The findings point to six key recommendations for healthcare practitioners.

The needs expressed by trans youth are not complicated. When we asked young people what they needed, they asked to be **listened to**, **believed**, and **respected**. When we asked about their hopes for the future, they yearned to be **recognized**, **accepted**, and **embraced** as themselves by the peers, their families, and their communities. We argue that transgender youth's basic human right to dignity and self-determination is a public health concern and a matter of health equity.

REFERENCES

American Academy of Pediatrics, Human Rights Commission, and American College of Osteopathic Pediatricians. (2016). *Supporting and Caring for Transgender Children.* Washington, DC: Human Rights Commission. Retrieved from http://www.hrc.org/resources/supporting-caring-for-transgender-children

American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). Washington, DC: Author.

Bauer, G., Scheim, A., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. *BMC Public Health,15*, 525–540.

Brill, S. & Pepper, R. (2008). *The Transgender Child: A Handbook for Families and Professionals.* San Francisco, CA: Cleis Press Inc.

Connolly, M. D., Zervos, M. J., Barone II, C. J., Johnson, C. C., & Joseph, C. L. M. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health, 59*, 489–495.

De Vries, A. L. C., McGuire, J. K., Steensma, T. D., Wagenaar, E. C. F., Doreleijers, T. J. H., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcomes after puberty suppression and gender reassignment. *Pediatrics,134*(4), 1–9. doi:10.1542/peds.2013-2958

Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(2), 116–123.

Edward-Leepers, L., & Spack, N. P. (2012). Psychological evaluation and medical treatment of transgender youth in an interdisciplinary "Gender Management Service" (GeMS) in a major pediatric center. *Journal of Homosexuality, 59*(3), 321–36.

Ehrensaft, D. (2016). *The Gender Creative Child.* New York, NY: The Experiment Publishing.

Giblon, R., & Bauer, G. (2017). Health care availability, quality, and unmet need: A comparison of transgender and cisgender residents of Ontario, Canada. *BMC Health Services Research, 17*, 283–293.

Hunt, S. (2016). *An introduction to the health of two-spirit people: Historical, contemporary and emergent issues,* p. 32. Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved from http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/156/2016-05-10-RPT-HealthTwoSpirit-Hunt-EN-Web.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Johns, E. A., Jin, H., Auerswald, C. L., & Wilson, E. C. (2017). Sociodemographic factors associated with trans* female youth's access to health care in the San Francisco Bay area. *Journal of Adolescent Health,61,* 259–261.

Kemmis, S., & McTaggart, R. (2000). Participatory action research. In Denzin, N. and Lincoln, Y. (eds.). *The Handbook of Qualitative Research.* 2nd ed. Newbury Park, CA: Sage Publications.

Klein, A., & Golub, S. A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT Health*, *3*(3), 193–9.

Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S., & Gould, M. (2008). Peer victimization, depression, and suicidality in adolescents. *Suicide and Life-Threatening Behavior,38*(2), 166–180.

Lawlis, S. M., Donkin, H. R., Bates, J. R., Britto, M. T., & Conard, L. A. E. (2017). Health concerns of transgender and gender nonconforming youth and their parents upon presentation to a transgender clinic. *Journal of Adolescent Health.* Retrieved from *http://dx.doi.org/10.1016/j.jadohealth.2017.05.025*

Newfoundland and Labrador Statistics Agency. (2016). Population Estimates, July 1, 2001 to 2015, Census Divisions and St. John's Census Metropolitan Area (CMA), Newfoundland and Labrador. Retrieved from http://www.stats.gov.nl.ca/statistics/population/PDF/Population_Estimates_CDCMA.pdf

Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3), e20153223.

Perez-Brumer, A., Day, J. K., Russell, S. T., & Hatzenbuehler, M. L. (2017). Prevalence of suicidal ideation among transgender youth in California: Findings from a representative, population-based sample of high school students. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(9), 739–746.

Pyne, J. (2013). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality, 23*(1), 1–8.

Pyne, J. (2014). Health and well-being among gender-independent children and their families: A review of the literature. In Meyer, E. J. & Pullen Sansfaçon, A. (eds.) *Supporting Transgender and Gender Creative Youth: Schools, Families, and Communities in Action,* p. 26–40. New York: Peter Lang.

Rainbow Health Ontario. (2016). *Trans Primary Health Care Guide*. Retrieved from http://www.rainbowhealthontario.ca/TransHealthGuide/index.html

Reid, C. (2004). Advancing women's social justice agendas: A feminist action research framework. *International Journal of Qualitative Methods*, *3*(3), 1–22.

Sitkin, N. A., & Murota, D. (2017). Moving beyond the basics of the binary: Addressing mental health needs and suicidality among transgender youth. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(9), 725–726.

Spack, N. (2015). *The changing Rx of transgender adolescents: Impact of GnRHa pubertal blockade and implications for young adults and adults*. Boston, MA: National LBGT Health Education Center, Fenway Institute. Retrieved from http://www.lgbthealtheducation.org/webinar/pubertal-blockade-trans-youth/

Temple Newhook, J., Winters, K., Pyne, J., Jamieson, A., Holmes, C., Feder, S., Pickett, S., & Sinnott, M.-L. (submitted). Teach your parents (and providers) well: A call for re-focus on the health and well-being of trans and gender diverse children. *Canadian Medical Association Journal.*

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., & Papadimitriou M. (2012). *Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services*. Retrieved from http://transpulseproject.ca/research/impacts-of-strong-parental-support-for-trans-youth/

Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B., & the Canadian Trans Youth Health Survey Research Group. (2015). *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey.* Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

World Professional Association for Transgender Health. (2011). *Standards of Care: For the health of transsexual, transgender and gender non-conforming people* (7th ed.). World Professional Association for Transgender Health.