

Article

Experiences of Parents of Trans and Non-Binary Children Living in the Region of Quebec

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Abstract: The coming out process differs for everyone, and parents may experience difficulties such as external stress, ostracism and finding local services. Access to resources is, therefore, fundamental, and parents need support in accompanying their children. Methods: This research was carried out in two waves. Firstly, data collection began with parents of TNB children living in the Gaspésie, Bas-Saint-Laurent and Îles-de-la-Madeleine regions, who participated in five group meetings. Secondly, nine in-depth interviews were conducted with parents living in the province of Quebec, outside major urban centres. Results: This article presents the synergy between the two waves of data collection. The results show that parents report various experiences of vulnerability in the process of accepting their children's gender identity. Despite this, the families we met provided their children with unconditional support to help them navigate various service structures. Conclusions: Although parents of TNB children living in regional areas face similar difficulties to their urban peers, the lack of resources and access to services limits their options, contributing to their isolation. As a result, these parents must employ strategies to initiate change and improve their conditions.

Keywords: well-being; children; gender expression; family; gender identity; trans youth; parent; Quebec; rurality; parental support



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1. Introduction

Trans and non-binary (TNB) youth are young people whose gender identity differs from their sex assigned at birth. Until the end of the 20th century, gender non-conformity experienced by youth was considered a developmental disorder that could be rectified [1], and parents were often held responsible for their children's situation [2]. During this period, professional help consisted of accompanying families with a view of correcting any behaviours said to be “deviant” from traditional social gender norms. Although there has been an increase in the visibility of trans and non-binary (TNB) youth and an awareness of their realities [2–4], many professional associations such as the World Professional Association of Transgender Health (WPATH) and the American Academy of Pediatrics (AAP) stresses that gender non-conformity in children should not be pathologized and instead, be supported, as TNB youth continue to experience marginalization and violence [5–7]. Consequently, the families of TNB children may also potentially experience this marginalization [8].

For TNB people, and by extension, for their families, discrimination can be emphasized when living outside of urban areas due to restricted access to resources, distance, care providers' lack of knowledge of trans issues, economic constraints, etc. [7,9]. The discomfort or lack of training of regional care providers often leads them to refer TNB youth to specialized clinics, putting additional pressure on the clinics [10]. As a result,

TNB children may not feel comfortable consulting a professional to discuss their respective transitions [11]. In addition, gender-affirming medical care (puberty suppressants, hormone therapy) is typically more accessible to young TNB with supportive parents. However, since specialized clinics are generally located in large urban centres, parents whose medical coverage extends to their children must travel long distances to access medical facilities [9,10,12].

Yet still, minimal research has focused on the specific experiences of parents of TNB children living in certain regions, namely in rural or less populated areas. Hence, this article aims to fill this empirical gap. Developed from a larger project involving several pilot projects aimed at better understanding the specific experiences of parents of TNB children living in various contexts and positionalities, the pilot study discussed in this article aimed to answer the following research question: What is the experience of parents of TNB youth living outside of urban areas? Are they experiencing any specific issues? This article examines the realities of parents of TNB children and youth living in rural regions far from major centres in the province of Quebec. Based on the data obtained from five group meetings and nine individual interviews, this article presents the experiences of parents who participated in the study.

1.1. Experience of Parents of TNB Children

Research shows that parents of TNB children experience specific realities regarding the coming out of their children. For example, coming out can be accompanied by a variety of intense emotions [13] wherein families may feel disbelief, doubt, surprise, understanding [14], a sense of loss, and grief [8,14,15]. Further, parents may also experience difficulties finding services for their children or themselves [16]. The process of acceptance, therefore, varies from person to person [8]. It hinges on the support offered, which fluctuates over time [14], and parents need support to accompany their children [12].

Because TNB youth are more likely to experience adversity than cisgender youth (i.e., those whose gender corresponds to the sex assigned at birth), parents of TNB children often have many concerns, such as their child being rejected, experiencing violence or transphobia, or self-harming [17]. Various studies have also shown that parental support is a key factor in the well-being of young TNB, reducing the risk of suicide, anxiety disorders, and other mental health problems [12,18–25]. Indeed, Olson et al. [21] report that rates of depression are the same for TNB youth who have made their social transition with parental support and for cisgender youth. That said, while parental support is key to their development, only a fraction of TNB youth receive it [24].

Moreover, decision making by parents to ensure the best interests of their children is also a significant source of stress [8,26–28]. For example, parents may have difficulty knowing when and how to disclose their children's gender identity [29] due to fear of experiencing minority stress [30], experiences of ostracism, and/or rejection from those around them [29], receiving unwanted advice from other parents or friends, and feeling judged about their parenting skills [17,31]. Nevertheless, parents' concerns are quickly dispelled when they perceive the positive effects on their children's well-being [32]. In addition, sharing with other parents of TNB youth can give them a better sense of their child's transition process [33], support for seeking specialized services, and advocacy for their rights [34,35]. The nature of support varies. It includes calling on a friend, another parent, their spouse or partner, their child, healthcare providers [17], peers, parent groups [8,14,36], and other professionals [14].

However, parents from the studied regions who access various services that support TNB children and their families may be concerned about the need for more resources and professional training and safety, especially outside major urban centres [13,37]. Indeed, few social measures are present to meet their needs [26,27,38] to better apprehend the situation experienced by their children [28]. Hence, access to resources is fundamental, and parents need to be supported in the process of acceptance and accompanying their children through their respective transitions [14].

1.2. *Living in the Region*

Studies have mainly focused on people of differing sexualities and/or genders in large urban centres, and the few studies conducted in rural regions come from the United States, Europe, or elsewhere in Canada, which does not allow us to fully grasp the particularities encountered in rural Quebec [39]. For example, the study of Poon and Saewyc [40] shows that adolescents living in rural British Columbia have more suicidal ideations related to their sexual orientation and stigmatization than adolescents living in urban areas. As for the studies by Knutson et al. [41] and Shute [42], the results demonstrate that the lack of access to specialized services and care for adults of gender diversity living in rural areas and small towns can lead to mental health problems. Meanwhile, the study of Lépine et al. [39] shows that young people from lesbian, gay, bisexual, trans, and queer (LGBTQ) communities living in Gaspésie and Îles-de-la-Madeleine experience social isolation, which does not allow the results to be transferred from one location to another.

The same can be said of the research on parents of TNB children, which is generally concentrated in large urban centres and is challenging to transfer to rural areas. To date, a few recent studies have focused on the experience of LGBTQ people living outside of urban centres, providing insight into the experiences of these families [43,44]. Research conducted with parents living on the Island of Newfoundland, whose sample was drawn from urban and rural youth and parents, shows that parents living in rural areas are concerned about the distance they have to travel to obtain care for their children. Still, the other results apply to the whole sample, only partially allowing us to capture the experience outside major centres [45]. Thus, this research project carried out in a Franco-Canadian context aims to provide the initial documentation on the experiences of parents with TNB children in the region to understand better the issues they face and their specific needs.

2. **Materials and Methods**

This research is part of a larger project in Canada aimed at better understanding the experiences of parents of TNB children and youth as well as the advocacy and activism they may engage in while parenting their youth while paying particular attention to specific groups who have historically been less documented in the literature such as indigenous, black, and racialized parents and those living outside major urban areas or in rural regions. This article explicitly highlights the results aimed at understanding parents' experiences living in the areas outside the major urban centres in the province of Quebec, Canada. The Province of Quebec is composed of a majority of francophone people and includes several regions with nearly 1000 rural communities, including 1,950,000 inhabitants living outside major urban areas, representing 25.7% of the total population. Because the literature shows that parents of TNB youth and children often lack services, the project also aimed to contribute to meeting their needs through the development of a research project. To do so, the project was completed in two distinct phases. The first dimension of the project utilized Social Action Research, focusing on parents living in Eastern Quebec, which includes Bas-Saint-Laurent, Gaspésie, and Îles-de-la-Madeleine. The project's second phase involved in-depth interviews with parents of TNB children living in regions across the province.

2.1. *Social Action Research*

Faced with the absence of existing services for gender-diverse parents in this region and anchored in the desire to link research and intervention [46] and to consider all those involved in all stages of research [47], a methodology based on Social Action Research [48] was mobilized. Social Action Research is a qualitative methodology that can take various forms but is characterized by an anti-oppressive and empowering framework which aims to be transformational [48]. Social Action Research is guided by a set of principles (e.g., a commitment to social justice and challenging oppression, an acknowledgment that participants have the right to be heard and have skills, and that acting together collectively is essential to empowerment) as well as a process whereby the researcher asks the questions regarding

What, Why, How, Action, and Reflection. Combined, the principles and method allow for the collection of data as well as the facilitation of the participants' empowerment [46].

The Social Action Project occurred in Eastern Quebec, which is characterized by its vastness and low population density. For example, Bas-Saint-Laurent has a population of 200,507 over an area of 22,185 km² [49], and Gaspésie-Îles-de-la-Madelaine have around 92,403 over an area of 20,727 km² [50].

In agreement with social action, research and collaboration are essential to empowerment, and data were collected using a focus group [51] to enable participants' collective mobilization and social action [46,52]. The data collection, as well as the development of an understanding of participants' lived experiences, was completed through their interactions and a simultaneous analysis of their experience through the social action process [53]. The process aims to identify a common problem, the reasons behind it, and the actions needed to solve it. In this way, participants identify the issues and needs (what), the causes of these difficulties (why), and the methods for resolving them (how).

Recruitment was carried out via electronic mail and the distribution of a poster on Facebook in the intervention and education network and various strategic locations in Rimouski. In addition, due to low literacy levels and lack of internet access, different dissemination methods were used, such as newspapers and radio reports. The facilitator disclosed the location (the Maison de Famille de Rimouski and the BlueJeans online platform) to those interested in participating in the research.

Out of the five meetings organized, nine people joined in the various discussions. During these meetings, note-taking was favoured to avoid a paralyzing effect for some participants [46]. A total of 52 pages of handwritten notes were transcribed on themes such as parents' experiences of their children's transition, parents' interactions with their communities, the impact of "living in the regions" about the challenges and opportunities they encounter, and their commitment to defending their children's rights. Using a thematic analysis methodology, the data were separated into three main themes addressing the parenting roles, "the parent and his/her immediate family"; "the parent and social and community interactions"; and "parents interacting with structures and institutions", with a total of 23 subthemes identified from various text segments. Although several group meetings took place, the sample of parents remained limited, which prompted the team to undertake a second wave of data collection, this time through individual interviews. This would allow the team to reach parents who may not be able to access the social action group and gain a broader understanding of the experiences of parents of TNB children and youth.

2.2. Individual In-Depth Interviews

The second data collection took place in the spring and summer of 2020, based on in-depth interviews with parents of TNB children living in the province of Quebec but outside the major urban centres. The nine participants were recruited via an advertisement circulated on social media by the Canada Research Chair on Transgender Children and Their Families and on parent-focused Facebook groups. Parents wishing to participate were invited to contact the research assistant to schedule an online interview. A consent form, to be signed electronically, was sent to participants before they took part in the interview.

The themes addressed during the interview were intended to deepen some of the themes discovered during the group meetings. The themes addressed during the individual interviews are as follows: "personal characteristics and living environments"; "their experience of their children's transition"; "interactions with communities"; "the impact of 'living in the region' about the challenges and opportunities they encounter"; and "their commitment to defending their children's rights". Each interview was transcribed and then coded using reflexive thematic analysis [54] with MAXQDA software and organized into themes to present a portrait of their experiences and the specifics of being a parent of a TNB child in the region.

No monetary compensation was offered to participants.

3. Results

3.1. Presentation of Participants' Characteristics

Seven women and two men from the Bas-Saint-Laurent and Gaspésie regions participated in one or more of the five meetings of the first project. The second wave of data collection consisted of a sample of nine supportive parents of gender-diverse children involved in their transition, including one couple who were interviewed individually (Table 1). The majority of the participants had grown up in the region. One participant had always lived there, and some had left the region for a time to pursue their studies and then returned. Although their experiences are like those of other parents of TNB children, they face specific challenges outside of major centres.

Table 1. Socio-demographic characteristics of participants in the individual interviews of the research project.

Parent's Age	n
Minimum	41 years old
Maximum	53 years old
Average	45.5 years
Identity	
Woman	5
Men	1
Assigned women but reported gender non-conformity or gender fluidity	3
Employment status (at the time of the interview)	
Has a job	7
Unemployed	2
Education (at the time of the interview)	
University	4
Pre-University	3
Secondary	2
Marital status (at the time of the interview)	
Married	4
Separated	3
In a relationship	2
Region of residence	
Bas-Saint-Laurent	1
Capitale Nationale	2
Centre-du-Québec	2
Cantons de l'est	2
Launaudière	1
Saguenay–Lac-Saint-Jean	1
Child's gender identity	
Young transmasculine	7
Young transfeminine	1
Young non-binary	1
Children's ages	
Minimum	14
Maximum	19
Average	15.5

3.2. Families with TNB Children in the Region

From the very first meeting, the parents indicated that supporting their children was the only way forward, and not doing so would be considered violence. Support was defined by a desire to protect their children and look after their well-being. Notwithstanding this, parents spoke at length about the period of great vulnerability they experienced when their children came out and during their respective social transitions.

“There was an emotional storm, a hurricane—haircut, boy pants, masculine noun” (Group participant).

“For me, it's a big mourning period” (Group participant).

The grief or “shock” period experienced by these parents concerned the gender identity assigned to the child's birth and the family relationships built around it, the change of their

first name and affectionate nicknames associated with the former identity, losing the shared gendered relationship with the child, as well as their future (both as a parent and fertility preservation issues).

“Having known my child all her life, she had wanted to have children ever since she was a little girl. I forced her to go to a fertility clinic at Sainte-Justine. It was traumatic for her. We want to guide our children, and I felt like a stepmother” (Group participant).

“I cried a lot at first about losing our trio of family girls, losing my daughter. I was attached to the relationship we had together” (Group participant).

On the other hand, some parents have experienced interpersonal difficulties, such as a lack of support from the second parent or stigmatization from family or community members. Further, for parents, living in the region implies a certain community closeness, security, and protection, as the context contributes to “everyone knowing everyone else”. In other words, there is a certain reserve where community members are careful about what can be said, which avoids confrontation or questioning about gender. The geographical distance, wide open spaces, and the calm this provides are also important in the region. This creates a family bubble and avoids outside social interaction, for example, in the early stages of transitioning.

“But at the same time, there’s the whole issue of anonymity. Some young people who come here don’t want to be asked questions about who they are, what they’re doing, who they’re sleeping with, what they look like. . . It’s nobody’s business. That’s the advantage here. Someone who’s made his transition, who doesn’t want to be asked questions but comes here, he won’t be asked any. People will talk, but that doesn’t stop people from talking and making assumptions” (Axelle, individual interview).

Nevertheless, some families feel compelled to explain themselves when changes may be visible to the community. Little or no support from others can make the experience more complex, including strong opposition to the child’s social transition due to cultural or religious beliefs. This includes being seen as a sin punished by God or being singled out as the “cause” of the child’s trans identity.

“She [the grandmother] still has a lot of difficulties, she gets the pronoun wrong, which is borderline disrespectful, and it creates distances” (Group participant).

“Today, you go to the grocery store with [child’s first name], the next day you go to the grocery store with [child’s chosen first name]. It’s not the same” (Claudelle, individual interview).

Although prejudices seem more plausible in the studied regions, some parents point out that large urban centres do not guarantee open-mindedness. For example, a participant with a migrant background puts it this way:

“In some sectors, you definitely get more looks, don’t you? And, let’s face it, the immigrant community is, like, more stigmatized towards transgender or homosexual children, so I’m glad I’m not stuck with it too much, I’ve never been stuck with this community, let’s say, [name of communities of origin] because I myself didn’t live it well, it didn’t make me, it didn’t make me feel good” (Beatriz, individual interview).

Other parents felt supported by their spouse and family circle, and for some, a feeling of respect was created by the proximity of people in the region.

“We’ve been allies and we’ve gone through it in the same way, at the same pace. Same thing with the new partner, even if he had a little doubt.” (Group participant).

In addition, most participants in the focus groups mentioned that the transition was rushed. For example, the unveiling and transition seemed to have happened quickly, as their communities are small, when seen through the intersections of social relations in the various spheres of daily life (school, work, neighbourhood, etc.). Moreover, this speed can lead parents to experience a certain loss of bearing and meaning, as they must adapt to the child's needs and redefine their roles as supportive parents. Indeed, some parents feared being inadequate in their parental role (not saying the right things, not being supportive) following the disclosure of their children's gender identity. Participants also stressed the importance of being informed and sensitized to adapt, as trans realities are unknown to them.

"In the space of two months, the transition was made, but there was a small phase of reflection support. The transition was slightly rushed because there was the start of the new school year" (Group participant).

Finally, although they see that transitioning improves their children's well-being and health, certain needs were identified during the discussions. These include the need to be validated as a parent so as not to be inadequate, reassurance to know that there are other parents of trans children in the region, recognition and being equipped with better support, and protection to help them overcome particular challenges.

"I just needed to know that it exists (other parents of trans children), then I was OK to continue on my own" (Group participant).

3.3. Social and Community Interaction

Parents often feel that their communities are open to their children's gender identity; however, they feel that a lack of knowledge on the specific issues faced by people from the LGBTQI2S+ community can lead to difficulties (avoidance, awkwardness, and awkward exchanges). When parents must interact with the surrounding environment, some may have positive, negative, and sometimes paradoxical experiences. They may feel part of an inclusive society, socially excluded, or isolated. Moreover, although parents use social media to inform themselves and connect with peers, they witness discourses of great violence, prejudice, and intolerance. Some parents also refer to the weakening of their social group when they do not understand or accept their children's gender identity and, therefore, do not recognize their new role as parents of TNB children.

"There's the stress of having to break off relationships with people who don't understand us" (Group participant).

Some participants experienced a denial of recognition of the unspoken and found it difficult to bear the gaze of others. This left them feeling as if they had no choice but to break ties. In addition, one participant reported that her trans daughter had been forbidden to speak with a friend because her parents feared that their girl would be "contaminated". Indeed, these parents voiced that society's acceptance and openness to TNB realities fluctuate. This, in turn, positively or negatively affects attitudes towards them and leads them to navigate their social relationships with caution.

"I tell some people I have a boy and others I have a girl. I don't always want to have to justify myself, it's a burden" (Group participant).

"I really think it's in the regions because it's less frequent because in Montreal it seems more fluid, you don't ask the question if it's a guy or a girl, so it's like there's all kinds of people in Montreal. Whereas in [name of region], you're a guy or a girl, it's typical of, I think it's typical of country people to be less open to diversity" (Louise, individual interview).

Moreover, in the studied regions, some clerics and various individuals are strongly opposed to the social transition of gender, which leads to fear. For example, parents may receive phone calls from people making violent comments about their ability to parent or

fear being insulted at group meetings. As a result, meeting places and times are kept secret to protect themselves, reduce feelings of insecurity, and prevent unpleasant people from knocking on the door.

“[The priest] could show up here and we don’t want our children to have to experience his contempt, we want to protect them from that risk” (Group participant).

Nevertheless, at the time of the research, no formal support was available to equip parents for their new role. Although there was an organization in Bas-Saint-Laurent to support LGBTQ2IS+ people, it was undergoing a significant restructuring. Some parents say they did not receive adequate support in the region when the groups were run by parents rather than caregivers. As a result, some parents turned to online or telephone resources such as Interligne or Gender Creative Kids.

“The only resource I’ve had since becoming a parent of a trans child is your research group” (Group participant).

Finally, online services enabled parents with no reference to find resources such as self-help groups (e.g., Gender Creative Kids, formerly Transgender Children Canada), which provide information and advice to gain a greater understanding of the realities of families with gender-diverse children and the various issues encountered. Nonetheless, opinions differ as to the content of the media. For some, the articles are helpful, validating their experiences and helping those around them to accept and support their children, while others disapprove of the content.

3.4. Interactions with Different Structures

Many parents report that after their child’s coming out announcement, they tried to find local services to support them, but the lack of knowledge on the part of professionals led them to look elsewhere. The fact that services and resources are not widely available in the studied regions is a major emotional and economic concern for parents. They mention that professionals in Local Community Services Centres (CLSCs), hospitals and pharmacies are inadequately prepared, and the staff members are insufficiently qualified and lacking expertise. Further, respective professionals frequently have stigmatizing experiences or contribute to paternalistic attitudes and prejudices (refusal to give hormone blockers and misgendering) that can cause suffering, anxiety, and distress in children. Ultimately, parents feel powerless in their new roles. The lack of training has made access to quality services more complex. Sometimes, parents and children must assume the role of educators, informing and training professionals about their realities because they lack the requisite knowledge. All these efforts are geared towards giving greater visibility to gender diversity.

“My boy wanted support from the [child psychiatrist], and he was the one who had to give support. The doctor told him, ‘You’re going to teach me how being trans works. My son didn’t need that kind of anxiety’” (Group participant).

“In the beginning, we started by using the region’s services. But then we quickly realized that we were encountering. . . well, I’d say closed doors, not for lack of willpower, but for lack of expertise. So, for example, the first time we realized this was the psychologist who was already following him for another reason, and when the gender identity issue became very important, she told us: ‘Well, I’m not specialized in this, so I can’t go on, find a specialized resource,’ except that when we asked her who, where to turn, she had no resources to suggest” (Camille, individual interview).

The lack of regional resources is part of the reality for most parents. Only two parents in the research project were able to obtain the full range of regional services. Despite the lack of expertise, the professionals were able to be supervised by people specialized in the reality of these young people or to seek training.

“You always meet people who don’t know the subject. So, I don’t feel like I have an A1 service. I don’t feel that my child is often in good hands. I tell myself that

if it were in Montreal, people would understand him and direct him in a better way. Here, we're open, people want to help him, but they don't know how to go about it. It's too late to start again, you can't start from scratch, but if I'd had better information at the right time, I'd probably have contacted Montreal right away, because it would have been worth the trip" (Anne, individual interview).

Some parents mention that it is difficult to find and access services that meet their children's needs due to proximity in rural areas, as the few professionals offering trans-affirmative resources in the region are family, friends, or acquaintances.

"We didn't want to consult the psychologist here because she's a friend, an acquaintance" (Group participant).

As a result, some parents who could not find services in the studied regions or close to home turned to services in the major urban centres, including Montreal and, albeit rarely, Sherbrooke. Some have centralized everything in Montreal to maximize their commute. However, accessing services outside of rural regions requires economic and personal resources (time and travel).

"At the Meraki Centre, it's wonderful because all the specialists are under the same roof, because since I come from elsewhere, I can meet all the specialists one after the other for a single visit, because we agree that I still lose a day's work, my child misses a day of school, I drive 2 h in the morning, 2 h. . . it's very demanding" (Louise, individual interview).

"Also, it takes money, time and knowledge to do all these things, and not everyone can do it" (Group participant)

To navigate through the various service structures, parents must be willing to conduct research, make calls, fill out documents, travel to major urban centres, show great flexibility, and so on. Some are lucky enough to have family members in the big cities, making their journeys more profitable. Others receive an allowance from the integrated university health and social services centres (CIUSSSs) to reimburse part of their travel costs. Nevertheless, even though they are in the major urban centres, the delays are still very long, which can cause the child great distress. Indeed, when the adolescent body and identity papers no longer match the gender identity, it becomes urgent to remedy the situation to (re)find coherence. Some parents have mentioned feeling powerless in their new role when certain puberty-induced physical changes begin. In addition, distance also makes participation in advocacy and peer-to-peer socialization activities less accessible. As a result, they feel that their children do not have equal opportunities. Finally, participants explained that they frequently interact with different structures (schools, health services, state institutions, and private services) to facilitate change and improve their living conditions.

3.4.1. Educational Institutions

Some parents describe schools as a generally positive place where they feel strongly supported and challenged to create an environment conducive to their child's well-being. Schools also proved to be one of the safest places for children to assert their gender identity. Significantly, adults (principals, teachers, psychologists, and nurses) played a key role in guiding children to internal and/or external resources, providing support, raising awareness, and providing training.

"My daughter was the first in her school to make the transition, in Secondary 2. We had good support and guidance from the school" (Group participant).

"I'm talking to you now, and I realize how lucky I've been because the nurse at my boys' elementary school has a little 'flag' because it was named when the children had their famous little lesson about puberty to come. You see, when they're in 6th grade, the boys and girls are told about the changes that are coming to their bodies, and that's how it's going to happen. At the end of these episodes,

students were invited to ask questions either by hand or by writing them down if they were too embarrassed. And that's how one of my boys really named it, saying I'm unhappy, it would be so much easier if I were a boy, and how it's done, and with a sad little man. And it was the nurse who gave me a little flag and then she met my boy. And she gave me resources" (Dominique, individual interview).

However, some parents are concerned about their children's isolation, even if they have friends from the LGBTQ2IS+ community. Indeed, they point out that there is also a lack of knowledge, and there is still much work to be done. Certainly, the words "never seen", "don't know", and "never met before" are frequent, and despite schools' efforts to adapt, some parents may feel resistance to their child's inclusion, as well as administrative issues. "It's true that because we're in the regions, sometimes people aren't open-minded enough. We had to fight a bit with the school to get the names changed, to explain to them that they needed non-enriched, accessible bathrooms, not just one of the schools. Being able to provide training to teachers, to teaching staff on this is a daily battle, it's something that I and [his partner's first name] must get to grips with and that we're trying to enforce to the maximum of our ability" (Yannis, individual interview).

"But there are big administrative difficulties. We were in the process from January 2018 to February 2019 for a name change. This delay has had a big impact on my child's anxiety and is a barrier to his schooling. He didn't want to register for Cégep with his deadname, so he won't be going" (Group participant).

Finally, several administrative steps are necessary before the schools can change the child's name on the school roll. Despite this, the schools generally accept and support the child, even if the change to the civil registry has not yet been made.

3.4.2. The Retail Sales

During the group meetings, parents indicated that living in a cisgender and heteronormative society can bring several challenges, such as occasional limited clothing options, where some families have to turn to shopping in Montreal or online.

"The first time we went shopping and the physical transition wasn't complete, we made up a story that my child was shopping for her brother" (Group participant).

"My child doesn't want to wear anything pink, but absolutely everything is gendered, there's very little that's neutral, and his father doesn't want me to buy him boy's things. My child throws a fit if I put something feminine on him, and I don't know what to do" (Group participant).

In conclusion, several structural barriers exist in obtaining different services, which can lead to vulnerability for parents with TNB children. While some have sought out information to help find resources for families with TNB children, others have ended the follow-up without seeking this help. Thus, the lack of visibility, as well as the need for knowledge, taints parents' experience in regions where they must educate their environment and/or travel to large urban centres to receive various services.

4. Discussion

This research study highlighted the different experiences of parents with TNB children living in the studied regions. Similar to parents living in large urban centres, these parents frequently report experiences of grief, anxiety, and vulnerabilities [12,17,29,46,55–59]. These findings, both on an individual and family level, are similar to those living in regional or urban areas. Indeed, many parents may go through an acceptance process which is as long and complicated [8], lacking access to the necessary support [12]. This, however, does not prevent their children's acceptance [14]. Various regional initiatives have been set up to counter this but have unfortunately been met with low participation rates. Moreover, support groups and online resources enable people to share their experiences, access different information, provide social support, normalize issues relating to gender and

sexual orientation, and respond to the challenge of physical distance, which addresses social isolation [33,60]. Indeed, having access to this type of resource is considered by parents as an essential lever for understanding their child's situation, thereby creating safe spaces in the region, and their own lived experience. However, while online services provide an alternative for parents to respond to various challenges, such as the lack of services in the studied regions, it is nonetheless important to offer services outside major urban centres because these occupy an essential role in social support.

Families with TNB children living in the studied regions may have encountered various structural challenges in terms of the lack of knowledge and visibility of these different realities, limited access to specialized healthcare for children [61], a lack of support for their needs, and difficulty accessing gender-neutral consumer goods. As a result, parents can quickly start looking for trans-affirmative care and support for their children. To access the various specialized services, parents may have to travel from one region to another, as it is difficult to access services anonymously, and few professionals are trained in the region, lengthening waiting times and limiting support. This leads to economic and individual constraints (cost, time, energy, and stress) [62]. According to research by Abreu et al. [13], parents may have felt frustrated and isolated by these obstacles; thus, there is a great need to offer training for professionals in the region and to balance the supply and demand for different services.

For some parents, proximity to the region can play a protective role for these families. Others may have experienced fears that their children or they would experience stigmatization and/or violence due to proximity and certain aspects specific to the studied regions [61]. Moreover, according to Johnson, Gilley, and Gray [63], rural queer studies critique the term metronormativity put forward by J. Jack Halberstam by demonstrating that rural areas are not defined by homophobia, violence, or fear; however, rural communities' lack of knowledge and discomfort can contribute to the difficulties experienced. Nonetheless, with the help of significant people, for example, in schools, the absence of services and information in the region has been temporarily compensated for. Moreover, some schools have proved to be inclusive and ready to adapt. Finally, as the study of Riggs and Bartholomaeus [64] mentions, revisiting inclusion policies and educating populations about inclusion and diversity can enable different people to become allies and help families better accompany TNB children.

Limits

One of the main limitations of this project is that the target territory is vast (Bas-Saint-Laurent, Gaspésie, and Îles-de-la-Madelaine for wave 1, and the province of Quebec for wave 2), which meant that it was not possible to recruit parents in all regions. Although there were more than ten hours of group discussions, the sample of nine parents was still modest; however, the individual interviews made up for the small number. A second limitation of having such a small sample from such a large area is that the data cannot be generalized to the whole of Quebec. A third limitation is that all parents self-identified as supportive and also received support from those around them, so this article probably cannot be applied to all parents of TNB children living in the regions. A fourth limitation is that most participants are assigned women, as in most research on parents of TNB children [8,65], while those assigned men have low participation in such research [66,67]. Thus, future research would benefit from reaching more participants in regions that have not been reached.

In addition, future studies would benefit from using different communication strategies to reduce barriers to access to the project, including the acquisition of a mobile device and the creation of an e-mail address, as well as the dissemination of information via newspapers and radio to consider the reality of certain people who do not have access to internet connectivity.

5. Conclusions

The project shows that parents of TNB children living in the region face similar personal, marital, and family difficulties. Supporting and accompanying their children are complicated by social ties, social normalization mechanisms, and a lack of health and social services and resources. As a result, they encounter difficulties of accessibility rather than acceptability. Indeed, these people experience a lack of options in rural areas, leading to emotional and economic worry, amplifying discrimination, and situations of stigmatization and violence, which all contribute to their social isolation [55–59]. Faced with these circumstances, these parents become more involved in their communities to initiate change and improve their living conditions. Finally, the training of professionals and the creation of adapted services would help to reduce the barriers encountered by these parents in the studied regions and contribute positively to their experiences.

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