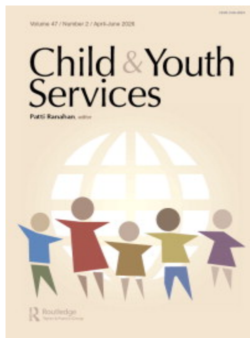

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Being Trans and in Care: A Qualitative Examination of *In Situ* Experience

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ABSTRACT
Trans and non-binary (TNB) youth are overrepresented in out-of-home care, yet data—particularly regarding experiences of abuse and care trajectories in Quebec—remain limited. This study explores the placement experiences of six TNB youth using a grounded theory approach informed by an anti-oppressive, trans-affirmative framework. Most participants initiated their gender transition while in care and encountered systemic challenges within gendered facilities. They reported misgendering, transphobic violence, rights violations, and inconsistent support, revealing ethical and structural tensions in youth protection services. These findings highlight the need for institutional reform and professional training to ensure affirming and safe care environments.

KEYWORDS
Trans youth; foster care; youth protection; placement

Introduction

Trans and non-binary (TNB) youth are overrepresented in out-of-home care, yet data—particularly on experiences of abuse and care trajectories in Quebec—remain limited (Chan et al., 2023; Veale et al., 2015). Compared to their cisgender peers, trans youth are more likely to live in dysfunctional homes, to experience polyvictimization, and to be exposed to physical and psychological abuse (Baams, 2018; Factor & Rothblum, 2007; Roberts et al., 2012). They are also disproportionately affected by violence such as physical, sexual and psychological abuse, as well as discrimination and bullying (Human Rights Campaign Foundation, 2019; Langenderfer-Magruder et al., 2016; Pullen Sansfaçon et al., 2018; Thoma et al., 2021; Veale et al., 2015; Walls et al., 2019). Evidence further suggests that, in some jurisdictions, between 4.2% and 5.6% of youth leaving child

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protection services identify as non-cisgender (Baams et al., 2019; Pullen Sansfaçon et al., 2023; Wilson et al., 2014).

The term *trans youth* refers to minors whose gender identity does not correspond to the sex assigned at birth (i.e., non-cisgender youth). In this article, the adjective *trans* is used as an umbrella concept encompassing a range of non-cisgender identities, including trans, non-binary, gender-fluid, and questioning youth. To date, research examining the experiences of trans youth in child protection has largely relied on samples drawn from broader lesbian, gay, bisexual and transgender (LGBT) youth populations rather than focussing specifically on trans youth (see Baams et al., 2019; Fish et al., 2019; Forge et al., 2018; Gallegos et al., 2011; Kirichenko & Pullen Sansfaçon, 2018; Paul, 2020; Prince et al., 2022; Wilson & Kastanis, 2015). However, sexual orientation and gender identity represent distinct dimensions of human experience (Canadian Paediatric Society, 2018). Examining these populations together risks obscuring the specific realities of trans youth and may contribute to their invisibilization within research and practice (McCormick et al., 2017; Walker, 2015).

Trans youth face elevated levels of discrimination and violence across multiple spheres of their lives, including within their family environments (Pullen Sansfaçon et al., 2018; Taylor et al., 2020). Systemic transphobic discrimination contributes to additional forms of victimization, such as denial of identity and restricted access to appropriate health and social care (Pullen Sansfaçon et al., 2018; Taylor et al., 2020; Tourki et al., 2021; Trans PULSE Canada, 2020). Compared to cisgender youth, trans youth receive less support adapted to their specific needs (Navarro et al., 2021; Pullen Sansfaçon et al., 2018) and experience lower levels of social support, including within their families, which may also be sources of abuse or neglect (Mountz et al., 2019; Newcomb et al., 2020; Pullen Sansfaçon et al., 2018, 2023).

Mental health concerns are highly prevalent among trans youth, who face increased risks of depression (Connolly et al., 2016), substance use (Connolly & Gilchrist, 2020; Day et al., 2017; Scheim et al., 2017), and self-harming behaviors, including suicidal ideation and attempts (Bauer et al., 2013; James et al., 2016; Langenderfer-Magruder et al., 2016; Taylor et al., 2020; Thoma et al., 2021). For example, data from the National Health Survey of trans and non-binary people living in Canada indicate that 64% of respondents reported self-harm and suicidal ideation, and that 21% of trans and non-binary youth had attempted suicide (Taylor et al., 2020).

Importantly, these mental health difficulties are not attributable to gender identity itself, but rather to the interpersonal and social contexts in which trans youth live (Fish et al., 2017; Meyer, 2003, 2015; Watson et al., 2017). Experiences of domination, oppression, and exclusion related to gender

identity negatively affect mental well-being (Raymond et al., 2016). Lack of gender affirmation by peers and family members, including misgendering and rejection, has been shown to exacerbate depression, anxiety, and suicidal behaviors among trans and non-binary youth (Russell et al., 2018). Evidence from Quebec further demonstrates that protective factors such as parental and social support, access to gender-affirming medical care, and protection from transphobia and violence contribute positively to the well-being of trans and non-binary youth (Pullen Sansfaçon et al., 2018).

Trans youth in youth protection care

Research focusing specifically on trans youth within youth protection services remains limited and methodologically heterogeneous, resulting in a fragmented understanding of their experience. Nevertheless, existing studies consistently indicate that trans youth are overrepresented in out-of-home care (Baams et al., 2019; Choi & Wilson, 2018; Wilson et al., 2014). For instance, Wilson et al. (2014) found that among youth in out-of-home care in Los Angeles County, 5.6% identified as trans, compared to approximately 2.5% of youth in the general population. Similarly, Baams et al. (2019) reported that 5.04% of trans youth within the California education network were placed in substitute care settings. Together, these findings demonstrate a clear overrepresentation of trans youth in child protection systems.

Trans youth are reported and placed in care for reasons similar to those of other youth, including unsafe living conditions and parental maltreatment (Pullen Sansfaçon et al., 2023; Robichaud et al., 2021). However, they also experience additional challenges directly linked to their gender identity or expression, such as parental rejection and identity-based violence (Mountz et al., 2019; Mountz & Capous-Desyllas, 2020; Shelton & Bond, 2017). For example, Shelton and Bond (2017) found that among formerly placed trans youth experiencing homelessness, 18 of 27 participants linked family rejection related to their gender identity to their pathways into homelessness. Similarly, Mountz et al. (2018, 2020) reported that several participants attributed their placement to parental rejection following gender disclosure. These dynamics are particularly significant because family rejection reduces the likelihood of reunification and increases the probability that trans youth will transition into adulthood from within the child protection system (Mountz & Capous-Desyllas, 2020).

Once placed in substitute care, trans youth experience heightened adversity. They face higher rates of placement instability compared to cisgender youth, often due to explicit rejection or non-affirming environments, and are less likely to achieve family reunification (Courtney & Dworsky, 2006, as cited in Mountz et al., 2018). Baker et al. (2018) further demonstrated

that, compared to cisgender LGB youth, trans and non-binary youth were more likely to age out of care and to report experiences of criminal victimization and trauma involving family members. Many also encounter barriers to accessing gender-affirming health care and education while in care (Mountz et al., 2018; 2019; Mountz & Capous-Desyllas, 2020).

Professional support constitutes an important protective factor for trans youth in care when delivered by affirming care workers and organizations (Mountz et al., 2018). Professionals play a central role in promoting safety and well-being; however, many lack the training and competencies required to adequately support trans youth (Mountz et al., 2018).

These intersecting challenges—placement instability, limited family reunification, exposure to trauma, and restricted access to affirming support—remain insufficiently understood. Moreover, most existing studies are retrospective and rely on participants' recollections after they have exited youth protection services (Mountz et al., 2018; Shelton & Bond, 2017). Such approaches may be influenced by post-care circumstances, including homelessness or community support, and may obscure the realities of daily life while in care. In addition, recruitment has often occurred through LGBTQ+ organizations or homeless shelters, reflecting the socio-legal barriers to accessing minors currently in care. Consequently, there remains a significant gap in research documenting the perspectives of trans youth during their placement.

Trans youth in Quebec youth protection

In Quebec, empirical data on trans and non-binary youth remain scarce, particularly regarding the abuse and violence that lead to involvement with youth protection services. A sub-analysis of the Canadian National Youth Health Survey showed that approximately 5% of trans and non-binary youth in Quebec reported rarely or never feeling safe at home (Ladry et al., 2023). Nearly half reported experiences of sexual violence (44.1%), and close to 20% reported having been physically injured by a family member, with even higher prevalence among youth aged 14 to 17 (34.2%) (Ladry et al., 2023).

Pullen Sansfaçon et al. (2023) further demonstrated that among youth transitioning out of the youth protection system in Quebec, 4.2% identified as non-cisgender, confirming their overrepresentation relative to the general population. This study also found that trans and non-binary youth were significantly more likely to be placed due to abandonment and to experience mental health difficulties. They additionally reported higher levels of dissatisfaction with their placements (Pullen Sansfaçon et al., 2023).

Context of the study: Legislative and youth protection framework in Quebec

In Quebec, legislative reforms adopted in 2016 to combat transphobia and improve the situation of transgender minors (LQ 2016, c. 19) formally recognized gender identity and gender expression as prohibited grounds of discrimination within the Charter of Human Rights and Freedoms and the Civil Code of Quebec. Within youth protection services, these changes require adaptations in clinical, administrative, and legal practices. For example, denying a young person's self-determination regarding placement based on gender identity or refusing access to gender-affirming care now constitutes discrimination under Quebec law. In light of this legislative context, it is essential to examine how these protections are enacted in practice by centering the lived experiences of trans youth in care.

Although interest in trans and non-binary youth within child protection services is increasing, their experiences remain poorly documented (Kirichenko & Pullen Sansfaçon, 2018; Robichaud et al., 2021). This study focuses on trans and non-binary youth whose circumstances require placement in substitute settings such as group homes, intermediate resources, or rehabilitation centers. To our knowledge, it is the first study to center the voices of trans youth while they are actively in care, thereby addressing both methodological and ethical limitations identified in previous research (Mountz et al., 2018; Pullen Sansfaçon et al., 2023). The overall aim of this article is to explore trans youths' perspectives on their placement experiences, with particular attention to issues directly related to gender identity and affirmation.

Methods

Theoretical framework

This study adopts an anti-oppressive and trans-affirmative approach, grounded in the understanding that being trans or gender nonconforming is neither pathological nor inherently problematic. Rather, it is the mechanisms of domination, oppression, and exclusion faced by trans and non-binary youth due to their gender identity that contribute to their vulnerability and marginalization (Robichaud et al., 2024).

Accordingly, this study centers the accounts of trans youth who agreed to participate without seeking to question or validate their gender identity or the information they chose to share. This approach is consistent with standpoint epistemology (Harding, 1992), which posits that beginning from the perspectives of marginalized individuals generates critical insights that are often overlooked by dominant viewpoints.

Data collection

Youth aged 14 to 21 who self-identified as trans (i.e., trans, gender non-conforming or gender creative, gender-fluid, non-binary, or non-cisgender) were invited to participate in the study. Participants were required to be currently placed in a child protection setting, including foster homes, intermediate resources, or rehabilitation units.

Recruitment took place between December 2020 and June 2023 across six regions of Quebec, encompassing urban, semi-urban, and rural areas. The recruitment period was extended beyond the original timeline due to delays in obtaining ethics approval in several regions of the province.

Participants were recruited through social media platforms (Facebook and Instagram) as well as directly through child protection services and care workers. Youth who expressed interest were invited to participate in a semi-structured individual interview. Interviews were audio-recorded when conducted in participants' residential settings and both audio- and video-recorded when conducted via Zoom. Interview duration ranged from 45 to 90 min.

The interview guide was developed using a youth-centered research model aimed at enabling participants to narrate their experiences in their own words and to reflect on events they perceived as meaningful in their lives (Bottrell, 2009; Fleming, 2011; Sanders & Munford, 2005).

Out of respect for participants' autonomy and in order to avoid intrusive questioning related to trauma and violence, youth were not explicitly asked about the circumstances leading to their placement or about their placement trajectories. Instead, the interview guide allowed participants to identify and discuss aspects of their experiences that they perceived as significant, with particular attention to factors that facilitated or hindered their experience of being trans while in care.

Participants' accounts were not cross-validated through additional sources such as clinical file analysis or consultations with professionals involved in their care.

Ethics

This study was approved by the research ethics committees of three universities and six regional Integrated Health and Social Services Centers (IHSSCs) across Quebec. Given that trans youth constitute a particularly vulnerable population within the youth protection system, multiple safeguards were implemented to ensure participant safety and minimize potential psychological or social risks associated with participation.

Collaborations were established with eight community organizations that were informed of the project and prepared to offer support to participants if needed. Participants were also permitted to identify an

allied care worker to facilitate their participation; these allies were required to sign an information and consent form to ensure confidentiality.

Consultations were conducted with two advisory committees composed of trans and non-binary youth and youth with prior experience in care, both before and throughout the research process. An extensive list of support resources was provided to participants at the time of the interview.

Most interviews were conducted by research assistants who identified as trans. Two interviews were conducted by the principal investigator, who is cisgender; in all cases, participants were systematically offered the option of being interviewed by a trans researcher and were free to choose their preference.

Participants' chosen names and pronouns were requested and respected, and former names were never solicited. Participants retained the right to decline to answer any questions and to guide the interview toward topics they considered relevant. Consent was obtained prior to the interview and reaffirmed throughout the data collection process.

To protect confidentiality in dissemination, participants were invited to select either a pseudonym or a color identifier, following the approach described by Capous-Desyllas and Mountz (2019). Participants received a compensation of CAD $35 following completion of the interview.

Data analysis

Interviews were transcribed verbatim and anonymized to protect the identities of participants as well as those of other youth and professionals mentioned during the interviews. To further safeguard confidentiality, all references to specific geographic locations or regions were removed to prevent the identification or stigmatization of particular communities or individuals.

Given the exploratory and innovative nature of the study, a grounded theory methodology (GTM) was employed (Dey, 1999). This approach enabled the iterative development of conceptual insights grounded in participants' lived experiences through continuous interaction between data collection and analysis (Corbin & Strauss, 1991; Luckerhoff & Guillemette, 2012).

Following transcription, data were first analyzed using line-by-line open coding conducted by the principal investigator. This phase involved close examination of each sentence to identify key concepts and recurring patterns emerging from participants' narratives.

Axial coding was subsequently applied to examine relationships among categories by grouping related codes, identifying contextual conditions, and organizing data around central thematic dimensions. Selective coding

was then used to integrate and refine these themes, highlighting the most significant conceptual linkages across the dataset.

Axial and selective coding were conducted manually by the two principal researchers using a discursive consensus approach to enhance analytical rigor. No qualitative data analysis software was employed. Through this process, three major cross-cutting themes were identified and are synthesized in Table 2.

Results

Participant description

Although recruitment occurred across six regions, participants were ultimately drawn from two regions of Quebec. Six youth participated in the study: five identified as transmasculine and one identified as non-binary. Participants ranged in age from 14 to 16. All had completed a social transition[1]—meaning they were "out" as trans or non-binary within their care environments—and two had begun a medical transition[2].

Each participant selected a pseudonym, which is used to present their voices throughout the Results section. However, to minimize the risk of re-identification, pseudonyms are not included in the summary table. This decision reflects a commitment to limiting the disclosure of potentially identifying information, particularly given the small sample and regional concentration of participants.

As summarized in Table 1, one participant had been placed in care due to neglect and had been involved with youth protection since early childhood. The other five participants were placed under the legal ground of serious behavioral problems (Youth Protection Act, CQLR c P-34.1, s. 38(f)). This ground is specific to Quebec legislation and refers to situations in which a child "behaves in such a way as to repeatedly or seriously undermine the child's or others' physical or psychological integrity," and the

Table 1. Description of participants' placement and victimizations experiences.

Reason for Placement	Reported Past and Current Victimization Experiences	First Placement (During Interview)
Serious behavioral problems	Physical and sexual abuse School nonattendance[1]	No
Serious behavioral problems	Sexual abuse and suicidal behavior	No
Neglect	School nonattendance	No
Serious behavioral problems	Sexual exploitation, sexual abuse, suicidal behavior	No
Serious behavioral problems	Suicidal behavior	No
Serious behavioral problems	Anorexia and suicidal behavior	No

[1]According to Quebec's Youth Protection Act, "the security or development of a child may be considered to be in danger where his parents do not carry out their obligations to provide him with care, maintenance and education or do not exercise stable supervision over him, while he has been entrusted to the care of an institution or foster family for one year" (Loi sur la protection de la jeunesse, RLRQ c P-34.1, art 38.1 (c)).

Table 2. Results of the analysis.

Theme	Subthemes
Navigating Gendered Facilities	Opting for the least worst option Challenges of living in a gendered facility that does not align with one's gender identity Perceived advantages of being placed in a boys-only facility
Navigating Other Challenges as a Trans Youth in Care	Lack of knowledge about inclusive language, misgendering, and transphobic violence Lack of awareness and action regarding the specific rights and needs related to gender transition
Experiencing Child Protection with a Supportive Care Worker	(No subthemes identified)

parents fail to take necessary steps to end the situation—or, if the child is 14 or older, the child objects to such steps (Youth Protection Act, CQLR c P-34.1, s. 38(f)). Among these five participants, four described severe suicidal behavior as central to the circumstances surrounding their placement.

Consistent with our data collection approach, participants were not asked to provide detailed accounts of the circumstances leading to their placement, and we did not consult clinical files or professionals involved in their care. The placement grounds reported here are therefore drawn from what participants voluntarily disclosed during interviews and from the limited placement information they chose to share. In addition to these reported placement grounds, five of the six participants disclosed past or ongoing experiences of victimization—including sexual abuse, physical abuse, and sexual exploitation—that were not explicitly described as the primary reasons for placement.

None of the participants were in their first placement at the time of the interview. All had experienced multiple relocations within the youth protection system and were living in what they described as a second or subsequent placement.

One participant was placed in a group home, and three were housed in an intermediate resource (a setting comparable to a group home). These three participants resided in the same placement designated for boys. Across settings, there was no systematic alignment between the gender designation of the placement (boys' or girls' settings) and the pronouns used for youth. Only one participant—placed in a rehabilitation center—reported that neither their chosen name nor their pronouns were used in their care environment. The other participants indicated that, at the time of the interview, their chosen names and pronouns were respected most of the time.

Three major themes emerged from the analysis and are summarized in Table 2.

Navigating gendered facilities

Because the vast majority of residential placements are organized through a binary gender system (boys' versus girls' settings), a central theme across

interviews concerned the degree of autonomy youth had in determining the gender designation of the facility where they would live. All participants described navigating gendered environments from the beginning of their out-of-home placement. A consistent thread was that each youth recalled being consulted—or having a discussion with the child welfare professional responsible for their case—about their preferences regarding the type of facility. All participants reported having the opportunity to indicate whether they would prefer placement in a girls-only or boys-only unit.

Opting for the least worst option

Despite being offered a choice, three participants described selecting what they referred to as the "least worst" option among gendered placement settings—that is, they based their decision on where they felt safest or where resources appeared more accessible. Two participants emphasized that their decisions were primarily driven by concerns related to safety. For them, safety outweighed their preferences, leading them to choose a girls' unit due to the lack of alternatives (e.g., mixed-gender units) or uncertainty about whether they would be safe in a boys-only unit:

> It's a bit hard to say, but I know I identify as a boy, but I know I still have a woman's shape and being in a… centre just for 14- to 17-year-olds with hormones. And I'm like, "I'm a guy but I'm not technically a guy, biologically according to them. So it might not be… fully adapted for trans people." I went "not sure I'm going to be totally comfortable spending nine months there, I'm not down." (Green)

Green explained that although he identified as a boy, his somewhat feminine physical appearance made him question whether the boys in care would recognize him as such. This led him to doubt the suitability of the boys' unit and ultimately to prefer placement in a girls' unit.

Like Green, Shadow decided to enter a rehabilitation center that typically only accepted girls:

> They asked me if I'd prefer to be in a boys, a girls or a mixed-gender unit. Originally, I had said "mixed" or "girls", because that's what I intended. "Girls" is more understandable. But if it were mixed, there might be other non-binary people there, you know! Wouhou!!! [Big smile, enthusiastic] But no, in the end, I ended up in a girls unit, and that's that [raises eyes to the sky], I'm kind of lonely! (Shadow)

Shadow initially believed they had three placement options—boys', girls', or mixed units—and would have preferred a mixed setting, particularly if other trans or non-binary youth were present. However, because mixed units do not exist in their region, Shadow ultimately selected a girls' unit as the safest and most viable option. Their enthusiasm about the possibility of being placed with other non-binary youth highlights both a desire for connection and the burden of isolation associated with being the only

non-binary person in the facility. In the absence of alternative placement options, Shadow also emphasized that girls tended to be more "understanding" of gender diversity than boys, making the girls' unit feel more conducive to their well-being.

By contrast, the other four participants chose to be placed in a boys-only facility. This decision also followed discussions with their child protection caseworkers and reflected their preferences. Orange explained that, although he had concerns about safety, he chose a boys' facility—at the cost of considerable stress:

> The first few days, I was more anxious because I didn't want the other boys to know I was trans. I tried my best to act like a boy. I just seemed more nervous and it was a bit of a wall between me and the other boys. (Orange)

He later added:

> I watched my every move. How I ate, how I walked. I really wanted…I didn't want… I wanted to be seen as a real boy. Like the others. (Orange)

Orange's account illustrates the emotional burden associated with "performing" masculinity in order to avoid being outed. His fear of being identified as trans shaped his interactions and contributed to the "wall" he described between himself and other youth, limiting opportunities for connection.

Orange had initially been placed in a girls-only rehabilitation center but soon requested a transfer to a boys' facility. He explained that care workers in the girls' unit did not respect his pronouns and failed to recognize him as a boy. From the outset, he felt that neither staff nor peers would treat him in accordance with his gender identity:

> O: The first day, I knew I wouldn't be able to survive being treated like a girl, and called by my deadname all the time. I told a careworker and asked her to tell the group (that I'm a boy). The group treated me more like a tomboy. I really didn't feel comfortable with the group or the educators. It was really an unhealthy environment for me.
>
> I: And because you asked the educators to out you to other people. Were you there when they did it, or did they do it more discreetly?
>
> O: I was there when they did it.
>
> I: And were there a lot of reactions, or was it more afterwards that they treated you more like a tomboy, as you said?
>
> O: There weren't many reactions, but afterwards they treated me more like a girl than a boy. (Orange)

For Orange, the decision to be placed in a boys-only unit followed multiple unsuccessful attempts to be recognized and respected within the girls' unit. He asked an educator to facilitate his coming out to the group in

the hope that this would shift how he was treated; however, the outcome did not meet his expectations. The persistent denial of his identity and the lack of respect from both peers and staff contributed to an environment he described as unhealthy and distressing, ultimately leading him to request a transfer.

Although all participants were given an opportunity to express their preferences, some experienced delays before being transferred to the facility of their choice. During these waiting periods, participants were placed in temporary settings that did not adequately meet their needs—whether due to the services offered, the behavioral profiles of youth typically housed there, or misalignment with their gender identity.

For instance, Puzzlehead, who was experiencing severe eating disorders and self-harming behaviors, was temporarily placed in a high-intensity rehabilitation center as a stopgap measure to ensure safety in the absence of alternatives. From Puzzlehead's perspective, the services offered were ill-suited to his needs and detrimental to his well-being—not necessarily because of gender identity, but because of the mismatch between his mental health needs and the facility's specialization.

This experience underscores that for trans and non-binary youth, gender identity represents one dimension of a broader constellation of needs. Out-of-home care must not only provide gender affirmation but also respond appropriately to mental health needs, safety, and emotional support.

Challenges of living in a gendered facility that does not align with one's gender identity

Although participants were able to express preferences regarding the gendered nature of their placement, they nonetheless described multiple challenges within the facilities where they lived. A prominent issue concerned the physical organization of space, which often intensified gender dysphoria.

For example, Green described the discomfort and vulnerability he experienced when accessing the showers:

> My shower is on the second floor. And of course, I don't have my binder on. So I take my binder off, and I know that sometimes they (breasts) show, and that pisses me off because sometimes people look at them. And I'm like…it's a pain. It's like they're like "you're a guy". Then they forget that technically, biologically, I'm a girl. And then it's like… They look at me and it's like "oh, that's true". (Green)

Green's account illustrates how a routine activity became a source of anxiety and dysphoria. Having to move through shared spaces without the possibility of wearing his binder increased exposure to unwanted scrutiny and intensified distress.

Shadow reported similar challenges, particularly the lack of privacy in communal showers:

> Let's face it, even when I'm showering, like [hand gesture], I'm not alone there. Like there are other girls. (…)Well, and it's just the curtains between us. At one point, a girl made a mistake, opened the curtain and I was like: "Oh, fuck!" [Widens eyes, then laughs nervously, touches nostrils.] (Shadow)

They also described limited privacy in the bedroom they shared with another girl:

> I'm only allowed to change in my room… And like, we have a closet that we both share, and it's big enough for us to get in, and change, so that's what we do, we go in there (in the closet)… (Shadow)

These daily activities—showering, undressing, dressing—became significant sources of stress, highlighting the inadequacy of the physical environment in meeting the needs of trans and non-binary youth.

In addition to spatial constraints, Shadow emphasized the lack of access to gender-affirming hygiene products:

> Yeah, that's right, all the products, they're all women's stuff, the deodorants stink like a girl, they stink (…) All the perfumes, all the deodorants, it smells like little baby powder, little flowers, it's like yuck! [Mimes vomiting]. It stinks, it doesn't smell good! I don't want to smell like a baby or a diaper! It stinks! So now I have to go out and buy my own stuff, because if I don't, I'll stink like hell. Because you know I only use boy perfume, boy deodorant. (Shadow)

For Shadow, the products provided were not only stereotypically feminine but also alienating. Having to purchase personal hygiene products—an action that may appear minor—became a meaningful burden in a residential setting. These details can be consequential for gender affirmation and comfort in everyday life and should be treated as essential components of inclusive care.

Perceived advantages of being placed in a boys-only facility

The four participants who chose and were placed in boys-only facilities reported that this environment supported gender affirmation and contributed to reduced gender dysphoria:

> It helped me more than anything else, because this is just a boys' resource. So it helped me more than anything else (…) It helped me accept myself because of my dysphoria and everything else. It helped me to accept myself, to say to myself that I'm a boy, a boy, and to say to myself that this is my place. (Blue)

Being surrounded by other boys appeared to strengthen Blue's sense of belonging and self-affirmation. Notably, three of the four youth were placed in the same group home, which was unique in that one educator was openly trans. In that region, trans boys were often referred to this particular setting, which was informally perceived as having stronger capacity to support transmasculine youth.

All three participants emphasized the positive impact of being supported by a trans educator:

> I can't say anything other than it's going great here. I'm super accepted here. What's more, they're used to it, they have another trans guy. And they've already had a lot of young people who were trans, so… they're very used to it. I feel super comfortable with it, and they're super comfortable with it. So I'm in an environment where I'm comfortable. (Blue)

In summary, participants' accounts suggest that navigating gendered residential facilities can be particularly challenging when placements align with sex assigned at birth rather than gender identity. Conversely, affirming environments—including those with trans staff and experience supporting trans youth—may substantially improve well-being and everyday functioning for trans youth in care.

Navigating other types of challenges as a trans youth while being in care

Lack of knowledge about inclusive language, misgendering and transphobic violence

Participants described challenges that extended beyond the type of facility in which they were placed and instead reflected broader systemic issues within youth protection services. A recurring concern involved insufficient staff training and limited awareness regarding gender identity, inclusive language, and appropriate intervention practices with trans youth.

One significant issue involved staff members' difficulty using inclusive language, particularly gender-neutral pronouns in French (e.g., *iel*). Green described how his request to be referred to using neutral pronouns was met with hesitation and resistance:

> I: Then with the *DPJ* (Child Protective Services), how did they take it?
>
> V: Uh… It was the "*iel*" and it was more of an "I want to accept you but it doesn't make sense" kind of thing. It was like "you see… we understand your identity but you shouldn't ask too much of us, '*iel*' is difficult to use" and then it wasn't used, for real. It was "yeah, it seems to me that you change regularly or that, and you shouldn't expect everyone to make the change". You know, things like "we accept you, but don't expect everyone else to make the effort". (Green)

Green's account illustrates a dynamic in which his identity was nominally acknowledged but not meaningfully respected. His request was framed as excessive or burdensome, shifting responsibility onto him rather than positioning inclusive language as a professional obligation. Although he later stopped using the pronoun *iel*, the absence of institutional support appears to have limited the sustainability of that choice.

Orange recounted a particularly distressing experience during a meeting with his parents, in which he had asked staff to disclose his trans identity on his behalf:

> I remember the time there was a meeting with my parents. And I had to do… They asked me if I wanted to tell them I was trans or if I wanted them to tell them I was trans. I asked them to do it for me, but honestly, I really regret it. Because the way they did it was with my deadname and using the wrong pronouns. Plus pointing me out like this. In a way, it made me even more uncomfortable. I was in crisis, I couldn't speak, I was almost immobilized. I couldn't talk. I had tears in my eyes. The educator next to me saw that I wasn't comfortable, so she pulled me out. She told me to take a breather. That's when I took a breather. I just… She promised me that when I got back, I'd never hear my old name again and they would use the right pronouns. That's not what happened. What's more, as soon as I entered the room, a social worker called out my deadname. She had shouted. When the meeting was over, they wanted to send me to the bathroom to wash my face, but they sent me to the girls bathroom! (Orange)

Orange's account highlights the emotional consequences of misgendering within institutional settings. In addition to facing the vulnerability of coming out to his parents, he experienced repeated misgendering by professionals responsible for his care. The response focused on managing his emotional reaction—removing him from the room and asking him to calm down—rather than addressing the behavior that caused harm. Being directed to the girls' bathroom following the meeting further reinforced the denial of his gender identity. This episode reflects not only individual insensitivity but also broader institutional shortcomings in protecting trans youth from avoidable harm.

Despite these challenges, several participants described normalizing or tolerating misgendering, often rationalizing it as part of being the "first" trans youth in a given setting:

> Educators are always saying "oh, girls" and all that. For them, it's a period of adaptation to be like "it's not the girls anymore". But at the same time, I'm pretty open-minded about it because, like, look, I know there've only ever been girls here. I'm like THE first one (trans youth) here. I'm aware of that. (Green)

Such tolerance may reflect both participants' resilience and the absence of clear institutional protocols for supporting trans youth. The burden of adaptation often appeared to fall on youth themselves, who moderated expectations in response to staff discomfort or inexperience. Participants also described challenges extending beyond language, including difficulties related to school transitions, medical appointments, and everyday interactions within care environments. Together, these accounts underscore the need for structured training and institutional guidance to ensure that trans youth are treated with consistency and respect.

Lack of awareness and actions regarding the specific rights and needs related to transition

Participants reported specific needs related to their gender transition, including access to chest binders, medical treatment, and connections with trans community organizations. A recurring theme concerned inconsistency and limited knowledge among professionals regarding these needs.

For instance, Green described having to explain to an educator what a chest binder was:

> I was talking to an educator about a binder and he was like, "What's that?" I was like, "Exactly that". He was like, "Can I see it?" I was like, "Yeah." So I showed him my binder. "It's exactly that." (Green)

Although Green felt comfortable showing his binder in this context, the interaction illustrates a lack of basic awareness regarding common gender-affirming practices. Chest binders require safe-use guidelines to prevent physical injury, yet Green did not receive structured support or monitoring regarding duration of use. The absence of informed guidance placed responsibility on him to manage potential health risks independently.

Participants also emphasized their reliance on professionals to facilitate access to medical transition. Blue described seeking a referral for hormone therapy and encountering delays in the process:

> But of course it's pretty difficult, because trans things are always difficult. I have no idea why, it's really lame, you know. But it's always just as hard. But now it's getting better. You just have to wait. Everything's pretty much done. It's just a matter of waiting. All the cards are on the table. (…) Now we just have to wait and see.
>
> I: How long ago were these steps taken?
>
> A: Uh… it was done, I think, not quite a month ago. And normally there's a 6-month wait, so… By the end of the year, the beginning of the school year, I should have hormones. I should… I should be accepted. (Blue).

Green described similar uncertainty regarding referral pathways, despite the involvement of multiple professionals:

> Then I don't really know who to go see and to whom I should be referred because I'm like… I don't know. And yes, I have a family doctor, but he doesn't know anything about it. And he's really a pediatrician, and he's an old pediatrician. He's just like "dude, I don't know how to help you with this". And there's [name of hospital] and all that. Well, it's long, it's complicated because I'm like… we're going to try to get into the "youth clinic" and I'm going to try to surround myself… I hope he'll get back to me at some point because… (Green)

Green further explained that his request for a legal name change was not supported by his social worker due to a history of suicide attempts. Instead, responsibility was deferred to a psychiatrist:

> Then for the name change, I can't just see a sex therapist, because my social worker could have done my letter of recommendation. But she can't because I have a history of suicide. I have to see a real psychiatrist. And seeing a psychiatrist is complicated because you have to find one. And that's what they do. It's not easy. (Green)

These accounts reveal procedural ambiguity and professional hesitation surrounding transition-related care. In Quebec, certain professionals—including social workers and physicians—are legally authorized to provide documentation supporting name changes for youth aged 14 and older. However, participants' experiences suggest variability in how professionals interpret or exercise this authority. The resulting deferrals may delay access to services and increase uncertainty for youth.

Puzzlehead described similar patterns of professional reluctance:

> Even my doctor, my pediatrician who specializes in eating disorders, he thought he'd wait [laughs] to give me services for gender identity. Well, I have a psychiatrist and I have a pediatrician. The pediatrician said to wait and the psychiatrist didn't want to get involved. Because he says: "It's not my specialty, it's more the pediatrician who's going to deal with it." Because he's like, "Yeah, but I'm not really specialized in that and maybe [name of pediatrician], I don't know… Maybe we can talk to him about it and maybe he knows people who can help." And because psychiatry isn't normally related to pediatrics. To see a doctor, [name of pediatrician]: "We'll wait and see, but I don't think it's the right time right now, even though I don't specialize in gender identity." (Puzzlehead)

Puzzlehead's account illustrates how responsibility was circulated among professionals, with each citing limited expertise. Despite acknowledging gaps in knowledge, professionals nonetheless influenced decisions regarding timing of transition-related care. Given that Puzzlehead could not rely on family support, access to services depended heavily on professional guidance. Ultimately, it was through a community LGBTQ+ organization that he received accurate information regarding transition options and the absence of a clinical requirement to delay care solely on the basis of mental health history.

Youths' lack of information about their rights

Another theme concerned limited awareness among youth regarding their legal rights. Shadow, for instance, believed that parental consent was required to change their name and that they would need to wait until adulthood:

> But I'd like that, except I'd have to ask my mother. [Runs hand through hair.] Then I asked her, but she goes, "I wanted your name to be [deadname], so your name is [deadname]." No, no, I don't agree. For now, I'll have to wait until I'm 18 for it not to cost me four arms and four legs. [Acquiesce]. (Shadow)

In Quebec, youth aged 14 and older may request a legal name change without parental consent. Additionally, the Quebec Charter of Human

Rights and Freedoms prohibits discrimination based on gender identity and gender expression, reinforcing youths' rights to be addressed by their chosen name and pronouns in institutional settings (e.g., schools, health care, and care facilities), even when legal documentation has not been updated. Shadow's account suggests that such rights were not clearly communicated within the care system.

More broadly, participants' experiences indicate that youth in care may not receive adequate information regarding their legal entitlements related to gender identity. This informational gap may limit their capacity to advocate for themselves and reinforces the importance of proactive rights education within youth protection services.

Experiencing child protection with a supportive care worker

Living in foster care—whether in a group home or a rehabilitation center—requires ongoing interaction with multiple care workers who play a central role in shaping youths' daily experiences and trajectories within the child protection system. As noted earlier, the presence of a trans-identified educator was particularly meaningful for the three participants placed in the same group home:

> Especially [name] who helped me a lot because he's my follow-up care-worker. So especially [name] who helped me a lot. I really like [name]. It's… it's… Really, I couldn't have asked for a better care-worker. For real. It's… And besides, I get along pretty well with the other care workers, so I wouldn't have asked for anything better than to be here. (Blue)

For these youth, having a trans educator was described as reassuring and affirming. Representation appeared to reduce uncertainty and foster a sense of safety. However, the positive impact of supportive professionals was not limited to this specific setting. All six participants were able to identify at least one adult within their facility whom they trusted or felt they could relate to. These relationships were described as having a meaningful influence on their overall experience in care, including in relation to gender affirmation.

When asked whether he had someone to talk to about his gender identity or transition, Orange immediately referred to his educators:

> I: If you have questions, either about your transition or your gender identity, do you feel there are people you can talk to about it?
>
> O: Yes. (…) Care workers. There are people I trust. (Orange)

This brief exchange highlights the importance of relational trust in facilitating open discussions about identity and transition-related questions.

Similarly, Evan emphasized the importance of knowing that support was available should he decide to pursue legal transition:

> I: Then if you're ever going to do it like at some point, if you feel like doing it, who would you go to or what?
>
> J: Well, yeah. Since I'm 14, like, I can just go through the process myself. Like I'd go and ask for help (from my educator). Because I'm not sure what the steps are [laughs]. (Evan)

Evan's response reflects both awareness of his legal rights and a sense of agency regarding future decisions. At the same time, it underscores the continued need for professional guidance to navigate procedural complexities.

Green described a situation in which care workers affirmed his gender identity in contrast to parental rejection:

> You know, my second placement I was referred to as "Green" and then "he" right away. So (the care workers) called me (Green) but it was a bit strange to see that my own parents got it wrong, but that (the educators) gave me the right pronouns and name. You know, they were like "yeah, no, it's Green". It's a bit strange for real. (…) Because of that, I was like, "Good; at least there are people who respect it and I'm not in an environment that's like… really against it. (Green)

In this context, gender affirmation within care settings functioned as a protective factor, particularly given that all participants reported experiencing some degree of conflict, resistance, or opposition from family members following their coming out. Being recognized and addressed appropriately by care workers provided validation and a sense of stability during a period marked by familial tension.

Nevertheless, participants were also attentive to the structural nature of professional relationships. Shadow reflected on the ambiguity of institutional acceptance:

> You see, they're kind of "paid" to accept us! [Laughs] But then, I can't really know whether they really accept me or no. Because they're kind of paid to be like, "Ah, it's okay to do that!" And maybe in their heads, they're like, "Ah, that's fucking disgusting, man!" (Shadow)

Shadow's reflection highlights the complexity of professional affirmation within institutional settings. While acceptance from care workers was experienced as meaningful, it was also understood as potentially shaped by professional obligation rather than personal conviction. This ambivalence illustrates the nuanced ways in which youth interpret support within systems of care—recognizing its value while remaining aware of its institutional framing.

Taken together, these accounts suggest that supportive care workers can play a critical role in mitigating some of the harms associated with

misgendering, placement instability, and family rejection. At the same time, participants' reflections indicate that professional affirmation operates within structural constraints, and that relational trust does not eliminate broader systemic challenges.

Discussion

This study is, to our knowledge, the first to examine in situ the experiences of trans and non-binary youth placed in out-of-home child protection facilities. Conducting interviews within residential environments enabled a real-time, contextually grounded perspective and reduced the risk of retrospective distortion—often described as the "memory–experience gap" (Ben-Zeev et al., 2012; Ellison et al., 2020; Willis et al., 2021). This methodological approach offers a situated understanding of how trans and non-binary youth navigate gender identity, safety, and institutional dynamics while actively involved in care.

Our findings indicate that most participants were placed under the section of the Youth Protection Act related to serious behavioral disturbance. However, the situations described by youth largely reflected internalizing distress, including suicidal ideation, school refusal, and eating disorders. These patterns are consistent with literature demonstrating that trans youth are disproportionately affected by parental rejection, neglect, and abandonment (Pullen Sansfaçon et al., 2023), and are exposed early to minority stress (Meyer, 2003). Minority stress has been associated with adverse school experiences (Burton et al., 2014), mental health difficulties (Horton, 2023b), and elevated risk of suicidality (Kirakosian et al., 2023). Although our small sample does not allow causal conclusions, the convergence between participants' narratives and existing research suggests the importance of longitudinal inquiry to better understand how early experiences of rejection and violence may shape trajectories into and through care.

Importantly, participants did not explicitly attribute their placement to their gender identity; most had been involved in child protection prior to coming out. Nonetheless, minority stress experienced as gender-nonconforming children may have intensified distress linked to placement-related factors, including suicidality and eating disorders (Chelliah et al., 2024; DuBois & Juster, 2022; Wilson et al., 2016). At the same time, several participants initiated or explored gender affirmation while in care, suggesting that, in some circumstances, out-of-home placement may provide relative distance from unsupportive family contexts. Previous research indicates that trans youth often delay transition in environments perceived as unsafe, instead affirming identity in more supportive spheres such as peer networks (Taylor et al., 2020). In this sense, residential

care—when affirming—may function as a space of identity development. This possibility should not obscure the harms associated with placement but rather highlights the complexity of institutional contexts for gender-diverse youth.

Participants' histories were marked by prolonged involvement in care, multiple placement disruptions, and prior victimization. These cumulative experiences underscore the necessity of integrating gender-affirmative and trauma-informed approaches. Trans youth in care often navigate intersecting vulnerabilities related to mental health, victimization, and institutional instability. Addressing gender affirmation in isolation is therefore insufficient; care responses must be holistic and responsive to layered forms of distress.

A central contribution of this study is what we conceptualize as the *gendered facility dilemma*. Although participants recalled being consulted about placement preferences, their choices were constrained by the binary organization of residential care in Quebec, which is structured around sex designation. This structure required youth to choose between perceived physical safety and gender affirmation. Some selected placements aligned with sex assigned at birth because they felt safer; others chose gender-aligned placements despite anticipating hostility. These decisions cannot be understood solely as individual preferences but must be situated within institutional arrangements that inadequately accommodate gender diversity.

From a trans-affirmative and anti-oppressive perspective, this dilemma reflects institutional cisnormativity (Horton, 2023a). Participants' narratives illustrate how care environments may implicitly require youth to manage their gender expression strategically in order to minimize risk. One youth, for example, described transferring from a girls' facility after experiencing misrecognition, only to feel compelled to "act like a boy" in a boys' unit to avoid being outed. Such accounts demonstrate how institutional design may intensify dysphoria and reinforce gender policing, even when formal consultation is offered.

These findings raise ethical concerns regarding the extent to which youth are expected to self-manage safety within gendered systems. Youth in care—particularly those experiencing gender marginalization—should not bear disproportionate responsibility for navigating environments that lack structural inclusivity. Rather than framing these dynamics as individual adjustment challenges, institutional reforms are warranted. Potential avenues include the development of gender-inclusive or mixed units, individualized placement planning that centers gender identity, and comprehensive trans-affirmative training for residential staff.

The study also identified significant gaps in youths' knowledge regarding their legal rights, including name changes and access to gender-affirming care. Several participants held inaccurate assumptions about parental consent requirements despite existing legal provisions in Quebec permitting

independent name changes from age 14. Such informational gaps suggest that rights education is not systematically integrated into youth protection practice. The normalization of misgendering or procedural barriers may therefore reflect unequal power relations between youth and professionals rather than acceptance.

From an anti-oppressive perspective, silence or accommodation should not be interpreted as endorsement. Youth in care occupy structurally subordinate positions and may perceive challenging professionals as risky. In contexts where staff lack adequate training, institutional practices may inadvertently reproduce discrimination (Mountz et al., 2018; Pullen Sansfaçon et al., 2023). Although clinical guidelines emphasize the importance of respecting chosen names and pronouns (Coleman et al., 2022), implementation appears inconsistent. Trans-affirmative care requires not only individual goodwill but systemic accountability and standardized training.

Conclusion

This study provides an *in situ* examination of the experiences of TNB youth placed in substitute care under Quebec's Youth Protection Act. By centering youth voices within residential settings, it contributes empirically grounded insight into how gender identity is negotiated within institutional care.

The findings illuminate the structural constraints of binary placement systems, the dilemmas youth face between safety and affirmation, and the variability in professional support. At the same time, participants demonstrated agency, resilience, and relational discernment in identifying trusted adults and navigating complex environments.

Rather than positioning child protection services as inherently harmful or inherently protective, the findings suggest that institutional impact depends significantly on structural design, professional training, and relational practices. With appropriate reforms, youth protection settings have the potential to become affirming spaces that support gender-diverse youth during periods of heightened vulnerability.

This study contributes to a growing body of scholarship calling for inclusive, rights-based, and developmentally responsive approaches to youth care. It underscores the importance of continued collaboration between institutions, community organizations, and youth themselves to ensure that gender-diverse young people can access environments that support both safety and dignity.

Limits

Several limitations should be acknowledged. Recruitment was largely facilitated through residential care workers, suggesting that participating youth were situated in environments where their gender identities were at least recognized. Youth placed in more hostile settings may have been less

accessible due to ethical, procedural, or relational barriers. As such, the study may underrepresent more severe forms of institutional transphobia.

The sample was small ($n = 6$) and predominantly transmasculine (five participants identified as boys and one as non-binary). Additionally, three participants were recruited from the same group home where a trans-identified educator was present. These characteristics likely shaped the findings and limit generalizability. Future research should intentionally recruit youth with a broader range of gender identities, placement types, and regional contexts.

Finally, this study is situated within Quebec's relatively progressive legal framework concerning gender identity. Legislative protections may shape institutional practices in ways not replicated elsewhere. The findings should therefore be interpreted within this socio-legal context.

Recommendations for Research and Practice

Future research should continue to examine the experiences of trans and non-binary youth in child protection, particularly in out-of-home care settings. Given the central role of care workers, studies exploring professional training, institutional culture, and implementation practices are warranted. Longitudinal research is also needed to trace trajectories into and out of care, including exposure to maltreatment, service access, and long-term outcomes.

At the institutional level, integrating Sexual Orientation, Gender Identity, and Expression (SOGIE) frameworks into administrative and clinical systems may enhance visibility and accountability. Systematic collection of SOGIE-related data could support monitoring of placement conditions and service outcomes.

In practice, comprehensive and mandatory trans-affirmative training for all youth protection personnel is essential. While individual care workers can have transformative impacts, access to affirming care should not depend on personal initiative. Youth must receive accurate information about their rights and access to transition-related services regardless of placement setting.

Taken together, these recommendations aim to strengthen the capacity of child protection systems to provide safe, affirming, and equitable care for trans and non-binary youth.

Notes

1. Social transition refers to living in one's affirmed gender rather than the gender assigned at birth, typically involving the adoption of a new name and pronouns consistent with one's gender identity, along with changes in physical presentation and social markers such as clothing, hairstyle, and other gendered expressions (<xref>Connolly et al., </xref > 2016).
2. Medical transition refers to physical or hormonal interventions aimed at aligning a person's body with their gender identity (Connolly et al., 2016).

AI disclosure statement

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