Experiences Accessing Gender-Affirming Care in Nova Scotia: More than Medical Care

By

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Dalhousie University is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. We are all treaty people. We acknowledge the histories, contributions, and legacies of African Nova Scotian people and communities who have been here for over 400 years.

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ABSTRACT

Introduction: Everyone deserves access to care that affirms their entire self, especially gender-diverse persons. Various determinants of health, such as socioeconomic status, geographic location, gender identity, and sexual orientation, contribute to interrelated disparities at institutional, interpersonal, and individual levels, adding to the burdens faced. Gender-affirming care (GAC), is inclusive of all supports individuals need to affirm their gender identity, which may include both medical and non-medical services. Although Nova Scotia (NS) has recently been identified as having the largest population of gender-diverse persons in Canada, little literature exists looking at experiences accessing non-medical forms of GAC.

Methods: This qualitative, hermeneutic study explored participants' experiences in accessing medical and non-medical GAC in NS. Semi-structured interviews were held with gender-diverse persons and data were analyzed using thematic analysis and the qualitative software, NVivo11. An advisory committee from the gender-diverse community collaborated with the researcher to aid in refining interview questions, supporting the interview process, and facilitating data analysis.

Findings: Results of this study shed light to the nuanced experiences of gender-diverse individuals in NS as they navigate access to medical and non-medical GAC. Results identify barriers and facilitators to access including systemic challenges, societal prejudices, or lack or understanding among service providers and community. Overarching themes identified include More than Medical Care, "It is like David and Goliath" – Solitary Struggle in Rural NS, Searching for Support, "You get what you get" – Non-Affirmative, and Recommendations from Participants.

Conclusions/Significance: Findings can contribute to literature on holistic GAC services and may inform the development of inclusive policies, educational programs and support services for delivering affirmative and gender inclusive care.

LIST OF ABBREVIATIONS USED

1. **NS:** Nova Scotia

1. **GAC:** Gender-affirming care

2. **2SLGBTQIA+:** Two spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, etc.

3. **WHO:** World Health Organization

4. **STI:** Sexually transmitted infection

5. **STBBI:** Sexually transmitted and blood-borne infection

6. **COVID-19:** Corona Virus

7. **GAH:** Gender-affirming hormones

8. **GAS:** Gender-affirming surgery

9. **WPATH:** World Professional Association for Transgender Health

10. **DSM:** Diagnostic and Statistical Manual of Mental Disorders

11. **HIV:** Human immunodeficiency virus

12. **GACNS:** Gender-Affirming Care Nova Scotia

13. **CBRC:** Community-Based Research Centre

GLOSSARY

1. **Affirmation:** prioritizes lived-experiences and recognizes individuals as experts of their own experiences, also known as person-centred.
2. **Gender-affirming care:** umbrella term that includes all care that supports or affirms gender identity along with other intersectional identities while meeting the individual where they are.
3. **Sexual orientation:** refers to an individual's emotional, romantic, and sexual attraction in relation to gender.
4. **Gender identity:** refers to someone's sense of being and is not determined by one's biological or assigned sex.
5. **Gender-diverse:** umbrella term to include all gender identities.
6. **Cisgender:** gender identity corresponds with sex assigned at birth.
7. **Transgender:** gender identity differs from gender assigned at birth.
8. **Non-binary:** gender identity does not identify with heteronormative binary labels (i.e., female, or male).

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Chapter 1: Introduction

"Every single person on this planet is seeking affirmation, sometimes of their gender, sometimes of themselves" (Nelson-Baker, Nova Scotia Trans Advocate, 2023)

Everyone deserves access to care that affirms their entire self, especially gender-diverse persons. Affirmative care is person-centred and is achieved by acknowledging that everyone has intersectional identities deserving of recognition and care (Ferguson & MacPherson, 2023; Mendoza et al., 2020). In the contexts of gender-affirmation, care is inclusive of all supports individuals need to affirm their gender identity, which may include both medical and non-medical services (King & Gamarel, 2021). This chapter introduces the study which explores the lived-experiences of gender-diverse individuals in Nova Scotia (NS), while providing background information on the population, gender-affirming care and the gaps that were identified in the literature on this topic. Furthermore, this chapter includes a summary of the study design, including the purpose and methodology.

1.1 Background Information

The 2SLGBTQQIA+ Community

The 2SLGBTQIA+ (two spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, etc.) community is diverse and encompasses various sexual orientations and gender identities. While sexual orientation is distinct from gender identity, it does play an integral role in an individual's life and gender expression. Gender identity pertains to someone's sense of being and is not determined by one's biological or assigned sex (Vélez et al., 2022). In this study, although all genders were welcome to partake, only transgender and non-binary persons participated. Traditionally, gender-diverse persons who identify as transgender and/or non-binary do not identify with gender assigned at birth and/or with heteronormative, binary labels (i.e., female, or male).

Interrelated disparities, such as chronic discrimination, mental and physical health distress experienced by gender-diverse persons, stem from upstream social determinants like gender identity, sexual orientation, geographic location, and socioeconomic status (Lane et al., 2021; Manzer, 2019; Medina-Martínez et al., 2021; Westwood et al., 2020). These disparities are felt at multiple levels (i.e., institutional, interpersonal and individual), often leading individuals down a negative projectile reinforced by persons of power (Siddiqi et al., 2017; Williams & Mohammed, 2013). Moreover, when gender-diverse individuals face marginalization due to other forms of discrimination, such as race, ethnicity, and disability, the compounding effects of intersectionality further burden the individual (Crenshaw, 1989). Given that Nova Scotia has recently been identified as being home to the largest community of gender-diverse persons in Canada (Statistics Canada, 2022), ensuring access to affirmative services among this population is imperative.

Gender-Affirming Care

Gender-Affirming Care (GAC) is an umbrella term that includes all person-centred care that supports gender, along with other intersectional identities while meeting the individual where they are (Ferguson & MacPherson, 2023; Mendoza et al., 2020). This type of care emphasizes the importance of affirmation, which involves supporting individuals in embracing their identities without having them conform to normative standards. As defined by the World Health Organization (WHO), GAC aims to "support or affirm an individual's gender identity" when it does not align with the gender they were assigned at birth (Coleman et al., 2022; World Professional Association for Transgender Health, 2012). GAC services incorporated in this project include medical, legal, social, and other non-medical services. GAC is gatekept by multiple barriers impacting individuals' ability to access care including discrimination, finding a properly educated provider, and other logistical barriers such as wait-times, and out-of-pocket expenses (Ferguson & MacPherson, 2023; Lane et al., 2021). Without access to affirming care, suicidal

ideation can exponentially increase, leading to self-harm, psychological distress, social isolation, and life loss (Lane et al., 2021; Reisner et al., 2016). In Canada, 1 in 3 gender-diverse persons have thought about suicide, and 1 in 30 have attempted to end their lives within a single year (Trans Pulse Canada, 2020).

Gaps Identified

When considering the experiences individuals go through in accessing GAC, attention has been given to medical care. However, it is important to extend this reach past traditional GAC to include all services that aid in the affirmation of gender (King & Gamarel, 2021). It is important to keep in mind that, what may be considered aesthetic for cis-gendered individuals, may be considered gender-affirming for gender-diverse individuals (Hill et al., 2018). Additionally given the lack of access to medical gender-affirmation services, non-medical care can act as an important mediator in expressing their gender (King & Gamarel, 2021). Therefore, it is essential to hear and better understand the lived experiences of individuals who have accessed (or tried to access) all forms of GAC in NS to lift the voices of the underrepresented in this province.

1.2 Study Overview

Purpose

This research explored the lived experiences of individuals who have accessed (or attempted to access) GAC to interpret what barriers and facilitators may affect access to this care in Nova Scotia. In this study, GAC services included any type of care (i.e., medical or non-medical) that aided in affirming an individual's gender identity. The research question that guided this study was: **What are the lived experiences of gender-diverse individuals who sought out GAC in NS?** The research objectives are: **(1)**

What barriers do gender-diverse individuals experience when accessing GAC in NS? and **(2) What facilitators do gender-diverse individuals experience accessing GAC in NS?**

Design

Using a hermeneutic approach, this research sought to understand the lived experiences of gender-diverse persons who have accessed or attempted to access GAC in NS. This methodology values that knowledge can only be interpreted depending on the perspectives and assumptions of the interpreter (Moules et al., 2014). The theories guiding this study are the Sexual Configuration Theory (van Anders, 2015), which is rooted in a diversity lens, highlighting that knowledge is derived from lived experiences rather than theories and beliefs; and the Gender-Affirmation Framework (Sevelius, 2013), which emphasizes that GAC extends past medical care. These philosophical underpinnings accentuate the importance of subjective and context-dependent communication and how it shapes the interpretation of lived experiences (Moules et al., 2014). As the primary investigator identifies as cisgender, it is important to know the context in which the participant's experiences will be interpreted for the findings of this research.

Throughout the study, collaboration with a gender-diverse advisory committee facilitated the appropriateness and language used in recruitment materials and guides used in data collection. By consulting with an advisory committee of persons with professional and personal experiences working with gender-diverse persons throughout the creation and implementation of the study, it is acknowledged that this research was to be completed **with** the gender-diverse community, not on.

Recruitment of five gender-diverse participants was facilitated by distributing recruitment materials at sexual health centres, social media, and snowball sampling within networking circles. Semi-structured interviews were completed with those who have accessed (or attempted to access) GAC in NS. To maximize comfort levels, participants were able to request that a support person identifying with

the study population be present at interviews, however this was not requested by any participants. Finally, the data was analyzed through thematic analysis using the qualitative analysis software NVivo 11.

Using hermeneutic approach, this research remained open to new knowledge that arose and careful regards were taken to not anticipate or hypothesize findings (Moules et al., 2015) which provided the groundwork for unique and credible interpretations of the experiences. Hermeneutics approach means seeing "of what we can't see coming…" (Moules et al., 2015), which directly addresses objectives which invited individuals to centralize the lived experiences of accessing all types of services that affirm individual's gender, not just medical. In uncovering these experiences, findings provide a fuller picture of what access to GAC looks like in NS and identifies barriers/facilitators associated with accessing this service.

1.3 Researcher's Interest in the Topic

I grew up in Cape Breton, encountering personal challenges in accessing sexual and health services. Growing up, I was one of the more fortunate persons that had a family doctor, however I constantly struggled in feeling comfortable opening-up with my doctor because of the use of non-traditional practices. Although, I do understand that these forms of care may be useful and preferred in many situations, the lack of explanation or reasoning behind the techniques that were used made me feel like my health issues were not being taken seriously, instilling medical hesitancy in going to see my family doctor. However, much like the rest of the province, if you did not have a family doctor, there were not many options available for accessing care outside of the emergency department. Furthermore, adequate sexual health education was practically non-existent, leaving many people vulnerable and naive to sexually transmitted and blood-borne infections.

Upon entering university in Halifax, I was amazed to see the difference in accessibility of services, including the lack of stigma associated with accessing sexual health supports. Every bathroom I entered there was a sign about free sexually transmitted infection (STI)/sexually transmitted blood borne infection (STBBI) testing and how to protect yourself against associated risks. Additionally, you could walk into the university clinic and be seen in less than an hour. I began to learn about the sexual education that I lacked growing up and realized how fortunate I was to be learning it now. This realization fueled my passion to advocate for accessibility in rural areas of the province, leading me to join the board of directors of Sexual Health Nova Scotia (SHNS) and influenced my undergraduate honors thesis concerning access to sexual health services during the Corona Virus Disease (COVID-19) pandemic. Informed through my work with SHNS and the findings of my honors project, I began to understand the unimaginable inequity that gender-diverse persons faced in accessing healthcare and services that were affirmative to their identity. Moreover, through a new provincial project by SHNS, *The Transformation Closet*, I realized the importance in access to non-medical gender-affirmation services to support identities, especially in rural areas of the province that lacked access to medical supports.

1.4 Summary

Affirmative services can be very important for all individuals but especially in terms of gender affirmation within the 2SLGBTQIA+ community (Ferguson & MacPherson, 2023; Mendoza et al., 2020). Gender-affirming care can be both medical and non-medical, but in recent literature there has been a gap in non-medical experiences explored (King & Gamarel, 2021). This study explored the lived-experiences of gender-diverse individuals who have accessed non-medical and/or medical services to support their gender-identity in NS. Methodologies included a hermeneutic approach which utilized semi-structured interviews and thematic analysis to uncover findings.

Chapter 2: Literature Review

To best explore the experiences that gender-diverse persons go through in accessing medical and non-medical GAC services in NS, the following literature review will provide background knowledge of related concepts specific to this population accessing services. In addition, the theory guiding this research will be presented. Attention will be given to the social determinants affecting health, the importance of GAC and the experiences of gender-diverse persons accessing GAC, including medical and non-medical services.

2.1 2SLGBTQIA+ Identities

The 2SLGBTQIA+ (two spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, etc.) community includes a diverse spectrum of sexual orientations, gender identities and gender expressions. Understanding this acronym requires recognizing the significance of sexual orientation and gender identity (van Anders, 2015). Sexual orientation refers to an individual's emotional, romantic, and sexual attraction in relation to gender (van Anders, 2015; Vélez et al., 2022). Sexual orientation includes terms such as lesbian, gay, bisexual, queer, and asexual but these identities can be altered based on the gender expression themselves and/or of their partner (Vélez et al., 2022). While sexual orientation is distinct from gender identity, it does play an integral role in an individual's life and gender expression. Gender identity pertains to someone's sense of being and is not determined by one's biological or assigned sex (Vélez et al., 2022).

In the context of gender-affirmation, much focus has been on gender-diverse individuals, specifically transgender and/or non-binary persons, receiving medical support to align their gender expression, and physical appearance with their gender identity (Aitken, 2017; Glynn et al., 2016; Nova Scotia Health Authority, 2023). However, it is also important to recognize that gender-affirming care can extend beyond these groups to the broader gender diverse community (Greensmith & King, 2022;

Makadon, 2011). Although this research invited individuals from all gender identities to participate, only those identifying as transgender and/or non-binary came forward. Gender diversity extends far beyond labels and regardless of how individual's think of themselves, they still deserve the right to access supportive and affirming care that enables them to live authentically.

2.2 Social Determinants of Health

The social determinants of health can be considered social stratification as it indirectly determines outcomes of health-related exposure, vulnerability and other consequences (Dover & Belon, 2019). Similar to other populations that have been marginalized, 2SLGBTQIA+ persons experience poorer health than their privileged counterparts (Medina-Martínez et al., 2021). Interrelated disparities specific to 2SLGBTQIA+ persons stem from socioeconomic status, age, geographic location, gender identity and sexual orientation, which contribute to chronic discrimination and social exclusion (Medina-Martínez et al., 2021). These disparities can be seen at multiple levels in an individual's life and are often maintained by unequal power relations, consistent with the literature on other populations that are considered the minority (Siddiqi et al., 2017; Williams & Mohammed, 2013). Additionally, when 2SLGBTQIA+ individuals are marginalized by other forms of discrimination, like race, ethnicity and disability, the effects of intersectionality experienced are multiply burdened on the individual (Crenshaw, 1989).

Social context. Social location is a product of social stratification that denotes a rank or position within a sociocultural and economic hierarchy and can lead to downstream effects impacting social and material circumstances (Dover & Belon, 2019). Stigma and stereotypes assigned to 2SLGBTQIA+ people have been shown to have a positive correlation with violence and victimization due to their perceived sexual orientation and/or gender (L. S. Casey et al., 2019; Medina-Martínez et al., 2021; Mollon, 2012). Discrimination is at the forefront, affecting 2SLGBTQIA+ individuals' access to employment, housing, and

healthcare, further affecting access to resources to maintain their physical and mental health while affirming their identity (White Hughto et al., 2015). Additionally, discriminatory practices toward 2SLGBTQIA+ persons increase the prevalence of psychological stress and negative cumulative effects on health (Medina-Martínez et al., 2021). This discrimination operates on a structural level (e.g., policies, forced gender conformity, lack of provider training, economic inequality), interpersonal level (healthcare and workplace discrimination, family rejection, hate crimes) and at the individual level (e.g., internalized feelings avoidance, suicidality)(White Hughto et al., 2015).

Social isolation can also have negative impacts that affect the well-being of 2SLGBTQIA+ persons in their lives (Westwood et al., 2020). Family relationships are commonly strained due to rejection of the person's gender identity and/or sexuality, further impacting ability to cope and create other healthy relationships (Brown et al., 2020; Fish & Weis, 2019). Social isolation can also impact other areas including employment, sexual risk behavior and substance abuse (Garcia et al., 2020; Gonzales & Henning-Smith, 2017; Medina-Martínez et al., 2021; Westwood et al., 2020).

Socioeconomic Status (SES). Social location also impacts financial means, including basic needs, household amenities, usage of social or health services including healthcare and education (Dover & Belon, 2019). Due to a lack of support, and institutional discriminatory practices, 2SLGBTQIA+ persons are also more likely to experience economic insecurity leading to poverty and homelessness (Brown et al., 2020; Mollon, 2012). This is particularly prevalent in youth without familial support and those with pre-existing mental health disparities (Mollon, 2012). When individuals cannot find trust, norms and reciprocity in their relationships, social capital impacts the resources they have available to them (Mollon, 2012). Furthermore, having low social capital, may be indicative of poor coping skills, increasing the harms of psychosocial stressors as well as a lower quality of life (Dover & Belon, 2019). When individuals fall through the cracks and are less resourceful, institutional impacts effect basic needs

(Dover & Belon, 2019), increasing chances of homelessness which puts individuals at risk for additional violence, substance abuse, and sexual abuse (Mollon, 2012).

Health. 2SLGBTQIA+ individuals have higher rates of mental and physical health issues that stem from discrimination and lack of access to culturally affirmative healthcare (Mollon, 2012; White Hughto et al., 2015). Commonly negative experiences with health care providers harms their trust within the health care system due to lack of affirmative providers and patient education (Gonzales & Henning-Smith, 2017; Mollon, 2012; Westwood et al., 2020). 2SLGBTQIA+ persons experience depression, anxiety and suicidal ideation more than the general population which can be linked to the stigma and discrimination they face daily (Babyar, 2018; Westwood et al., 2020). This often leads 2SLGBTQIA+ populations down a spiral that is hard to escape and can lead to substance abuse and suicide (Medina-Martínez et al., 2021; Westwood et al., 2020).

Some subsets of the 2SLGBTQIA+ population also experience an increased risk of developing cancer, contracting STIs and being overweight. Lesbian and bisexual cisgender females may be at a higher risk for breast and cervical cancer (Medina-Martínez et al., 2021; Mollon, 2012) and are more likely to be obese because of hormone treatments and decreased access to health-promoting resources (e.g., nutritionally dense foods, affirming spaces) (Brownstone et al., 2021; Martinson et al., 2020; Westwood et al., 2020). Gay and bisexual cisgender males have a higher chance of developing anal, prostate, testicular and colon cancers (Medina-Martínez et al., 2021) and experience a higher risk of contracting HIV (Mollon, 2012; Westwood et al., 2020).

2.3 Gender-Affirming Care

Theory behind care for 2SLGBTQIA+ persons – Affirmation. Affirming care, person-first, or person-centred care is achieved by supporting individuals from where they are, by embracing intersectional identity and not trying to alter them towards normative standards (Ferguson &

MacPherson, 2023; Mendoza et al., 2020). Additionally a crucial piece of affirmation is showing empathy and validation through getting to know the person's identity, their history, cultural context and lived experiences (Mendoza et al., 2020). GAC aims to "support or affirm an individual's gender identity" when it does not align with the gender they were assigned at birth (Coleman et al., 2022; World Professional Association for Transgender Health, 2012). The *Gender Affirmation Framework* emphasizes the importance of being recognized and supported in one's gender identity and further hypothesizes that without affirmation, gender-diverse individuals are more likely to experience adverse health outcomes (King & Gamarel, 2021; Sevelius, 2013). Furthermore, providers practicing affirmation must consider privileges related to roles, expertise, and body language while understanding the power structures that oppress and stigmatize populations that have been marginalized (Mendoza et al., 2020). These factors should act as a contextual foundation to show empathy and honor for all identities that seek care.

Affirmative care has also been shown to improve healthcare for other intersectional identities such as, race, rurality, persons with dementia, and even stuttering (Birtwell & Dubrow-Marshall, 2017; Daniels et al., 2023; Mendoza et al., 2020; Stock et al., 2018). A study examined the affirmation of stuttering among individuals of diverse sexualities, which indicates that both populations commonly try to conceal their identities. It further explains that affirmation provides a unique opportunity to help patients feel comfortable talking about themselves and their identities (Daniels et al., 2023). Similarly, when working with patients with dementia, it is recommended to implement a person-centred approach to meet them where they are and promote the cultural appropriateness of their care (Birtwell & Dubrow-Marshall, 2017). Likewise, neurodiverse-affirmation describes care that respects the voices of patients who are neurodivergent (Warchall, 2022).

Medical. Common GAC medical services include gender-affirming hormones (GAH), gender-affirming surgery (GAS), and psychological support (World Professional Association for Transgender

Health, 2012). GAH is also known as a feminizing/masculinizing hormone and contains either oestrogen or testosterone, allowing secondary sex characteristics to become more aligned with an individual's identity (Loos et al., 2022). Youth can also receive puberty blockers in order to prevent puberty (Liang, n.d.-c). GAS can include many surgeries specific to gender-diverse persons (i.e., feminizing vaginoplasty, masculinizing phalloplasty/scrotoplasty, facial and voice procedures, etc.) and others performed on cisgender populations (i.e., augmentation mammoplasty, hysterectomy/oophorectomy, etc.) as well (Liang, n.d.-c; Loos et al., 2022). Individuals aspiring to have biological children or be parents also have the option of accessing gender-affirmative fertility services (Liang, n.d.-b).

Non-medical. Gender-diverse individuals can also undergo non-medical affirmation to self-identify, which could include adopting a new name and pronouns, or presenting yourself differently using clothing, gear or other alterations (King & Gamarel, 2021). Individuals can undergo legal gender affirmation by changing names and gender markers on official documents such as social security cards, birth certificates and driver's licences (King & Gamarel, 2021). Legal gender affirmation may also play a positive role in establishing economic stability in employment searches and their self-esteem when carrying themselves (Hill et al., 2018). Other non-medical gender affirmation services include voice therapy, hair alterations and body contouring (Liang, n.d.-a). To align a person's voice with their gender identity, voice therapy can include interventions such as exercises, feedback recordings, and practice (Akst et al., n.d.). Hair removal, lightening or darkening services can also be considered gender affirmation services and can be permanent (i.e., laser therapy, electrolysis) or temporary (i.e., shaving, waxing, bleaching, etc.) (Liang, n.d.-a).

2.4 Lived-Experiences in the Literature

Medical. In the medical realm, 2SLGBTQIA+ persons face many challenges in the contexts of accessing gender affirmation in NS. Although the requirement of specialist letters and post-operative

care confirmations for gender-affirming surgeries was removed in July 2022 (Government of Nova Scotia, 2022), many other barriers still guard affirmative care for this population. One of the first barriers an individual seeking GAC must overcome is finding a healthcare professional certified by the World Professional Association for Transgender Health (WPATH) (Snow et al., 2019). For individuals to be qualified by WPATH they must have at least a clinical master's degree, competence in the Diagnostic and Statistical Manual of Mental Disorders (DSM), ability to recognize and diagnosis co-existing health concerns, documented training and competence in psychotherapy, knowledgeable on gender-nonconforming identities and finally, continuing education on the treatment of gender dysphoria (Coleman et al., 2022). A graduate of Dalhousie University Medical School talked about their training in gender-affirming care, saying "there is one lecture delivered by the paediatric endocrinologist about gender dysphoria, the assessment of gender dysphoria, barriers/access to care, puberty blockers, and the basics of gender affirming hormone therapy… Gender-affirming care is within the scope of all family physicians when they graduate, however so little time is spent teaching it that most are not comfortable providing the care." (Field, 2022). This lack of education can influence providers becoming appropriately certified by WPATH. Furthermore, in a Canadian wide survey of nursing schools, it found that gender-affirming and 2SLGBTQIA+ care was the least covered topic in their curriculum (Crawford et al., 2023). Recently NS has altered the GAC policy to acknowledge the increased need for health care provider's education and their "responsibility to serve" gender-diverse individuals (Health and Wellness, 2023). However, the policy does not outline how the province will support training initiatives or what consequences will be in-play for professionals who continue to not treat gender-diverse persons. It is vital to address these issues, as qualified providers will continue to be overwhelmed and over-booked causing unnecessary and harmful wait times for care among gender-diverse persons (Lane et al., 2021). Additionally, due to lack of education and gender-diverse competent providers, patients are forced to become educators to receive care (Willis et al., 2020). Participants in a

study, done in Wales, reported having to bring information on prescribing hormones or clinical services to their provider (Willis et al., 2020). These providers deterred participants, as they failed to educate themselves about their gender-diverse patients in the way they would for other health services, like individuals diagnosed with cancer (Willis et al., 2020). Similarly, other intersecting identities, like race and culture, participants feel they must educate their provider to receive proper care as well (Williams & Mohammed, 2013).

Institutional heteronormativity influencing discrimination, stigma and prejudice have been shown to influence healthcare avoidance among gender-diverse persons (Boyer et al., 2022; Daley & MacDonnell, 2011; Vaccaro & Koob, 2019). Heteronormativity as an institutional structure re-enforces norms and expectations and renders gender-diverse individuals to feel invisible (Searle, 2019). Demographic information commonly does not recognize individuals outside the binary sex terms, leaving patients feeling misrepresented and leading to distrust within the healthcare system (Mollon, 2012). Healthcare professionals may lack an understanding of the ways in which gender identity can intersect with other aspects of an individual's identity (Mollon, 2012). Furthermore, a study done on 2SLGBTQIA+ migrants in Canada, described some providers as demonstrating superficial allyship regarding patient's identity, while discrimination increased depending on intersecting identities (Haghiri-Vijeh, 2023). In the same study, a racialized, transgender migrant reported being woken up from top (chest) surgery by being punched in the chest while being consistently misgendered (Haghiri-Vijeh, 2023). Additionally, 2SLGBTQIA+ patients experience increased stigma related to human immunodeficiency virus (HIV) and STIs, misgendering, denial of care, verbal abuse, and refusal to touch the patient when necessary (Holt et al., 2023; Logie et al., 2018). Extreme discrimination in Wales, involved a provider insisting the patient pay for hormone prescriptions even though prescriptions were free in Wales, and refusing to let them enter the waiting room (Willis et al., 2020). Researchers identified that in NS, queer female-identifying patients reported feeling extreme discomfort about

disclosing their sexual orientation to physicians for fear that they would drop them as clients (Harbin et al., 2012).

Discrimination, stigma and prejudice towards gender-diverse persons by healthcare professionals not familiar with the needs and experiences of this population can cause healthcare avoidance leading to poorer health outcomes (Agénor et al., 2022; Boyer et al., 2022). Boyer et al (2022) confirmed that healthcare avoidance was positively correlated with non-affirming care, while gender-affirming experiences were not associated with avoidance. Providers such as reproductive healthcare and gynecological care especially deterred gender-diverse persons, because of their narrow focus on pregnancy, use of "women's health" and lack of sensitivity towards the needs of patients who are gender-diverse (Agénor et al., 2022). Transgender patients in a NS study, regularly felt underserved during times healthcare professionals insisted on the need for pregnancy tests and birth control, leading to painful memories of disclosing their identity (Harbin et al., 2012). Stigma and discrimination by healthcare professionals can lead to denial of care through the invalidation of the patient's gender identity and affect their trust in the healthcare system for the rest of their lives (Mollon, 2012).

Non-Medical. There are less lived-experiences in the context of non-medical gender-affirmation care, however this care is still equally as important in affirming individuals identity (King & Gamarel, 2021). Some non-medical services could include voice coaching, hair alterations, body contouring and gear, and legal support. Additionally, what may be considered aesthetic for heterosexual, cisgendered individuals, may be considered as gender-affirmative services for gender-diverse individuals (Hill et al., 2018). Similar to the medical context, service providers exhibit similar language issues in providing care for gender-diverse individuals (King & Gamarel, 2021). Some participants described invalidations and micro-aggressions such as interpersonal bias, refusal to take clients seriously or to use correct gender pronouns, and showing visible discomfort when clients talked about their gender identity (Kamen et al., 2019; McCullough et al., 2017).

Legal experiences of gender-affirmation include having to update gender-markers in the Justice System as well as additional systems that are not congruent (King & Gamarel, 2021). There are many barriers in legal affirmation such as cost of services and the complexity of internal systems, without appropriate navigations or help (Hill et al., 2018; King & Gamarel, 2021). Additionally, also in relation to filing forms, are intake forms which are present in many different offices and service locations. Intake forms commonly re-enforce invisibility of gender-diverse persons by not allowing individuals to choose their actual demographics including race, religion or gender and/or sexuality (Mollon, 2012; Taylor et al., 2019).

Gender-diverse individuals commonly experience discrimination on a chronic-level when accessing services in a predominantly heteronormative world. These instances are heavily influenced by an individual's ability to "pass" as a cisgendered person, however it is important to note that some individuals may experience the term "passing" as stigmatizing as it references to an inauthentic identity or presentation (Fiani & Han, 2019). Another mediator to chronic discrimination among gender-diverse individuals may be how rural or urban they may live, as there may be increased acceptance of diverse identities in larger cities (Logie et al., 2018; Thomas, 2016).

2.5 Theories and Frameworks

Sexual Configuration Theory. The *Sexual Configuration Theory* by van Anders (2015) suggests that three interrelated dimensions contribute to a person, including context, embodiment and gender identity. This theory emphasizes the complexity of gender and provides a framework for how many factors interact to contribute to one's identity. This theory allows for fluidity across sexuality and throughout different contexts. A major limitation of other sexual frameworks is that they do not map onto individuals' lived experiences, which limits validity. This framework centralized participants' experiences and viewed individual differences as strengths. For researchers who do not identify as

gender-diverse, this theory provided a comprehensive framework for understanding the complexity of gender identity by valuing that identity cannot be determined by a single factor, but rather by multiple intersecting contexts. Thus, highlighting the importance of diversity and how it shapes experiences and identity. Applying this theory, allowed gender-diverse persons to self-locate themselves within their gender and provided a way to measure phenomena derived from individuals' experience rather than belief. (van Anders, 2015).

Gender Affirmation Framework. The *Gender Affirmation Framework* by Sevellius (2013), adds onto the importance of context in gender, by emphasizing that gender-affirming care goes beyond medical interventions by encompassing social, psychological and cultural factors. This framework highlighted the importance of respecting gender identities, offering access to culturally competent and supportive care, and addressing the unique health disparities faced by the gender-diverse population. Additionally, affirmation advocates for patient-centred care that improves individuals' autonomy and empowers people to make informed decisions about themselves. (Sevelius, 2013).

Application. The integration of the *Sexual Configuration Theory* (van Anders, 2015) and the *Gender Affirmation Framework* (Sevelius, 2013) allowed for the exploration between context, embodiment, gender identity and how that shaped the experiences of gender-diverse persons in different care settings. By using a holistic approach, it allowed for a deeper understanding of the diverse needs and preferences of those who seek affirmative care. In acknowledging the interplay of factors that shape individual experiences, it is possible to offer an environment that is supportive, respectful and inclusive in affirming gender identities.

2.6 Summary

In summary, this literature review discussed the background knowledge needed to understand the lived experiences of gender-diverse persons in accessing medical and non-medical GAC services.

Gender-affirmation traditionally centered on transgender and non-binary individuals, however in this research the focus will encompass the broader gender-diverse community, as well. Affirmation-based care, including medical and non-medical services is vital in affirming gender identities by offering support from where individuals are and how they identify. Lived experiences highlight the challenges and progress in gender-affirming care, showcasing barriers such as a shortage of healthcare professionals and discrimination leading to healthcare avoidance and adverse health outcomes (Kearns et al., 2021). Legal and social affirmation also presents challenges like cost and chronic discrimination (King & Gamarel, 2021). Integrating the *Sexual Configuration Theory* by van Anders (emphasizing the complexity of gender identity through context, embodiment, and gender identity), with the *Gender Affirmation Theory* by Sevellius (focusing on social, psychological and cultural factors) offers a holistic approach that considers diverse needs and preferences, creating a supportive, respectful, and inclusive environment for gender identities. Understanding these interconnected aspects of gender and affirmation is crucial in promoting the well-being of the 2SLGBTQIA+ community.

Chapter 3: Methodology

This chapter will outline the methodology used to qualitatively explore the lived stories of gender-diverse persons' experiences in accessing GAC services in NS. Firstly, a discussion of positionality is warranted, which will precede the philosophical underpinnings and methodological approach of the study. Next, ethical considerations will be explored and information on the research design will be presented, including the study population, recruitment, and data collection and analysis. Finally, this chapter will conclude with a review of how rigour was employed throughout this study.

3.1 Positionality

I identify as a person of European ancestry, an able-bodied, cis-gender female. Although I do not identify as a member of the 2SLGBTQIA+ community, I acknowledged the importance of access to healthcare that is affirmative and supports the whole self. My interest in sexual health and gender equity is multi-layered and first stemmed from the lack of awareness, education, and increased stigma around sexual health in rural communities. Additionally, I recognized through board work on SHNS the challenges in accessing affirmative services among the gender-diverse population. During this time, challenges were being advocated for and were beginning to be identified by persons of power, such as the government. Although much, of the research done to date has been focussed on medical gender-affirmation services, studies on non-medical gender-affirmation experiences, remained limited. SHNS had also been working on achieving sustainable funding for the Transformation Closet, a provincial program that provides free gender-affirming gear, and there was interest in uplifting lived-experiences with these items.

I further acknowledge that the research project was a learning opportunity as I approached from an outsider’s perspective. Consequentially, I enlisted key community champions with professional and personal experience with the study population to create an advisory committee. This committee

includes representatives from Venus Envy (education-based sex and book shop in Nova Scotia) and SHNS. Throughout this research, engagement with these experts ensured that I remained respectful of all participants. Additionally, I completed courses and workshops on health disparities and working with 2SLGBTQIA+ persons. I kept a reflexivity journal to support my relationship with the research; these journal entries will be summarized and presented at the end of this chapter.

3.2 Philosophical and Methodological Approach

The paradigm that guided this research was the constructivist way of knowing, which emphasizes the co-creation of knowledge through lived experiences and beliefs (Piaget, 1964). As discussed in the previous chapter, the theories guiding this study are the *Sexual Configuration Theory* by van Anders (2015) and the *Gender Affirmation Framework* by Sevelius (2013). These theories centre on the person's experience, valuing all of the interrelated dimensions that contribute to an individual's identity (Sevelius, 2013; van Anders, 2015). These underpinnings complement concepts of affirmative care in that individuals deserve to be recognized for who they are and not forced into normative or binary views (Mendoza et al., 2020). Under these worldviews, the researcher further recognized all findings are subjective to the individual constructing them and rely heavily on an interpretive and dialogic conversation (Creswell & Poth, 2022).

This research followed a hermeneutic research design, which differs from other phenomenological research in that the goal is not to describe a topic, rather it is to remove all of the interrelated extremities to reach a core *meaning* of the phenomena (Moules et al., 2015). It is common to not be aware of phenomena until its absence or defect, addressed by those involved (Moules et al., 2015). For us to properly understand the gap in non-medical service delivery within the gender-diverse community, we must hear from those directly involved in the experience. In hermeneutic

phenomenology, the methods are informed through the identification or the addressing of the topic (Moules et al., 2015).

This research used semi-structured interviews to make space thoughtfully, openly, and deliberately for understanding the phenomena. In hermeneutics, interviews are not structured; however, careful considerations go into the context, settings, explanations, consenting and engagement with the participants (Moules et al., 2015). Furthermore, the researcher's listening skills are key to thoughtful interpretations and analysis. Hermeneutic listening is done as more of a purposeful activity; rather than in a way someone may listen to a friend, it is done to explore, question and understand the topic more fully (Moules et al., 2015). Additionally, probing questions were used to display that the researcher was listening and provided an opportunity to follow-up on a topic (Moules et al., 2015). Probing questions invited the participant to go further in their conversations and validated that they were sharing an experience that is meaningful for the research (Moules et al., 2015).

The analysis of experiences within hermeneutic research lies in the premise that questions can be answered differently with an array of interpretations that must be grounded, justified, and articulated (Moules et al., 2015). However, unique to other analysis techniques, hermeneutics does not seek consensus from others in analysis. Instead there is merit in different interpretations arising from other readers to create additional knowledge (Moules et al., 2015). Therefore, credibility in phenomenological research depends on how the data is understood and interpreted (Moules et al., 2015).

3.3 Ethical Considerations

This study's research ethics board submission was approved in August 2023 (REB file #2023-6700) by the Dalhousie University's Department of Research Ethics - Social Sciences and Humanities Research Ethics Board. The researcher has also engaged in the Tri-Council Policy Statement: Ethical

Conduct for Research Involving Humans – TCPS 2 in preparation for completing this research. Furthermore, a detailed informed consent form was reviewed with participants before beginning the study (Appendix A). Participants had also been reminded that they are free to withdraw from the study at any time, with no penalty or judgment. While the risk of harm in participating in this study is low, discussions about experiences accessing GAC may bring up sensitive thoughts and feelings for some participants. For this reason, a list of free resources that offers mental and emotional support was shared with participants prior to the data collection (Appendix B). To further minimize the risk of discomfort and to make participants more comfortable, the researcher wore gender-neutral clothing, paralleled participant's body language and engaged in receptive listening by maintaining eye contact, nodding occasionally, and responding in an empathetic manner. Furthermore, all participants had been asked to sit the virtual interview in a private location to protect against the overhearing of the conversation. The researcher also sat in a private location, where discussions could not be overheard.

Practical ethics had been practiced throughout the research through active reflexive processes to produce critical reflections on the knowledge created and how it is generated. Hermeneutic research allows knowledge to be derived from the participants and experiences they share, which are then interpreted by the researcher (Moules et al., 2015). This involves taking a couple of steps back from the research and asking yourself what you heard, and then reflecting on how you know this (Guillemin & Gillam, 2004). In hermeneutic research, this is an important step as it helps to bring careful attention to topics that stimulates trustworthiness and believability (Moules et al., 2015). See the researcher's reflexivity notes at the end of this chapter.

3.4 Study Population

SAMPLE SIZE. Following the sample size recommended in hermeneutic phenomenological research, this study aimed to recruit 4-6 participants (Creswell & Poth, 2022). Recruitment concluded

after 5 participants were recruited. This is when recruitment seemed to come to a natural close as there were no additional inquiries about the project. Additionally, preliminary findings indicated there were sufficient data collected to provide a diverse and robust account of themes identified.

INCLUSION AND EXCLUSION CRITERIA. The inclusion criteria influenced participant selection and were included in recruitment strategies. The following criteria were decided upon by the researcher, supervisor, supervisory committee, and a member of the advisory committee. Firstly, participants were required to be over the age of 18 because of ethical permissions and be able to comprehend English, since this was the only language, the researcher could communicate in. Additionally, participants required access to video chat technology with internet and a private space to sit the interview in, to protect confidentiality. Video chat was decided as the preferred method of data collection given that participants would be recruited across NS. It was also essential that participants self-identified as gender diverse and/or a member of the 2SLGBTQIA+ community. Given the intersection of affirmation, gender and sexuality, it was important that this study be open to all gender minority populations as to not exclude anyone from sharing their experiences in relation to accessing services; however, only transgender and/or gender non-conforming persons participated. Lastly, all participants were required to have accessed GAC services in NS, within the past five years. The range of affirmative services that supports ones' gender is exhaustive, but this study prioritized experiences of social (e.g., name change, legal support, etc.), non-medical (e.g., voice therapy, hair alterations, gear, etc.), and health (e.g., surgery, mental health, hormones, etc.) services. It was concluded that participants must have accessed these services within the past five years given the variability in gender affirmation definitions and the overall progressive change in the province among this care. It is important to note that participants were not excluded if they accessed the majority of their gender affirmation services prior to this five-year mark but must have had other continued service experiences after this time frame. Within this sample

population, select participants had undergone traditional gender affirmation services (i.e., medical) prior to the five-year cut-off, however, affirmation of gender remains an active process.

RECRUITMENT. Recruitment was facilitated through social media and snowball sampling. Since this study included persons from across Nova Scotia, virtual recruitment strategies were most appropriate. Recruitment materials (Appendix C) were created with advisory committee feedback to ensure language was appropriate and transparency was achieved. After receiving ethics approval, the researcher contacted a previous master's student that conducted a similar study to obtain any feedback or suggestions in regard to recruiting participants, in which they shared a few organizations that had facilitated outreach of their project including the Youth Project and the queer student groups at universities.

Recruitment officially began with SHNS, Venus Envy, Gender-Affirming Care Nova Scotia (GACNS) and the Nova Scotia Community-Based Research Centre (CBRC) posting the recruitment messages on their social media and/or in their physical spaces. Members of the advisory committee, representatives from SHNS and Venus Envy, also facilitated this outreach to their associated networks, including staff at GACNS and from CBRC. Snowball sampling, a recruitment strategy that utilizes networks to spread knowledge about the project (Creswell & Poth, 2022), began with the researcher introducing the project to the SHNS board of directors during a monthly board meeting and through associated networks within the projects' supervisory committee. Other groups that were contacted by email include: the Youth Project, PrideHealth, South House, Queer Advisors at provincial universities.

3.5 Data Collection

INTERVIEW PRIMING. The researcher was able to gather interview experience with the gender-diverse population by participating in the hiring process of the Transformation Closet Coordinator through SHNS. This process was guided by the SHNS advisory committee member and involved separate

individual interviews lasting 60-90 minutes with three candidates. The interviewees all identified as transgender and/or gender non-conforming and were required to have personal experiences with gender-affirming gear and accessibility of gender-affirmation services. During these interviews, the researcher was able to hone skills in empathetic responses, mimicking body language of interviewees, and following discussions up with probing questions. This experience was also vital in ensuring the participants that would be recruited in this study felt comfortable in disclosing their lived experiences with someone that is outside the gender-diverse community.

INTERVIEW SETTING AND MEDIUM. To increase accessibility of persons to participate in the research across the province, interviews were conducted via Zoom videoconferencing at a time that was convenient for them. One out of five participants chose to leave their video off during the interview but remained on Zoom with their audio turned on. Each interview lasted between 40 to 80 minutes.

ELIGIBILITY AND REGISTRATION. The recruitment poster (Appendix C) contained information about the purpose, implications, eligibility criteria, what was involved in participation, information about a support person available, and contact information. Rachele Manett, a member of the advisory committee, could be requested to join the data collection as a support person for the 2SLGBTQIA+ community to increase comfort in disclosure of experiences, however no participants thought this was necessary. Interested participants contacted the researcher through email, then eligibility was determined based on the inclusion criteria. As participants were enrolled, pseudonyms were created to de-identify participants and ensure confidentiality. The researcher chose pseudonyms assigned to participants based on arbitrary colours of the rainbow to ensure pseudonyms do not dilute to indicators of the participants. This codebook of pseudonyms, names, and contact information (i.e., email) was kept in a password-protected file on Dalhousie University's OneDrive server. Prior to the start of data collection, a consent form and a list of safe resources was provided to the participant. The informed consent form (Appendix A) provided information on the study in regard to the purpose, risks, and

benefits; however, verbally informed re-consenting occurred before the data collection began. A list of safe resources was distributed with the consent form in case any discussions caused distress or discomfort among participants (Appendix B). Participants were also asked if they would rather participate in an individual interview or a focus group, however only the interview option was chosen.

INTERVIEW. Each interview began with the researcher providing an overview of the study and obtaining informed oral consent process (Appendix D). After this, the researcher proceeded with a *land acknowledgement* and then asked the participant if the recording could begin now. The researcher then began following the semi-structured interview guide (Appendix E) that was developed with feedback from the advisory committee. The interview guide encouraged a conversational manner to allow for a rich and descriptive dialogue. Questions were open-ended, as not to interrupt the flow of experiences (Nunkoosing, 2005). The researcher also took reflexive notes of personal thoughts throughout data collection, for trustworthiness in analysis. Summaries of these reflexive notes can be found at the end of this chapter. Participants were free to withdraw from the interview up to 2 weeks after it was held.

3.6 Data Analysis

After data collection was completed, the researcher carefully transcribed the interview verbatim, de-identified and downloaded the file to the Dalhousie OneDrive server, which is located in Canada. After the transcribed file was downloaded to OneDrive, the original local copy was destroyed immediately from the researcher's locked computer. This researcher then employed *thematic analysis* to identify, analyze and report repeated patterns across the data set to further find themes (Braun & Clarke, 2006).

THEMATIC ANALYSIS. Thematic analysis, as outlined by Braun and Clarke in 2006, emerged as a powerful qualitative analysis tool that provides a unique lens for rich and accessible descriptions (Braun & Clarke, 2006). Although this method can be used in 'scientifically-descriptive' studies, thematic

analysis really shows its' strengths in more 'artfully interpretive' research, such as in hermeneutic phenomenological methodologies (Finlay, 2021). Interpretive paths to thematic analysis embrace reflexivity and use exchanges with participants to uncover underlying meanings – which are understood to be dependent on the specific context and lens in which they are viewed (Finlay, 2021). Qualitative analysis that evokes this method also is strengthened if the process remains fluid and responsive to the data rather than explicitly following a mechanical application of the protocol (Finlay, 2021).

The following procedure was adapted from Braun and Clarke (2006). The first two steps were completed as data collection was underway. The first step in thematic analysis involved becoming familiar with the data. For this, the researcher utilized the opportunity to transcribe the interviews manually, while checking for accuracy by comparing to the audio recording and ensuring that all information remains true to its' original nature. During this step, the researcher also de-identified the data (i.e., place of employment, locations, names) to not jeopardize the confidentiality of the participant. The next step, generating initial codes, included having a pre-mature review of the transcripts and starting to organize the data in a meaningful way. This step was completed directly to the transcript word file using the comment feature to tag excerpts to specific codes.

After all interviews were completed and data collection concluded, the researcher reviewed all the transcripts and initial codes to pull data together to collate themes, which entailed step three. During this step, a code book was created, and the transcripts were imported into NVivo, a qualitative analysis software. Step four included a review of themes to modify and collapse codes together, while beginning to interpret how the themes may begin to tell a story that answers the research question. Step five, build upon this initial story to refine, craft, and reveal the essence of interpretation. This involved writing a detailed analysis of each theme, its' relation to the data overall and also identifying a suitable title for each theme. During this step, the researcher's supervisor, and a member of the supervisory committee reviewed the themes and interpretations, contributing to inter-rater reliability,

to confirm what is present in the data and avoid biases. Finally, in step six, a report was created summarizing the themes and discussions held.

3.7 Research Reflexivity

Relationship with Participants

I approach this research and my own life with a commitment to allyship with the gender diverse community. Recognizing that I do not share participant's lived experiences, my role in this research was to amplify their voices ensuring disparities are validated and advocated for. I acknowledged the importance of adapting my language and strived to creating a respectful and comfortable research environment. Prior to beginning the research, I worked hard to create relationships within the community with SHNS, GACNS, and reached out to multiple other groups to create partnerships to accompany the research. This led to the creation of an advisory group, of gender-diverse persons, that I consulted with when beginning the study, to guide direction, creation of recruitment materials and interviews. Furthermore, one advisory group member was asked to be a support person, if any participants felt uncomfortable in sitting an interview with me not being from the gender-diverse community; however, this option was not needed.

Reflexivity during Data Collection and Analysis

Prior to the start of data collection, I felt nervous in completing the interviews. However, my initial priming of interviews completed with the Transformation Closet Coordinator position, helped decrease that anxiety and build confidence. As interviews progressed, certain situations, such as one participant not turning on their camera, highlighted the importance of effective and descriptive communications. Each interview brought new challenges and contributed to my growth as a researcher. Instances of frustration with systemic issues, including healthcare disparities reinforced my commitment

to raise participant's voices of experience in this research. While in the analysis phase, I continually revisited my own identity and actively sought to remain open-minded and self-aware. By constantly reflecting on my own experiences, this served as a constant check, allowing me to identify and acknowledge notions that may bias analysis. As I progressed, the ongoing reflexivity served as a guiding principle in enriching depth and authenticity of the findings.

3.8 Data Quality and Trustworthiness

In hermeneutic research, rigour is defined as the "quality of being careful" and gives findings that are cohesive, comprehensive, cogent, and expansive on the topic (Moules et al., 2015). Lincoln and Guba (1985) outlined the gold standards for trustworthiness in this research which include *credibility, transferability, dependability, and confirmability*.

Firstly, *credibility* or confidence in the meaning of the findings (Lincoln & Guba, 1985) was ensured through detailed descriptions of findings supported by data to increase transparency of analysis. During the analysis phase, member checking ensured themes and interpretations aligned with the experiences and perspectives of participants (Loh, 2015; Tracy, 2010). Additionally, all participants were invited to add to discussions held during data collection on topics that were not covered in the interview guide. The second indicator of trustworthiness, *transferability*, which seeks to provide enough information to be able to perform the study in a different context of population (Stahl & King, 2020). Careful considerations were held to record methods, timeframes for data collection and the entire duration of the study. The last two criteria: *dependability* (i.e., findings are consistent and could be repeated) and *confirmability* (i.e., degree of neutrality or extent that the researcher shapes findings) (Lincoln & Guba, 1985), were intertwined in the design of the study with careful recording of methods and reflexive approaches. In hermeneutics, findings are interpreted according to the researcher and encourages a unique interpretation by each reader (Moules et al., 2015). It is important that the

researcher be reflexive in their own biases and assumptions while considering how their own positionality may affect the interpretation of data (Nunkoosing, 2005). The researcher engaged in thoughtful reflexive journaling in all points of research to contribute to the confirmability and trustworthiness of interpretations.

3.9 Summary

This research applied a hermeneutic design with guidance from the *Sexual Configuration* Theory and the *Gender Affirmation* framework. Five participants who identified as gender-diverse were recruited from across NS to participate in a semi-structured interview to explore experiences accessing gender-affirmative services. Thematic analysis was used to identify and analyze patterns in the data. Additionally the researcher emphasized trustworthiness through strategies such as member-checking, reflexivity, and careful documentation to align with the gold standards for trustworthiness (Lincoln & Guba, 1985). In summary this research aimed to explore the lived-experiences of gender-diverse persons in their journey to affirm their gender, including medical and nonmedical services.

Chapter 4: Findings

Firstly, a summary of participant descriptions will be presented. Secondly, the themes that arose from participants sharing their lived experiences while seeking out GAC in NS will be discussed. The themes described participants experiences with non-medical and medical GAC: 1) *More than Medical Care, 2) "It is like David and Goliath" – Solitary Struggle in Rural NS, 3) Searching for Support, and 4) "You get what you get" – Non-Affirmative.* Finally, participants had strong recommendations for providers and organizations in becoming more inclusive, which will presented under a final theme named 5) *Recommendations from Participants*. Under the first theme, *More than Medical Care*, one sub-theme exists: *Gender-Affirming Gear*. In the theme, *"It is like David and Goliath" – Solitary Struggle in Rural NS*, three sub-themes were identified: "*I was driving the care myself" – Alone in Their Care*, *"Voice of hate is accepted",* and *Accessibility outside Halifax*. The third theme, *Searching for Support*, included one sub-theme: *Wait-times and Financial Burdens*. The fourth and fifth themes, *"You get what you get" – Non-Affirmative* and *Recommendations from Participants*, stand alone. Given how sensitive discussions were, it was decided that the quotes would not be attributed to participants because of the possibility excerpts could be connected and participants could be identified.

4.1 Participants

Five participants took part in semi-structured individual interviews with the researcher. All participants were English speaking, identified themselves as transgender and/or gender non-conforming, and were at least 18 years of age. Furthermore, three participants identified as living in a rural area of NS, while two lived in an urban city. However, one of the urban-dwelling participants, had previously lived rurally, and had shared experiences of accessing GAC services from a rural and urban standpoint. All participants had accessed some form of GAC in NS within the past five years. Although

not asked directly, two participants indicated they had a doctorate level education, and three participants were trained in health care delivery (or allied health care delivery).

4.2 More than Medical Care

More than Medical Care is a primary theme identified throughout discussions and was present throughout the participants lived experiences. It intersects with several of the other themes and sub-themes. All participants (n=5) highlighted the significance of non-medical aspects of gender-affirming care in supporting their identity. This theme included the sub-theme, *Gender-Affirming Gear*. While the majority (n=4) shared insights into their encounters with these services, one participant emphasized that accessing non-medical care posed additional challenges versus medical care. They pointed out that the lack of organization and inadequate attention dedicated to these services further hindered accessibility, exacerbating the existing difficulties associated with gender-affirming care beyond medical interventions.

> *I think what comes to mind for a lot of folks [when talking about GAC] is surgery and hormones. And it's like yes, but also other things… So, my experiences accessing anything outside of the medical [GAC] stuff, which is already shitty, is now even less organized because there is less attention.*

Several participants highlighted the significance of gender-affirming services beyond medical care, such as hair removal services and speech therapy. Specifically, one participant emphasized the crucial role of speech therapy in their transition process and achieving a presentation that is important to them, underscoring its value in the broader context of gender identity and passing as cisgender. This participant discussed the challenges of accessing speech therapy so that they could pass as cisgender. "*The day-to-day struggle is getting your voice to kind of like sound feminine enough that, you know, if you want to pass… getting your voice to sound feminine is really a challenge.*" It was important for this participant to sound feminine so they could pass as cisgender.

Participants emphasized the significance of fostering a sense of belonging and accessing a supportive community. One participant highlighted that the sense of belonging outweighs the importance of obtaining medical GAC. They shared insights into the mental resilience required to navigate life as a transgender person living in a rural, transphobic community, without governmental support. The participant expressed that, for them, the key to resilience is not solely dependent on accessing medical interventions like hormone therapy or surgeries but also on establishing meaningful connections within the community. They said:

> *Medical care isn't going to make my life amazing. It's this one thing that helps alleviate some of the symptoms... But once I have top surgery or I start to look more trans, I'm already doing mental preparation for the expected increase of community hate that I'm going to get from this straight old white part of Nova Scotia that I live in. And how do I do that? It's not accessing testosterone. It's finding people that I can connect with that can offer circles of support where we love each other. It's like loving, real fucking relationships based on mutual aid and things that we need to care for ourselves because the government isn't going to do it for us.*

Moreover, the same participant shared their proactive efforts in establishing connections and fostering communities of belonging in rural NS as a response to the insufficient support they encounter elsewhere. One participant said, *"… where are the queers in rural Nova Scotia? I need just a connection and other people in my life that get it so that when we're exhausted from having to deal with these systems… we can care for each other."* Finding social support can be difficult for gender-diverse individuals, who may feel disconnected from friends and family. Many expressed they felt abandoned from the public systems and felt like they needed to pass as cisgender to not experience discrimination. One of the resources used in attempting to pass as cisgender, was accessing gender-affirming gear.

Gender-Affirming Gear

All participant's shared their thoughts and experiences in accessing gender-affirming gear and the impacts on their well-being. One participant compared the significance of using gear for newly transitioning individuals to the importance of crutches or wheelchairs for someone newly disabled. This is not to minimize the experience of people with disabilities. They emphasized that: *"Access to the use of gender affirming gear is as important to a newly transitioning person as crutches or a wheelchair are to a new disabled individual.*" This participant explained that *"gender affirming gear gives an individual an opportunity to enhance and support the beginning of what can be a very difficult transition journey."* Gender-affirming gear was able to support some participant's transition journey and help them feel like themselves.

Many participants (n=4) expressed a lack of awareness regarding accessible sources for gender-affirming gear, aside from online platforms or locations in Halifax. This poses challenges in obtaining accurate measurements and involves significant travel distances. One participant voiced their frustration at the insufficient support from funding organizations for programs providing free gender-affirming gear, such as the *Transformation Closet* by SHNS. This quote emphasizes the critical impact of gear on individuals' mental health and well-being. "*I mean, if they [funders] really gave a fuck about prevention and the mental health and well-being of other [gender-diverse] people, they would fund this because it's like walking, walking around feeling like there's nothing you can do about the way that you look."* This participant expressed frustration in the un-willingness to fund programs that offer access to gender-affirming gear. They said, "*It's really hard to explain to a straight person that experience of not having access to trans tape, which is not cheap*" They continued to share the impact on mental health and how not having access to services can lead to suicidal ideation *"… Like the amount that helps with your mental health and well-being to prevent anything from suicide to just literally living every day feeling like shit."* It is evident from this quote, the struggles individuals experience when accessing gear and the importance of this service in supporting their gender identity.

Another participant shared additional thoughts as to why they think gear is critical to affirming some individual's gender for their well-being and health. They stated that:

> *Everybody is different, but the gear that is available is there for a reason… Dysphoria is a horrible, horrible thing for people to go through… And for the people that really struggle with dysphoria, it could lead to suicidal ideation, horrible negative thoughts of self and self-worth…It's just something so simple in the grand scheme of things. And if it's [gear] accessible and so many people don't have to suffer. I mean, they don't have to feel less than.*

One participant spoke about the various motivations for individuals opting to wear gender-affirming gear, emphasizing the importance of safety, the desire to blend in, and building confidence. They said, *"Just having that ability to make my pelvis appear more female, it feels important to me, just from a safety standpoint because again, I think blending in, in environments where you're not necessarily going to be among supportive people is important*" They also indicated how using gear to pass as cisgender has helped to increase their "*self-confidence*" and feel good about themselves.

Furthermore, they noted that gear could provide a less risky alternative for individuals who do not want to go through surgery or for those who cannot. They also noted that some individuals, like themselves, simply do not want to undergo surgery at all, highlighting the diverse preferences within the gender-diverse community. One participant shared, *"Honestly for me like I'm not even sure that I even like want it [surgery] for other reasons as well…*" They also identify some of the risk associated with surgery, especially as people age, but also how important it can be for some individuals. They said, *"If you were somebody who's transitioning later in life… going for like a major surgery is not ideal and could be very risky."* Having access to gender-affirming gear is another way to support those who may not want surgery or who cannot undergo surgery.

4.3 "It is like David and Goliath" – Solitary Struggle

This theme alludes to the experience of sensing a solitary struggle in accessing GAC, rather than being supported. This theme included three sub-themes: *“I was driving the car myself” – Alone in Their Care, “Voice of hate is accepted” and Accessibility outside Halifax.* All participants who accessed care in rural communities (n=4), shared frustration with the challenges associated with accessing gender-affirming services and the hostility towards gender-diverse persons in rural NS, additionally, participants felt as if they were alone in their navigation for care. One participant said “*It is like David and Goliath. Like you just feel like you're one of, rather than supported*.” The story of David and Goliath references a famous biblical story where David faces the challenge of defeating the giant Goliath alone, without any assistance. This suggests that participants feel like accessing GAC and in confronting the large health system in rural NS involves overcoming odds through their own individual effort and determination, much like David defeated Goliath all on their own. Similar to this theme, is the following sub-theme, speaking to the loneliness participants felt in finding support and having to take charge of their care themselves.

“I was driving the car myself” – Alone in Their Care

All participants highlighted the necessity of taking charge of their own health due to a lack of GAC informed providers. One participant shared that they felt like they were personally steering the course to their care, due to the lack of intellectual guidance from their provider.

> *I felt like I was driving the car myself basically. I didn't really feel like I was getting a lot of intellectual direction from my primary care provider. I felt like I was going to her and telling her what I needed and what I wanted and what my targets were. And she was kind of providing what I asked for, almost like I was ordering it rather than getting medical care. And that felt kind of weird and awkward.*

This participant was looking for advice and direction, but instead little guidance was offered. Another participant shared a similar experience when asking their provider for a starting dose of

testosterone. This explains the issue of providers experiencing gaps in knowledge regarding GAC necessitating individuals to take charge of their own healthcare decisions.

> *When I asked my physician that I'm seeing at [urban university health clinic] for a starting dose [of testosterone] and they asked me, "What do you want to start at…" I ended up doing the additional research to learn like what is the starting dose of testosterone.*

Many participants spoke of their frustrations about complications that arose after surgery or beginning hormones, attributing the challenges to providers lacking knowledge of symptoms or appropriate care. The following participant reflected on the absence of guidance from providers to pause and assess the situation, highlighting the need for self-driven advocacy in their care. The following participant ended up having to do their own monitoring of how they responded to medication. They said, "*I was experiencing these entire body wide cramps, like muscle imbalances… so I stopped taking the [testosterone] injection. And within like six days, my symptoms resolved*." Through trial and error this participant did their best to determine the cause of the symptoms they experienced. They continued, *"I gave it another week… And I gave myself another injection and within 2 hours I was on the couch, doubled over in pain… but it was never a thought or recommendation from any of these professionals to stop and see what happened. It was my own thinking*." This quote described the challenges this participant went through to find out why their body was rejecting the testosterone injections, given that their provider did not give this information.

Another participant shared their experience of a complication that arose after top surgery. Faced with discomfort about seeking assistance from their family doctor, they sought help at various emergency departments and were dismissed.

> *Coming back and doing recovery from top surgery, I had a complication, and I had an infected seroma and I didn't want to go to my family doctor [because they did not feel comfortable doing so]. And so I went to the emerge at a few different places. And the first time I went, the doctor didn't care to*

understand what the procedure was… Like my nipple was like being weird and I needed someone to look at it and tell me what I needed to do. Like, am I okay, should I go get was checked out even more seriously and they [provider] just kind of dismissed me. And he didn't listen to my concerns. He just looked at it and was like, "Yeah, here's some Neosporin…"

Participants felt dismissed when they had serious concerns about their health and did not receive proper attention or knowledge from care providers. The next sub-theme references the feelings of how discrimination towards gender-diverse individuals is accepted.

"Voice of hate is accepted"

Participants living in rural NS shared encounters with the prevailing hostility towards gender-diverse persons. Under the sub-theme, "Voice of hate is accepted," one participant explained that the acceptance of the voice of hate contributes to the silencing and inability to feel safe within their community.

So, it's almost like the voice of hate in rural Nova Scotia, is bigger and louder than the tolerance and the acceptance and inclusion. And because of that, we're silenced because it's not safe to speak out… It's hard to, at least here in [rural location], hard to get anywhere because the hate is tolerated, accepted.

Participants identified the hate was tolerated because of the isolation of rural communities resulting from the transphobia and homophobia that existed.

Participants shared how they do not feel safe in their rural community due to discrimination. One participant recounted the absence of Pride month celebrations in their rural community, prompting a collective effort by allied gender-diverse community-based organizations to arrange transportation for gender-diverse youth to hire a bus to another town to be celebrated. They stated, "*So basically, we had to remove queer youth from [rural community] and go somewhere else because their own community*

would not support and celebrate them." The same participant spoke about homophobia and transphobia, citing vandalism that was done to their personal vehicle. They also shared a comparison between the lack of inclusion in rural NS and the sense of acceptance and visibility felt in urban Halifax, where expressions of queer identity are more openly embraced.

> *So, the reality in, especially in [rural location] and in rural Nova Scotia is that it's not safe to be queer. I had my car vandalized. I had somebody write "fucking dike" in red spray paint on my car… And so, there is a huge number of my community in rural Nova Scotia that are not out, because it is not safe to be out in any way…*

This speaks to some participants experiences of feeling isolated in rural NS compared to Halifax where they report feeling relatively safe and included. They continued to share:

> *So, what happens in urban Halifax, where it's relatively safe to be out, doesn't happen out here. I don't wear my pride button because it's not safe in this community… If I came to Halifax, I would see my community. I would see two female identified people holding hands or kissing or I would see pride flags. I would feel a sense of inclusion.*

Additionally, participants described the term "*passing*" as appearing cisgender and explained its connection to personal safety. They also explained that although passing is significant for some, for others it is not important at all, underscoring the diversity in perspectives regarding conformity to societal gender norms for safety and well-being. Some participants explained that when they are able to "*pass*" as cisgender, they feel safe. One participant shared, "*I think that safety and just being able to go about your day-to-day life and pass, I think it's important for a lot, but some people it's not."*

Participants expressed the prevailing societal expectation that to receive better treatment, individuals need to conform to societal norms and "*pass*" as cisgender. This pressure is particularly pronounced in rural NS, where transphobia is more prevalent compared to urban centers like Halifax. One participant said, *"If you want to be treated better, you have to pass. I guess that's just everyone's*

goal is to just pass because the less you do, the worse you're going to be treated by people…" They continued to emphasize the mental toll of constantly worrying about one's appearance, voice, and adherence to gender-affirming treatments, creating an ongoing source of anxiety in their lives. They shared that, *"It's really mentally straining and you're constantly anxious or thinking something looks bad or you're worried about how your voice sounds, or if you haven't had all of your laser treatments or that your worried people can see something."*

One participant shared an experience of another transgender person living in rural NS who was harshly victimized and discriminated against due to their gender. This participant spoke about the challenges in securing employment, housing and simply walking down the street as a transgender person in rural NS. The transgender person endured incidents of bottles being thrown and derogatory remarks yelled from passing cars. The participant highlighted the pervasive challenges, emphasizing the daunting reality for transgender individuals living in rural NS.

> *She just wasn't safe to walk down the street in [rural community] so she would wear a mask with a hood up because she was obviously trans[gender] like she didn't pass. And so, she would just be walking down the street and have bottles thrown at her or, you know, people yelling things out their car doors.*
>
> This participant continued to share, *"So, things like employment, housing, all of those things are scary and impossible to find… There's nothing in rural Nova Scotia to stop that from happening. So, it's acceptable."* These experiences validate the challenges for gender-diverse individuals in living rurally in NS, including the barriers they experience with basic services.

Accessibility outside Halifax

Whether the service was medical or non-medical, participants shared that the concentration of gender affirmation services were primarily only available in Halifax. This forced individuals to look into online options or travel into Halifax. "*The way I feel like it is, everything related to trans[gender] people*

in this province is just in Halifax… I would like to get a gaff, but I need to go to Venus Envy or order them online." Travelling to Halifax can be challenging for those who may not have access to transportation or have the funds to support this.

Depending on the specific type of GAC, individuals found themselves having to regularly travel to Halifax, for services such as permanent hair removal. This necessitated frequent travel, involving taking days off from work and incurring additional travel expenses. One participant spoke about their experiences accessing permanent hair removal therapy in Halifax. *"I would travel down every like four weeks and come get laser therapy and then go back to [rural community] and have to take a day off work and the travel expense."*

Participants highlighted that challenges extend beyond the initial hurdle of reaching Halifax to access GAC. Participant's shared experiences of providers abandoning their care leaving individuals without a plan to continue treatment in their rural communities.

> *What they [provider] said next was "we have a nurse or someone here that can teach you that [personal hormone injection]. But I don't know anything about rural NS… So, I'm not I'm not really sure." And so instead of like, okay, let's have a little bit of a care plan here and try to get you to learn how to inject yourself before I just send you off into rural Nova Scotia without any resources.*

This quote emphasized how participants felt they had to take care of themselves by having to search for supports and resources on their own to affirm their gender.

4.4 Searching for Support

All participants (n=5) shared experiences of searching for support in accessing gender-affirming care services. This theme included one sub-theme: *Wait-times and Financial Burdens*. Many began their search reaching out to organizations they knew of, like Pride Health. One participant shared their experiences of first reaching out for GAC services. They said, *"The first thing I did [when seeking GAC]*

was just through people I knew. I was aware that the Pride [Health] clinic in Halifax was one place that you could communicate with to kind of get access to that [GAC]." Another participant identified having access to an urban universities' health clinic as a facilitator in accessing gender-affirming care. They further explained that even though they did not have a general practitioner, since they are a student at the university, they have access to trained and educated GAC providers.

> *I'm very fortunate because I'm a student at [urban university], I have access to the health services at [urban university], which means there's physicians that have been trained [to provide GAC]… I don't have a GP [general practitioner], so like the fact that I am a student, at [urban university] is literally, I think the only reason that I'm able to access the hormones and I've recently been accepted for top surgery.*

Participants spoke about welcoming social supports as a facilitator to accessing care for themselves, and even their partners. One participant spoke about how a partner had been denied gender-affirming care from their general practitioner and only through conversations with a knowledgeable social group, they were able to identify a place that provided care.

> *It all just started because like their [participant's partner's] physician was basically like, "I won't be doing that." And so even though they [participant's partner's] had a GP [general practitioner], they had to know like how to figure out how to get access to this [GAC]. And it's like, it was only through a friend that said, "Oh, your partner can access this."*

Additionally, many participants found support through the internet, whether it be navigation support for services or resource libraries to explore their gender identity. One participant, who had gone through private speech therapy, also shared that they were less than satisfied with the gender-affirming voice care that was available, explaining that advice from the internet was more useful. *"I found out more [speech therapy techniques] doing research on the internet and following people on the Internet who are discussing the best way to feminize your voice. That was a much more useful resource for me."*

TikTok was another internet resource that one participant found useful in exploring their identity in a private but supported and not shameful way. The participant described the algorithm behind TikTok showing you videos, similar to one's that you have already liked, and how that impacts the other videos that show up on your feed. *"The biggest thing that has helped me learn about, even where to start researching and stuff is honestly TikTok, yeah. And so, can people stop shitting on TikTok and social media, please? It is literally a lifeline…"* For this participant, TikTok had affirmed their gender and helped them seek information in a private place. They continued saying, *"…that is essentially how these things help you consider in a way that is private but not alone. At the same time, it's not shaming."*

Additionally, the same participant was able to use TikTok to guide their experience using trans tape for the first time. The social media platform contained many tutorials and tips that they wished someone would have shared with them earlier.

> *I've recently started using trans tape and Boyd's pharmacy has it in stock on shelf… I just immediately went to TikTok and there's videos with tutorials with different people with different sizes and just like, here's some tips and tricks and like, "here's like what it looked like before in a t shirt and kind of like after and what you can expect" And you know, "make sure you trim the corners of this and like, please, for the love of God, cover your nipples with something before you put this on, because you will rip those off…" I know it's good to know because I wish someone would have told me this.*

Information provided on TikTok served to be very helpful for this participant as it allowed them to be vulnerable and still access supports to affirm their gender without dealing with stigma, wait-times or financial burdens.

Wait-times and Financial Burdens

In reference to participants searching for support and experiences with waiting periods while seeking GAC services, this theme encompassed both public and private medical services along with non-medical care. All participants were disappointed about the prolonged waiting times. Some found

themselves compelled to prioritize timeliness over experiencing affirming interactions with providers. *"Timeliness was most important. But I recognize that if there had been a different person that they might have been - well, I guess how can I put this? I guess my experience wasn't the best with my providers."* This participant believed that they would have had more of an affirming experience if they had accessed care from a more inclusive provider. However, they prioritized accessing the service quickly so accepted the provider and care that was available.

Wait times can interfere for individuals who are attempting to coordinate their GAC services while transitioning, by inadvertently outing them as transgender. Additionally, some participants avoided public services, turning to private services to evade the wait-times. They said:

> *And so again, that [speech therapy] was another thing that there was a public option, for speech therapy, but it was quite a long wait. I think I was quoted at least like a year wait... And so, I knew I wanted to get my voice to a point that when I came out, I could very easily slip into like, presenting feminine and not have to worry about my voice clocking me.*

However, accessing private services meant that there would be a significant financial burden associated with receiving care. One participant recognized their privilege on being able to consider private services given the financial challenges. They stated, "*I think the challenging part was financially… I'm very privileged in so many ways, but it's still a lot of money, the surgery overall was something close to $40,000 for the two surgeries."*

Some participants indicated that when they initially sought out which services were covered by insurance, few had been available. However, insurance coverages are being expanded to be more inclusive, meaning surgeries that may not have been covered may now be covered under provincial insurance, but this still may interfere with a person's ability to access covered care. One participant described the frustration with the stringent qualification criteria for coverage of breast augmentation, leading them to pursue private surgery while navigating the system independently. However, just a

week and a half prior to their scheduled surgery, they discovered that NS had expanded its coverage for breast augmentation. However, this news came too late as they had already paid for the procedure and finalized all arrangements.

> *So, it was actually about a week and a half before my surgery that my endocrinologist reached out to me by email and I had just casually mentioned that I was going through the surgeries in a week and a half. And then she said, "Oh, well, just so you know, Nova Scotia has recently expanded its coverage for breast augmentation…" So, it's much more inclusive to do the breast augmentation. And so, it would be really nice to have known that beforehand. So, I could have maybe gone through the necessary steps to get it through the public system. But unfortunately, I had already paid for it and the date was set and everything was already done.*

Participants faced challenges when attempting to move forward in the public health system, encountering large time investments to acquiring necessary information to initiate GAC. They said, *"I found it difficult to navigate just to find all the information that you needed to find in order to get things started…*" This participant further spoke about individuals feeling as though they are forgotten and alone in their journey, saying that "*A lot of [gender-diverse] people struggle, and they feel like they were forgotten by the system when they're trying to navigate it and get these things… But any step forward is a step, it takes time and that sucks."*

Participants had different ideas on why public health care was such a lengthy time commitment including providers and clinics being overburdened. These thoughts included affirming providers being *"dog-piled*" because of the lack of qualified providers available. One participant, drawing from personal and professional experiences accessing and providing GAC remarked: *"There's a handful in Nova Scotia, primary health care providers that are really knowledgeable and have made the effort themselves to teach themselves and to learn themselves."* This participant was also a healthcare provider and knew the importance of ongoing education but also recognized the additional strain. They continued saying, *"And*

so I'm one of those and so because of that I get where I can't take on more clients and I shouldn't be the go-to, it should be everyone should have access to the information and be knowledgeable."

The lack of funding and support given to non-profit clinics providing GAC causing extreme waitlists was also mentioned as a barrier to accessing public health care. This experience highlighted the dependence on non-profits to address the gaps left by the NS government, emphasizing the need for increased funding and support for more accessible public health care services for GAC. The demand for services from non-profit, public, centres offering GAC in Halifax can result in very long wait-times. One participant indicated they *"…were waiting anywhere from 4 to 6 weeks to get a return phone call from these services that are the only things that exist and so like the person that gives you the calls quoted like, you know, a ten-month waitlist to get on testosterone and all these things..."* This participant further identified the need for more investments in services to support GAC. They said, "*They [NS Government] rely on non-profits to fill the gaps for what they should be doing."*

In terms of legal transitions, participants described a fragmented and costly process. One participant described that achieving comprehensive change across platforms required extensive paperwork and a substantial fee. This participant also mentioned the additional hurdles that transgender persons face in securing employment.

> *You change your name at different times and different systems. The first one is the justice system, because you need to go give them your fingerprint, if you have a criminal record, it gets transferred over… You just give them money and they'll do it. And then your name is changed and they change your gender marker, but it's only in that system. To do it across the board, you have to fill out these papers and you have to pay like a pretty big - well, I was unemployed for a lot of the year because having a job when your trans[gender] is really difficult, especially when you're early on - but you have to pay quite a bit of money.*

Moreover, updating personal accounts and organizations involved a great time-investment. One participant spoke about issues with their bank, highlighting the relentless challenges in getting their name updated. *"It was literally impossible to get my name just updated with [bank]… It was very frustrating because I would update with one thing and then I'd get dead named the next month."* Despite multiple requests, the participant continued to receive documents with their old name, leading them to eventually leave the bank completely. They said, "*I ended up leaving [bank] because, I felt like I called them so many times, honestly probably about a dozen times I reached out to them to try and like update my name.*" The persistence of being deadnamed, likened to a constant *"drip, drip, drip*" of a faucet. This participant also spoke about the effort of having to separately, update licences, certificates of marriage and birth, insurances, health cards, passports, and loans.

4.5 "You get what you get" – Non-affirmative

All participants (n=5) voiced their discontent with GAC providers in NS. One participant described an experience with their primary care provider, saying that *"it felt very much like pulling teeth*." The participant detailed instances of persistent misgendering, despite having completed their gender transition over a year ago. This frustration was further exacerbated by the limited options for care in NS and the feelings of necessity in accepting whatever care available.

> *So they [participant's primary care provider] consistently misgender me, when they sent that letter they copied me on it and they referred to me as male in the letter and I have been transitioned and been socially, legally female for well over a year… And it was just very frustrating because I have made it very clear to them that it's not the way I identify, but it's very frustrating because the way things are in Nova Scotia right now, like you get what you get and you don't get upset.*

Some participants (n=3) expressed discomfort with their family doctor, leading them to explore alternative options for accessing care. This unease stemmed from concerns about lack of acceptance,

judgment, and the apprehension of being dismissed at the onset of their gender transition. One participant said, "*I think my biggest concern, especially at that point [start of gender transition] was judgments and not being accepting and being dismissive.*"

A participant, also a health care provider, acknowledged that not every provider will be an expert in gender-affirming care; however, they stressed the importance of basic understanding in general medical knowledge. They highlighted the necessity for providers to understand fundamental aspects like acknowledging and using preferred pronouns and respecting gender identities, even if they do not specialize in these areas of care. The participant also spoke about, at the very least, a basic level of human respect, should be considered the minimum standard of care.

> *I understand that, maybe my family doctor is not going to be an expert in every single aspect of medicine… but just the bare minimum is just to understand the issue. You know, you don't have to be able to provide obstetrical care, but you should kind of know the basics of how long a pregnancy is and like the basics of pregnancy. And so, I think it's kind of like you don't need to be able to provide hormone therapy. You don't need to know all the ins and outs of that. But at the very least, use the pronouns that people tell you that they want used and refer to people as the gender that they want to be referred to as. And just that basic kind of level of human respect, I think that's the bare minimum.*

This participant knows first-hand the negative impact being misgendered by a health care provider can have on developing a trusting professional relationship. A couple participants (n=2) who did not have a family doctor, accessed GAC at a non-profit sexual health centre in Halifax or through an urban university health clinic. The non-profit centre is known to have extremely long waitlists and little accessibility points, whereas if you are permitted to access the university clinic, care is much more prompt. One participant asked the question of whether it was worth the cost to enroll in the urban university if that meant they'd have access to timely care.

Is it worth enrolling at [urban university] for a term if you can find the money to do that somehow to have access to a physician, to start the [gender-affirming care] process… Hey, there's my hot tip - do you have five grand kicking around? You can just apply... Do you want to go to [urban university]? Does it matter? Do you want to access a physician? Sign up for [urban university].

Additionally, one participant expressed a sense of un-deservingness when accessing healthcare, often feeling compelled to accept whatever care that is available because they are a student. This feeling has heightened in the context of GAC. *"A lot of the times I feel undeserving for accessing health care or like, I only get this because I'm a student, so I need to get in line and accept whatever morsels I can get and just make do and don't complain."*

Some participants (n=3) explained their experiences with providers gatekeeping care, through seemingly denial of providing educational support on hormone injecting. One participant reached out to three pharmacies, which outright denied any offerings. *"I reached out to the pharmacies here, there's three... And I asked if they offered any type of education for [hormone injection] and there was a no at all three of them."* The participant then compared this to individuals with diabetes requiring insulin injections, highlighting inconsistency in care. They said, *"I don't know if it had to do with the medication because I'm like, you're telling me that if I had diabetes and I needed to inject myself with insulin, that you wouldn't teach me how to do it?"* This experience reinforces how difficult it can be to access basic services for individuals who are gender diverse.

The same participant experienced a similar struggle with accessing clean needle supplies, where they had contacted Public Health looking for resources in obtaining syringes for prescribed gender hormones and operators referred them to inpatient mental health and addictions. *"I called public health on the [rural location] and was like, 'Hey, do you have any information or know of any knowledge of whether there's a needle exchange or place for me to access syringes and all that good stuff for me to inject, for medical purposes, for prescribed medication.'"* It is important to point out that the participant

indicated it was for medical purposes. They continued to explain that there was an awkward pause. *"'All I know is mental health and addictions" and referred me to the inpatient mental health addictions in [location]…."* This information was not helpful for this participant.

Several participants (n=3) also spoke about providers and organizations falsely claiming or promoting inclusivity without practicing it. *"You can imagine being a young trans person who needs information, and you reach out to an organization, and not only do you get ignorance, but you might get intolerance and they've got a rainbow flag on their window…"* This participant continued to explain how this may affect individuals seeking support. They said, *"So, you go right back into your closet because you don't want to reach out. You just reached out for help, and you can't get it because the people that are saying that they're inclusive are not."*

Another participant shared a non-affirming experience that they had with a hair removal clinic that advertised promotions specifically for transgender persons. Despite the clinic's advertised inclusivity, the provider initially appeared confused in the participant's gender, then continued to ask inappropriate and unwarranted questions, then began misgendering them once the participant disclosed that they were transgender.

> *So, there's a clinic in [urban city] that does [hair removal] services half off for trans[gender] people… But I go in the [clinic] room and I think she [provider] thought I was cis[gender] at first. So, she was sort of confused as to why I was sitting there. I was like, "Oh, well, I need it [hair removal] done on my face" and she was like "So you have both…" I think she was trying to ask if I was intersex or something, she was basically asking what my genitals were… And then she started misgendering me.*

All participants (n=5) spoke about uneducated providers, some who received no gender-affirming education and others that have not received comprehensive enough training. One participant, who is also professionally trained in an allied healthcare acknowledged the shortcomings in their own education when they began seeking GAC. They said:

I'm realizing how inadequate my education really also was. And at the same time that I'm interacting with these professionals, I'm just like, they don't know what they don't know. And they think that they know because they've been trained. And I'm just like, oh my God, you actually don't fucking know anything and this is why I know that.

The final theme discusses recommendations directly from the participants. It is included as a theme and not as recommendations within the thesis because of the rich data the participants provided based on their experiences accessing GAC.

4.6 Recommendations from Participants

Embrace and adopt a prevention mindset. Gender-affirming care is health promotion and prevention. Fostering an inclusive and affirming environment for individuals to express their gender identity is crucial for their overall physical and mental well-being. One participant said, "*For the people that really struggle with dysphoria like it, it could lead to suicidal ideation, horrible negative thoughts of self and self-worth.*"

Prioritize the client or patient. By placing individuals at the forefront of care, health providers and organizations can contribute to a more inclusive and respectful environment, ultimately reducing health disparities. In the face of increasing transphobia and homophobia, gaining the trust of gender-diverse clients or patients is crucial for delivering optimal care. A participant shared a positive experience at Boyd's Pharmacy in Halifax, where the pharmacist demonstrated a client-centered approach. They recounted how the pharmacist proactively provided ready-to-use injection equipment, organized injection days for those uncomfortable self-administering, and flexibly accommodations in alternative days for appointments. The participant highlighted the pharmacist's commitment to prioritizing their care, demonstrating a level of understanding and support that fostered a trusting relationship. They said:

He [pharmacist] has little baggies of injection equipment already for you, ready to go. If you're not comfortable doing it yourself, he has injection days… And if you can't make it those days because there were times where I couldn't, I was like, "Is it cool if I come Monday?" he's like "whatever. I'm here. It's fine." And he will just be like, this is important and I'm not going to make this an issue… He doesn't even think about it. And he showed me how to inject myself, walked me through it a couple of times. And I am now doing it by myself at home. But if it wasn't for [pharmacist name], I'm not sure.

Feeling like their provider was prioritizing their care, made a key difference in this participants confidence in being able to learn to inject themselves.

Provide warm referrals. When recommending individuals to other providers or organizations, exercise caution and thoroughly assess their inclusivity to prevent potential harm to the patient or client. A participant, also a provider, emphasized their meticulous approach in selecting referrals and underscored the importance of investigating an organization's policies and their enforcement, particularly in addressing instances of transphobia and homophobia. Ensuring that both staff and residents are aligned with inclusive practices became a crucial criterion to safeguard the well-being of the client from discrimination.

So, I'm very picky with who I might refer somebody to. And if I don't know an organization, I will check them out first before I refer them… because the last thing I want to do is send my client somewhere where they're going to be, you know, traumatized… So, I wanted to find out about the policy, which they do have a policy and I wanted to find out about how is that policy enforced?

Inclusive policies and support from top-down. These policies should explicitly address and combat discrimination, not only from customers but also from staff and team members. The participant emphasized the necessity of having leadership and management commitment to supporting anti-discrimination policies. Without a firm commitment from the top levels of an organization, discrimination may be tolerated, creating a culture where prejudiced behavior is deemed acceptable.

The participant further highlighted the potential disconnect between an inclusive interview experience and the actual work environment, stressing the importance of transparent enforcement and support for inclusive policies to prevent potential trauma for gender-diverse individuals entering the workforce. One participant said:

> *A company needs to have policies in place to support anti-discrimination to deal with discrimination when it happens, not just from your customers, but from your staff, from your team. And if there isn't something at the leadership level, at the management level that supports that, then discrimination is going to be tolerated.*

Through interviewing the participants, they shared the challenges of finding employment and referenced fears of discrimination at the workplace because of their gender identity. Having policies that address all forms of discrimination should be reinforced no matter what the circumstances as it is a basic human right.

4.7 Summary

This chapter presented experiences accessing GAC services and data collected from five gender-diverse participants. Five themes were presented and described including: *More than Medical Care, "It is like David and Goliath" – Solitary Struggle in Rural NS, Searching for Support, "You get what you get" – Non-Affirmative,* and *Recommendations from Participants.* These themes encompassed discussions about accessing non-medical and medical GAC services in NS. In reference to the depth of data collected, some additional and complete quotes were provided in Appendix F.

Chapter 5: Discussion

This chapter will summarize the main themes that were discovered through discussing participant's experiences accessing medical and non-medical GAC services. Along with the findings, further discussions will be presented with applicable theoretical significance and relevant scientific literature. This chapter will then review this research's strengths and significances in the advancement of care for gender-diverse persons and community-based organizations. Finally, the limitations, recommendations for future research and conclusions will be outlined.

5.1 More than Medical Care

Gender-affirmation can include psychological, social, legal and medical validation or affirmation of a person's gender, but most literature does not recognize the diverse needs of gender affirmation and that it does not always need to include medical care (King & Gamarel, 2021). As displayed by participants' experiences, this main theme sheds light on the pivotal role of non-medical services in GAC. Participants' shared that often people only consider traditional GAC services, like hormones or surgery, as important in GAC, but some people may choose to undergo gender transition using only non-medical GAC (*Gender Affirmation or Sex Reassignment Surgery*, 2023; King & Gamarel, 2021). Additionally, given the high financial costs and overall inaccessibility of medical forms, more attention needs to be given to improve the accessibility of non-medical holistic forms of GAC (King & Gamarel, 2021). The emphasis on non-medical forms of gender affirmation in this study underscores the need for a more comprehensive understanding of GAC to improve individuals well-being and to contribute to developing a sense of belonging.

***Sense of Belonging**.* Participants emphasized the importance of fostering a sense of belonging, above accessing medical forms of GAC. In the literature, psychological and familial social types of affirmation were found to have had associations with lower depression and higher self-esteem, whereas

medical affirmational care was only moderately associated with self-esteem (Glynn et al., 2016). Similarly, many of the participants in this study associated medical GAC with the importance of feeling safe and passing as cisgender. This concept lends to the notion that if participants were constantly encircled in supportive networks, the need to medically transition to express their true gender identity may not be as highly sought after for some individuals.

Additionally, participants' spoke about the need to build connections with other gender-diverse individuals who are going through similar experiences. One participant spoke about how these supportive networks can help to mitigate the failures from the public systems that abandons this population, specifically in rural parts of NS. This concept was also found in the literature (Fish & Weis, 2019; Garcia et al., 2020; Greensmith & King, 2022) and displayed in the underlying theoretical frameworks used in this study, the *Gender Affirmation Framework* (Glynn et al., 2016), in that when individuals have strong support systems, it may help to build resilient foundations for coping with social oppression. Furthermore, personal experiences of feeling affirmed as a gender-diverse person were significantly associated with the absence of suicidal ideation (Glynn et al., 2016). It is important that individuals have access to resources that protect and support their identities.

Legal Transitioning. Legal gender affirmation refers to changing names and gender markers on important identifying documents like social security cards, birth certificates, driver's licenses and even within other entities like banks (King & Gamarel, 2021). Furthermore, having the ability to use an individual's actual name, after gender transitioning, was associated with decreased odds of suicidal behavior (King & Gamarel, 2021). One participant in this study, emphasized the challenges of changing their name with their bank institution and constantly being referred to their dead name, or prior name. The persistent use of an individual's dead name, after transitioning, can severely harm an individual's self-esteem and contribute to suicidal ideation (Hill et al., 2018; King & Gamarel, 2021). Additionally, in one study it was found that transgender individuals who did not legally change their name were five

times more likely to report experiencing verbal abuse from family or friends, indicating that legal name change may help to legitimize individuals' identities for some people (Hill et al., 2018). Achieving a legal name change can also be important in securing employment and housing accommodations (Hill et al., 2018). Legal transitioning not only holds significant implications for well-being, but also may encourage individuals to affirm their gender in other ways, such as hair and voice-altering.

Hair and Voice-Altering. Services such as, hair altering, voice therapy, and body contouring, can be considered aesthetic for cisgendered persons, however for gender-diverse persons they may play a crucial role in affirming their gender identity (Liang, n.d.-a). Hair altering can include hair removal, bleaching or darkening of body hair and altering of hair on the head. While voice therapy may include changing voice pitch, articulation, or rate of speech, and may lead to vocal cord surgery if the desired voice outcome is not achieved otherwise (Liang, n.d.-a). Many participants explained the importance of hair and voice altering in the contexts of passing as cisgender, creating an ongoing source of mental stress about whether they appear as transgender. Additionally, some participants in this study, emphasized the importance of voice therapy, especially at the beginning of their gender-transition. Alike speech-language pathologists shaping communication for individuals who stutter, voice coaching can mitigate against stigmatizing and harmful experiences (Daniels et al., 2023). Additional non-medical GAC supports can include gender-affirming gear.

Gear. Participants felt very passionately about the significance that gender-affirming gear, like packers, trans tape, and binders, impacts the well-being of gender-diverse persons. The participants in this study had various reasons for using gender-affirming gear including the desire to pass as cisgender, for safety purposes, and to build confidence in their identity. Although not a lot of literature exists on impacts of gender-affirming gear, there was one article found that focused on gear. In this article, researcher's note that often transgender persons may use gear because they desire to pass as the opposite gender they were assigned at birth and others reject binary completely, wearing whatever

makes them feel good within themselves (Reddy-Best et al., 2022). Alike what participants in this study shared, this article emphasizes that gear allows for the creation of ongoing and evolving identities and encourages individuals to be true to themselves and how they want to present (Reddy-Best et al., 2022).

Many participants expressed a lack of access in NS for gear, leaving individuals to look online or travel into Halifax. This presents financial challenges, for an already expensive item (Reddy-Best et al., 2022). Additionally, ordering items online means that individuals must appropriately measure themselves or trust someone else to do the measurement. Given that wearing improperly sized gear can sometimes lead to health risks (Moffa, 2019), this is an important concern. Although there is a program offered by SHNS, called the Transformation Closet, offering free gear across NS, almost all participants (n=4) were not aware of it. This is in-part because of the inability to advertise their promotions due to the lack of funding achieved by the program and not being able to keep up with provincial demand of gear. Alike many other medical and non-medical GAC services, accessing gear can be a solitary struggle.

5.2 “It is like David and Goliath” – Solitary Struggle in Rural NS

This overarching theme sheds light on the challenges gender-diverse individuals residing in rural NS face in accessing GAC, including the concentration of services being in Halifax and the prevailing hostility towards the gender-diverse community. The theme reflects a “David and Goliath” struggle, where participants often felt alone in navigating the large complexities of accessing care. This theme references a famous biblical story where David overcomes the giant Goliath all on their own, without an army. This is symbolic to participants feelings as though they must overcome the gaps in the health system all on their own in order to access the care they need to affirm their gender identity.

It is well known that rural-dwelling individuals, including the gender-diverse community, experience additional geographic and socioeconomic barriers in accessing services (Mollon, 2012; Valentine et al., 2022; White Hughto et al., 2015). Specifically for populations who have been

marginalized, stigma affects the ability to feel accepted and safe (Valentine et al., 2022). Participants in this research shared the frustration of feeling like they were all alone in their gender transition journey and about fear of non-inclusive people who dominated their rural communities contributing to discrimination and hostility.

The concentration of gender affirmation services primarily in Halifax, emerged as a significant barrier for individuals residing in rural NS. Participants shared their frustration with limited options forcing them to travel to Halifax or explore online options, which both have barriers. In terms of searching online for items like gender-affirming gear, as mentioned above, challenges exist in being correctly measured and in safety concerns of wearing a garment that is not the appropriate size. Additionally, frequent travels to Halifax incurred additional expenses such as taking days off work, transportation, and lodging. Barriers for rural-dwellers in accessing services are well documented in the literature as having negative impacts on individuals well-being (Mollon, 2012; Valentine et al., 2022; White Hughto et al., 2015). Although nearly 1 in 6 gender-diverse persons lived in Halifax, the remainder resides in rural pockets of NS (Statistics Canada, 2022). Given that NS has a the largest population of gender-diverse persons, attention needs to be given to creating accessibility to GAC services outside Halifax for 83.3% of gender-diverse individuals that live in rural communities of NS (Statistics Canada, 2022). Additionally, beyond the challenges of simply finding a way to get to a service in Halifax, participants shared experiences of providers inability to provide any direction to achieving follow-up care once returning to their rural community and instead abandoning their care completely. Although this finding lacked reference in the literature, challenges in continuing care between urban and rural communities are exhibited in populations outside the gender-diverse community (Haggerty et al., 2014; Valentine et al., 2022).

Participants shared encounters with prevailing hostility towards gender-diverse persons in rural NS. The acceptance of the “voice of hate” contributed to a silencing effect and made it unsafe for

individuals to speak out about the in hostility and to express their gender identity openly. This oppression was evident through experiences of vandalism, derogatory remarks, abuse, and discrimination affecting personal safety and community acceptance. In the literature, there is an abundance of information linking discrimination against gender-diverse individuals impacting mental health, causing suicidal thoughts, increased substance abuse, psychiatric disorders and limited health seeking behaviors (Brown et al., 2020; Medina-Martínez et al., 2021; Mollon, 2012).

A large discussion exhibited in this research by participants is the impacts of lack of community support. One participant shared that their rural community does not celebrate Pride month, prompting a group of allied gender-diverse organizations to hire transportation to bring gender-diverse youth to a community that would celebrate their identity. They also noted that, although this opened doors for some youth, many were left behind because the youth needed to acquire permission from their parental guardians. The literature supports that while gender-diverse youth experience significant health and well-being disparities compared to cisgender youth; disparities are mitigated when strong familial relationships are present (Brown et al., 2020; Garcia et al., 2020). This may suggest that the youth who were not able to acquire parental permissions, may have been the population that needed to be supported and celebrated the most.

Additionally, one participant shared the visibility of inclusion in Halifax, including where expressions of queer identities are openly embraced, in comparison to their rural community, where it is not even acceptable to display a Pride flag or hold Pride celebrations. An article on gender-diverse individuals from Northern Canada, describe being forced 'underground' because of the inability to be openly gay, due to stigma and discrimination (Logie et al., 2018). This is similar to participants in this study, speaking about the lack of inclusive visibility and level of homophobia/transphobia exhibited in rural NS.

For many participants, to cope with the discrimination and lack of inclusion from their rural community, it was very important to pass as cisgender. This desire to pass as cisgender in a community that is hostel towards gender-diverse persons underscored the harmful perspectives regarding conformity to societal gender norms in rural communities of NS. This dependence on passing for individuals safety can cause intense mental strain causing additional anxiety and debilitative behaviors including medical hesitancy (McCullough et al., 2017). Additionally, in an environment where individuals are more likely to have a lower socioeconomic status (Gonzales & Henning-Smith, 2017; White Hughto et al., 2015) and are harshly victimized and not accepted, extreme challenges exist in securing employment, housing and pursuing education (Brown et al., 2020; B. Casey, 2019; Fish & Weis, 2019; Mollon, 2012).

Many participants shared their experiences of accessing GAC with a provider that did not have adequate education in GAC services, leaving them feeling like they are leading their own care. This is shown in the literature as in one study, 50% of respondents reported having to teach their providers about GAC in order to receive care (Grant et al., 2010). Participants in this research emphasized that they did not feel providers were taking their health concern seriously and were consistently not aware of side effects to surgery after care and hormones. In one study by Mizock and Lundquist (2016), they confirmed this experience by stating that providers were found to make errors in underemphasizing health concerns including placing the burden of education on the client.

5.3 Searching for Support

All participants experienced some level of searching for support in accessing GAC services. Sometimes this search began with accessing associated organizations they knew of, like Pride Health, Halifax Sexual Health Centre and through discussions with a knowledgeable social group. Participants highlighted the crucial role of social support networks in accessing services. One participant shared that

their partner was denied GAC by their general practitioner, and only through discussions with a knowledgeable social group, were they able to access care. Having access to supportive social groups has been identified in the literature as having a lot of impact on ability to reach out for care (Brown et al., 2020; Willging et al., 2006; Wong & Menkes, 2018). Additionally, one study highlighted the significance in rural locations, stating that having a support network had substantial influence on help seeking for care (Willging et al., 2006). Access to a university health clinic emerged as a facilitator, allowing connections with trained and educated GAC providers. Among persons with no family doctor, it is common to only have access to a walk-in clinic or the emergency department, however when you are looking for GAC it can be even difficult to identify locations with trained providers. Thus, one participant felt fortunate that the university clinic had providers who were trained in providing GAC, demonstrating the impact of institutional support and need for additional care options.

The internet played a significant role in participants' search for support, serving as a valuable resource for information and navigation. Participants utilized online platforms, like TikTok, to explore their gender identity, access tutorials and connect to the broader gender-diverse community. One recent study, identified that sexual and gender minority individuals may receive social support through engagement with social media, however it did not significantly predict any health indicators (Vogel et al., 2023). However, one study confirmed that while sexual and gender minority persons may seek emotional support through social media communities, using social media for informational purposes was emphasized as very important for those living in rural areas (Karim et al., 2022). Moreover, one participant in this study, who was residing in a rural location, shared their challenges with accessing private voice therapy in Halifax, while also sharing that they found that the internet contained advice that was more useful in altering their voice than private care with a professional, highlighting the potential of online platforms in supplementing formal care.

Participants highlighted systemic barriers in accessing GAC, including overburdened providers and clinics, limited funding for non-profit organizations causing prolonged wait-times and financial burdens. The impact of these wait times extended beyond inconvenience, as individuals felt compelled to prioritize timeliness over affirming interactions with providers. Some participants decided to navigate private options to avoid lengthy waits in the public system, involving significant financial burdens. Additionally, the legal transition process was described as fragmented and costly, with paperwork and fees creating additional challenges. These findings underscore the need for systemic changes in enhancing accessibility, reducing wait times and providing adequate support for individuals in navigating their care.

One participant shared that two-weeks before their GAC private-surgery, insurance coverages were made to be more inclusive in covering GAC procedures, however they had already paid for the private care. This experience suggests that insurance companies have a duty to provide coverage for individuals going through care, in times when coverage becomes broader. In other locations, where insurances have not yet adapted to become more inclusive, insurance companies have denied providing coverage due to limited providers and having transgender specific exclusions in policies (Puckett et al., 2018). Transgender specific exclusions included creating requirements that resulted in individuals being denied care through limiting the total amount of money that could be spent on gender-affirming healthcare below the cost of procedures, making it appear that they provided coverage (Puckett et al., 2018).

5.4 “You get what you get” – Non-affirmative

This theme reflected participants experiences in seeking gender-affirming services and accepting whatever care that was available, while facing limitations in options and encountering non-affirmative practices. The phrase captures the notion that gender-diverse individuals are left with limited choices,

emphasizing the scarcity of affirming services, highlighting that care was contingent on what was available rather than what was optimal or affirming.

In this study, participants who had family doctors felt discomfort, prompting them to seek alternative care options. Unease stemmed from concerns about lack of acceptance, judgement, and fear of being dismissed. These experiences exist in the literature as well, stemming from the lack of provider knowledge of gender-diverse identities often contributing to medical hesitancy when accessing health care services (Bell & Purkey, 2019). In this piece of literature discrimination was captured most often by misgendering and denial to provide care to gender-diverse patients (Bell & Purkey, 2019). Other experiences have also been shared in this study and exhibit systemic non-affirmative care, posing significant psychological burden on individuals, adding to the chronic stress already experienced by this population.

In the literature refusal to provide care often was rationalized by a lack of education in gender-diverse health but often was perceived by the patient as underlying transphobia (Bell & Purkey, 2019). The individuals that participated in this study described modest expectations from their family providers, acknowledging that they did not require extensive knowledge of GAC, instead explaining that providers should show a "basic level of human respect" by respecting pronouns, names, and gender identities. This minimum standard of care aligns with concepts of patient-centered care that emphasize partnership, empathy, and respect between providers. In the literature, "expectations of ideal care" for gender-diverse individuals includes providers that encourage positive spaces and willingness to learn, while also having some basic level of knowledge around common gender-diverse healthcare like hormone injections and knowledge of resources (Bell & Purkey, 2019). Introspection by one participant in this study led to revealing systemic gaps in healthcare education, emphasizing the disconnect between formal education and evolving needs of the gender-diverse community, highlighting the importance for ongoing education.

Some participants in this study recounted instances where providers acted as gatekeepers hindering access to educational supports, such as help with hormone injections. This refusal of guidance on hormone injections raised concerns about the consistency of care in comparison with insulin injections for individuals with diabetes. This rejection from multiple pharmacies in offering education on hormone injection hinders participants' autonomy in managing their own healthcare. This also highlights inconsistency in care for different medical needs including the stigmatization of gender-diverse individuals, reinforcing the concept that this population are subject to differential treatment within the healthcare system. One participant further detailed struggle in obtaining clean needle supplies for prescribed gender hormones with Public Health, who had referred them to inpatient mental health and addictions services. This recommendation demonstrates a fundamental disconnect between healthcare services and unique needs of individuals seeking GAC, while illustrating a lack of awareness that perpetuates stigma.

Participants in this study shared experiences of providers and organizations, despite outwardly proclamations of inclusivity, demonstrating a lack of understanding and discrimination towards gender-diverse individuals. The phenomenon of displaying a rainbow flag as a symbol of inclusivity but failing to meet those ideals impacted the willingness of gender-diverse individuals in seeking support. In grey literature, there are concepts that organizations may façade inclusivity by hiring more diverse employees (Queens University, 2019), however if policies are not created to ensure respect is employed, discrimination persists and experiences can be very harmful to individuals.

5.5 Recommendations from Participants

Although not asked directly, as a part of participation in the project, motivations such as attempting to help change the structure of the health system to improve accessibility and increase affirmative care may have been sought. Therefore, through discussions about experiences accessing

GAC, participants passionately voiced their recommendations for providers and organizations in achieving more inclusive care for patients/clients or in health systems, themselves. Due to many participants working within the health system as a health care provider and having first-hand experience accessing GAC, system-level challenges were explored. Firstly, participants emphasized adopting a prevention mindset for GAC. Since gender-diverse individuals experience unique challenges related to their identity, including dysphoria, having severe impacts on their mental health, practicing with prevention in mind highlights the importance of proactive interventions.

Participants recommended that providers and/or organizations needed to prioritize the client, emphasizing the importance of tailoring GAC, due to the diverse range of GAC services and needs of this community. Patient-centred care are supported in the literature and is associated with improved health outcomes and increased patient satisfaction (Epstein & Street, 2011). The positive experience shared by a participant at Boyd's Pharmacy in Halifax serves as a compelling example of the transformative impact of a client-centred approach. This aligns with research suggesting that patient-centred care can enhance the communication and relationships between the patient and provider, building trust and improved care adherence (Saha et al., 2008). Prioritizing the client or patient in GAC can address significant disparities by fostering more inclusive and respectful environments, ultimately improving the well-being in this population.

Warm referrals emphasize the importance of cautious and thorough assessments when recommending clients to external providers or organizations. One participant, also a health care provider, shared their meticulous approach in ensuring their client would be looked after, reflecting a commitment to safeguarding the client's well-being by ensuring referrals are only made to inclusive and supportive environments, so not to create further harm. Since many providers are not comfortable providing care to this population, exercising caution when assessing the inclusivity of referred providers can contribute to reducing potential harm and ensuring the individuals receives the support they need.

Additionally, in ensuring the organizations clients are sent to are inclusive, it is important to ensure they have appropriate policies and support from the top-down. Participants highlighted the importance of inclusive policies and support from upper management in creating environments that are free from discrimination. Moreover, the emphasis on leadership and management commitment echoes research findings that organizational culture, shaped by leadership, significantly influences the implementation and effectiveness of policies (Tsai, 2011). As shared by participants in this study, a lack of commitment from top levels may result in a gap between inclusive experiences and the actual work environment, creating potential challenges for gender-diverse individuals. Transparent enforcement and support for inclusive policies are crucial to prevent potential trauma and ensure that gender-diverse individuals experience a supportive and affirming work environment.

In addition, to providing guidelines on steps providers and/or organizations can take in becoming more inclusive, participants also recommended resources to aid other gender-diverse individuals in learning about themselves and accessing educational resources (Appendix I).

5.6 Strengths and Significance

This section discusses the strengths and significances of this research. Participants shared their experiences accessing medical and non-medical forms of GAC, emphasizing the importance of a holistic view on affirming individuals' gender. This research is significant due to the lack of literature produced that includes non-medical services when discussing GAC. Non-medical aspects of GAC, including legal recognition, hair altering services, and gear plays a crucial role in fostering belonging and a supportive environment which increases autonomy in the individual. Beyond its immediate implications, this research may also have important significance to the health promotion of the gender-diverse population and 2SLGBTQIA+ community, contributing to a more inclusive understanding to GAC.

Some strengths of this research include that most participants (n=4) shared their experiences accessing GAC from a rural standpoint, increasing the implications for this research. The rural lens brings attention to the unique challenges faced by individuals in rural areas, where accessibility to GAC services is limited. Since NS is home to many rural geographic pockets, prioritizing the voice of those residing in rural communities sheds a light on the specific barriers individuals' experience and is more generalizable to the rest of the province. Some participants (n=3) in this study were also health care providers, which offered additional insight into the inner workings of health care systems and challenges in accessing care. Moreover, the research demonstrated a commitment to inclusivity by actively involving the gender-diverse community itself through an advisory group. This approach ensures that the perspectives, concerns, and recommendations of the community are central to the research process, reinforcing the authenticity and relevance of the outcomes. The advisory committee, including partners from SHNS and Venus Envy each provided a letter of support for this research (Appendix H/G respectively). Additionally, the research has a tangible impact on participants' lives, as by virtue of engagement in the project, they now possess awareness of a provincial program by SHNS that distributes free gender-affirming gear. This knowledge empowers individuals (and others they may know) with access to resources, aligning with its overarching goal of promoting the health and well-being within the gender-diverse population.

5.7 Knowledge Translation

These findings can provide support for community-based programs aimed at increasing accessibility to care for gender-diverse individuals. Specifically, findings on non-medical experiences may provide additional support in securing and identifying funding sources for the Transformation Closet by SHNS. By demonstrating tangible benefits and needs supported by research, community organizations can leverage findings to advocate for resources and support. Additionally, accessible infographics of

findings (Appendix J) will be shared with participants and with organizations who supported recruitment efforts such as, SHNS, Venus Envy, GACNS, CBRC and Pride Health. These organizations, being deeply embedded in the communities they serve, can help amplify the findings. Specifically, GACNS is heavily involved in legal advocacy to the provincial government, and Pride Health is a part of the health authority, lending to the medical community. Partner organizations will be encouraged to share the infographics on their social media pages to reach a wider community. This knowledge will both validate experiences that other gender-diverse individuals have and increase awareness on the challenges to holistically affirm gender identities in NS.

Furthermore, these findings have been presented at the 2024 Crossroads Conference held by Dalhousie University, which primarily includes audiences of fellow students. This may influence other students to pursue additional research to add to this literature on holistic GAC. Although, through participation in this conference, a member of Public Health and Queer Health in Newfoundland made a special request to receive the dissemination infographics to disperse and advocate to medical partners. The researcher also plans on publishing in a relevant academic journal, such as *Health and Social Care in Community*, to reach a wider audience of non-medical and medical researchers, professionals, or policy makers. By contributing to the academic literature, the research not only validates the experiences of gender-diverse individuals but also provides evidence-based insights that can inform policy development and medical or non-medical care in practice and the community.

5.8 Limitations

Appropriate acknowledgement of limitations is crucial to inform the interpretation and application of findings. Primarily, a large limitation of this population sample is that it is not representative of the entire gender-diverse population in NS. Even though finding a representative sample was not the intention of this project, it is important to keep in mind that the insights derived are

not exhaustive and many diverse perspectives exist, beyond those captured in this research. Additionally, this research was inclusive to the broader 2SLGBTQIA+ community, however, only transgender and/or gender non-conforming persons volunteered to participate. Despite efforts to emphasize this inclusion on recruitment materials, including diverse gender identities and GAC examples (Appendix C), some individuals may have associated GAC solely with medical services, potentially leading to the exclusion of eligible participants. Moreover, gender-diverse persons who were not comfortable discussing their gender identity may not have chosen to participate, therefore these voices may have been missed in the findings.

Recruitment was primarily conducted through snowball sampling within community-based organizations, thus individuals who do not interact with these supports may not have known about the research. Since participants were mostly recruited in the rural regions of NS, findings may be less representative to urban dwelling residents. However, this geographic focus aligns with the acknowledgment that access to GAC services is more challenging outside of Halifax, thereby providing a unique strength in understanding the challenges faced in these rural regions.

5.9 Recommendations for Future Research

Future research could include exploring the nuanced experiences of individuals with intersecting identities, such as race, ability, or culture, to shed light on the complexities faced by diverse communities. Additionally, other research could include more emphasis placed on non-medical accessibility exclusively. Moreover, some literature has focused on perspectives and the education of medical providers but does not include non-medical providers. Research should explore non-medical service providers perspectives of inclusivity to get a better understanding of the experiences gender-diverse individuals go through in accessing holistic GAC in NS.

Based on this research, three priority areas were identified as being important to address in increasing accessibility to GAC services in Nova Scotia:

1. **Improving Affirmative Care Practices and Inclusivity Among Service Providers:** Implementing policies aimed at enhancing the understanding and provision of gender-affirming care among healthcare providers, social service professionals, and community organizations in Nova Scotia. By conducting assessments to identify barriers and facilitators to providing gender-affirming care, including medical and non-medical interventions, targeted interventions, educational programs, and training initiatives can be developed to address gaps in knowledge, attitudes, and skills. These efforts seek to foster a more inclusive and supportive environment for gender-diverse individuals accessing needed care services.
2. **Community-Driven Solutions for Improving Access to Gender-Affirming Care:** Prioritize community-based initiatives and approaches to address the holistic needs of gender-diverse individuals in Nova Scotia. By leveraging community engagement and empowerment, effective solutions can be identified to improve access to gender-affirming care including amplifying the voices and experiences of gender-diverse individuals, fostering partnerships between community organizations, healthcare providers, and policymakers, and developing sustainable, community-driven models for delivering gender-affirming care services. This aims to fill gaps within healthcare and governmental systems and structures, promoting equity and inclusivity for gender-diverse individuals and increasing access to care.
3. **Implementing and Evaluating Inclusive Organizational Policies:** It is imperative to evaluate and strengthen organizational policies to ensure inclusivity for gender-diverse individuals accessing care and other vulnerable populations. This involves establishing clear policies that promote inclusivity at all levels of the organization, from recruitment to service delivery. Leadership and management commitment are essential in fostering an environment free from discrimination

and ensuring the effective implementation of these policies. Transparent enforcement and support mechanisms are necessary to prevent potential trauma and ensure a supportive and affirming environment for gender-diverse individuals accessing care within the organization.

5.10 Conclusion

Much literature on experiences accessing GAC among the gender-diverse population has solely focussed on medical services, excluding non-medical care. This research contributes to a gap in existing literature, which has overlooked the importance of holistic views of gender-affirmation. This research examined five gender-diverse participants experiences accessing a range of non-medical and medical GAC services in NS. Using a hermeneutic approach, guided by the *Sexual Configuration Theory* and the *Gender-Affirmation Framework*, five main themes were identified including: *More than Medical Care, "It is like David and Goliath" – Solitary Struggle in Rural NS, Searching for Support, "You get what you get" – Non-Affirmative,* and *Recommendations from Participants.* Among the findings, participants shared the importance of non-medical GAC in affirming their gender identity and how lonely and un-safe it can be in rural NS for gender-diverse persons. Participants explained how difficult the journey of searching for GAC is and how social media, feelings of belonging may be able to increase resilience when confronted with discrimination, long wait-times, and financial burdens. Finally, participants shared their experiences with non-affirmative service providers, including instances of misgendering, gatekeeping, and facade inclusive practices, prompting participants to share recommendations for providers and other organizations in becoming more inclusive. Participants recommended adopting a preventative mindset, prioritizing the client or patient, providing warm referrals, and enforcing inclusive policies from the top-down. This research provided an opportunity to amplify the voices of gender-diverse persons experiences with non-medical and medical GAC services in NS to add to literature on improving access to these important services. These findings can be used to inform the broader research community and

service providers on holistic affirmation for individuals' gender identity and the importance to broader health and wellbeing.

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Appendix A. Informed Consent Sheet for Interview

Letter of Information and Consent Sheet

Project title: *Experiences Accessing Gender-Affirming Care in Nova Scotia: A Hermeneutic Approach*

Lead researcher:
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Introduction
You are invited to participate in a research study being conducted by me, Bryah Boutilier, an masters student at Dalhousie University. Before you decide if you want to take part in the study, be sure to understand the purpose of this study. Taking part in this study is completely voluntary and you may choose to withdraw from the study at any time.

This form will give you information on the study. The information below tells you what is involved inthe research, what you may be asked to do and about any benefits, risks, inconvenience or discomfort that you may experience.

Purpose and outline of the Research Study
This research will propose to explore what the lived experiences of gender-diverse individuals who sought out gender-affirming care in Nova Scotia in order to: 1) determine what barriers gender-diverse individuals experience when accessing gender-affirming care in Nova Scotia, and 2) determine what facilitators do gender-diverse individuals experience accessing gender-affirming care in Nova Scotia.

Who Can Take Part in the Research Study
You may participate in this study if you identify as gender-diverse (transgender, non-binary, gender queer, member of the 2SLGBTQIA+ community, other) and have accessed or tried to assess gender-affirming care in Nova Scotia. You are also required to have working knowledge of English.

What You Will Be Asked To Do
You will be asked to participate in a zoom interview that may take up to 60 minutes. Interviews will be audio recorded. The interview questions will ask you to reflect on your experience accessing gender-affirming care services in Nova Scotia. A member of the gender-diverse community will also be present during the focus group as a co-facilitator and can be requested to join the interview format, if needed. Your participationin the interview is completely voluntary and you will be able to

withdraw from the study at any time. Participants are reminded that their participation will be kept completely anonymous and will not affect their access to gender-affirming care services in any way.

Possible Benefits, Risks and Discomforts

Benefits: Although there are no direct benefits to participating in this study, we may learn things that will benefit others. The information you share about your experience with accessing gender-affirming care services in Nova Scotia may inform future access to services.

Risks: All risks associated with this study are minimal; there are no known risks for participating in thisresearch beyond being bored or fatigued. You will be offered breaks between activities to reduce these risks. Although participants are reminded to be in a private location for their interview, it is possible that there could be a risk of being overheard if this advice is not followed. You also may feel worried that negative commentary or critique you offer of your experience accessing services might negatively impact future access, this is not the case because of the confidentiality protocol.

Discomforts: The discomforts associated with this study are small and unlikely. However, discomforts may arise as a result of past memories of accessing gender-affirming care services. You may provide information or share experiences that may upset, challenge, or disturb you. These questions could bring back or trigger troubling memories, experiences, or feelings. Some people's emotional and physical responses can surprise or overpower them. For this reason, a content warning sheet with free resources has been shared with you.

How Your Information Will Be Protected

All identifiable information will be kept on a password protected and encrypted USB drive in a locked filing cabinet. No identifiable information will be used or presented. The confidentiality protocol is as follows: I will not discuss or share any identifiable research information with anyone. I will keep all information secure and protected. Since interviews will be held on the Zoom platform, all data collected will remain in Canada. After the interview is finished, I will download the audio recording to the Dalhousie OneDrive server and delete the copy from Zoom.

If You Decide to Stop Participating

You are free to leave the study at any time. If you decide to stop participating at any point, you can decide whether you want the information that you have contributed removed or if you will allow us to use that information. You may withdraw your data within two weeks of the interview. After this time it will become impossible for us to remove your data as I would not know who said what. You can withdraw from the study by emailing me at br219248@dal.ca or calling 902.577.7936.

How to Obtain Results

If you wish, I can provide you with a short description of group results when the study is complete. No individual results will be provided. If you want these results, you can indicate so by emailing me at br219248@dal.ca or calling 902.577.7936.

Questions

We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Bryah Boutilier at 902.577.7936 or br219248@dal.ca at any times with questions, comments, or concerns about the research study. We

will also tell you if any new information arises that could affect your decision to participate.

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at 902.494.1462, or email: ethics@dal.ca (and reference REB file # 20XX-XXXX)

Appendix B. Content Warning Sheet

Content Warning

You may provide information or share experiences that may upset, challenge, or disturb you. These questions could bring back troubling memories, experiences, or feelings. Some people's emotional and physical responses can surprise or overpower them. If you need someone to talk to, the following services are free:

Feel free to take a screenshot of these for easy access.

- Call 911 or your local emergency telephone number if it is an emergency.
- Crisis Services Canada: 1 (833) 456-4566 or text 45645
- The Trevor Project: 1 (866) 844-7386 or text START to 678678
- Trans Lifeline 1 (877) 330-6366
- Kids Help Phone: 1 (800) 668-6868 or text CONNECT to 686868
- Hope for Wellness Help Line (Indigenous People's hotline): 1 (855) 242-3310
- Canadian Mental Health Association: novascotia.cmha.ca
- Nova Scotia Mental Health and Addiction Crisis Line: 1 (888) 429-8167
- NS Mental Health and Addictions Intake: 1 (855) 922-1122
- 24-hour All Gender Helpline: Dial 211

Appendix C. Recruitment Poster

REB File #2023-6700

What is your experience accessing Gender-Affirming services in NS?

PURPOSE: This study wants to learn about experiences accessing gender affirming services, with a special emphasis on non-medical services.

IMPLICATIONS: This study received letter's of support from Sexual Health Nova Scotia and Venus Envy. Results will be shared to help in funding applications and to any other community organization that could benefit from findings.

1. Are you over the age of 18, can speak/read English, have access to video chat technology with internet and a private space?

2. Do you self-identify as a member of the 2SLGBTQIA+ community (ALL genders and identities are welcome).

3. Have you accessed or tried to access gender-affirming care (see below for examples) in Nova Scotia, within the past 5 years? This list is NOT exhaustive and ALL service experiences are welcome!
   - Social (name change, legal support, pronoun name tags, educational, etc.).
   - Health (surgery, mental health, hormones, etc.).
   - Other non-medical services (voice therapy, hair removal/bleaching/darkening, body contouring, gender-neutral hair/nail salons, gear, etc.).

We want to hear from you!

You are invited to participate in a 60-90 minute focus group and/or interview about your experience accessing (or trying to access) gender-affirming care in Nova Scotia.

Please note: the primary researcher on this project does not identify as part of the 2SLGBTQIA+ community, but a community member (Rachele Manett) will be present for the focus group and any individual interviews upon request. If you would prefer Rachele be the one to conduct an individual interview instead, that can be arranged.

For more information about this research project or to find out how you can participate email brboutilier@dal.ca

Appendix D. Script for Obtaining Oral Consent for Interview

Project Title: Experiences Accessing Gender-Affirming Care in Nova Scotia: A Hermeneutic Phenomenological Approach

Lead Researcher: Bryah Boutilier, School of Health and Human Performance, Dalhousie University, brboutilier@dal.ca

If oral consent is being obtained, this page should be signed and dated by the primary investigator of the research study.

I, ______________________ (Name of PI) declare that the interviewee has been fully informed of the objectives of the project being conducted. The participant understands these objectives and consents to participate in the interview for the project. The participant understands that steps will be undertaken to ensure that this interview will remain confidential. The participant understands that, if they wish to withdraw from the study, they may do so without any repercussions.

_________________________ __________________________ __________ ____

Name (of PI) Signature Date Time

The participant agrees that the focus group can be audio-recorded. ☐ Yes ☐ No

The participant agrees that direct quotes from the interview may be used without identifying them.
☐ Yes ☐ No

_________________________ __________________________ __________ _____

Name (of PI) Signature Date Time

Appendix E. Individual Interview Guide

00. Introductions (name, pronouns)
01. What made you want to participate in this study?
02. To help me understand a bit more about your experiences accessing affirmative services, can you tell me a bit about your experiences accessing services in general?
  a. Everyday interactions, etc.
  b. How do you feel when you access these services?
  c. At what age did you begin to seek affirmative services?
  d. Prompts: Can you speak more about that?
03. Can you tell me about your experiences accessing gender-affirming care in Nova Scotia?
  a. If I was a fly on the wall in this instance, what would I have seen?
  b. How did you experience the care? Did you have any support systems in place?
  c. How did that make you feel?
  d. What were your experiences finding a service provider?
  e. Have you ever sought out care in another province? What was your experience in relation to accessing care in NS?
  f. Prompts: Do you have anything that you want to expand or share?
04. What challenges have you experienced in accessing care?
  a. If you were describing the things that make you not want to access this care or maybe things that may make you want to postpone is, what would they be?
  b. Lack of providers? Location? Waitlists? Financial? Fear? Stigma? Paperwork/legal requirements? Lack of support?
  c. How does this make you feel?
  d. Prompts: What things made accessing care more difficult?
05. Were there any facilitators that helped you access this care?
  a. If someone you knew came to you and was asking for guidance or help in accessing gender-affirming services, what would you say?
  b. Educational materials? Navigation tools? Organizations? Peers or family support?
  c. How does this make you feel?
  d. Prompts: What made accessing care easier?
06. Do you have any other experiences you want to share?
07. Do you have any other final thoughts?

Appendix F. Full Quotes

Theme	Quote
More than Medical Care	So, another really big part of [gender] transition is access to speech therapy. And so, that's a really, really big part of passing [as cisgender]… The day-to-day struggle is getting your voice to kind of sound feminine enough that if you want to pass – again it's the kind of thing that matters if you want to pass.
	I'm like a heat seeking missile, where are the queers in rural Nova Scotia? And do I need to create a business card so I can hand this out to meet [queer] people? I need just a connection and other people in my life that get it [being queer] so that when we're exhausted from having to deal with these systems that claim to solve the problems that they themselves create. When we're exhausted with dealing with them, we can care for each other. That's the answer.
Sub-theme – Gender-affirming gear	Honestly for me like I'm not even sure that I even like want it [surgery] for other reasons as well. Like just for what I want my body and like what I want in my life… But I can imagine, especially if you were somebody who's transitioning later in life, like if you were transitioning in like your 50s or 60s, like going for like a big major surgery, like, is like, you know, not ideal and could be very risky.
Sub-theme: "I was driving the care myself" – Alone in Their Care	When I asked my physician that I'm seeing at [urban university health clinic] for a starting dose [of testosterone] and they asked me, "What

	do you want to start at"' And I said, "What do you mean, what do I want to start at"' And I came back to them and said, "Well, how do you typically make that decision? Is it based on weight, age?" And they paused and said, "That's a good question. Typically, we start at x milligrams" and so it's just a blanket fucken number, apparently… I ended up doing the additional research to learn like what is the starting dose of testosterone. And knowing that I am actually quite sensitive to medication, whether it's pain meds or whatever from other situations and things I've had…. And so I was just like, "well, I don't know what I want to be on," but based on your apparent clinical expertise and gatekeeping, "what do you think I should be on? And then I'm sensitive to meds. So maybe, let's half it and start there and see how it goes."
	I was experiencing these entire body wide cramps, like muscle imbalances. I didn't have the electrolytes and the nutrients in my body because I was eating maybe once a day, because it was such a tiny amount because of the pain. And so I stopped taking the [testosterone] injection. And within like six days, my symptoms resolved. And so I gave it another week, weekly injections, I gave it another week. And I was like, well, let's see if I inject myself and it was this medication, then I should probably get symptoms back. And yeah I gave myself another injection and within 2 hours I was on the couch, doubled over in pain. And so pretty sure I'm allergic to that, but it was

	never a thought or recommendation from any of these professionals to stop and see what happened. It was my own thinking. And I'm just like, how long could I have gone? Because that [stopping taking testosterone] wasn't something that I was super willing to explore… And I had to do that work because the professionals that I talked to weren't offering that information.
Subtheme: Accessibility outside Halifax	The type [of gender-affirming care] that can provide permanent hair loss, it's only available in Halifax… I would travel down every like four weeks and come get laser therapy and then go back to [rural community] and have to take a day off work and the travel expense.
Searching for Support	I just talk about things with like circles of friends and people that, you know, as allies or who are also [urban university] students doing research in health and stuff. So it was quite a privileged circle to be talking about these things… It all just started because like their [participants' partner] physician was basically like, "I won't be doing that." And so even though they [participants' partner] had a GP [general practitioner], they had to know like how to figure out how to get access to this [GAC]. And it's like, it was only through a friend that said, "Oh, your partner can access this."
	The biggest thing that has helped me learn about, even where to start researching and stuff is honestly TikTok, yeah. And so, can people stop

	shitting on TikTok and social media, please? It is literally a lifeline…The [TikTok] algorithm works in ways where things that you like, it feeds you content. And so I honestly believe like some of the things that I like, you know, all of a sudden I find myself on queer and lesbian TikTok on these sites and I'm just like, "weird I'm straight." And then you get these videos that pop up it's like "if you're here and you think you're straight" and then I'm just like, "oh, fuck." You know, that is essentially how these things help you consider in a way that is private but not alone. At the same time, it's not shaming
	I think the challenging part was financially it was - I get it I'm like very privileged in so many ways, but it's still a lot of money, the surgery overall was something close to $40,000 for the two surgeries. Like it was like an outrageous amount of money.
	There's a handful in Nova Scotia primary health care providers that are really knowledgeable and have made the effort themselves to teach themselves and to learn themselves. And so I'm one of those and so because of that, I'm the go to, but then I get where I can't take on more clients and I shouldn't be the go to, it should be everyone should have access to the information and be knowledgeable. You know, it shouldn't be a handful of service providers.
	The [urban non-profit sexual health centre] is the main one that is funded in Halifax, you know, they're non-profits, but they receive

	funding from Nova Scotia Health to provide these services… We were waiting anywhere from 4 to 6 weeks to get a return phone call from these services that are the only things that exist and so like the person that gives you the calls quoted like, you know, a ten-month waitlist to get on testosterone and all these things... They [NS Government] rely on non-profits to fill the gaps for what they should be doing.
	It was literally impossible to get my name just updated with [bank]… It was very frustrating because I would update with one thing and then I'd get dead named the next month they'd send me a statement that on the front of it, like would have my old name and then I'd update that thing and then there'd be another that would dead name me… I ended up leaving [bank] because, I felt like I called them so many times, honestly probably about a dozen times I reached out to them to try and like update my name.
Recommendations from Participants	A company needs to have policies in place to support anti-discrimination to deal with discrimination when it happens, not just from your customers, but from your staff, from your team. And if there isn't something at the leadership level, at the management level that supports that, then discrimination is going to be tolerated.

Appendix G. Resources Recommended by Participants

Resources recommended by participants for individuals accessing care and educational materials:

1. **Sex and You (Ontario)** - https://www.sexandu.ca
2. **The 519 (Toronto)** - https://www.the519.org/programs/category/trans-specific/
3. **CamH Gender Identity Clinic (Toronto) -** https://www.camh.ca/en/your-care/programs-and-services/gender-identity-clinic-adult
4. **Greg at Boyds Pharmacy (Halifax) - https://boydspharmasave.ca/our-team**

Appendix H. Sexual Health Nova Scotia Letter of Support

To Whom it May Concern,

Sexual Health Nova Scotia (SHNS) is pleased to express our support for the project titled "Experiences Accessing Gender-Affirming Care in Nova Scotia: A Hermeneutic Approach" led by Dalhousie University master's student, Bryah Boutilier.

SHNS is a provincial non-profit network of community-based sexual health centres. Some of the services offered at member-centres include support and guidance, free/low-cost safer sex supplies, referrals, education, training for professionals, and testing. A recent project, the Transformation Closet, distributes free gender-affirming gear items to trans and non-binary folks across the province. Our organization shares a common goal of working together to champion positive sexual health throughout the lifespan for all Nova Scotians.

SHNS is astutely aware of the barriers that prevent individuals from accessing gender-affirming care in Nova Scotia and works diligently to increase access to this life-saving care. We wholeheartedly understand the challenges individuals go through to access affirmative services to express their identity. Additionally, we recognize the value in research, such as Boutilier's project, in uplifting the voices of trans and non-binary people's experiences in seeking gender-affirming care services in this province. It is for this reason that SHNS is writing in support of this research.

SHNS understands the importance of recruiting participants across the province who have experience accessing gender-affirming services, which may include individuals who access our services. We would like to extend support to this project through sharing recruitment materials on social media and through our services that may reach the target population, such as the Transformation Closet.

Sincerely,

Stella Samuels
Executive Director, Sexual Health Nova Scotia

Appendix I. Venus Envy Letter of Support

1727 Barrington Street
Halifax, Nova Scotia, B3J 2A4
902-422-0004

To Whom it May Concern,

It is with great pleasure that I am writing on behalf of Venus Envy in support of the Masters research project titled "Experiences Accessing Gender-Affirming Care in Nova Scotia: A Hermeneutic Approach" being completed by Bryah Boutilier within Dalhousie University.

Venus Envy is an education-based sex shop and bookstore in Halifax, Nova Scotia. We are entirely operated by members of 2SLGBTQ+ communities, and are considered a community hub for education, resources, and support. Venus Envy offers a range of products and educational opportunities related to sexual health, pleasure, disability, and gender. We are committed to creating safe and inclusive spaces where individuals of all genders, sexual orientations, and identities can explore and celebrate their sexuality.

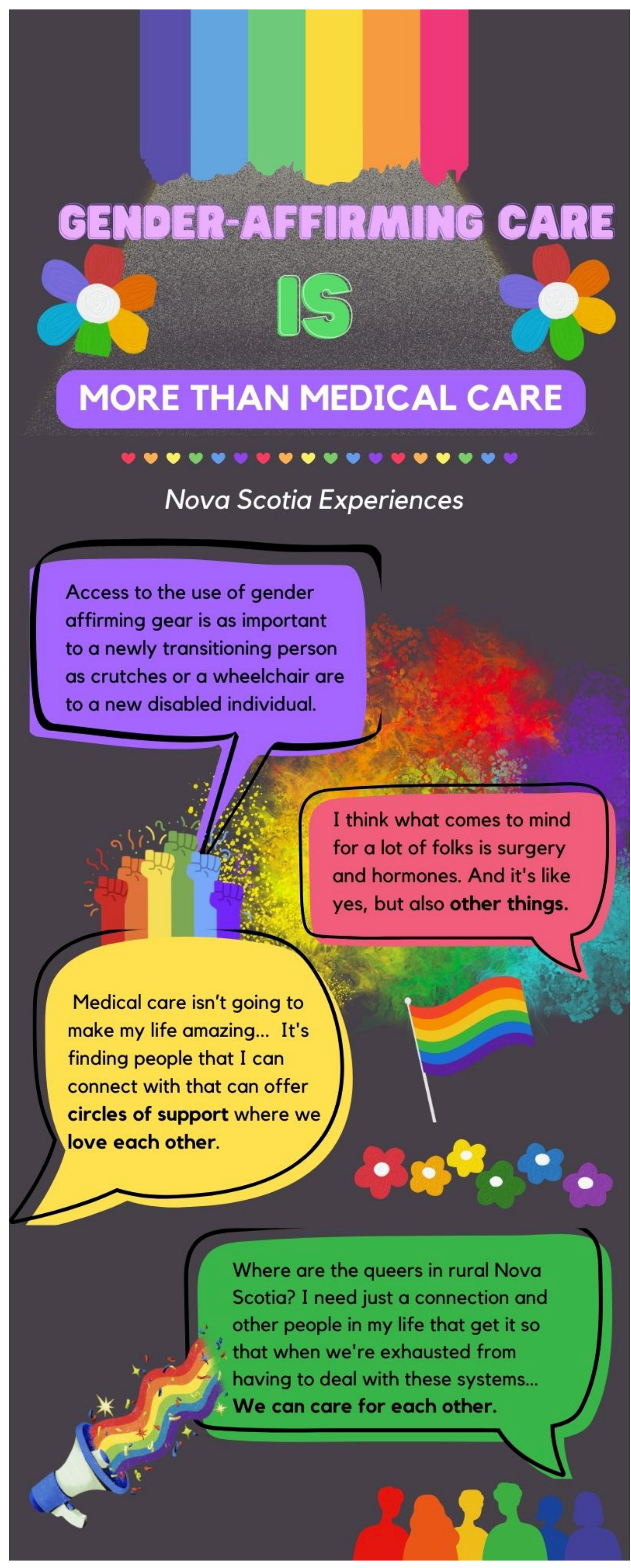
We understand and are often confronted with the multitude of barriers that impede access to gender-affirming services in Nova Scotia, ultimately hindering individuals' ability to express themselves and feel whole. Consequently, we recognize the necessity for research initiatives that strive to shed light on lived experiences of those seeking social, aesthetic, pharmaceutical, and health affirmation services. Moreover, we acknowledge that research endeavors, such as this project, play an important role in informing and influencing the development of policies and institutional change.

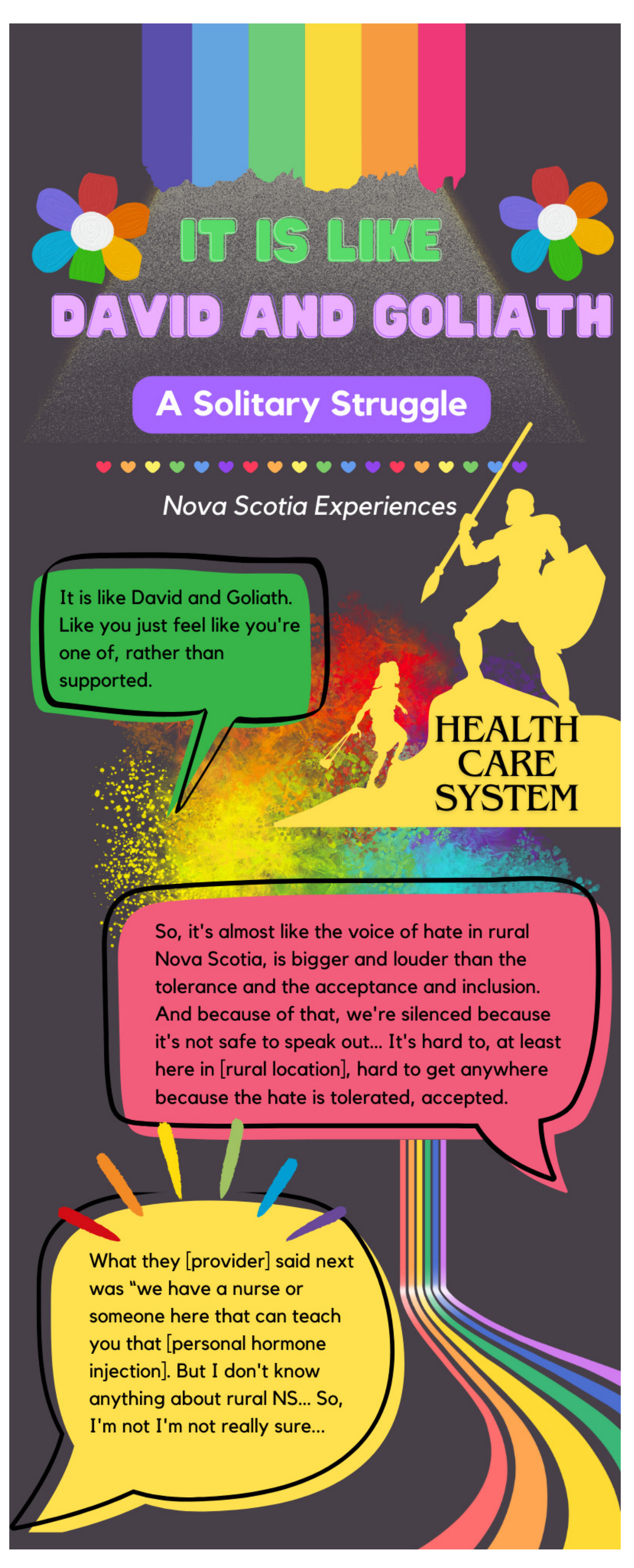
Venus Envy fully supports this project and the need to recruit individuals who may access Venus Envy or participate in our workshops or events. We look forward to assisting in participant recruitment by promoting the research through recruitment posters and social media.

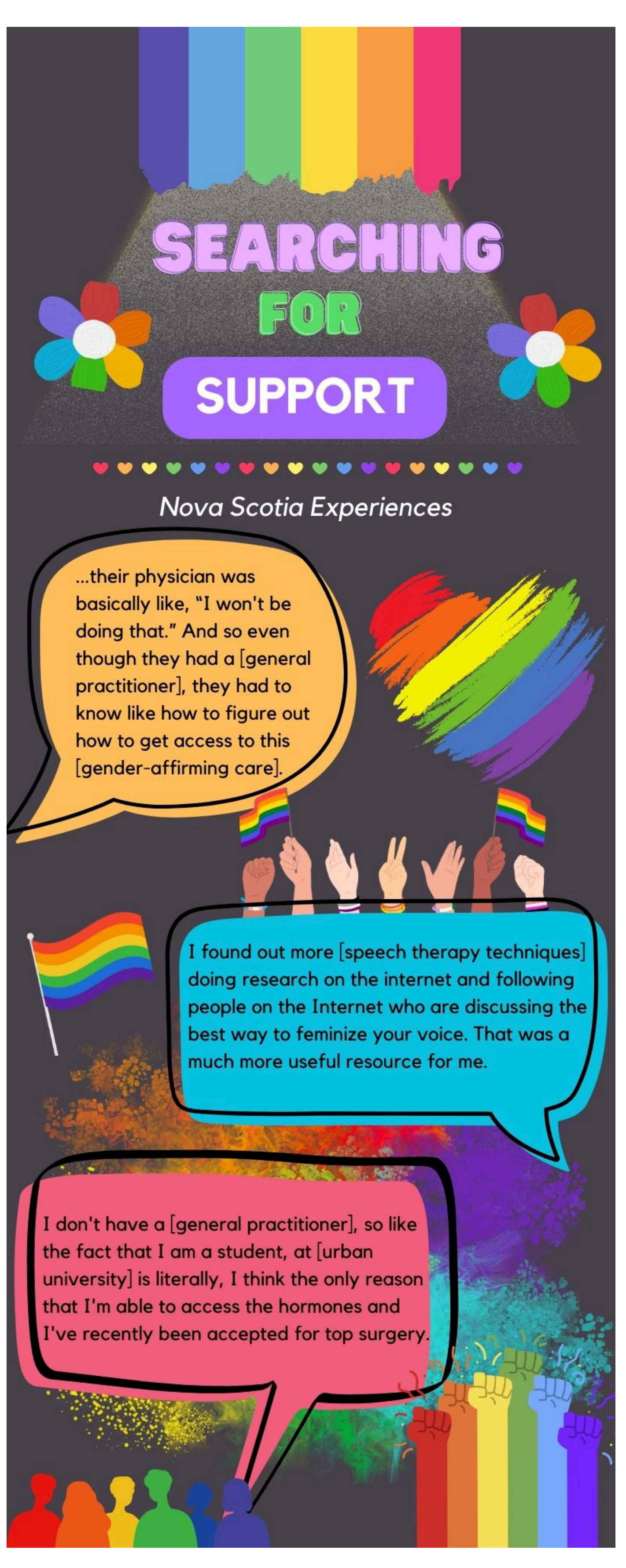
Sincerely,

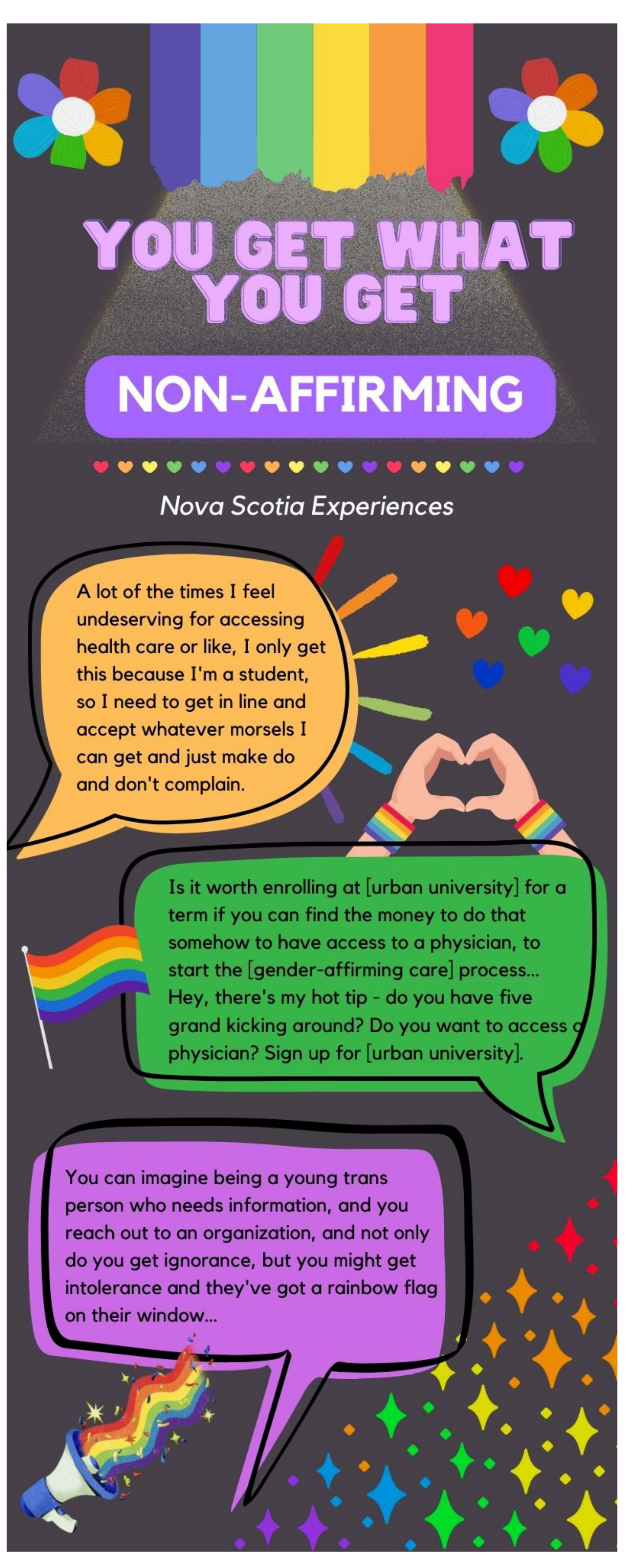
Rachele Manett, MA, CTRS
Education Coordinator, Venus Envy
rachele@venusenvy.ca

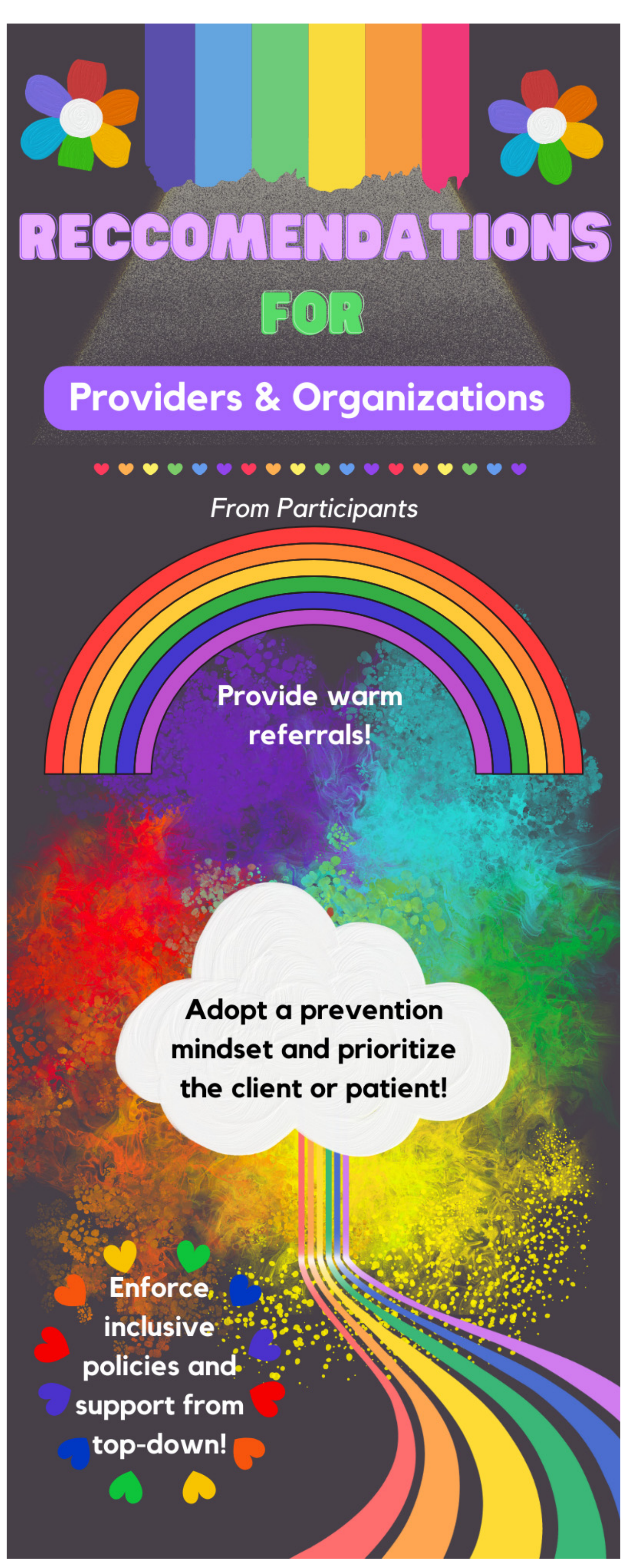
Appendix J. Findings Infographics for Community and Participants




IT IS LIKE
DAVID AND GOLIATH
A Solitary Struggle
Nova Scotia Experiences
It is like David and Goliath. Like you just feel like you're one of, rather than supported.
HEALTH CARE SYSTEM
So, it's almost like the voice of hate in rural Nova Scotia, is bigger and louder than the tolerance and the acceptance and inclusion. And because of that, we're silenced because it's not safe to speak out... It's hard to, at least here in [rural location], hard to get anywhere because the hate is tolerated, accepted.
What they [provider] said next was "we have a nurse or someone here that can teach you that [personal hormone injection]. But I don't know anything about rural NS... So, I'm not I'm not really sure...


SEARCHING
FOR
SUPPORT
Nova Scotia Experiences
...their physician was basically like, "I won't be doing that." And so even though they had a [general practitioner], they had to know like how to figure out how to get access to this [gender-affirming care].
I found out more [speech therapy techniques] doing research on the internet and following people on the Internet who are discussing the best way to feminize your voice. That was a much more useful resource for me.
I don't have a [general practitioner], so like the fact that I am a student, at [urban university] is literally, I think the only reason that I'm able to access the hormones and I've recently been accepted for top surgery.


YOU GET WHAT YOU GET
NON-AFFIRMING
Nova Scotia Experiences
A lot of the times I feel undeserving for accessing health care or like, I only get this because I'm a student, so I need to get in line and accept whatever morsels I can get and just make do and don't complain.
Is it worth enrolling at [urban university] for a term if you can find the money to do that somehow to have access to a physician, to start the [gender-affirming care] process... Hey, there's my hot tip - do you have five grand kicking around? Do you want to access a physician? Sign up for [urban university].
You can imagine being a young trans person who needs information, and you reach out to an organization, and not only do you get ignorance, but you might get intolerance and they've got a rainbow flag on their window...


RECCOMENDATIONS
FOR
Providers & Organizations
From Participants
Provide warm referrals!
Adopt a prevention mindset and prioritize the client or patient!
Enforce inclusive policies and support from top-down!