

**Policy vs. Practice: How British Columbia's Gender-Affirming Healthcare Portrayal Contrasts  
with the Lived Experiences of Transgender People**

Grey Carson

SOCI 374: Qualitative Research Methods

Dr. Edwin Hodge

November 30, 2024

## Introduction

Accessing gender-affirming healthcare can be a life-altering necessity for transgender<sup>1</sup> individuals, yet systemic barriers render this care inaccessible for countless people in British Columbia. Transgender people, whose gender identity differs from the sex they were assigned at birth, may look for gender-affirming healthcare to help them with their transition. The goal of gender-affirming care is to reduce or eliminate the hormonally induced characteristics of one's natal sex while inducing those of their core gender<sup>2</sup>, therefore lessening their dysphoria, or distress (Rotondi et al., 2013). This care encompasses a wide range of services, including hormone therapy, surgeries, and mental health support, all of which aim to reduce this distress and improve overall well-being (Rotondi et al., 2013).

Despite its significance, gender-affirming care is often overlooked or deprioritized. While access to healthcare is widely recognized as a basic human right, transgender people frequently encounter systemic obstacles such as extensive wait times, limited availability of LGBTQIA+ educated healthcare providers, and discrimination, all of which prevent them from receiving adequate care (Rotondi et al., 2013). These barriers not only delay care but also exacerbate mental health challenges and reduce the quality of life for many transgender individuals (Pattison et al., 2021).

Thus, the question that guided this study was: *How does the Government of British Columbia's portrayal of gender-affirming healthcare compare to the experiences that transgender individuals share on social media?* Using Critical Discourse Analysis (CDA), this research analyzed twelve government websites and eleven online experiences from Reddit and TikTok. The analysis focused on geographical accessibility, financial barriers, and provider knowledge within gender-affirming care services.

Understanding these barriers is crucial in advocating for improvements in the healthcare system and ensuring equitable access to necessary care for all individuals, regardless of their gender identity or location.

---

<sup>1</sup> I use *transgender* as an umbrella term encompassing non-binary, Two-Spirit, and gender-nonconforming identities. While those in the study may identify with more specific labels, this approach allows for a broad and cohesive analysis that simultaneously acknowledges the diversity of gender experiences.

<sup>2</sup> Refers to the gender in which the individual identifies as.

## **Literature Review**

### Historical Context of Gender-Affirming Healthcare and LGBTQIA+ Online Communities in Canada

The evolution of gender-affirming healthcare in Canada has been shaped by several key moments in healthcare policy. Historically, transgender individuals often faced significant barriers to accessing care, resorting to ‘do-it-yourself’ (DIY) methods, such as nonprescribed hormone use and self-performed surgeries, due to the lack of accessible and knowledgeable healthcare providers (Rotondi et al., 2013).

In recent years, advocacy has led to important policy changes aimed at improving inclusivity (Goldfarb et al., 2024). Studies show improvements in the healthcare experiences for transgender individuals, particularly in terms of the positive relationships with healthcare providers who have received training in inclusive care (Goldfarb et al., 2024). Alongside these changes, the rise of social media, especially during the COVID-19 pandemic, played a crucial role in reshaping the conversations around transgender healthcare (Haimson, 2019). Platforms such as TikTok have become spaces for community support, advocacy, and education, allowing transgender individuals to share experiences, access resources, and call for accessible healthcare policies (Haimson, 2019; Hiebert & Kortess-Miller, 2023).

The combination of evolving healthcare policies and widespread use of social media marks a turning point for transgender healthcare in Canada. While challenges remain, these shifts have sparked an ongoing dialogue on the importance of gender-affirming care and its critical role in improving the health and well-being of transgender individuals across the country. The literature emerging from this context emphasizes several key themes: the barriers of gender-affirming healthcare, mental health, and social media advocacy, which together play an important role in pushing for inclusive healthcare.

### Gender-Affirming Healthcare: Progress and Persistent Barriers

The literature on gender-affirming healthcare in Canada demonstrates both progress and systemic barriers, with multiple studies documenting the dual realities that transgender individuals face. On one hand, studies such as those by Goldfarb et al. (2024) show how informed consent practices, culturally competent care, and provider training have led to positive experiences for many transgender patients.

These findings suggest that when healthcare providers receive comprehensive LGBTQIA+ training, they have the tools to foster a more inclusive environment and can better navigate gender-affirming healthcare (Goldfarb et al., 2024). However, studies by Rotondi et al. (2013), Puckett et al. (2018), Vermeir et al. (2018), Ross et al. (2023), and Campbell et al. (2023) illustrate that barriers such as long wait times, the lack of knowledgeable providers, and discrimination in healthcare settings mean that many transgender individuals still face poor treatment and difficulties accessing gender-affirming care.

The juxtaposition of these two perspectives reveals an ongoing tension in the literature. While advancements in healthcare practices are celebrated, the structural inequities that transgender people face are still significant. This contradiction suggests that the healthcare system, while improving, is still not uniformly supportive for all transgender individuals. Both sets of studies highlight the need for comprehensive provider training and a more inclusive healthcare framework that addresses the specific needs of transgender individuals across Canada (Rotondi et al., 2013; Puckett et al., 2018; Vermeir et al., 2018; Ross et al., 2023; Campbell et al., 2023; Goldfarb et al., 2024). While Goldfarb et al. (2024) and Vermier et al. (2018) stress the need for systemic change to resolve the gap between positive experiences and the barriers that continue to impede access to care.

#### Response to Inadequate Gender-Affirming Healthcare: Health Consequences and Healthcare Avoidance

The inadequate access to gender-affirming healthcare for transgender people is a systemic issue that spans across multiple dimensions of health and well-being. A recurring theme across the literature is the significant risks posed by healthcare avoidance, which is largely driven by discrimination and mistreatment within medical environments (Tami et al. 2022; Mason et al. 2022). Transgender individuals report that negative encounters with healthcare providers, such as being misgendered or dismissed, result in feelings of alienation and a decreased willingness to seek essential care (Tami et al., 2022; Mason et al., 2022). This behaviour is not a matter of personal choice, it is a survival mechanism in response to the trauma of medical gatekeeping and marginalization (Tami et al., 2022; Mason et al., 2022).

What emerges from the literature is the survival strategies that originate from this avoidance. As individuals withdraw from the formal healthcare system, they often turn to unregulated and harmful alternatives, such as self-medication or informal treatments, to meet their healthcare needs (Rotondi et al., 2013; Alcindor et al., 2022). Studies by Rotondi et al. (2013) and Alcindor et al. (2022) highlight how the lack of trust in healthcare providers lead to ‘Do-It-Yourself’ (DIY) healthcare strategies, which, while offering a temporary solution, introduce major health risks. These unregulated practices, including obtaining hormones from non-medical sources or self-performed surgeries, point to the failure of the healthcare system to create an environment where transgender individuals feel safe and respected.

This theme of systemic neglect extends beyond healthcare itself and intersects with other areas of transgender people’s lives, particularly out of survival. The lack of access to adequate healthcare is a driving force behind increased vulnerability to violence and exploitation (Lyons et al., 2017). Studies by Coronel-Villalobos & Saewyc (2019), Foley et al. (2024), and Lyons et al. (2017) highlight how transgender individuals often turn to sex work as a means of survival when excluded from safe healthcare options. The economic and social vulnerabilities tied to healthcare inaccessibility are further compounded by the criminalization of sex workers, especially as transgender sex workers face heightened violence, discrimination, and barriers to support services (Coronel-Villalobos & Saewyc, 2019; Foley et al., 2024; Lyons et al., 2017). The systemic transphobia embedded in the criminal justice system is also reflected in the denial of gender-affirming healthcare within prisons (Coronel-Villalobos & Saewyc, 2019; Foley et al., 2024; Lyons et al., 2017).

These studies illustrate how systemic neglect in healthcare creates a vicious cycle where transgender people resort to harmful survival strategies, further increasing their vulnerability to violence and exploitation. Scholars call for further research to explore the long-term impacts of healthcare exclusion on transgender individuals, particularly regarding their survival strategies. Investigating how improvements in gender-affirming care can mitigate these negative outcomes is crucial to address systemic barriers and promote better health outcomes for transgender people.

## Mental Health and Use of Social Media

This theme of mental health and the use of social media reveals a complex dynamic where online platforms serve as both essential support systems and potential sites for harm (Paciente et al., 2023). Social media, particularly platforms like TikTok, Instagram, and YouTube, allow transgender people to build affirming communities, express themselves freely, and share their experiences in ways that are often inaccessible offline (Pattison et al., 2021; Hiebert & Kortes-Miller, 2023; Paciente et al., 2023). These spaces foster emotional resilience by offering a sense of belonging a shared understanding, especially when offline environments fail to provide adequate affirmation or acceptance (Haimson, 2019; Herrmann et al., 2024; Selkie et al., 2020).

At the same time, the lack of accessible, affirming healthcare for transgender individuals often exacerbates mental health struggles, such as increased rates of anxiety and depression (Scheim et al., 2017; Pattison et al., 2021). These struggles are compounded by experiences of social exclusion and discrimination, which often intersect with barriers to gender-affirming care, creating a cycle where mental health issues go unaddressed (Scheim et al., 2017; Pattison et al., 2021). In this context, social media becomes a vital resource, providing information, emotional support, and connection to others with similar experiences (Selkie et al., 2020; Herrmann et al., 2024). For those who face rejection or barriers in offline spaces, these platforms provide an outlet for expressing concerns, sharing coping strategies, and receiving validation, highlighting its dual role as both a lifeline and a site of vulnerability.

However, this role as a support system is not without its challenges. While social media platforms offer a sense of community, they also carry the risk of misinformation, especially concerning mental health advice and gender-affirming care (Hiebert & Kortes-Miller, 2023; Paciente et al., 2023). The very nature of these platforms, which allows anyone to share content, can lead to the spread of unverified and potentially harmful information (Hiebert & Kortes-Miller, 2023). This is particularly concerning for transgender individuals who may already struggle to find accurate, affirming resources in the healthcare system (Paciente et al., 2023). Thus, while social media can fill gaps left by these systemic failures, it also requires careful navigation to avoid misinformation that could undermine the well-being of transgender

people. Scholars emphasize the need for more research into how social media can play a crucial role in connecting transgender people to supportive communities and accurate resources, while mitigating the risks of misinformation and harm.

### Gaps and Limitations in the Literature

While the existing body of literature provides valuable insights, a critical limitation lies in its inability to account for the rapid evolution of healthcare policies. In the context of gender-affirming care, information can become outdated quickly, especially given how swiftly policies, medical practices, and service availability evolve within a short timeframe (Pattison et al., 2021). As new evidence, treatments, and guidelines emerge, older studies may no longer accurately reflect the current state of healthcare or the lived realities of transgender people. For example, earlier work often highlights barriers that may no longer exist or overlooks emerging ones shaped by evolving provincial policies or advancements. Research that does not account for these changes risk presenting an inaccurate picture of the current healthcare landscape. This gap highlights the pressing need for studies that remain responsive to these ongoing changes, particularly in Canada, where provincial healthcare systems are constantly changing.

Another limitation is the geographical concentration of existing research, which disproportionately focuses on Ontario while leaving regions such as British Columbia underrepresented. This provincial bias obscures the distinct experiences of transgender individuals in BC, especially those in rural or northern communities, where access to healthcare is vastly different (Pattison et al., 2021).

My proposed research seeks to address these gaps by focusing specifically on transgender experiences in British Columbia (BC), considering recent policy developments, and directly comparing governmental portrayals of gender-affirming healthcare with the lived experiences shared online. By examining both government and social media representations, this study provides a deeper understanding of the challenges and opportunities within BC's healthcare landscape. Bridging these gaps, the study will contribute to a more nuanced, regionally specific understanding of gender-affirming healthcare, offering actionable insights for improving access and inclusivity in healthcare services.

## **Findings & Discussion**

This study utilized Critical Discourse Analysis to examine the relationship between language, power, and social structures in the context of gender-affirming care in BC (Creswell & Poth, 2024). Drawing on feminist and queer theoretical frameworks, the analysis compared government websites and public statements to the personal narratives of transgender people shared on Reddit and TikTok. These frameworks provided critical tools for interrogating how policies and public discourses either reinforce or challenge structural inequities and binary gender norms (Creswell & Poth, 2024).

Data collection involved targeted searches on social media platforms using terms specific to BC, such as ‘transgender British Columbia’ and ‘gender-affirming care British Columbia.’ The search criteria ensured that all content was publicly accessible and relevant to the lived experiences of those in the province. The material collected had to specifically reference experiences with gender-affirming care in BC and come from individuals who had direct experience with such care. Any content that did not explicitly discuss gender-affirming care or was unrelated to transgender people’s experiences in British Columbia was excluded from the research. Saturation was reached after analyzing twelve government websites and eleven online narratives. Given the sensitive nature of the topic, all personal narratives were anonymized to protect the identities of transgender people, while ensuring their stories could inform a critical analysis of gender-affirming care in BC.

The findings that follow reveal significant discrepancies between BC’s government representations of gender-affirming care and the lived experiences shared by transgender individuals, uncovering themes of systemic gaps, barriers, and resilience within the community.

### Accessibility and Regional Disparities

The issue of accessibility to gender-affirming care in British Columbia is shaped by significant regional disparities, which are reflected both in official government resources and in the personal experiences shared on social media. Government websites, such as Northern Health (n.d.) lack any mention of transgender healthcare services, leaving residents without a clear pathway to access care.



Similarly, Interior Health (n.d.) provides only a few external resources, such as generalized sexual health resources, none of which directly address the needs of transgender individuals. This absence of clear resources reflects the marginalization of transgender healthcare and presumes a one-size-fits-all approach to health services, ignoring the unique challenges transgender individuals face.

In contrast, health authorities in more urban areas such as Vancouver Coastal Health and Island Health demonstrate a more robust approach. Vancouver Coastal Health (n.d.) offers the most specialized services, including the Gender Surgery Program, PRISM Services for LGBTQIA2S+ mental health, and the Trans Specialty Care program at Three Bridges Community Health Centre. Island Health (n.d.) similarly supports gender-affirming healthcare with resources such as the North Island Gender Clinic, which provides hormone therapy and transition-related care. The language used in these health authorities often frames gender-affirming care as part of a broader spectrum of health services, acknowledging a unique healthcare need for the transgender community. However, these services remain concentrated in more populated areas, creating a contrast in access between urban and rural regions.

Several social media posts highlight the challenges faced by transgender individuals in rural areas. For example, two Reddit commenters<sup>3</sup> shared:

“I’ve been waiting since June to get into a gender affirming clinic. I’m from a small town in Northern BC and have to be referred to a different town. Anyone else dealing with this?” (Reddit Commenter 1, 2024).

“There are very few [doctors] in and north of Prince George that handle Gender Affirming Care for us.” (Reddit Commenter 2, 2024).

These statements reflect how geographic isolation exacerbates wait times and forces individuals to travel long distances to access care, imposing significant logistical, emotional, and financial burdens. This gap in access to care between urban and rural areas highlights the government’s failure to provide clear, accessible resources for rural communities, perpetuating the marginalization of transgender individuals in those areas. As noted by Hiebert & Kortés-Miller (2023), rural populations often

---

<sup>3</sup> Due to the sensitive nature of this topic, I made the decision to exclude screenshots and avoid disclosing usernames of commenters references in this research. This decision ensured that the privacy of commenters is upheld, minimizing the risk of harm or retraumatization to those sharing their personal experiences.

experience heightened barriers to gender-affirming care due to limited healthcare providers trained in LGBTQIA+ issues. Furthermore, the language used by the commenters reveals a shared experience of frustration and helplessness. Terms like ‘waiting’ and ‘referred to a different town’ suggest not only the physical distance but an emotional distance from the institutions meant to be supporting them (Reddit Commenter 1, 2024). The lack of local options in these rural communities is more than just a logistical issue; it reflects the unequal allocation of resources, a cycle of exclusion that devalues the healthcare needs of transgender people in rural communities, as mentioned in the literature on healthcare inequities (Scheim et al., 2017; Pattison et al., 2021).

### Financial Inaccessibility

The issue of financial accessibility to gender-affirming care in British Columbia is exacerbated by limited options for individuals seeking to bypass lengthy wait times. Government funded-organizations, such as The Foundry (n.d.), provide gender-affirming care services for youth aged 12-24, including hormone readiness assessments and mental health support. However, the demand for these services often results in wait times that can extend several months, creating a barrier for individuals who are seeking timely healthcare (The Foundry, n.d.). One Reddit user shared their frustration with the wait times:

“I am on a waitlist now for a hormone readiness assessment (Foundry Abbotsford and Catherine White Holman Wellness Centre) Although, I unfortunately heard foundry waiting list is up to 6 months [...] I live in Chilliwack but it's seeming pretty darn difficult for me to access trans care around here.” (Reddit Commenter 3, 2022).

This language in this statement reflects a sense of isolation. The use of ‘unfortunately’ conveys a sense of inevitability about the situation, while “seemingly pretty darn difficult” reflects the struggle of trying to navigate a system that is not designed to meet the needs of transgender people (Reddit Commenter 3, 2022). These frustrations are consistent with findings from the literature, which note that the barriers associated with gender-affirming care can lead to worsened mental health outcomes (Pattison et al., 2021).

This system of delayed care sharply contrasts with the experience of those who can afford private options. Individuals with financial resources can bypass public waitlists and access care more quickly,

thus creating a two-tiered healthcare system. One Reddit commenter described their experience with private care:

“I did a private hormone readiness assessment and it was quick, a couple zoom meetings and I had the paperwork within a week. Absolutely silly how much it cost though - was about \$450 for what was basically them reading off the questions on the form and writing down the answers you give. [...] Our supposedly public system has shortcuts if you can afford it but is slow as hell if you don't have the means :/” (Reddit Commenter 4, 2022).

The commenter’s use of ‘silly’ emphasizes the absurdity of the high cost for what they perceive as a relatively simple service. This choice of words not only critiques the privatization of healthcare but also highlights the financial strain placed on transgender individuals who are forced to pay for faster access. The expression “supposedly public system” carries a tone of disillusionment, pointing to the gap between the ideal of public, equitable healthcare and the reality of a system that, for those without the financial means, is “slow as hell” (Reddit Commenter 4, 2022). This divide in public and private options not only deepens social inequities but also disproportionately affects transgender individuals who already face multiple barriers to receiving care (Rotondi et al., 2013; Pattison et al., 2021).

Both quotes reveal how the financial barriers to accessing gender-affirming care are highlighted by inefficiencies in the healthcare system, while the emergence of privatized healthcare options creates an advantage to those with financial privilege. The emotional undertones of these statements: frustration, disbelief, and exhaustion, demonstrate the social and psychological burdens imposed on those who are unable to access care in a timely manner. These narratives show how the healthcare system perpetuates inequality by creating a divide between those who can afford to bypass the delays and those who cannot. This disparity not only affects the physical health of transgender individuals but also exacerbates feelings of marginalization and inequity within the broader social context (Scheim et al., 2017).

### Provider Knowledge and Systemic Bias

In British Columbia, government statements reflect a growing commitment to improve gender-affirming care for transgender people. For example, Transcare BC, part of the Provincial Health Services Authority, provides comprehensive resources to help transgender individuals navigate the complexities of

gender-affirming care (Transcare BC, n.d.). Recent government announcements also emphasize inclusivity and the provision of evidence-based care, with public declarations about ending transphobia and supporting the transgender community (Government of British Columbia, 2023; Provincial Health Services Authority, 2024). These official resources suggest that progress is being made toward creating a more inclusive healthcare environment for transgender individuals.

However, personal accounts shared by transgender people on social media highlight that there are still significant barriers to accessing care, especially in terms of provider knowledge and the persistence of systemic bias. One experience shared by a transgender person located in the Vancouver Coastal Health (VCH) region describes a pap test appointment where the individual, after informing the provider of their gender identity and mental health history, was told unexpectedly in a hallway that a third party would observe the procedure (Reddit Commenter 5). They commented that they were feeling, “like I can’t trust anyone at VCH, or any healthcare provider” because of this experience (Reddit Commenter 5).

This narrative illustrates how inadequate provider knowledge and lack of communication can cause emotional harm, resulting in the breakdown of trust between healthcare providers and transgender patients. It reflects the broader issue of how even within established healthcare networks, transgender patients may not receive care that respects their gender identity or provides them with a sense of safety and security. The response expressed in the comment “I can’t trust anyone at VCH” highlights the deep mistrust that can be fostered through such experiences (Reddit Commenter 5). It also suggests that the failure to provide respectful, sensitive care is not an isolated incident but part of a larger systemic issue (Pattison et al., 2021).

Additionally, a TikTok video from a transgender creator in British Columbia explains their story of starting hormone replacement therapy:

“So why did it take me over 20 doctors to start testosterone? [...] short answer is transphobia. [...] When I decided to start hormones, I essentially started calling around walk in clinics. [...] People would outright turn me away because of my voice, [which] hadn’t dropped yet, and they could tell I was trans. [...] there are actually lots of resources for physicians helping trans patients, but they wouldn’t do it because of transphobia” (TikTok Creator 1, 2022).

This experience demonstrates how deeply ingrained bias can impede transgender people from accessing necessary care, even when resources and support systems are available. In this case, the creator's use of the phrase "short answer is transphobia" explicitly names the root cause of the barrier to care, acknowledging that while resources may exist, healthcare providers' bias and reluctance to engage with them is a significant barrier in their case (TikTok Creator 1, 2022). This reinforces how even within healthcare systems that claim to support transgender people (Government of British Columbia, 2023; Provincial Health Services Authority, 2024), deeply ingrained prejudices can still impede access to essential care. The reluctance to treat transgender patients, particularly based on visible characteristics like voice pitch, demonstrate how bias and stereotypes continue to shape the experiences of transgender individuals within healthcare settings (Pattison et al., 2021).

These findings align with broader research on the lack of provider knowledge and systemic bias within healthcare systems (Rotondi et al., 2013), emphasizing that while educational resources for healthcare providers exist, the translation of this knowledge into practice remains inadequate. Without addressing these ingrained biases and ensuring that transgender individuals receive care that respects their gender identity, the promise of inclusive, equitable healthcare remains unfulfilled.

## **Summary**

This project sought to explore the connection between the Government of British Columbia's portrayal of gender-affirming care and the lived experiences of transgender individuals, particularly those shared on social media. The research examined how government resources and statements align with or diverge from the real-world experiences of transgender people. I argued that while the BC government has made efforts to promote inclusivity through resources such as Transcare BC and other specialized health services, significant gaps remain in the accessibility and quality of care.

Ultimately, the research found that while the government is making progress toward inclusive care, the lived experiences of transgender individuals reveal that substantial barriers still exist. These barriers include long wait times, a lack of trained healthcare providers, and the financial and emotional

toll of navigating a healthcare system that is often unresponsive to the needs of transgender people. Therefore, the answer to the research question is that despite positive steps, transgender individuals still face significant challenges in accessing gender affirming care in British Columbia. More action is needed to bridge the gap between official statements and the real-world experiences of transgender individuals.

## **Reflection**

This project had several limitations that affected its scope and depth. The most impactful limitation was the time constraint. While the topic was complex and multifaceted, the parameters of the course and the short timeframe for completing this project restricted my ability to conduct a more exhaustive analysis. Additionally, the use of CDA was valuable but also limiting, as it focused solely on public stories in social media spaces, rather than a multi-method approach that could have included more direct interviews with transgender individuals. With more time and resources, an in-depth investigation could have provided a richer, more nuanced understanding of the intersections between government statements and lived experiences.

Given these limitations, there are several avenues for further research that could significantly contribute to the literature on gender-affirming care in British Columbia. One possibility would be to expand the research to include a larger, more diverse set of personal experiences from transgender individuals, incorporating a variety of methods such as interviews and longitudinal research. This could provide more insight into the ways in which government policies and healthcare practices directly impact individuals over time. Another potential direction for future work could be to explore the role of healthcare providers themselves, assessing how their training, personal biases, and institutional support (or lack thereof) affect the care they provide to transgender patients.

As a researcher who identifies as queer and trans, my own subject position inevitably shaped both the process and the findings of this project. On one hand, my personal experiences with the healthcare system likely gave me a unique lens through which I could view and interpret the data, which may have informed a more empathetic analysis. On the other hand, this subjectivity also introduced potential biases,

particularly in interpreting emotional or subjective responses. Further research in this area should consider the researcher's own positionality, as it can have both advantages and challenges when discussing sensitive topics like healthcare access and identity.

## **Conclusion**

This project has been a deep dive into a critical issue that affects many transgender individuals in British Columbia and beyond. Even though there are growing efforts to improve gender-affirming care, the gaps between policy and lived reality remain evident. These findings highlight the importance of continuing to question and challenge systemic biases in healthcare and advocate for inclusive and accessible care for all. As this research wraps up, it serves as a reminder that change is often slow, but it begins with conversations, inquiry, and the dedication of individuals who refuse to accept the status quo.

## References

- Alcindor, M. L., Alvarez-Calupitan, S., & Appleby, R.-A. (2022). Poor mental health in the transgender and non-binary youths and its influence on healthcare practices and outcomes. *Evidence-Based Nursing*, 25(4), 131–131. <https://doi.org/10.1136/ebnurs-2021-103473>
- Campbell, J., Nathoo, A., Chard, S., Messenger, D., Walker, M., & Bartels, S. A. (2023). Lesbian, gay, bisexual, transgender and or queer patient experiences in Canadian primary care and emergency departments: a literature review. *Culture, Health & Sexuality*, 25(12), 1707–1724. <https://doi.org/10.1080/13691058.2023.2176548>
- Coronel-Villalobos, M., & Saewyc, E. M. (2019). TRADING SEX AND SEXUAL EXPLOITATION AMONG TRANSGENDER YOUTH IN CANADA. *Journal of Adolescent Health*.
- Creswell, J. W., & Poth, C. N. (2024). *Qualitative Inquiry and Research Design: Choosing among five approaches*. SAGE Publications.
- Foley, G., Siqueira Cassiano, M., Ricciardelli, R., & Gacek, J. (2024). Correctional Transgender Policy in Canada’s Federal Prison System. *Criminal Justice Policy Review*, 35(4), 216–240. <https://doi.org/10.1177/08874034241268986>.
- Goldfarb, R., Katz, M. A., Travers, R., Poliwoda, J., Sadri-Gerrior, M., Valiant, C., Murugan, A. A., Tang, J., Henry, G., & Coleman, T. (2024). “They just knew, and that makes all the difference”: understanding positive healthcare experiences among trans people in Canada. *International Journal of Transgender Health*, 1–11. <https://doi.org/10.1080/26895269.2024.2305196>
- Government of British Columbia. (2023, November 22). Premier’s, parliamentary secretary’s statement on Transgender Day of Remembrance. *BC Gov News*. <https://news.gov.bc.ca/releases/2023PREM0064-001805>
- Haimson, O. L. (2019). Mapping gender transition sentiment patterns via social media data: toward decreasing transgender mental health disparities. *Journal of the American Medical Informatics Association*, 26(8), 749–758. <https://doi.org/10.1093/jamia/ocz056>
- Herrmann, L., Barkmann, C., Bindt, C., Hohmann, S., Fahrenkrug, S., & Becker-Hebly, I. (2024). How



- social is social media for transgender and gender-diverse youth? Association of online social experiences with internalizing mental health problems. *European Child & Adolescent Psychiatry*.  
<https://doi.org/10.1007/s00787-024-02396-9>
- Hiebert, A., & Kortess-Miller, K. (2023). Finding home in online community: exploring TikTok as a support for gender and sexual minority youth throughout COVID-19. *Journal of LGBT Youth*, 20(4), 800–817. <https://doi.org/10.1080/19361653.2021.2009953>
- Interior Health. (n.d.). *Interior Health*. Retrieved November 28, 2024, from <https://www.interiorhealth.ca>
- Island Health. (n.d.). *Island Health*. Retrieved November 28, 2024, from <https://www.islandhealth.ca>
- Lyons, T., Krüsi, A., Pierre, L., Kerr, T., Small, W., & Shannon, K. (2017). Negotiating Violence in the Context of Transphobia and Criminalization: The Experiences of Trans Sex Workers in Vancouver, Canada. *Qualitative Health Research*, 27(2), 182–190.  
<https://doi.org/10.1177/1049732315613311>
- Mason, K. L., Smout, S. A., Wall, C. S. J., Coston, B. E., Perrin, P. B., & Benotsch, E. G. (2022). Exposure to Childhood Healthcare Discrimination and Healthcare Avoidance among Transgender and Gender Independent Adults during a Global Pandemic. *International Journal of Environmental Research and Public Health*, 19(12), 7440-.  
<https://doi.org/10.3390/ijerph19127440>
- Northern Health. (n.d.). *Northern Health*. Retrieved November 28, 2024, from <https://www.northernhealth.ca>
- Pacinte, R., Pranoto, E. P., Woolard, A., Munro, E., & Lombardi, K. (2023). The queers are all right: a content analysis of LGBTQIA + mental health on TikTok. *Culture, Health & Sexuality*, 26(6), 778–789. <https://doi.org/10.1080/13691058.2023.2253882>
- Pattison, R., Puyat, J. H., Giesbrecht, A., Zenone, M., Mathias, S., & Barbic, S. (2021). Examining Mental Health Differences Between Transgender, Gender Nonconforming, and Cisgender Young People in British Columbia. *Frontiers in Psychiatry*, 12, 720681–720681. <https://doi.org/10.3389/fpsy.2021.720681>

- Provincial Health Services Authority. (2024). Statement regarding the delivery of gender-affirming care for youth in B.C. *PHSA*. <http://www.phsa.ca/about/news-stories/news-releases/2024-news/statement-regarding-the-delivery-of-gender-affirming-care-for-youth-in-b-c>
- Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. *Sexuality Research & Social Policy*, *15*(1), 48–59. <https://doi.org/10.1007/s13178-017-0295-8>
- Ross, M. B., Jahouh, H., Mullender, M. G., Kreukels, B. P. C., & van de Grift, T. C. (2023). Voices from a Multidisciplinary Healthcare Center: Understanding Barriers in Gender-Affirming Care—A Qualitative Exploration. *International Journal of Environmental Research and Public Health*, *20*(14), 6367-. <https://doi.org/10.3390/ijerph20146367>
- Reddit Commenter 1, & Reddit Commenter 2. (2024). Comments on gender-affirming care in Northern BC. [Online forum comment]. *Reddit*. Last accessed November 28, 2024.
- Reddit Commenter 3, & Reddit Commenter 4. (2022). Comments on accessing hormone replacement therapy in Chilliwack, BC. [Online forum comment]. *Reddit*. Last accessed November 28, 2024.
- Reddit Commenter 5. (2021). Comment on Vancouver Coastal Health (VCH) healthcare experience [Online forum comment]. *Reddit*. Last accessed November 28, 2024.
- Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed Hormone Use and Self-Performed Surgeries: “Do-It-Yourself” Transitions in Transgender Communities in Ontario, Canada. *American Journal of Public Health*, *103*(10), 1830–1836. <https://doi.org/10.2105/AJPH.2013.301348>
- Scheim, A. I., Bauer, G. R., & Shokoohi, M. (2017). Drug use among transgender people in Ontario, Canada: Disparities and associations with social exclusion. *Addictive Behaviors*, *72*, 151–158. <https://doi.org/10.1016/j.addbeh.2017.03.022>
- Selkie, E., Adkins, V., Masters, E., Bajpai, A., & Shumer, D. (2020). Transgender Adolescents’ Uses of Social Media for Social Support. *Journal of Adolescent Health*, *66*(3), 275–280. <https://doi.org/10.1016/j.jadohealth.2019.08.011>

- Tami, A., Ferguson, T., Bauer, G. R., & Scheim, A. I. (2022). Avoidance of primary healthcare among transgender and non-binary people in Canada during the COVID-19 pandemic. *Preventive Medicine Reports*, 27, 101789–101789.  
<https://doi.org/10.1016/j.pmedr.2022.101789>
- The Foundry. (n.d.). *Foundry BC*. Retrieved November 28, 2024, from <https://foundrybc.ca>
- TikTok Creator 1. (2022). Video on barriers to starting hormone therapy. [Video post]. *TikTok*. Last accessed November 28, 2024.
- Transcare BC. (n.d.). Gender-affirming healthcare services. *Provincial Health Services Authority*. Retrieved November 28, 2024, from <https://www.transcarebc.ca>.
- Vancouver Coastal Health. (n.d.). *Vancouver Coastal Health*. Retrieved November 28, 2024, from <https://www.vch.ca>
- Vermeir, E., Jackson, L. A., & Marshall, E. G. (2018). Barriers to primary and emergency healthcare for trans adults. *Culture, Health & Sexuality*, 20(2), 232–246.  
<https://doi.org/10.1080/13691058.2017.1338757>