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ABSTRACT

Purpose: Social support can prevent or modify responses to stress that affect health and well-being. Furthermore, integration into social networks is hypothesized to promote recognition of self-worth, as well as sense of purpose, belonging, and security. There is developing evidence that transgender (trans) and non-binary youth who are supported through family, healthcare, community, and school are more likely to experience a similar range of mental health and well-being as the rest of their cisgender peers. This study aims to describe and characterize the level and nature of support trans and non-binary youth seeking gender-affirming care receive from their parents/caregivers, other family members, friends, classmates, teachers, and community groups and leaders.

Materials and Methods: Analyses were conducted using baseline survey data from Trans Youth CAN!, a pan-Canadian cohort study of youth referred for puberty suppression and/or hormone therapy. Eligible youth were aged from puberty to 15 years, and were attending their first visit after referral for puberty suppression and/or hormone therapy at one of ten clinics. Previously validated measures of support include the MOS Social Support Survey, Family Connectedness Scale, and School Connectedness Scale. The baseline survey also contains new measures developed by the research team which were derived from clinician, researcher, and parent report, with revisions based on separate English and French trans and non-binary youth and parent feedback groups. These new measures examined support for preferred pronoun(s); family, school and community support for gender identity and expression; parental support of youth receiving gender-affirming care; sources of social support; and use of LGBT2Q youth support groups.

Results: We present preliminary results from youth baseline surveys, including frequencies for each measure of support, an analysis of the number of sources of social support reported, and an exploration of whether the quantity, quality, or nature of support varied by youth's age, binary or non-binary gender identity, Indigenous status, or immigration history.

Conclusion: Our results describe the ways that trans and non-binary youth perceive and receive support from friends, family, school, and community, with family and real-life, non-trans friends providing them with their greatest support. Education is needed to empower primary care providers, teachers, community members, and cultural/ethnic and faith communities to support trans youth. It is encouraging that strong parental support for gender identity and expression was associated with higher gender positivity and lower gender distress.

RESULTS

- Age range was 10 to 15 years. Median age was 14, and 10% were age 11 or younger. 19.4% are Indigenous, 4.4% immigrated to Canada, and another 14.7% are children of immigrants. 53.4% live in a city, 27.4% in a suburb, and 19.2% in a rural area. 65.8% identify as male or primarily masculine, 26.0% as female or primarily feminine, and 8.2% as non-binary.
- Youth drew support from a wide range of sources (Table 1). 42/73 youth reported that they had an LGBT2SQ youth group in their community, and 24 youth had attended. Ratings as to usefulness covered the full range.
- Parental support for gender identity/expression, social support, family connectedness, and school connectedness did not vary significantly across demographics (Table 2).
- In general (Table 3), youth experienced high levels of parental support, with approximately 2/3 indicating that all parents were "very supportive" of their gender identity and expression and of their gender-affirming medical care. No youth reported all their parents as being unsupportive. 61.8% of youth reported that their parents used their preferred pronouns consistently.
- Strong versus mixed/moderate parental support for gender identity and expression was associated with higher gender positivity ($p=0.0036$) and lower gender distress ($p=0.0014$) (Figure 1).

KEY POINTS

- Youth reported that their greatest social support came from their parent(s), real-life and non-trans friends.
- Social support from community, school and health care professionals was reported to be much lower, particularly from teachers, extracurricular leaders, and cultural/ethnic and faith communities.
- The LGBT2Q community was a source of support for 46.6% of youth. It isn't known whether the other youth didn't have access to this or whether, for example, they chose not to attend local LGBT2Q support groups.
- Less than half of trans youth reported social support from their regular doctors; they should be encouraged and empowered to play a more active role in supporting trans youth.
- More than 66% of youth reported their parents as very supportive of their gender identity/expression and gender-affirming medical care; no parents were reported as unsupportive. 61.8% of trans youth said all their parents used their preferred pronoun consistently.
- Strong parental support for gender identity and expression was associated with higher gender positivity and lower gender distress.
- Levels of parental support, social support, family connectedness, and school connectedness did not vary across age group, gender identity, Indigeneity, or having immigrant family.

BACKGROUND

- Transgender youth are increasingly being referred to specialty clinics after the onset of puberty for gender-affirming medical care, including puberty suppression and/or cross-sex hormones.
- Social support can prevent or modulate responses to stressful events that may be damaging to health and wellbeing.¹
- There is developing evidence that transgender (trans) youth who are supported through family, healthcare, community, and school are more likely to experience a similar range of mental health and well-being as their cisgender peers.²
- In particular, parental support for gender identity has been identified as a key protective factor to the mental health of trans youth and adolescents.³⁻⁵
- The objective of this study is to describe the level and nature of support trans and non-binary youth seeking gender-affirming care receive from their parents/caregivers, other family members, friends, classmates, teachers, health providers, and community groups and leaders. We also examine the effects of parental support on gender positivity and gender distress.

METHODS

- Youth are recruited at first referral visit for puberty suppression or cross-sex hormones at any of ten clinics in Halifax, Montreal, Ottawa, Toronto, Hamilton, London, Winnipeg, Calgary, Edmonton, or Vancouver.
- Eligibility criteria: age puberty to <16, able to complete interview in English or French.
- Where possible, a parent or caregiver is also enrolled to complete the parent/caregiver surveys.
- Data will be collected from youth via interviewer administered survey at baseline, 12 months, and 24 months, via brief online checklist at 3-month intervals, and via clinical case report form.
- Data will be collected from parents/caregivers via self-completed online survey at baseline, 12 months, and 24 months.
- Surveys were designed based on previously validated measures, survey design and clinical expertise of team members, and community expertise of both youth and parent consultation groups (in English and French).
- Survey measures included the MOS Social Support Scale, Family Connectedness, School Connectedness, the Trans Youth CAN! Gender Distress Scale, and the Trans Youth CAN! Gender Positivity Scale.
- Frequencies and means were estimated from data; mean values for continuous psychometrics variables were compared across categories using t- or f-statistics.
- Data presented here are for the first 73 youth enrolled at baseline clinic visits.**

Table 1. Sources of Support for Trans Youth Referred for Hormone Care

Family & Friends	%	Community, School & HCPs	%
At least one parent	95.9	Mental health provider	50.7
Real-life (offline) friends	84.9	LGBT2Q community	46.6
Non-trans friends	72.0	Regular doctors	45.2
Siblings	50.7	Teachers	35.6
Extended family	45.2	Extracurricular leaders	13.7
Trans friends	45.2	Other sources	12.3
Online friends	43.8	Cultural or ethnic community	4.1
Classmates	42.5	Faith community	2.7

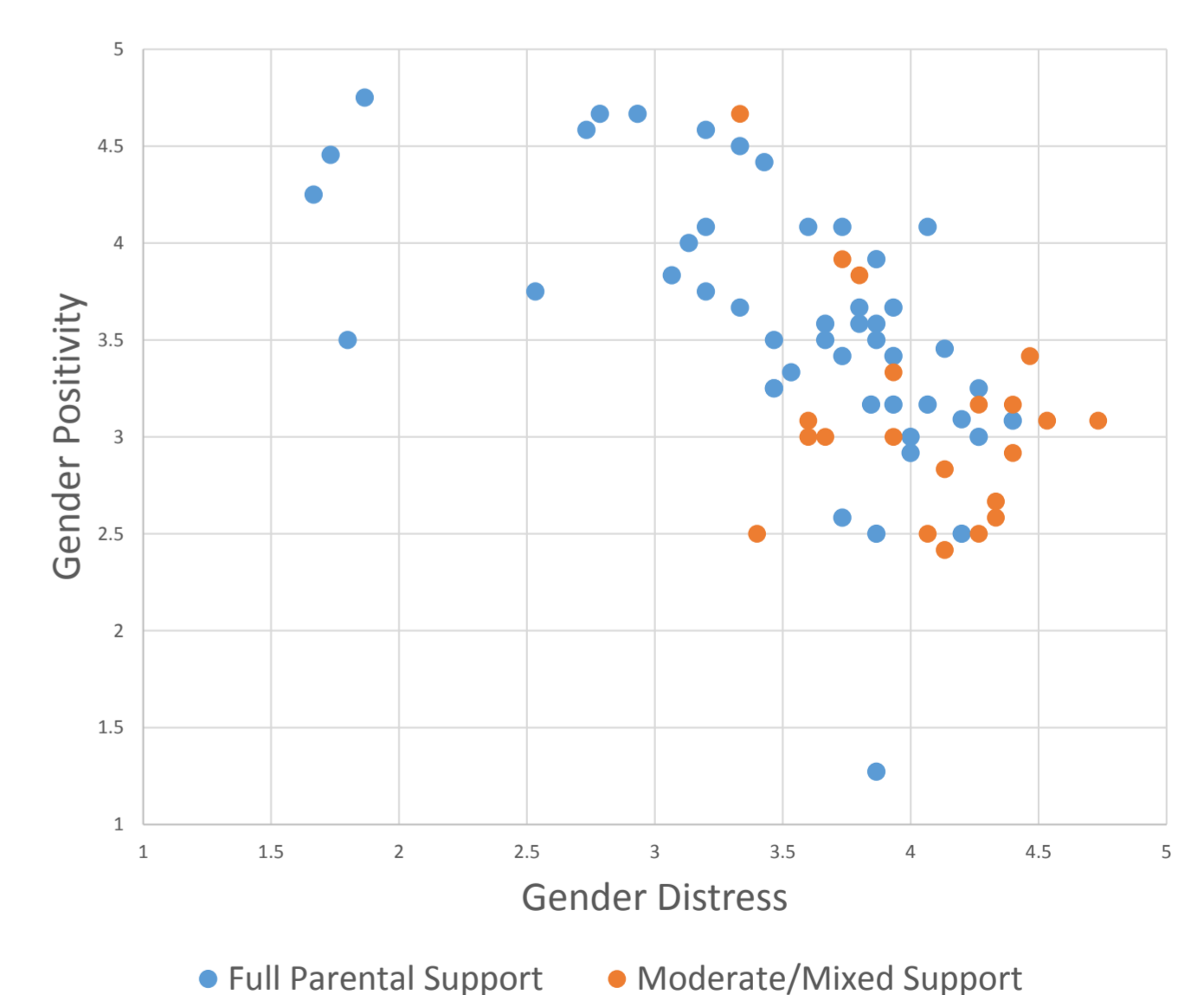
Table 2. Parental Support for Gender, Social Support, Family Connectedness, and School Connectedness: Sociodemographic Variation

	Parental Support		Social Support		Family Connectedness		School Connectedness	
	%	p	Mean	p	Mean	p	Mean	p
Age		0.2435		0.0742		0.0512		0.5719
10-13 years	77.3		4.37		4.25		2.30	
14-15 years	63.3		4.05		3.98		2.38	
Gender Identity		0.1589		0.5670		0.6308		0.1835
Female/feminine	84.2		4.25		4.22		2.17	
Male/masculine	63.0		4.14		4.22			
Non-binary	50.0		3.90		3.90		2.34	
Indigeneity / Immigration		0.4547		0.3686		0.1312		0.3575
Indigenous	83.3		4.18		4.43		2.22	
Immigrant family	69.2		4.36		4.12		2.30	
Non-immigrant family	64.3		4.05		3.95		2.43	

Table 3. Parental Support for Gender Identity/Expression, Gender-affirming Medical Care, and Pronouns

	n	%
Parental support for gender identity and expression		
All parents very supportive	48	67.6
Mixed/moderate support	23	32.4
All parents unsupportive	0	0
Parental support for gender-affirming medical care		
All parents very supportive	47	66.2
Mixed/moderate support	24	33.8
All parents unsupportive	0	0
Parental use of youth's pronouns		
All parents use consistently	42	61.8
Other	26	38.2

Fig. 1. Gender Distress and Gender Positivity, by Parental Support for Gender Identity/Expression Level



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