



Trans and Non-Binary Youth in Clinical Care: New Research from Trans Youth CAN! and the Stories of Care Project

Greta Bauer, Western University

Margaret Lawson, Children's Hospital of Eastern Ontario, University of Ottawa

Annie Pullen Sansfaçon, University of Montreal

Frank Suerich-Gulick, University of Montreal

CPATH 2019 – Montreal, Quebec – 2 November, 2019



Trans Youth CAN!

Cohort study of 178 pubertal youth 15 years of age and younger attending one of 10 clinics for blockers or hormones, and where youth consented, and possible their parent or caregiver (n=164).

Cities include Halifax (IWK Health Centre), Montreal (Meraki Health Centre), Ottawa (CHEO Diversity Clinic), Toronto (SickKids Transgender Youth Clinic), Hamilton (McMaster Children's Hospital), London (LHSC Children's Hospital), Winnipeg (GDAAY Clinic), Calgary (METTA Clinic), Edmonton (Stollery Children's Hospital), Vancouver (BC Children's Hospital).

Baseline enrollment completed, and two years of follow-up data are being collected. Central questions are how best to support the well-being of trans and non-binary youth attending clinics for gender-affirming care, and their families. Data cover social, family, and medical outcomes.



Follow our progress and get results here!

Artwork, left: "Summer Girl" by Anna, trans female, age 15, from Ontario.
Artwork, right: by Katrina.

LATEST NEWS

Methods

- Eligibility
 - Youth referred for gender-affirming endocrine care (blockers or hormones)
 - Minimum age: puberty
 - Maximum age: 15 (as need to follow for 2 years in pediatric clinics)
 - Consent (at some clinics or for some youth also parental consent)
 - A parent or caregiver was eligible if their youth consented to them being asked
- Data collection (English and French)
 - Youth surveys conducted in-person by research assistant – baseline, 1YR, 2YR
 - Case report forms
 - 3-month brief online checklists
 - Parent/caregiver surveys conducted online – baseline, 1YR, 2YR
- Statistical analyses
 - SAS software

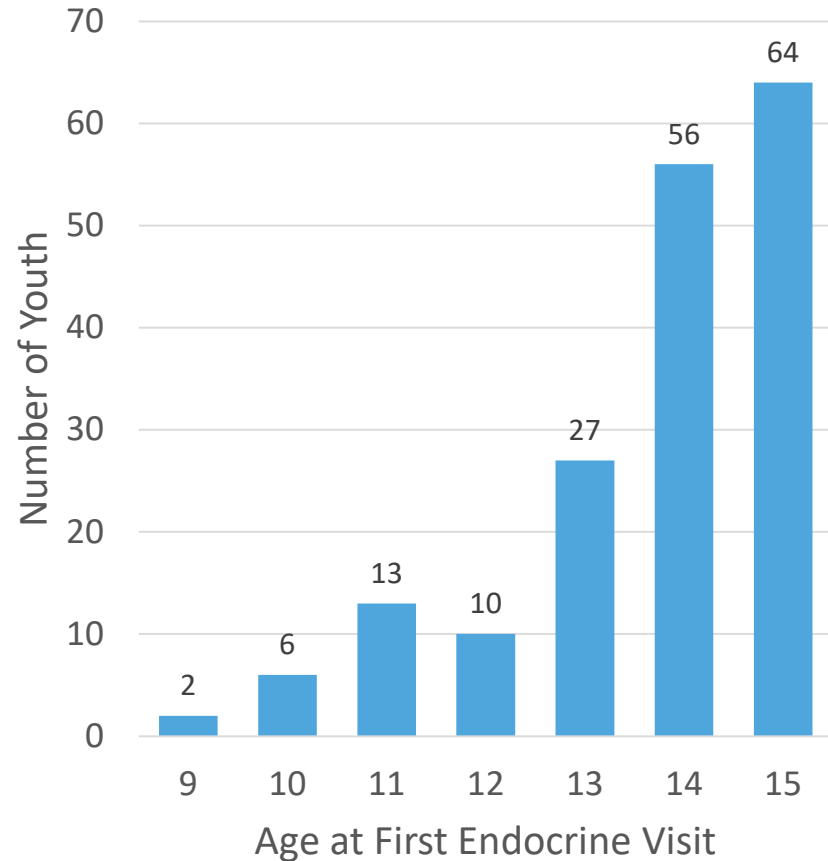


Clinical vs. community studies

- The study objective is to further understanding of youth referred for hormones or blockers, and not the entire community of trans youth, most of whom are not yet accessing gender affirming care, and some of whom will never need/want to.
- Not everyone has equal access to care.
- Many of the factors we study may themselves impact access to care. For example, parental support, age, SES, race/ethnicity, mental health, school situation, distance from a gender diversity clinic
- The aim of the study is to understand more about the patient population of youth and their families, how they do over time, and how best to support them.



Who are the youth (in our study) coming to clinic?



	N	%
Indigenous (First Nations, Metis, Inuit)	35	19.9
Non-indigenous racialized	10	5.7
Non-indigenous white	131	74.4
Immigrant parent(s)	44	25.1
Residence		
Urban	92	51.7
Suburban	59	33.2
Rural	27	15.2
Low-income family	*	25.2
Stable place to live	170	97.7
Had to move out - others had problem	7	4.0
Living situation		
With birth/adoptive parents	169	95.0
With foster family	3	1.7
Group home	1	0.6
Other relatives	5	2.8
By self or with friends	0	0.0

* From parent/caregiver data (n=164)



Ethnoracial Background (check all that apply)	n	%
Indigenous	37	21.0
Latin American	4	2.3
East Asian	4	2.3
Indo-Caribbean	1	0.6
Black Caribbean	4	2.3
South Asian	0	0.0
Middle Eastern	2	1.1
Southeast Asian	1	0.6
White North American	141	80.6
White European	70	40.0
Black Canadian or African-American	7	4.0
Black African	2	1.1
Other	4	2.3
Don't know	3	1.7



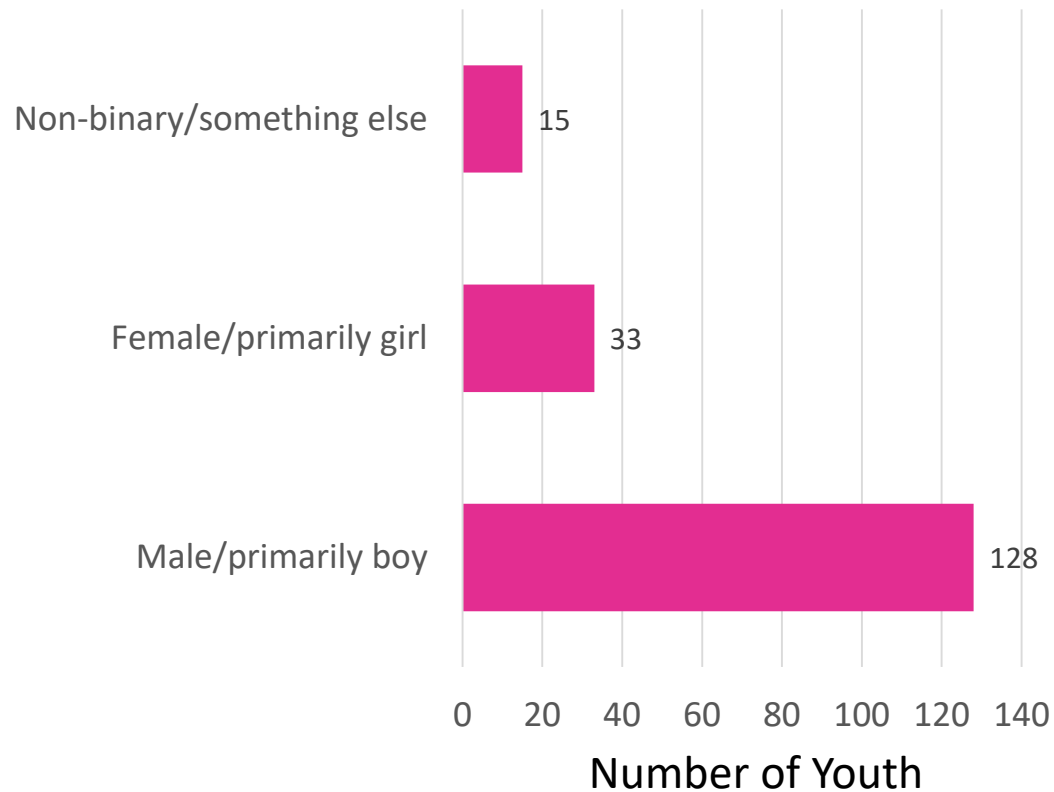
School situation

- All youth were in school.
 - 166 (93.3%) in public school
 - 7 (3.9%) in private school
 - 5 being homeschooled.
- 22 were in a religious school.



Gender

Gender Identity



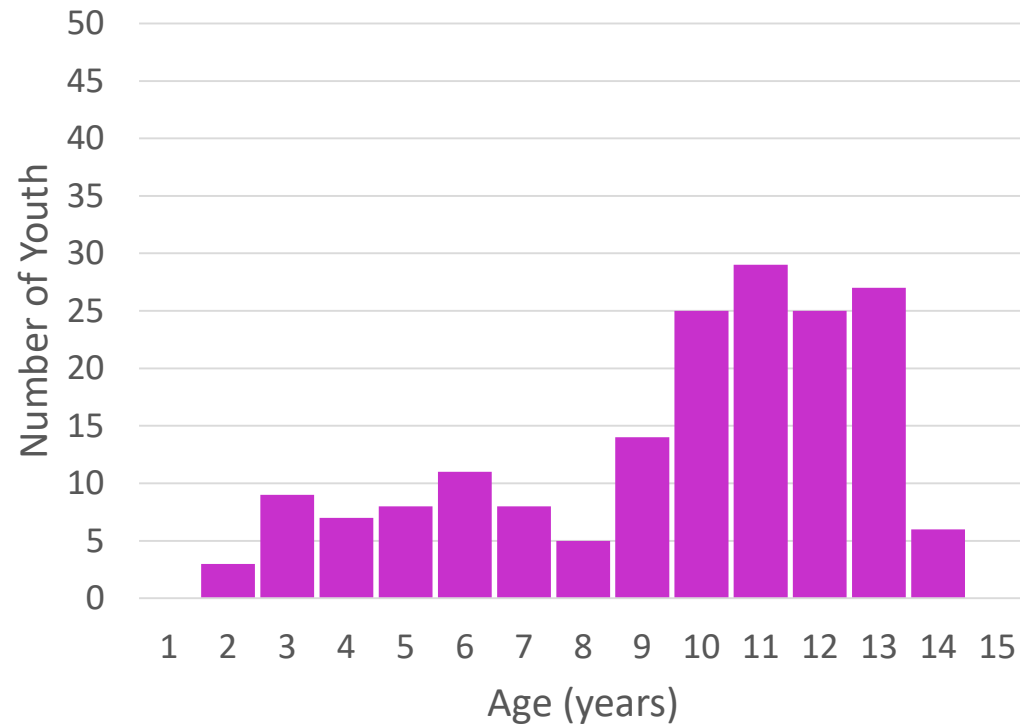
Self-described Gender Identities

- Primarily male/boy/trans guy or female/girl
- A few other variations
 - Femme
 - Demiboy
 - Garçon féminin
 - Flamboyant, male



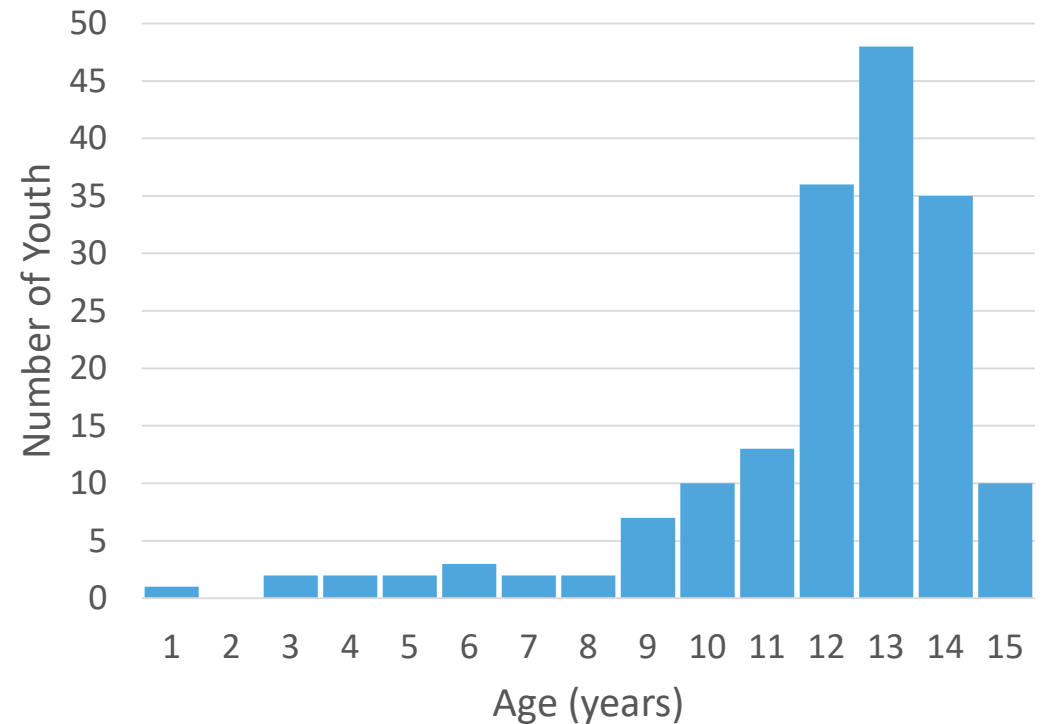
Gender

Age Realized Gender



1 missing

Age Started Living in Gender



5 missing, 2 not living in their gender



Gender distress and gender positivity: New scales – TYC-GDS and TYC-GPS

You can find both on
our website!

- Our starting point: Gender distress and gender positivity are not two ends of a spectrum (more distress doesn't necessarily mean less positivity)
- Existing gender dysphoria measures often differ based on assigned sex, are not non-binary friendly, and contain some "weird" items
- Scales should include subscales related to the body and to social gender
- At least some items need to reflect things that may change for youth (e.g., without surgery)
- Youth and experienced clinicians should be involved in the process, to draw on experience

Trans Youth CAN! Gender Positivity Scale (TYC-GPS)

On a scale from 1-5
1= disagree completely
2= disagree somewhat
3= neutral
4= agree somewhat
5= agree completely

To what extent do you agree with the following statements?

Pride in gender

- 1) Being trans or non-binary is one of the cool things about me
- 2) I feel a sense of accomplishment and pride being able to express myself as my gender

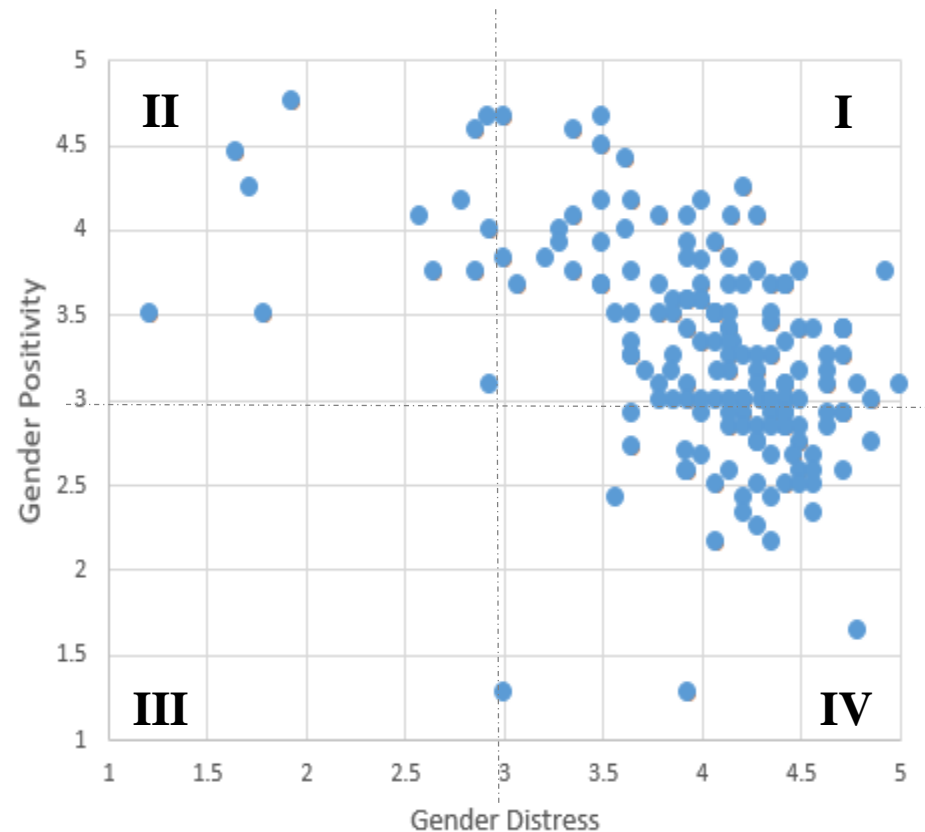
Gender Positivity Subscale - Social

- 3) I enjoy going out in public and doing social activities because I can express myself as my gender
- 4) I feel validated when strangers in public treat me like my gender
- 5) I feel confident trying new and different clothes that express my gender
- 6) I feel happy that society sees me on the outside for who I am on the inside
- 7) I am relieved I don't have to work as hard as I used to for people to see me as my gender

Gender Positivity Subscale - Body

- 8) I feel confident in my body
- 9) I feel attractive
- 10) I am comfortable in my body
- 11) I feel like my body fits with the real me
- 12) Things about my body that used to bother me don't bother me as much anymore

Gender distress and gender positivity



- Most youth had high scores for both gender distress and gender positivity (Quadrant I, n=108).
- 13 youth had high gender positivity scores and low gender distress (Quadrant II).
- 50 youth had high gender distress and low gender positivity (Quadrant IV).
- No youth scored < 3 on both measures.

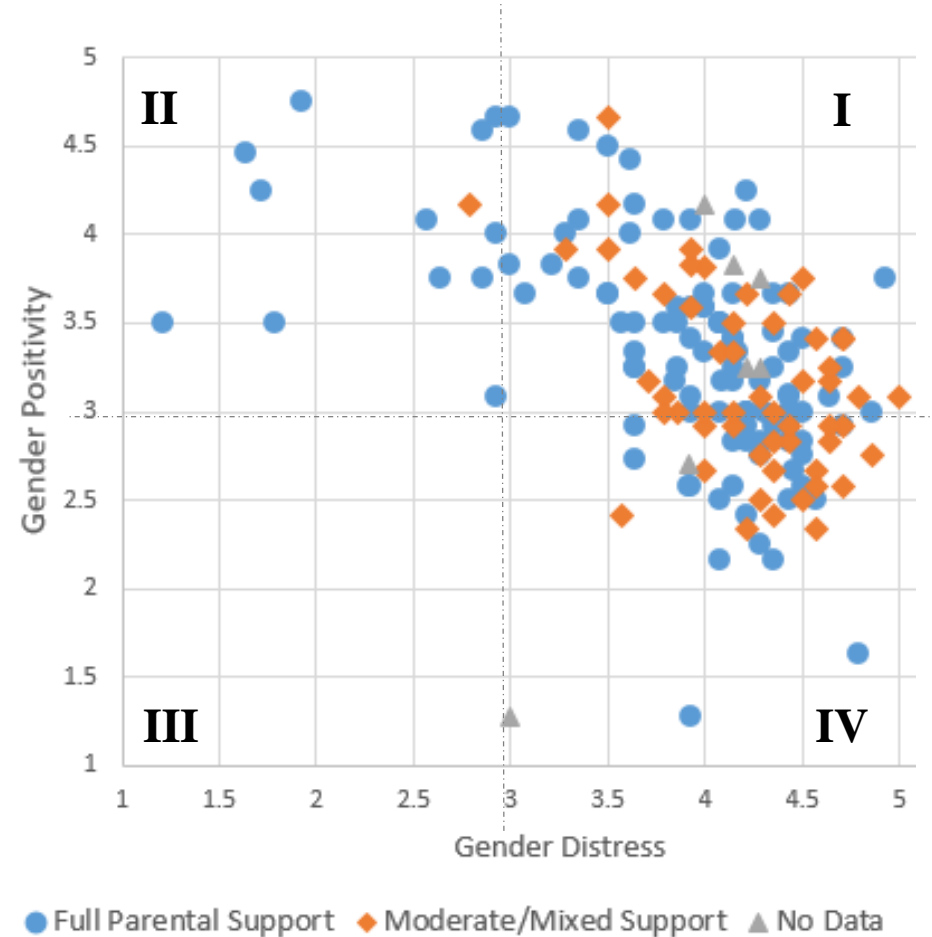
Parental support for gender

- Youth could list up to 4 parents/caregivers. Data below are for youth who had at least one parent or person in a parental role.
- 66.5% of youth reported all parents were “very supportive” of their gender identity and expression
- 34.5% had mixed or moderate support
- No youth reported that all parents were “not at all” or “not very” supportive
- Similarly, 64.7% said all parents were supportive of their gender-affirming medical care; 1.2% reported their parents were not supportive.
- 64.2% reported that all parents who they had asked to use a new pronoun always used that pronoun



Parental support - gender distress and positivity

- Youth with all parents “very supportive” had lower gender distress ($p=0.0024$) and possibly higher gender positivity ($p=0.0625$).
- They also differed in which quadrant they were in ($p=0.0440$). 12 of 13 in Quadrant II had full parental support, and a lower proportion were in Quadrant IV.



Sources of social support

Proportion of all participants indicating each source

Source of Support	%	Source of Support	%
At least one parent	92.1	Extracurricular leaders	16.9
Sibling(s)	52.3	Teachers	45.5
Extended family	43.8	Faith community	2.8
Online friends	44.9	Cultural or ethnic community	5.1
Real life (offline) friends	85.4	LGBT2Q community	39.3
Trans friends	52.8	Mental health provider	45.5
Non-trans friends	74.7	Regular doctors	37.1
Classmates	40.5	Other source	10.1



Social Support: Youth Groups

- 110 youth reported there was an LGBTQ+ youth group in their community
 - Of these, 63 had attended
- Ratings of usefulness covered the full range
- Reasons for not attending varied greatly:
 - No need, as had good support
 - Wanted to maintain their privacy or not be outed
 - Barriers: Still too young, too far away, not at that school yet
 - Not wanting to be grouped with others, a “poster child”, etc.
 - Hockey times conflict (or camp or other important activities)





Pathways to Gender-Affirming Care for Participants in Trans Youth CAN!



Who are the parents/caregivers bringing their youth to the gender diversity clinic?

Relationship of parent by parent gender (n=164)								
Relationship to youth								
Parent Gender	Birth parent	Adoptive parent	Foster parent	Step-parent	Other main caregiver	Other role	Missing	Total
Male	19	2	1	2	1	0	0	25
Female	123	10	0	1	1	0	1	136
Non-binary	3	0	0	0	0	0	0	3
Total	145	12	1	3	2	0	1	164

82.9% of youth brought to clinic by their birth mother

Other: Grandfather; grandmother.



Parents/caregivers whom youth say they have in their lives...

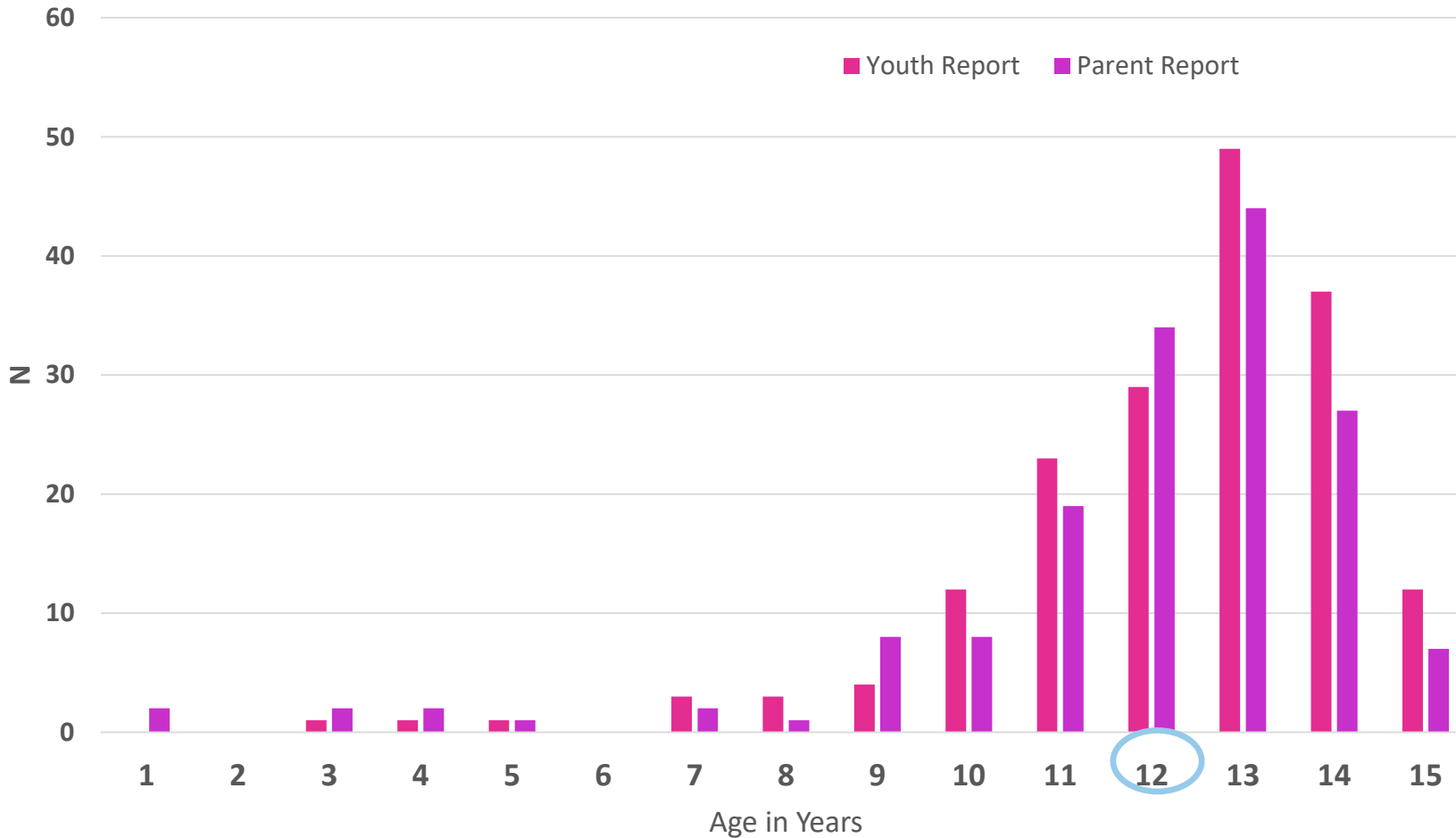
Type of parent:	# of youth who have at least one of these	% of youth who have at least one of these
Mom	169	94.9
Dad	135	75.8
Stepmom	30	16.9
Stepdad	46	25.8
Foster mom	4	2.2
Foster dad	2	1.1
Other	4	2.2

Out of 178 youth

- Youth had an average of 2.2 parents in their lives (Range of 0 to 5)
- Only 2/178 (1.1%) youth had no parents in their lives



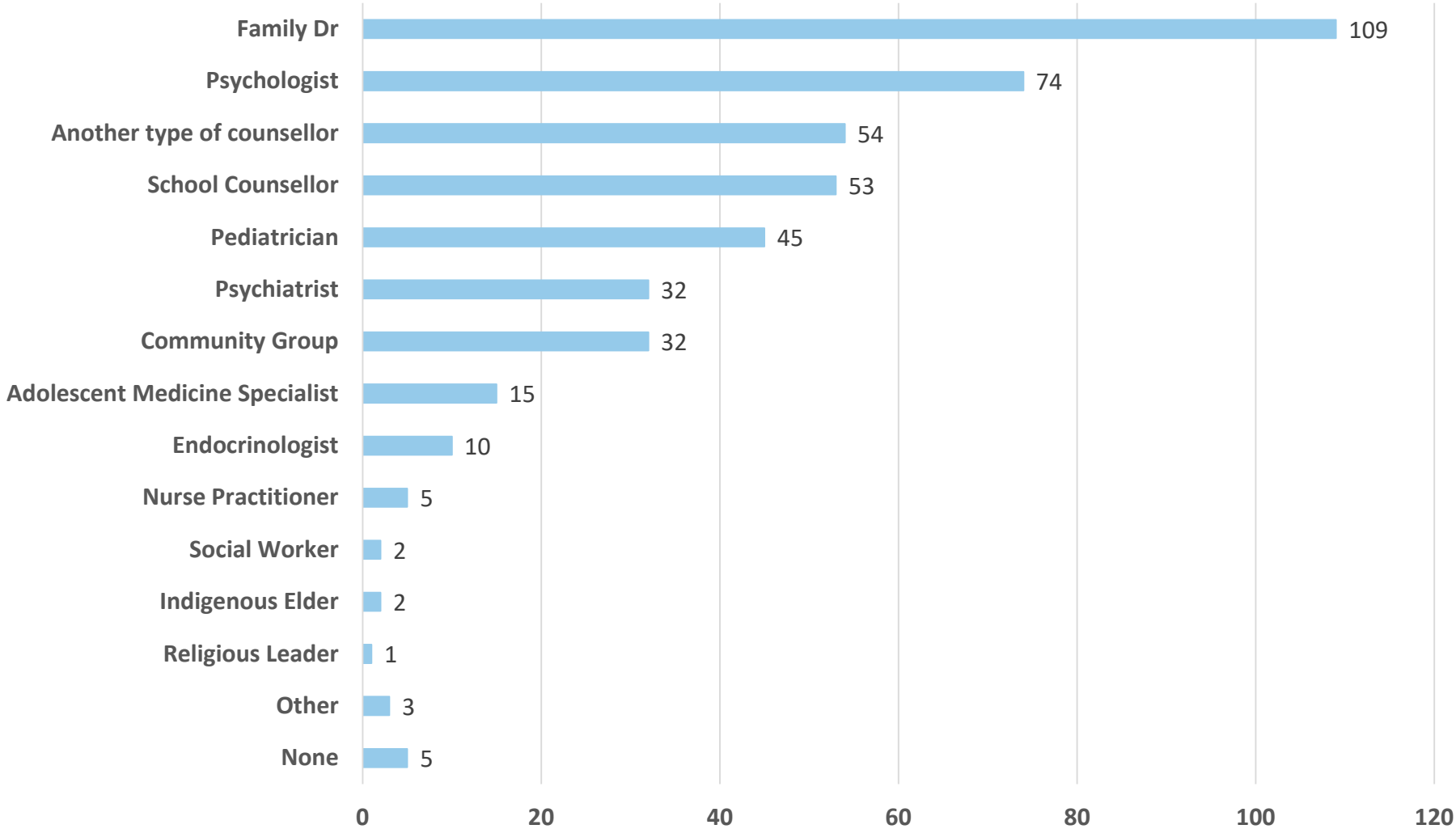
Age Youth First Met with Someone Outside of Family to Discuss Gender



- Youth reported they were an average of 12.3 years old when first met with someone outside their family to discuss their gender (N=175)
- Parents reported their youth was an average of 11.9 years old when first met with someone outside their family to discuss their gender (N=157)



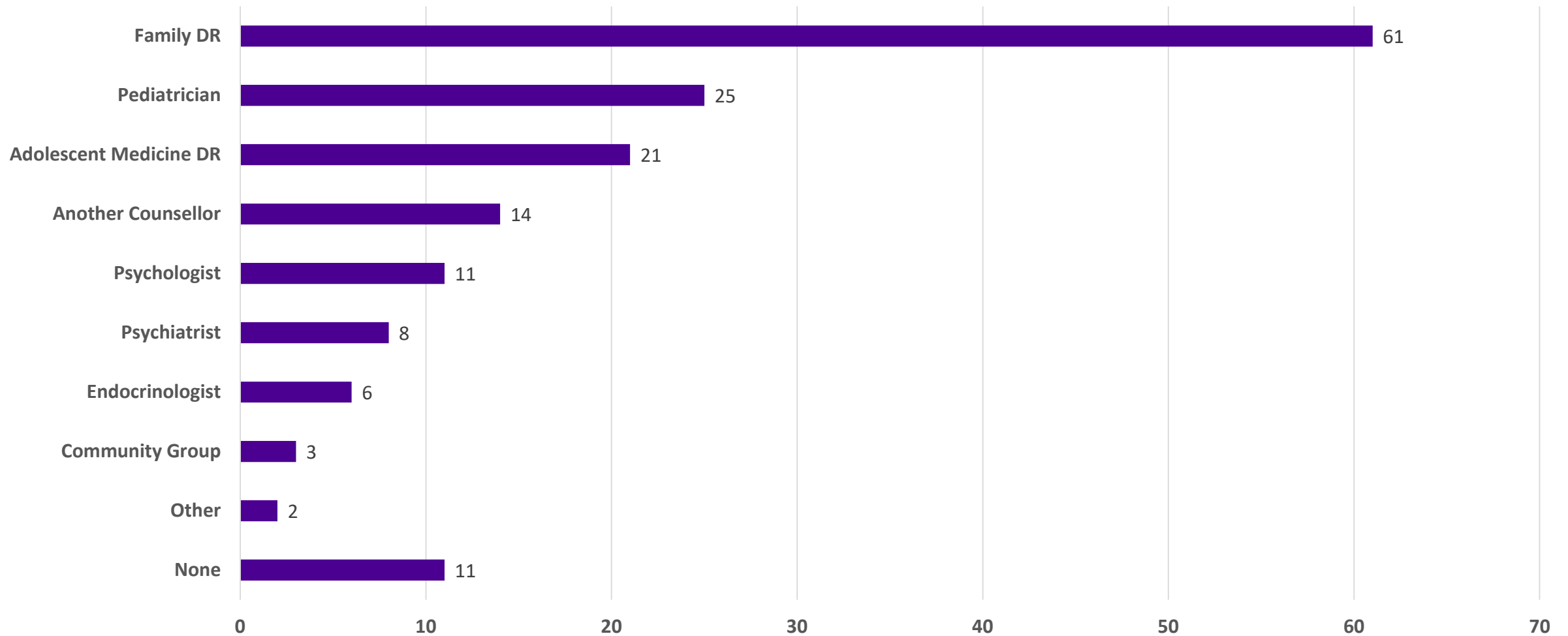
Providers seen before clinic to discuss youth's GENDER-Parent Report



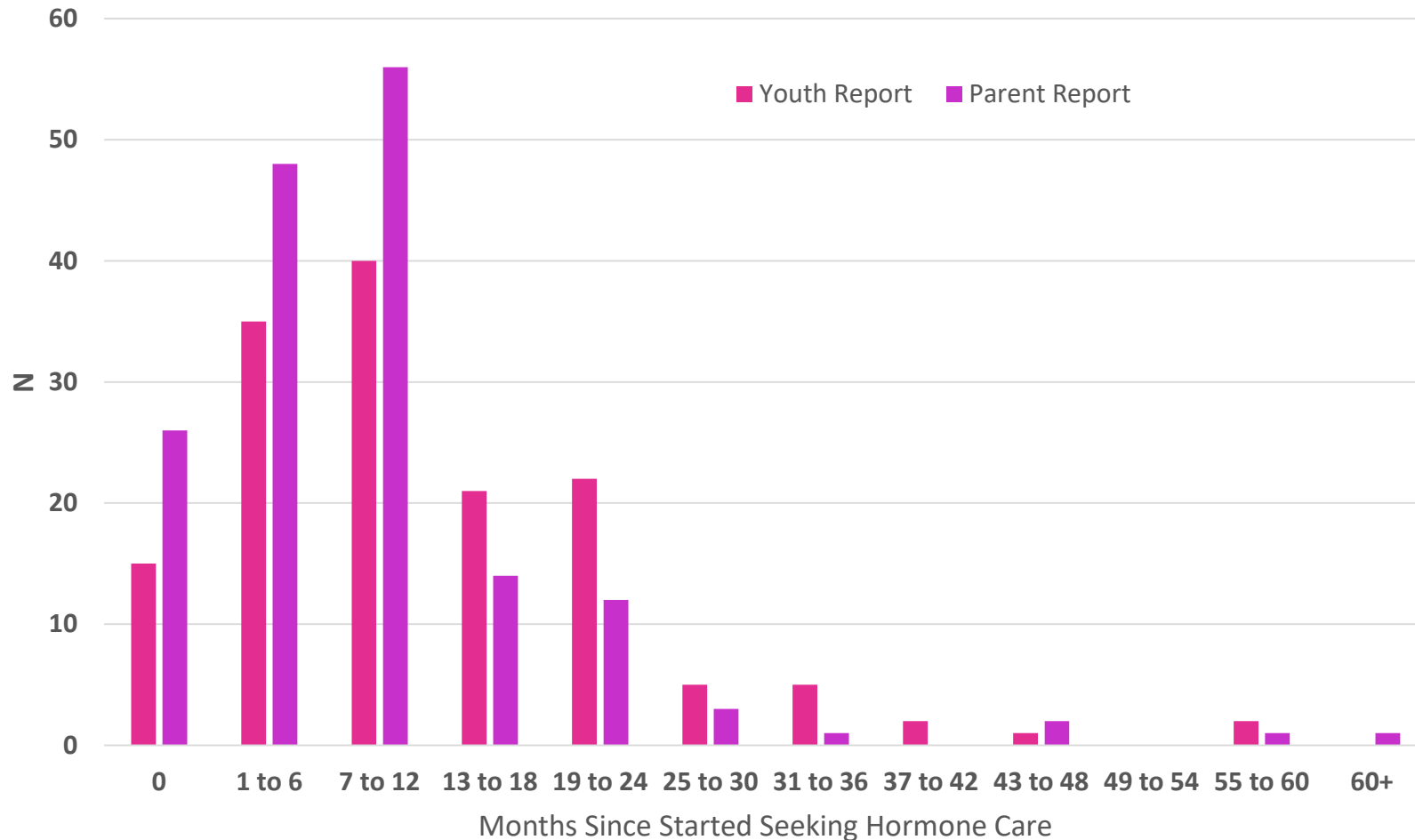
- Based on parent report (n=164), youth saw an average of 2.7 providers before coming to clinic (range of 0 to 8 providers seen)



First Health Care Provider Seen to Discuss HORMONES- Parent Report



Months Since Started Seeking Hormone Blockers and/or Cross-sex Hormones



- Youth reported seeking hormone care for an average of 14 months (N=148)
- Parents reported seeking hormone care for their youth for an average of 10.9 months (N=164)



Referral Source By Clinic

	Clinic											
Referral Source:	Vancouver	Calgary	Edmonton	Winnipeg	London	Hamilton	Toronto	Ottawa	Montreal	Halifax	Total N	Total %
Family MD	11	6	1	0	4	1	8	0	12	7	50	29.4
Adolescent Health DR	0	0	0	0	0	0	0	50	0	0	50	29.4
Pediatrician	0	3	3	3	0	0	8	0	1	0	18	10.6
Psychiatrist	0	2	9	0	0	0	3	1	0	2	17	10
Social worker	0	0	0	0	0	0	0	15	0	1	16	9.4
Psychologist	0	0	5	0	0	0	0	0	0	1	6	3.5
Self-referral	0	0	0	2	0	0	1	0	2	0	5	2.9
Sexologist	0	0	0	0	0	0	0	1	1	0	2	1.2
School Counsellor	0	0	0	0	0	0	0	0	1	0	1	0.6
Other	0	0	0	0	2	0	1	0	0	1	4	2.9
Missing	0	3	0	0	0	4	1	0	0	1	9	4.5
Total	11	14	18	5	6	5	22	67	17	13	178	



Average Wait Time (Days)

Clinic:	Mean	Std Dev	Min	Max
Vancouver	268	272	68	912
Calgary	251	146	29	426
Edmonton	154	87	2	266
Winnipeg	432	309	133	921
London	136	39	57	162
Hamilton	--	--	--	--
Toronto	282	91	155	462
Ottawa	105	77	17	430
Montreal	138	122	21	492
Halifax	225	112	28	431
TOTAL	177	146	2	921

*These results are preliminary as some referral information is missing



Youth Participation in Conversion Therapy- Parent Report

Participation in Program to Make Gender Aligned with SAB

Youth Sex assigned at birth:	Yes, a program or regular visits		Yes, 1 or 2 sessions		No	
	N	%	N	%	N	%
Assigned male at birth (N=37)	1	2.7	3	8.1	33	89.2
Assigned female at birth (N=126)	5	4.0	5	4.0	116	92.0
Total (N=163)	6	3.7	8	4.9	149	91.4

Considered Participating in Programs to Align Gender with SAB, if didn't participate in those programs already (n=149)

Youth Sex assigned at birth:	Yes		No		Missing
	N	%	N	%	N
Assigned male at birth (N=33)	3	9.1	30	90.9	0
Assigned female at birth (N=115)	11	9.6	104	90.4	1
Total (N=148)	14	9.5	134	90.5	1



Family History

Family History of Mental Health (n=178)		
	Freq	%
Depression	85	47.8
Anxiety	61	34.3
Suicide	21	11.8

History of Abuse for Youth (n=178)		
	Freq	%
Emotional	14	7.9
Physical	8	4.5
Sexual	6	3.4
Unknown or other type	4	2.3



Diagnosis History

Diagnosis	N	%
Anxiety	76	42.7
Depression	60	33.7
ADHD	38	21.4
Autism/Asperger's	10	5.6
Learning Disability	7	3.9
Developmental condition	7	3.9
Neurological condition	7	3.9
Atopic condition (asthma/allergies/eczema)	6	3.4
OCD	5	2.8
Nutritional condition	4	2.3
Gastrointestinal condition	3	1.7
ODD	3	1.7
Parent-child relationship issues	2	1.1
Musculoskeletal condition	2	1.1

Diagnosis	N	%
PTSD	2	1.1
Psychosis	2	1.1
Personality Disorder	1	0.6
PCOS	1	0.6
Substance use disorder	1	0.6
Endocrine condition	1	0.6
Eating Disorder	0	0
Intersex/DSD	0	0
Other psychiatric diagnosis	9	5.1
Other non-psychiatric diagnosis	7	3.9
Other	3	1.7

- 122/178 youth (68.5%) already had at least 1 diagnosis

**Other: Gender Dysphoria,
Gifted, Giftedness**



Medication History

Medication	Freq	%
Antidepressants, anxiolytics	74	41.6
ADD/ADHD medications	22	12.4
Calcium/vitamin/herbal supplements	17	9.6
Asthma medications	11	6.2
Melatonin	11	6.2
Second-generation antipsychotics	10	5.6
Oral/systemic contraceptives	7	3.9
Antihistamines/allergy medications	5	2.8
Gastrointestinal medications	4	2.3
Non-opioid pain medications	4	2.3
Antibiotics	3	1.7
Migraine medications	2	1.2
Thyroid hormone	1	0.6
Blood pressure medications	1	0.6
Seizure Medications	1	0.6
Other (Atropine Sulfate; Amitriptyline)	2	1.2

- 93/178 youth (52%) were already on medication(s)



Next steps for Pathways to Care analyses

- Analyze how different pathways to care are related to youth and family factors (i.e., age, parental support, SES, family functioning, mental health)



Summary

- 83% of the youth who participated in Trans Youth CAN! came to their diversity clinic with their birth mothers
- Prior to their first appointment, 66% had met with their family doctor or a psychologist about their gender identity
- Average wait time to see hormone prescribing doctor was 14 months
- 86% of the youth had family history of anxiety, depression and/or suicide attempt
- 43% of youth had anxiety diagnosis, 34% had diagnosis of depression, 42% were on medication for anxiety and/or depression



Thank you to our research team!

Principal Investigators

Greta Bauer
Margaret Lawson

Co-investigators

Joey Bonifacio
Bob Couch
Jen Ducharme
Steve Feder
Shuvo Ghosh
Loralee Gillis
Natasha Johnson
Carys Massarella
Dan Metzger
Arati Mokashi
Danièle Pacaud
Mark Palmert
Joe Raiche
Annie Pullen Sansfaçon
Elizabeth Saewyc
Robert Stein
Françoise Susset
John VanderMeulen
Ashley Vander Morris

Collaborators

Lorraine Gale
Simon Trepel

Project Staff

Sandra Gotovac

Site Staff

Nikita Anderson
Jennilea Courtney
Shelby Deibert
Lee Iskander
Gabriela Kassel-Gomez
Debra Lieberman
Chris MacDonald
Shannon Millar
Lara Penner-Goeke

Site Team Members

Manpreet Doulla
Chelsey Grimbly
Karine Khatchadourian
Katie Pundyk
Amy Robinson
Brandy Wicklow

Students

Laura Douglas
Sara Todorovic

Additional Contributors

Brenda Bradley
Siobhan Churchill
Cindy Holmes
Alicia Klaassen
Spencer Lowes
Emily Nunez
Jake Pyne
Frank Suerich-Gulick
Gioi Minh Tran

19 youth who provided
feedback on survey items
(English and French groups)

9 parents/caregivers who
provided feedback on survey
items (English and French
groups)

Our youth participants

Our parent/caregiver
participants

Our funder:





Schulich
MEDICINE & DENTISTRY



Western
UNIVERSITY · CANADA



RESEARCH INSTITUTE
INSTITUT DE RECHERCHE



Alberta Health
Services



Children's Hospital
London Health Sciences Centre



uOttawa



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of Victoria



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Health Research
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TRANS YOUTH CAN JEUNES TRANS CAN



THE STORIES OF GENDER-AFFIRMING CARE PROJECT

Experiences of care and of gender identity
development

The *Stories of Gender-Affirming Care* Team

Annie Pullen Sansfaçon (PI) (Social work, U. de Montréal)

Greta Bauer & Kathy Speechley (Epidemiology & biostatistics, U. of Western Ontario)

Loralee Gillis (formerly of Rainbow Health Ontario); Cindy Holmes (Social work, U. of Victoria)

Jake Pyne (Social sciences, McMaster U.); Denise Medico (Sexology, U. du Québec à Montréal)

Frank Suerich-Gulick, Edward O.J Lee, Valeria Kirichenko (Social work, U de Montréal)

Julie Temple-Newhook, (Gender Studies/Medicine, Memorial U.)

Shuvo Ghosh (Paediatrics, McGill U.)

Françoise Susset & Gabriela Kassel Gomez

Jennifer Ducharme (Clinical Health Psych., U of Manitoba)

Spencer Lowes, Lara Penner-Goeke

Stephen Feder & Margaret Lawson, (Pediatrics, Ottawa U.)

Jennilea Courtney

Meraki Health Centre

Winnipeg Health Sciences Centre

Children's Hospital of Eastern Ontario
(CHEO)

Aim of the Project

- To explore the experiences of trans children and youth and their families accessing gender-affirming (GA) care during the prepubertal, pubertal and post-pubertal stages of development, specifically:
 - Motivations and pathways
 - Strategies to express and/or address dysphoria and navigate social and family situations
 - What contributes to their psychosocial well-being and quality of life
 - Their experiences of GA care and medical interventions

Methodology

- Project development and data collection using the Grounded Theory methodology (2016-2019)
- Sensitizing concept: Social determinants of health framework
- Recruitment and data collection at three specialty clinics providing GA care to trans and gender-diverse youth and children in Canada:
 - Meraki Centre in Montreal
 - Children's Hospital of Eastern Ontario (CHEO) in Ottawa
 - Health Sciences Centre in Winnipeg

Methodology

Data collection

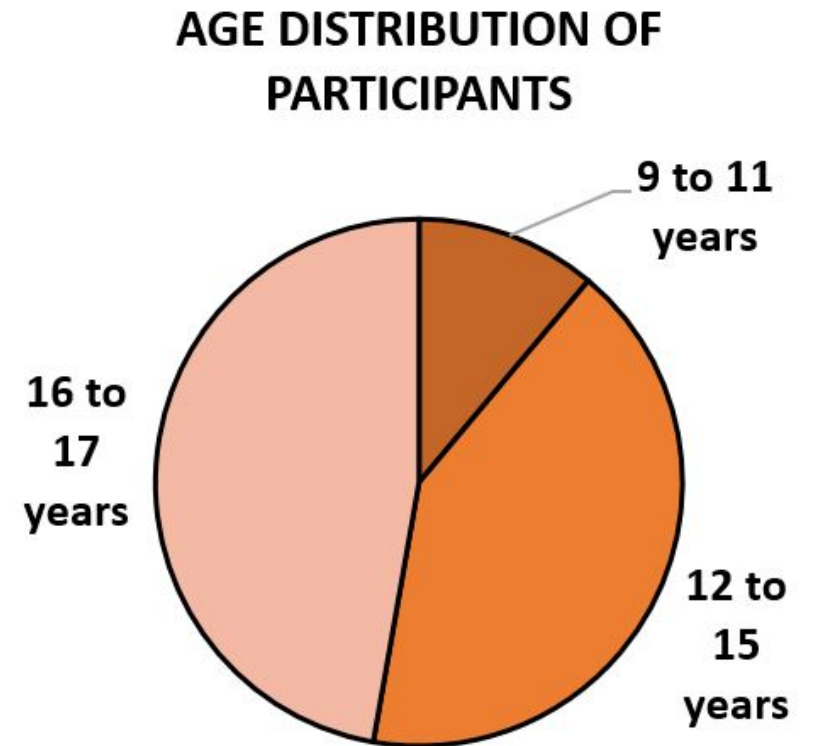
- 72 semi-structured interviews with 36 child-parent dyads (12 per clinic):
 - 36 prepubertal trans children & pubertal/postpubertal trans youth (interview)
 - 36 parents or caregivers (interview + socio-demographic questionnaire)

Data analysis

- Thematic analysis used due to time constraints and the research context
- Transcripts analysed using MAXQDA
- Youth and parent interviews coded by two different research assistants

Diversity Sampling - Youth

- 36 youth (9-17 years old)
- 15 transfeminine (TF) & 21 transmasculine (TM)
- 7 interviews in French / 29 in English
- 15 had changed their legal gender marker (3 more were in process)
- The majority of youth were white (N=30), 3 were Asian and 3 were Indigenous. All 3 Asian youth and 1 Indigenous youth were living with white adoptive- or foster-parents.
- 30 were covered by private health insurance.
- Household income tended towards higher values compared to provincial census data.



Gender Identity Development Trajectories & Processes – Preliminary Results

- Three types of development trajectories
 - This model was developed from a Swiss cohort study by Medico, Pullen Sansfaçon and Zufferey, under review
- Recurring themes in the gender identity (GI) development processes

GI Development Trajectory A

- Profile: Youth who questioned their assigned GI at a young age and were affirmed in exploring and asserting their felt GI at an early age

When I first realized I was still a baby. [...] I used to tell my mom, “When I’m gonna be a girl, can I have that? When I’m gonna be a girl, can I have that?” [repetition from the interview] And when she asked me the questions “You think you’re gonna be a girl when you’re gonna be older?” I said “Yes.”

(Elisa, 10 year-old girl, traj. A)

GI Development Trajectory B

- Profile: Youth who questioned their assigned GI or felt discomfort in relation to it at a young age but did not assert or explore their felt GI until later. Reasons for delays included resistance from a parent, fear of bullying, etc.

[Before I transitioned] I was like one of the few that like got bullied. [...] At the time, I was like a kid. So I was like, "Oh God, God." But I, I didn't understand it. [...] And I just didn't wanna put more attention to myself like I said, because of that. So I wanted to wait [to transition] until I got to high school. [...] And um, I tried to hide my transition from like everyone. Like from like, my aunts, my uncles, my grandparents. Even like my, like siblings in a, in a way. Because like, I felt like weird. And like, uncomfortable. But then like, as time went on, like the end of [Grade 6], I started to like, not give [a damn].

(Anika, 15 year-old girl, traj. B)

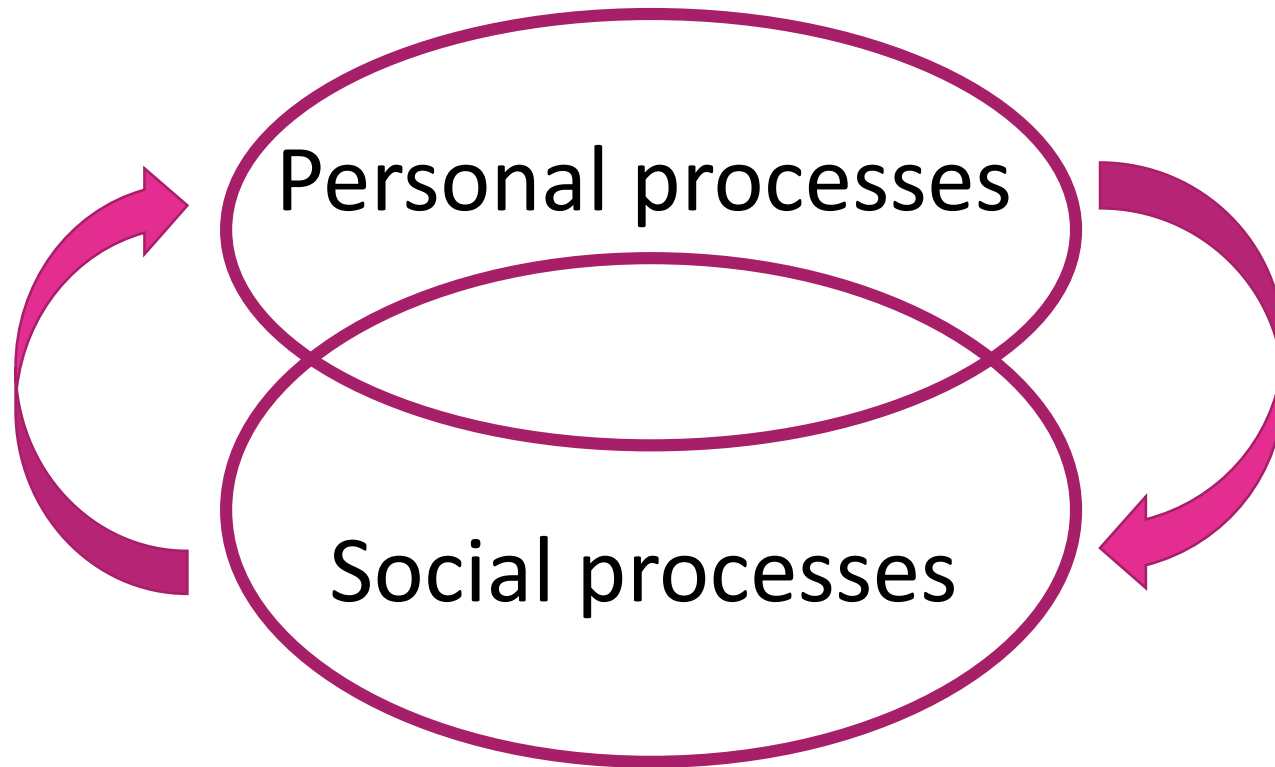
GI development trajectory C

- Profile: Youth who only began to feel discomfort regarding their assigned GI at or after the onset of puberty

I didn't really think much of [my gender identity growing up]. Uh, I, I guess I was pretty much just male, um, till like grade eight [roughly 13 years old] and then I, there were lots of, like, signs, I guess, up to that point. (Jessica, 16 year-old female, traj. C)

It's really only around the age of 16 that I started to feel bad, because I went through several coming outs. First I came out as bisexual, then gay, then transgender. Yeah. At first I thought I was gay, but I didn't feel better about my life, I thought it would solve things, but actually there was still something, but I didn't know what it was. (Eloise, 16 year-old trans woman, traj. C)

GI exploration and development processes



For many youth, trajectories were intermittent or circuitous, including advances, pauses and retreats

Example of Processes: Feelings as a Guide

-- Body/Gender Dysphoria

*I started to realize I really didn't like how my body was changing when I started puberty, so around 9 years old. When I was 9, I realized "No, I really don't want to have breasts and stuff like that".
(Jeff, 15 year-oldboy, traj. C)*

I feel very, uh, dysphoric a lot of days. I don't, I have trouble like with my body. I've always had trouble with my body, but even more so now that I've accepted my gender identity and really feel like my body doesn't match how I feel. (Brandon, 17 year-oldfemale-to-male transmasculine, traj. C)

Examples of Personal / Social Processes: Discomfort as a Driver for Exploration or Action

[About resuming transition after having “revoked” it and paused for several months:] It just came back as a feeling, and then I was like, “No. I don't want to stay how I was born.” And then it just came back stronger than ever and then it [my transition] finally started.

(Sylvie, 13 year-old girl, traj. A)

Well, the fact that people were calling me gay, that I wasn't recognized as what I was, that people didn't understand, and that I didn't understand either. That's what made me so angry. [...] I fell into a kind of depression, and then towards the end of Grade 6, it triggered, I couldn't take it any more, and after that in the summer, I was looking for an explanation for how I felt, and, well, I came across the term “transgender”.

(Tia, 14 year-old trans girl, traj. B.)

Examples of Personal / Social Processes: Meaning Making

- Accessing information or concepts about trans identities through media or contact with a trans person often advanced GI development.

Uh, it just took some time for me to figure out the right word. I was looking through YouTube and I found some videos, and I watched it and it, I just connected with it. (Sylvie, 13 year-old girl, traj. A)

Towards the end of Grade 8, I knew that something was different about me. But at that point, I live like in the middle of nowhere pretty much and so there was only one transgender person that I had met [...] But then, like I tried getting closer to [that person] and I realized that we had a lot of stuff in common and [...] [that's when] I really started thinking about it. (Adrian, 14 year-old trans guy, traj. C)

Examples of Social Processes: Exploration and Experimentation with Feedback from Others

- Experimenting with language, labels and pronouns

I started to gender myself male when talking about myself [in French]. First, I stopped using the adjectives that you have to [...] change to show it's male or female. [...] I always tried to avoid and if I really had to, I used the male version of the word, but it was just a word every few minutes, but people didn't really notice, but at some point it became all the time gendered male. (Jim, 14 year-old trans guy, traj. B)

- Experimenting with different modes of presentation, including hair style, clothes, binders, make-up, etc.
- Exploring sexual minority identities

Examples of Interacting Personal and Social Processes

- Trans-positive and affirming spaces providing opportunities to explore and express gender
- Support from family, friends, mentors and role models
- Exploring gender in challenging contexts and situations, such as:
 - Identities and desires that deviated from the standard narrative
 - Resistance, ignorance, and pointed questions from others
 - Partial or conditional support
 - Parents struggling with other life challenges

Advances, Pauses and Retreats

We had actually gone [to the specialty clinic] when I was really, really young [around 6 years old], because I was feeling (inaudible) feelings, and then it got overwhelming, and I stopped for a while. And then finally, it was like a full year where I was, just didn't even bring it up once. And then after that it was like: "I can't take it. I'm done. I just, this [transition] has gotta happen." [...]

I always knew [I was trans]. It was never a "No". I know my mom tells me all the time that she thought I was just gonna be a tomboy or something [...] But I always knew. [...] It just got to a point where it was, I just wanted to stop talking about it. That's it. But I never changed my mind or anything. That's never changed.

(Joey, 13 year-old transgender male, traj. B)

Experiences Accessing GA care

- For many youth, GA medical interventions played a crucial role in the exploration and consolidation of their GI.
- Key themes
 - A long and circuitous path to GA care
 - Medical interventions: desires and expectations
 - Results of medical interventions received
 - Assessment of care received at the clinic
- For more details:
Pullen Sansfaçon et al (2019). The experiences of gender diverse and trans children and youth considering and initiating medical interventions in Canadian gender-affirming speciality clinics, *International Journal of Transgenderism*.
<https://doi.org/10.1080/15532739.2019.1652129>

A long and circuitous path to GA Care

- Several hurdles to overcome before accessing GA care, for many:
Reach some certainty about GI, come out to parents and seek care.

Of course, if I'd [talked to my mom], say, before my puberty hit, or when I was 10 years old, yeah, I would have done it, yeah, I would have told her. Everything would have happened, I would have had my real puberty as a girl. It would have been easier. (Eloise, 16 year-old woman, traj. B)

- Idea of seeking GA care most often first raised by a parent or a professional after discussions about gender identity or expression.
- Often delays between coming out to parents and 1st appointment with physician at the clinic, ranging months to years.

Desired Medical Interventions & Outcomes

- Younger youth: Often specific ideas what effects they wanted, but vague idea which interventions would achieve these
- Older youth: Clearer idea what interventions they desired
- Desired outcomes from blockers: Stop puberty, menses
- Desired outcomes from hormone therapy:
 - TM youth: to change their voice, face or body shape, grow facial hair
 - TF youth: to change their body shape, develop curves, breasts
- Desires for surgery:
 - TF youth more likely to want bottom surgery
 - TM youth more likely to want top surgery

Medical Interventions: Positive Outcomes & Unwanted Side-Effects

- Positive: Feeling happy about physical effects from the medical interventions, increased optimism, reduced anxiety.
- Unwanted side effects
 - Most common: Injection site pain, hot flashes, mood issues, acne, or weight gain.
 - More serious side-effects linked to blockers by 4 youth:
 - vomiting due to hot flashes; strong fever after injection; a suicide attempt; stress fractures

Second Thoughts or Regrets

- All youth felt medical transition was the right choice for them.
 - This included youth who had what they considered to be more serious side-effects.
- The few youth who had had moments of doubt said these doubts were short-lived or had dissipated with time.

*I've had little moments where I'm like, "What, what am I doing? This is something serious," but then I look in the mirror and I listen to my [deeper] voice and I'm like "This is what I want to do."
(Brandon, 17 year-old female-to-male transmasculine, traj. C)*

Assessment of Care at the Specialty Clinic

- Positive:

- Clinic staff always used correct pronouns and preferred name.
- Staff were helpful. Youth described feeling heard, welcome, validated, cared for:

It was helpful because talking to someone who knew a lot about that stuff, more than Google could give you is helpful. [...] And they really make you feel good about your decisions and help you realize what you really want. So it's nice. (Jake, 16 year-old male, traj. C)

- Frustrations evoked:

- Long waiting time to access GA care (due to clinic waiting list or protocols)
- Feeling they had to convince staff they were trans
- Discomfort about some questions asked by staff
- Limitations in staff understanding and care options for non-binary youth

Next Steps in Youth Data Analysis

- Continue work on GI development processes
- Establish a dialogue between the youth and parent/caregiver narratives in each dyad to compare their perceptions and experiences
- Support: What actions or gestures are experienced as more or less helpful by youth?
- Youth well-being: Protective and risk factors, and resilience

Acknowledgements

- This research was funded by



- The project was developed over many years by current and past members of the team in collaboration with community members and advocates including trans and gender diverse adults and youth, their families/caregivers, clinicians and other service providers who work with them.

