

Transgender and gender-diverse youth referred  
to clinic for puberty suppression or gender-  
affirming hormones in Canada:  
Baseline characteristics from the Trans Youth CAN! Cohort

**Greta Bauer, PhD, MPH**

Professor, Epidemiology and Biostatistics  
CIHR Sex and Gender Science Chair  
Western University  
London, Ontario, Canada

**Danièle Pacaud, Robert Couch, Daniel L. Metzger, Lorraine  
Gale, Sandra Gotovac, Arati Mokashi, Stephen Feder, Joe  
Raiche, Kathy Nixon Speechley, Julia Temple Newhook,  
Shuvo Ghosh, Annie Pullen Sansfaçon, Françoise Susset,  
Margaret Lawson, for the Trans Youth CAN! Research Team**

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# Trans Youth CAN! Cohort Study

## Sample

- 174 youth aged puberty to 15 years
- Attending one of 10 clinics for blockers/hormones
- 160 matched parents/caregivers

## Data (2 years of follow-up)

- Interviewer-administered youth questionnaires
- Self-completed parent/caregiver questionnaires
- Clinical records
- Online symptoms checklists

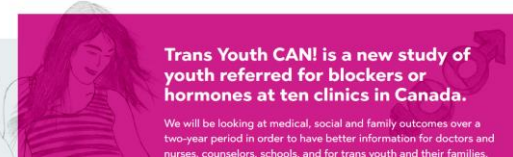
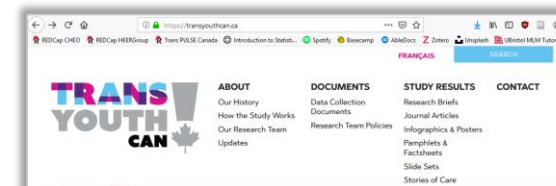
**Central research question:** how best to support the well-being of trans and non-binary youth attending clinics for gender-affirming care, and their families.

Data on social, family, and medical outcomes.

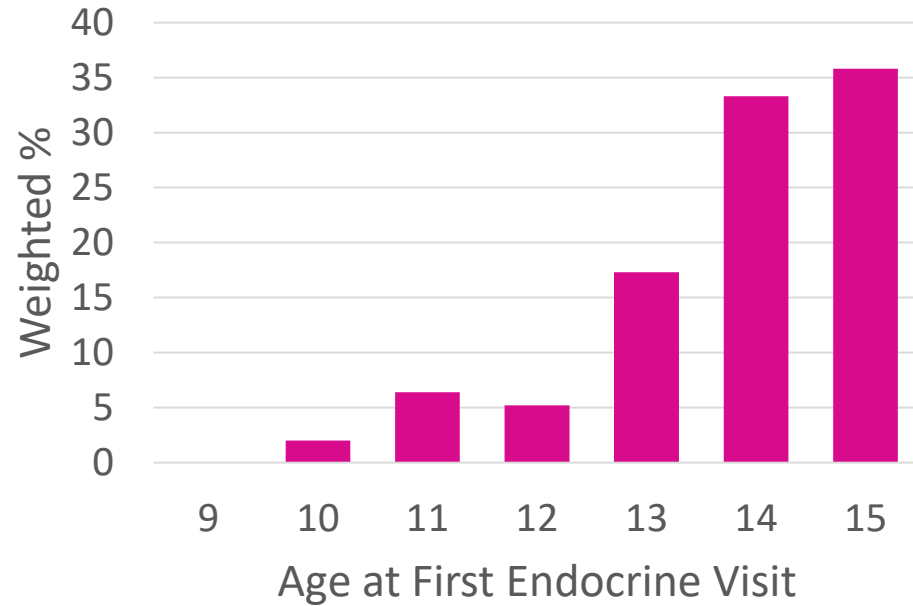


Follow our progress and get results here!

[www.transyouthcan.ca](http://www.transyouthcan.ca)



# Who are the youth coming to clinic?



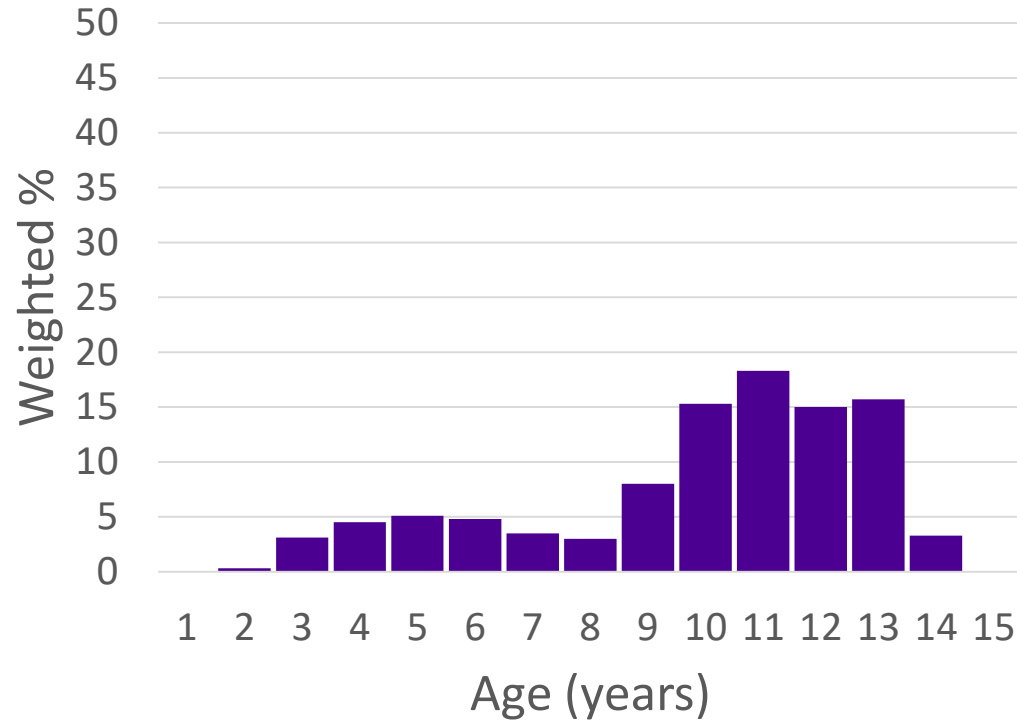
No differences in age based on sex assigned at birth

	N	%
Indigenous (First Nations, Metis, Inuit)	34	18.8
Non-indigenous visible minority	10	6.6
Non-indigenous white	128	74.6
Immigrant parent(s)	44	28.6
Residence		
Urban	88	55.4
Suburban	59	33.7
Rural	27	10.9
Low-income family *	40	27.1
Living situation		
With birth/adoptive parents	166	96.0
With foster family	2	1.7
Group home	1	0.3
Other relatives	5	2.0
By self or with friends	0	0.0

\* From parent/caregiver data (n=160)

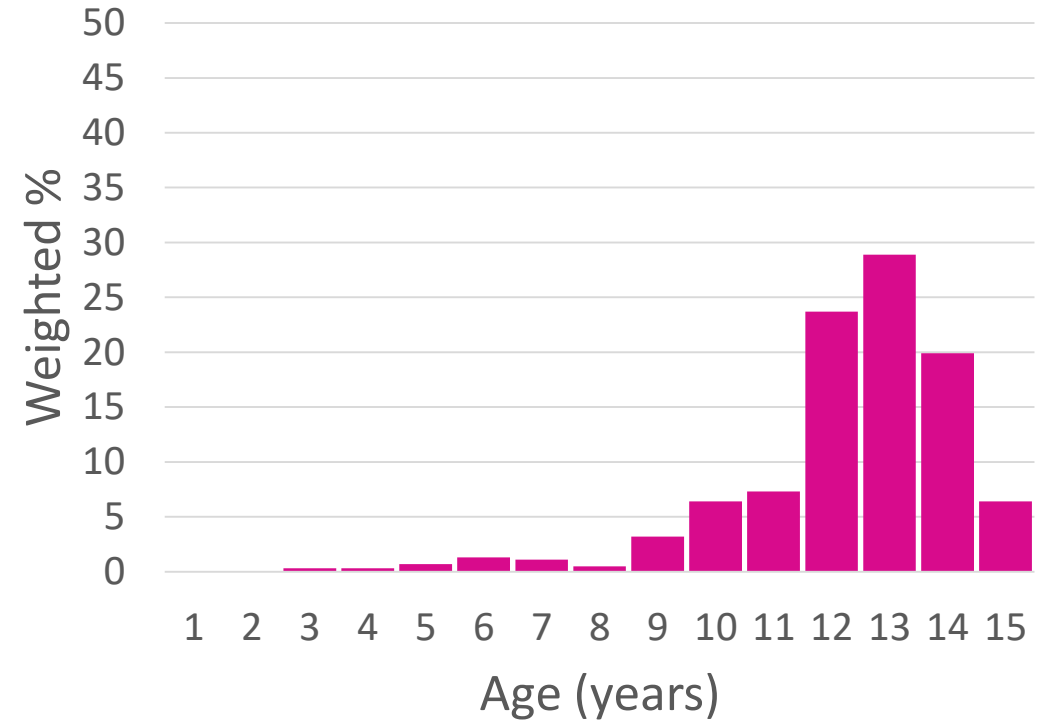


## Age Realized Gender Issues



1 missing

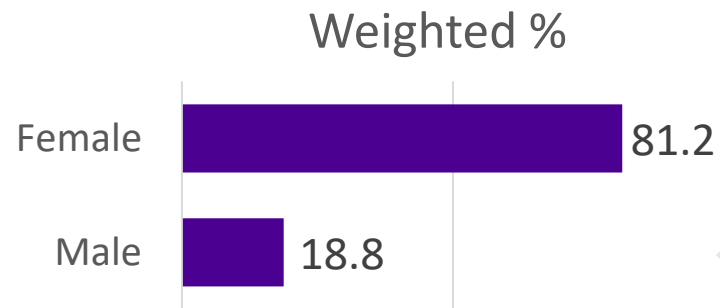
## Age Started Living in Identified Gender



2 missing, 2 not living in their gender



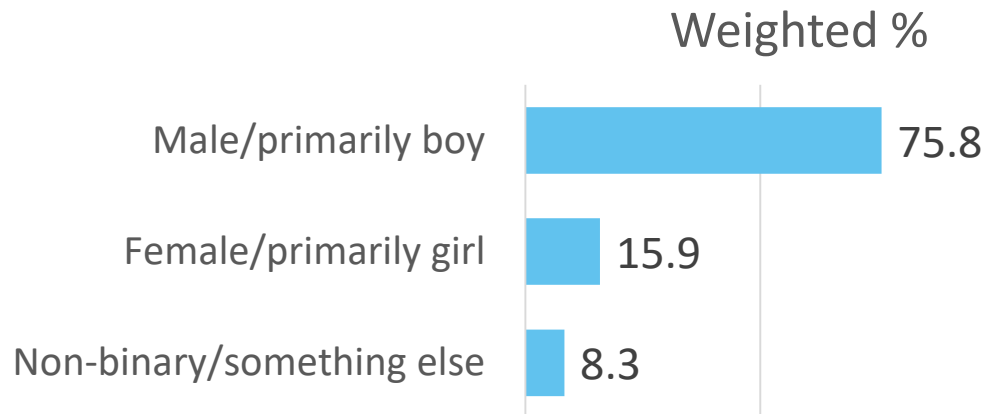
## Sex Assigned at Birth



Similar to other clinical and population samples in this young age group:

- 18% among ages 14-18 in the Canadian Trans Youth Health Survey
  - n=923; data 2013-2014; Veale et al., 2015
- 23% in SickKids clinic records review
  - n=203; data 2014-2016; Chiniara et al., 2018

## Gender Identity



No difference in non-binary identities between youth assigned male versus female at birth ( $p=0.6810$ )

May be underreported in clinical samples



# Health Characteristics

Diagnoses	N	%
Anxiety	75	40.2
Depression	58	32.0
ADHD	39	23.3
Autism spectrum	10	6.0
Learning disability	7	4.8
OCD	5	4.2
PTSD	3	1.9
Other <sup>i</sup>	42	25.2

Mental health	N	%
Depression (MDS)	33	19.3
Anxiety (OASIS )	94	65.2
Self-harm, past year	110	67.6
Suicidal ideation, ever	95	58.1
Suicidal ideation, past year	56	34.5
Suicide attempt, ever	53	36.0
Suicide attempt, past year	24	16.8

Substance use	N	%
Vaping, sometimes or daily	15	20.2
Marijuana, any past year	29	19.9
Smoking, sometimes or daily	14	12.2
Other drug, any past year	15	10.5
Binge drinking, ≥ weekly	4	2.9



# Social Context

- All youth were in school
  - 162 (91.6%) in public school
  - 7 (5.2%) in private school
  - 5 (3.2%) being homeschooled
- 62.0% reported strong parental support for their gender from all parents, and the remainder mixed/moderate support
- Top person-types from whom youth received support
  - Parent(s) (91.9%)
  - Real-life/offline friends (85.8%)
  - Non-trans friends (80.5%).
- 64.3% of families reported external stressors related to youth's gender
  - 18.9% reported 5+ types of stressors
- Youth had previously met with a range of health care providers and counsellors, most commonly family physicians (68.5%)



# Transmasculine compared with transfeminine youth

## No differences:

- Age at visit
- Time since first aware of gender
- Non-binary identities
- Sociodemographics
- Changes in name or birth certificate
- Self-assessed physical health
- Self-harm behaviours
- Suicide ideation or attempt
- Smoking, vaping, binge drinking, marijuana use

## Transmasculine more likely:

- To be living in their gender all the time (90.1% vs. 58.1%)
- To have clinically significant scores for depression (MDS; 21.2% vs. 10.8%) and anxiety (OASIS; 66.1% vs. 33.3%)
- To experience external stressors on the family

## Transfeminine more likely:

- To be diagnosed with ADHD
- To be diagnosed on the autism spectrum





# Visit Outcomes

- 62.4% of patients received a prescription
- 53.0% of transfeminine and 45.2% of transmasculine patients received leuprolide acetate alone
- 1.7% of transmasculine were prescribed testosterone and 6.6% of transfeminine were prescribed estrogen



# 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  
Dani le Pacaud  
Mark Palmert  
Joe Raiche  
Annie Pullen Sansfa on  
Elizabeth Saewyc  
Robert Stein  
Fran oise Susset  
John VanderMeulen  
Ashley Vandermorris

## Collaborators

Lorraine Gale  
Simon Trepel

## Project Staff

Sandra Gotovac

## Site Staff

Nikita Anderson  
Brenda Bradley  
Shelby Deibert  
Ceilidh Harrison  
Gabriela Kassel-Gomez  
Debra Lieberman  
Chris MacDonald  
Shannon Millar  
Lara Penner-Goeke  
Catherine Watson

## Site Team Members

Manpreet Doulla  
Chelsey Grimbly  
Karine Khatchadourian  
Katie Pundyk

Amy Robinson  
Scott Somerville  
Brandy Wicklow

## Students

Laura Douglas  
Emily Sanders  
Gagandeep Singh  
Sara Todorovic

## Additional Contributors

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

**19 youth and 9  
parents/caregivers who  
provided feedback on survey  
items (English and French)**

**6 youth and 7 parents in our  
Community Consultation  
Committees**

**Our youth participants**

**Our parent/caregiver  
participants**

**Our funder:**





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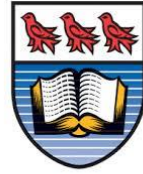
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Alberta Children's Hospital

Université  
de Montréal

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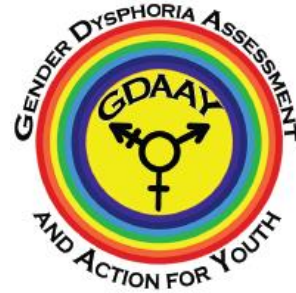
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