Pathways to care for trans youth accessing gender affirming medical care in Canada: New research from Trans Youth CAN!

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Trans Youth CAN!

Cohort study of 174 youth aged from puberty to age 15 attending one of 10 clinics for blockers or hormones, and parent or caregiver (n=160) when possible, focusing on social, family, and medical outcomes.

Enrollment and baseline data collection completed, and two years of follow-up data are being collected. Our central research question is how best to support the well-being of trans and non-binary youth attending clinics for gender-affirming care, and their families.

Follow our progress and get results here!

www.transyouthcan.ca
Background/Objectives

• Referrals of transgender and gender-diverse (trans) youth to clinics for gender-affirming medical care have increased across Canada and internationally

• We will describe the pathways in Canada for youth < 16 years at first medical appointment for hormone blockers or gender affirming hormones
Methods

• Youth < 16 years of age referred for gender-affirming endocrine care (blockers or hormones were enrolled at first medical appointment)
• Parent/caregiver eligible if their youth consented
• Measures (English and French)
  • Youth surveys conducted in-person by research assistant
  • Parent/caregiver survey completed independently
  • Case report forms
  • Baseline data collected from Sept 2017 to July 2019
Description of medical clinics’ diversity care

• Each of the 10 participating clinics has one or more pediatric specialists who are the prescribers of hormone blockers and gender affirming hormones

• Five clinics do not require psychiatry or psychology assessment(s) before hormone blockers or gender affirming hormones, while 4 clinics always require these assessments first, and 1 clinic sometimes does.
Results

174 youth
- 78.7% assigned female at birth
  - 8.1% non-binary
- 21.3% assigned male at birth
  - 8.3% non-binary

Youth reported more months seeking hormone care than reported by their parent/caregiver (p<0.0001)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Mean</th>
<th>95% CI</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age realized gender was different</td>
<td>173</td>
<td>9.9</td>
<td>[9.4, 10.3]</td>
<td>2-14</td>
</tr>
<tr>
<td>Age starting living in gender</td>
<td>170</td>
<td>12.3</td>
<td>[12.0, 12.6]</td>
<td>3-15</td>
</tr>
<tr>
<td>Age discussed gender outside family</td>
<td>171</td>
<td>12.6</td>
<td>[12.3, 12.8]</td>
<td>3-15</td>
</tr>
<tr>
<td>Age at referral</td>
<td>168&lt;sup&gt;a&lt;/sup&gt;</td>
<td>13.7</td>
<td>[13.5, 13.9]</td>
<td>9-15</td>
</tr>
<tr>
<td>Months seeking hormone care</td>
<td>171</td>
<td>13.5</td>
<td>[11.9, 15.1]</td>
<td>0-60</td>
</tr>
<tr>
<td>Age at first appointment</td>
<td>174</td>
<td>14.3</td>
<td>[14.1, 14.6]</td>
<td>10-15</td>
</tr>
<tr>
<td>Months from referral to first medical appointment</td>
<td>168&lt;sup&gt;a&lt;/sup&gt;</td>
<td>8.9</td>
<td>[8.0, 9.7]</td>
<td>0.07-33.5</td>
</tr>
</tbody>
</table>

a. 2 missing referral date in the EMR; 4 additional youth excluded as they were referred when pre-pubertal.

*NOTE: these results are currently unpublished (as of November 2020)*
Care accessed before medical clinic

• Youth saw **2.7 providers** (up to 8) *regarding their gender*
  • Family doctor (68.5%); psychologist (41.3%); school counsellor (34.3%); other counsellor (33.6%); pediatrician (28.8%), psychiatrist (21.1%)

• **Referring provider**
  • Family doctors (50.4%); pediatrician (18.4%); psychiatrist (9.5%)
    • 6.2% of youth self-referred

• Participation in conversion therapy ("program to align their gender with their sex assigned at birth")
  • 8.8% participated + 8.9% of parents considered it

*NOTE: these results are currently unpublished (as of November 2020)*
Sociodemographics & ages/time through care

• No association with sex assigned at birth or non-binary gender identity

• Youth who spent MORE months seeking hormone care were more likely to:
  • Identify as Indigenous ($B=4.83$, 95%CI[0.69, 8.96], $p=0.022$)
  • See more providers before clinic ($B=1.06$, 95%CI[0.69, 8.96], $p=0.041$)

• Being OLDER at first medical appointment:
  • Experienced more day-to-day discrimination ($B=0.07$, 95%CI[0.003, 0.14], $p=0.041$)

• Youth on autism spectrum or with developmental disability were:
  • YOUNGER at first appointment ($B=-0.70$, 95%CI[-1.36, 0.04], $p=0.037$)

• 40.8% of parents/caregivers reported any past/current conflict with spouse/co-parent regarding their youth’s gender
  • Parental conflict not associated with ages/time through care

*NOTE: these results are currently unpublished (as of November 2020)*
Mental health, self-harm and suicidality

• 50.3% of youth had a mental health diagnosis with those youth more likely to have seen a psychologist or psychiatrist before coming to clinic for hormone care

• 68% had engaged in self-harm (56% in last year)
• 58% had seriously considered suicide at some point (34% in last year)
• 36% had attempted suicide at some point (17% in last year)

*NOTE: these results are currently unpublished (as of November 2020)*
# Self-harm and suicidality

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Age youth 1st met with someone re: gender</th>
<th>Wait time in days</th>
<th>Age at referral</th>
<th>Age at first medical appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engaged in self-harm ever</strong></td>
<td>0.77 [0.23, 1.31]</td>
<td>0.006</td>
<td>53.67</td>
<td>0.056 [0.15, 0.97]</td>
</tr>
<tr>
<td><strong>Engaged in self-harm in the last year</strong></td>
<td>0.80 [0.30, 1.30]</td>
<td>0.002</td>
<td>58.35</td>
<td>0.023 [0.22, 0.99]</td>
</tr>
<tr>
<td><strong>Had suicidal thoughts ever</strong></td>
<td>1.19 [0.71, 1.68]</td>
<td>&lt;0.001</td>
<td>60.49</td>
<td>0.020 [0.33, 1.09]</td>
</tr>
<tr>
<td><strong>Had suicidal thoughts in the last year</strong></td>
<td>0.84 [0.32, 1.37]</td>
<td>0.002</td>
<td>36.93</td>
<td>0.170 [0.13, 0.94]</td>
</tr>
<tr>
<td><strong>Had a suicide attempt ever</strong></td>
<td>0.73 [0.21, 1.25]</td>
<td>0.006</td>
<td>29.50</td>
<td>0.272 [-0.07, 0.74]</td>
</tr>
<tr>
<td><strong>Had a suicide attempt in the last year</strong></td>
<td>0.53 [-0.15, 1.20]</td>
<td>0.124</td>
<td>19.97</td>
<td>0.571 [-0.31, 0.76]</td>
</tr>
</tbody>
</table>

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Conclusions

• Youth spent over a year, and more time than their parent/caregiver, seeking gender-affirming hormone care
  • And then spent just under a year waiting for their first appointment
• Sex assigned at birth and gender identity were not associated with ages/times through care
• Significant proportion of youth seeking care had experienced self-harm or suicidality
  • Which was associated with ages through care and wait times
• Family physicians can be an important part of youth’s gender journey and providing gender-affirming care
Thank you to our research team!

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

6 youth and 7 parents participated in our Community Consultation Committees

Our youth participants
Our parent/caregiver participants
Our funder: