



GDAAY

Gender Dysphoria Assessment and Action for Youth

# Trans Youth CAN! & Stories of Care Community Event

February 23, 2021



University  
of Manitoba

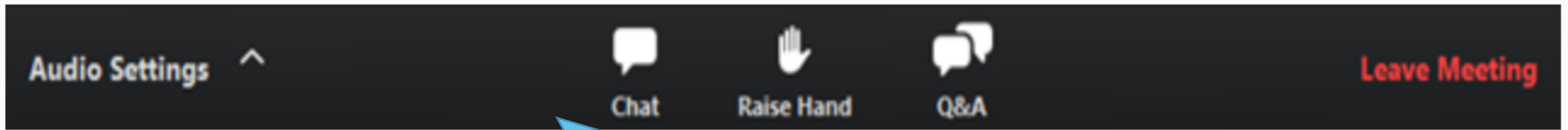


Chaire de recherche du Canada sur les enfants transgenres et leurs familles  
Canada Research Chair on Transgender Children and their Families  
mieux comprendre pour mieux agir - transforming knowledge into action



# Some Zoom tips

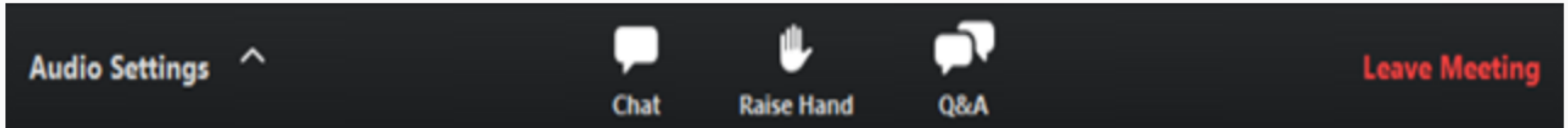
- Your audio and video is turned off in a webinar format
- Want to interact with us? Use your zoom menu



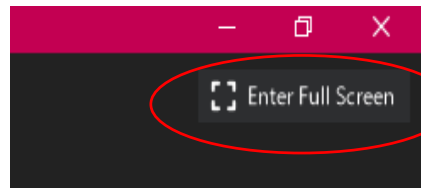
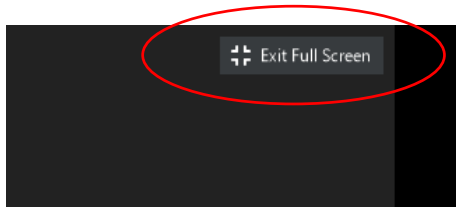
Send messages to the hosts. Hosts may also post links to resources and info in the chat window.

Submit **any and all questions** you have through the Q&A window. We will be answering submitted questions throughout the webinar.  
*\*Questions can be submitted anonymously\**

# Some Zoom tips



Click the ^ arrow to change your speaker or audio output (e.g., speakers to headphones)



Or click minimize to make a small floating window you can drag around your screen.  
*\*desktop only*



Go back and forth between full screen by clicking on the TOP RIGHT of your zoom window. Or press 'Esc' to exit full screen.

Click here to go back to your full zoom window.



# Thanks for attending this event!

## We're excited you're here!

- With this event we want to:
  - Share information about our project & findings from our *NEW INFOGRAPHIC*
  - Share findings from the *Stories of Care* project
  - Answer your questions about these projects and our infographics
- Our hosts today are:
  - **Jennifer Ducharme:** Clinical Psychologist, GDAAY & Trans Youth CAN!
  - **Annie Pullen Sansfaçon:** Co-investigator for Trans Youth CAN!, Principal Investigator for Stories of Care
  - **Lara Penner-Goeke:** Research Assistant, Trans Youth CAN!
  - **Sandra Gotovac:** Project Coordinator, Trans Youth CAN!
  - **Frank Suerick-Gulick:** Project Coordinator, Stories of Care
  - **Brandy Wicklow:** Endocrinologist, GDAAY
  - **Harpreet Gill:** Endocrinologist, GDAAY
  - **Katie Pundyk:** Endocrinologist, GDAAY

*Who is joining us  
today?*





## TRADITIONAL TERRITORIES = ACKNOWLEDGEMENT =

- The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation.
- We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



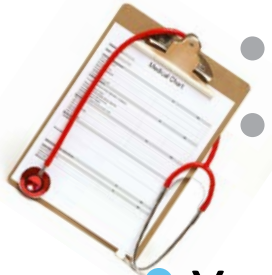
# What is the Trans Youth CAN! study?

- Looking at medical, social, and family outcomes of trans and non-binary youth referred for puberty blockers or hormones
- 10 medical clinics that provide gender-affirming medical care for youth across Canada



# What is the Trans Youth CAN! study?

- Youth from puberty to age 15 were recruited at their 1st medical appointment for blockers or hormones
- Followed for 2 years through their journey of gender-affirming medical care
- Completed surveys and gave permission to get information on their health and clinical care from clinic medical records
- Youth could invite one parent or caregiver to participate in the study
- Participant recruitment and baseline data were from Sept 2017 to June 2019
- **174 youth** and **160 parents/caregivers** were recruited



Learn all about our study at

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



# Who are the participants in this study?

## Youth Under Age 16 In Clinical Care

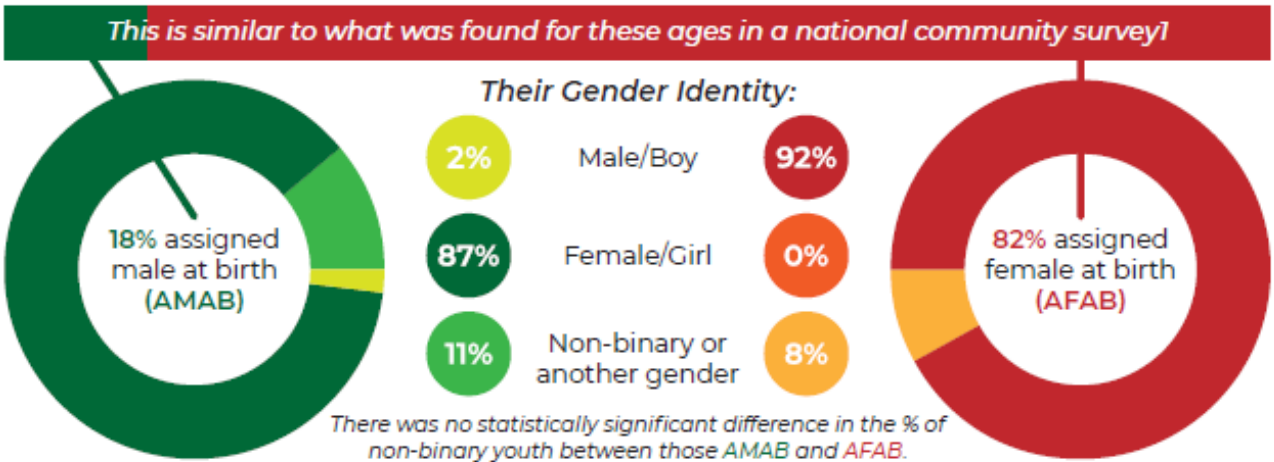
### Ethnoracial Background

- 7% Non-Indigenous visible minorities
- 19% Indigenous
- 74% Non-Indigenous white

Compared to the Canadian population: 5% Indigenous<sup>2</sup> and 27% visible minorities<sup>3</sup>



### Sex Assigned At Birth:



Other words youth use to describe their gender:

Garçon féminin  
 Non-binary boy  
 Androgynous  
 Demiboy  
 Cis but questioning  
 Genderfluid  
 Flamboyant  
 Neither gender  
 Genderqueer  
 In the middle of male and female





# Check out all our infographics!



Get the full downloadable PDFs on our website:  
[www.transyouthcan.ca/research-type/infographics-posters/](http://www.transyouthcan.ca/research-type/infographics-posters/)

**School Experiences**  
Experiences of Trans and Non-Binary Youth Under Age 16 in Clinical Care

**Who are the People Served by Canadian Trans Youth Clinics?**  
Characteristics of Trans And Non-Binary Youth Under Age 16 in Clinical Care

**Parental Support Experiences of Trans and Non-Binary Youth Under Age 16 in Clinical Care**  
What youth say about their parents' support

**Immigrant Families Experiences of Trans and Non-Binary Youth from Immigrant Families Under Age 16 in Clinical Care**  
Ethnoraacial Backgrounds

**Self Care & Coping Experiences of Trans & Non-binary Youth Under Age 16 in Clinical Care**  
Experiences of Trans & Non-binary Youth Under Age 16 in Clinical Care

**Experiences of Parents of Trans and Non-Binary Youth Under Age 16 in Clinical Care**  
Parent Participants, Parents That Youth Have in Their Lives, Parental Conflict Regarding Youth's Gender, Parents' Worries About Youth's Gender\*, Parents' Positive Feelings About Youth's Gender\*

**How Supportive Of Your (Youth's) Gender Identity And Expression Is Your Cultural/Ethnic Community?**  
Youth from Immigrant Families, Youth from Non-Immigrant Families

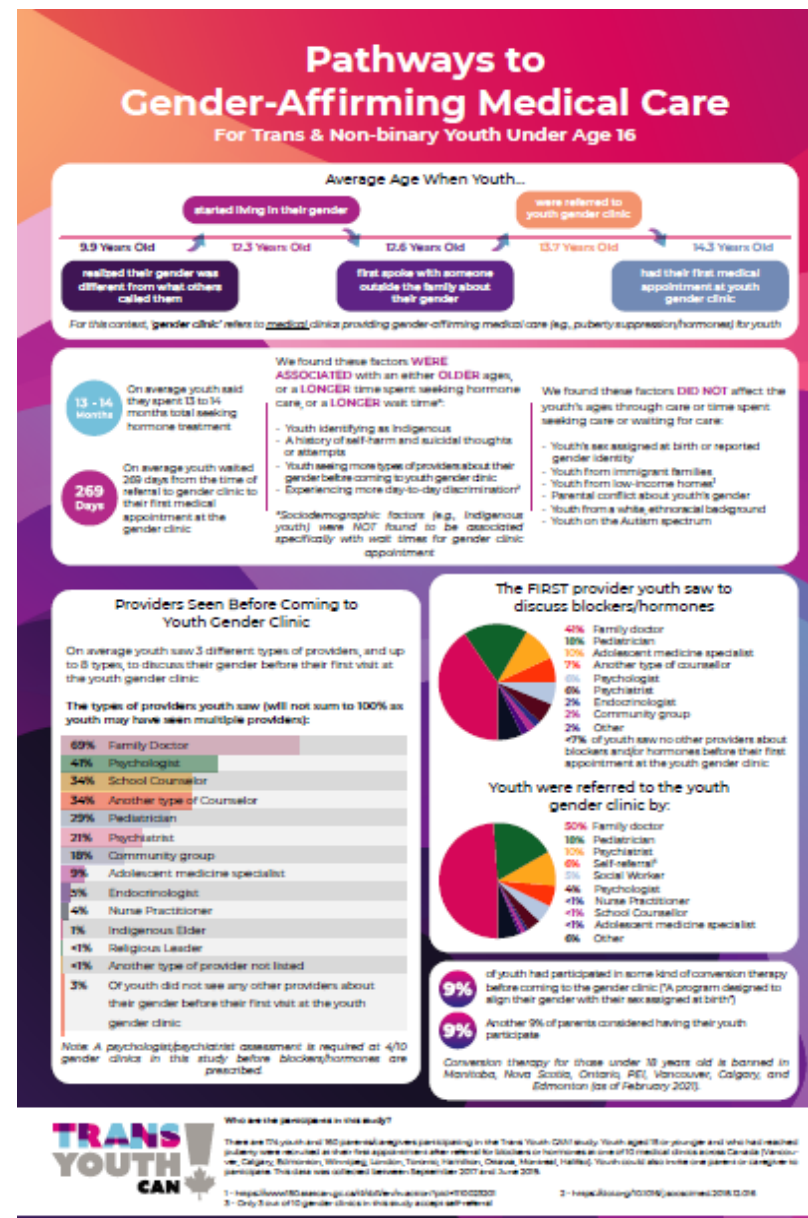
**Top 10 External Stressors On Immigrant Families**

**Source Of Support For Parents Of Trans Youth**

**TRANS YOUTH CAN**



# A PREVIEW OF OUR NEW INFOGRAPHIC!



## Average Age When Youth...

started living in their gender

were referred to youth gender clinic

9.9 Years Old

12.3 Years Old

12.6 Years Old

13.7 Years Old

14.3 Years Old

realized their gender was different from what others called them

first spoke with someone outside the family about their gender

had their first medical appointment at youth gender clinic

For this context, '**gender clinic**' refers to medical clinics providing gender-affirming medical care (e.g., puberty suppression/hormones) for youth

13 - 14  
Months

On average youth said they spent 13 to 14 months total seeking hormone treatment

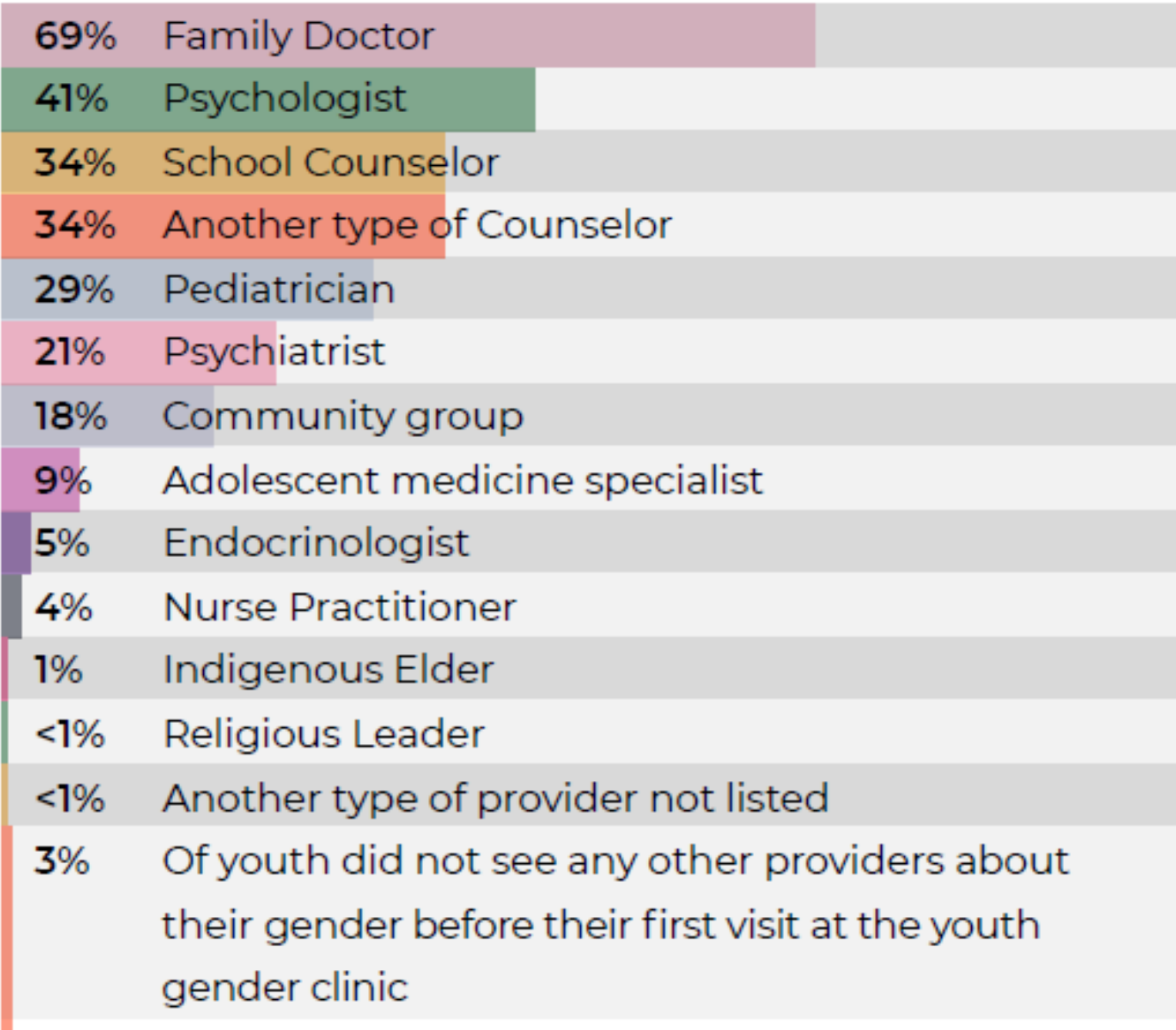
269  
Days

On average youth waited 269 days from the time of referral to gender clinic to their first medical appointment at the gender clinic

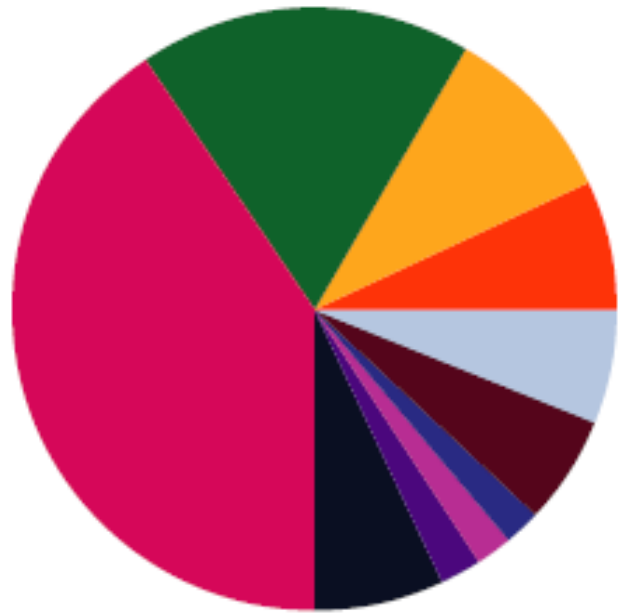


# Providers Seen Before Coming to Youth Gender Clinic

On average youth saw 3 different types of providers, and up to 8 types, to discuss their gender before their first visit at the youth gender clinic




# The FIRST provider youth saw to discuss blockers/hormones



- 41% Family doctor
- 18% Pediatrician
- 10% Adolescent medicine specialist
- 7% Another type of counsellor
- 6% Psychologist
- 6% Psychiatrist
- 2% Endocrinologist
- 2% Community group
- 2% Other

<7% of youth saw no other providers about blockers and/or hormones before their first appointment at the youth gender clinic





# Youth pathways to care reminds US...

- Youth spend years on their gender development journey before coming to a clinic for gender-affirming medical care
- Youth face challenges accessing gender-affirming care in Canada:
  - See multiple types of providers before getting to clinic
  - Long wait times to be seen once referred
- 9% of **youth** had participated in some kind of conversion therapy before coming to the gender clinic
- More timely access to gender-affirming care for trans youth is needed to support them and their families

# What's coming up for Trans Youth CAN!

- More infographics
  - “*Gender Distress and Gender Positivity*” and “*Experiences of Youth on the Autism Spectrum*” are coming next
  - [www.transyouthcan.ca/research-type/infographics-posters/](http://www.transyouthcan.ca/research-type/infographics-posters/)
- Academic papers
  - Youth characteristics
  - Parent/caregiver experiences
  - Pathways to gender-affirming care
  - Gender distress and gender positivity measures
  - Coping strategies (mixed methods)

**CONTACT US AT:**

[www.transyouthcan.ca/contact/](http://www.transyouthcan.ca/contact/)  
or email: [transyouthra@hsc.mb.ca](mailto:transyouthra@hsc.mb.ca)







# THE EXPERIENCES OF GENDER DIVERSE AND TRANS CHILDREN AND YOUTH ATTENDING SPECIALTY CLINICS:

THE STORIES OF GENDER-AFFIRMING CARE PROJECT

Annie Pullen Sansfaçon, PhD. and Frank Suerich-Gulick, PhD.,  
On behalf of the *Stories of Gender-Affirming Care* team



# Aim of the Project

- To explore the experiences of trans and gender diverse children/youth and their families accessing GA care during the prepubertal, pubertal and post-pubertal stages of development, specifically:
  - motivations and pathways
  - strategies to express and/or address dysphoria or navigate social and family situations;
  - what contributes to their psychosocial well-being and quality of life;
  - their experiences of GA care and medical interventions.
- This presentation focuses on **the children and youth's experiences accessing specialty clinics and medical interventions.**



# Methodology

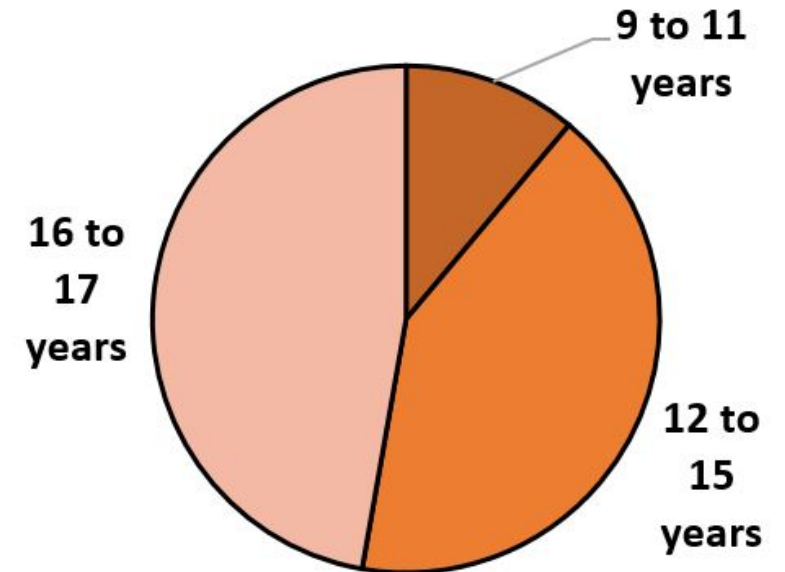
- Qualitative research projet
- Data collected at three specialty clinics providing GA care to trans and gender-diverse youth and children in Canada: Meraki Centre in Montreal, Children's Hospital of Eastern Ontario (CHEO) in Ottawa, and the Health Sciences Centre in Winnipeg.
- 72 semi-structured interviews with 36 child-parent dyads (12 per clinic):
  - **36 prepubertal trans children & pubertal/postpubertal trans youth**
  - **37 parents or caregivers** (interview + socio-demographic questionnaire)
- Interview transcripts were analyzed through thematic analysis



# Diversity Sampling

- 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 of Asian ethnicity 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 slightly higher values compared to provincial census data.

AGE DISTRIBUTION OF PARTICIPANTS



# Reasons for Seeking GA Care

- To help with youth's gender dysphoria.
- Close to  $\frac{3}{4}$  of youth had experienced suicidal ideation in the past.
- The idea of seeking gender-affirming care was first raised by a parent or a professional (ex: medical doctor, school counsellor) after discussions about gender identity or expression.

*To be honest, I forget how [I started at the specialty clinic], but I remember my mom and I talking about next steps. At this point, I was still very unsure, and so my mom had the idea that I could talk to someone. I talked to many different people who had more knowledge than me. Maybe so they could help me, guide me in the track that I'm trying to get. And so she found the place here, and so I came here and I met with [intake nurse]. That was awesome. (Adrian, TM, 14 years old)*



# Reasons for Seeking GA Care

- Some participants, (all TM), said they first brought up the idea of seeking gender-affirming care with their parents:

*I went, and I talked to my mom. I was like, “I want to start hormone therapy.” She was like, “Okay, we'll find out more about it. We'll research it.” (Randy, TM, 16 years old)*

- It took several months to years from the moment they first told parent about their gender identity until their first appointment with a physician at the clinic. By then, many had a clear idea what interventions they wanted:

*Well, I think we like came here [GD Clinic] pretty much to get the blockers and then get the hormones. [...] So I probably talked about like the first time we even met. (Yannick, TM, 16 years old)*



# Hurdles to Overcome Before Seeking Care

- Coming out to parents and getting support described as a necessary hurdle to overcome before accessing 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. But I don't regret my life right now, I'm really happy with my life. But if I could have told her sooner, I would have done it.*

*(Eloise, TF, 16 years old)*

*The time it took my mom to get used to the idea for herself, she didn't want things to move forward too fast and for me to start changing [my body] before she'd taken the time to get used to it before sending me to a psychologist. So it took longer. (Jim, TM, 14 years old)*



# Desired Medical Interventions & Outcomes – Youth under 12 (N=4)

- No interventions undergone (4/4)
- Most had specific ideas what effects they wanted, but a vague idea of which interventions would achieve these.

*I'm kind of interested [in taking blockers], just to change my voice, because when I'm older, and change my, um. Just mostly male like...  
(Kevin, TM, 10 years old)*





# Desired Medical Interventions & Outcomes – Youth under 12 (N=4)

- Two youth had a marked fear of needles, posing a potential obstacle to blockers:

**Interviewer:** *So I know today you're here to talk to [Endocrinologist]. Right? So what did you guys decide [about taking blockers]? Are you going to...*

**Youth:** *No needles.*

**Interviewer:** *No needles. Okay. So is that what you want eventually, or?*

**Youth:** *No needles. I don't like needles. [...] Yeah, I don't like the needles, but I have to do the needles if I want to have the blockers and to continue all that.  
(Elisa, TF, 10 years old)*



# Desired Medical Interventions & Outcomes – Youth 12 and over (N=32)

- Clear idea of desired interventions
- Desired outcomes from blockers: Stop puberty, menses

*I [was] really scared. I was like “We have to get there [GD clinic] as soon as we can to stop this [puberty]”. [...] Just like a complete stop of everything. Because, like I said, I'm not uncomfortable with my body but I'm more uncomfortable how other people see my body. So I didn't want it to fully develop (Oliver, TM, 16 years old)*



# Desired Medical Interventions & Outcomes – Youth 12 and over (N=32)

- 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

*I [said] to [GD clinic nurse], “I can’t wait til I have boobs. When can we start the estrogen now? I’m down with the blockers, but like, estrogen!” A couple more years. (Juliette, TF, 13 years old)*

- Surgery:
  - TM youth were more likely to want top surgery
  - TF youth were more likely to want bottom surgery



# Positive Outcomes

- Feeling of happiness about physical effects from the medical interventions

*[Since I was around 7], I would hit my arm against walls and stuff because I was just really unhappy and it's better now that I'm on testosterone because I'm kind of feeling content, like things are going to get better. So it hasn't been bad for quite a while.*

*(Joseph, TM, 16 years old)*



# Positive Outcomes

- Knowing they would be starting GA care or medication alleviated anxiety for some:

*Right now, just having the [prescription] to start hormones, just knowing that I'll be starting soon, already makes me happier, because it's a big step in my life that's going to bring me towards physical changes and it's going to bring me towards being who I really want to be. (Eloise, TF, 16 years old)*



# Experiences at the GA Clinic

## -- Positive experiences

- All participants said staff always used correct pronouns
- Many said staff were helpful (giving them access to medical interventions; helping them understand their gender)
- Participants felt 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, TM, 16 years old)*



# Experiences at the GA clinic (continued)

## -- Frustrations

- Long waiting time (waiting list or protocol restrictions)
- Discomfort about some questions asked
- Youth sometimes felt they had to convince staff they are trans
- Some staff have limited understanding of non-binary youth; Youth voiced a need to expand the care options available to them.



# Concerns & Reservations

- Unwanted side effects
  - Injection site pain
  - Hot flashes, issues with mood, increased acne, or weight gain from blockers or hormones.
  - More serious side-effects (4 participants) youth linked to blockers: vomiting due to hot flashes, strong fever after the injection, a suicide attempt, and stress fractures.





# Second Thoughts or Regrets

- Even youth who had more serious side-effects felt that medical transition was the right choice for them, though some had questioned the decision in the past:

*[The time of my suicide attempt] was one of my most strongest parts where I was like, "Okay. What if I'm lesbian, you know, and this all a mistake?" But then eventually, everything stabilized, and I was like, "But I'm so much happier, come on". It wouldn't make sense. [...] I feel like it would be difficult [if I changed my mind], because I've come so far. [...] But honestly, I personally don't think it'll happen. In the hypothetical case, I would definitely say something if I would be repeatedly think[ing] about it, if hormones would be actively making me miserable or some stuff. Because I have read about people who de-transitioned, that's perfectly fine. (Jason, TM, 17 years old)*



## Second Thoughts or Regrets (continued)

- A majority had never questioned their decision, and those who said they had past doubts said these had been fleeting:

*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, TM, 17 years old)*



# Discussion and Conclusions

- The vast majority of youth described their experience of accessing medical interventions and GA care at the clinics in positive terms.
- Many youth also described improved well-being since they came out and started accessing GA care.
- Frustrations most frequently evoked by youth concerned delays in accessing GA care and interventions.
- Though unwanted side-effects were evoked by several youth, none expressed regrets about any of the GA medical interventions undergone.
- Results are coherent with data from the limited existing literature, with one marked exception: all youth said GD clinic staff always used their preferred names and pronouns.



# Study Limitations

- Youths' narratives of their medical and social transitions are often intertwined, making it difficult to separate the role of each in improved well-being or reflections on second thoughts.
- The sample might benefit from a greater diversity of participants.
- The study design and recruitment documents were such that only youth whose parent(s) were fairly supportive of their gender identity participated.
- The sample of prepubescent youth is small.



# Access to care outside of Canada (international comparison)

- Drawing on data from Stories of care study and three iterations using similar research protocols in England, Switzerland, and Australia, *(Pullen Sansfaçon, Medico, Riggs, Carlile and Suerich-Gulick, submitted)*
- Sample: 68 dyads of young people and their parents participated in the four projects, for a total of 138 participants (both parents were interviewed in one dyad, and two siblings were interviewed in another).
- The young people's ages ranged from 5 to 21.



# Access to care

- Care is not accessible everywhere
  - Not available to Swiss minors at the time of data collection.
  - Young people in England and Australia (as well as Canada), were able to access gender-affirming care. However, numerous challenges in seeking and accessing services were identified, including delays, protocol restrictions, and the affordability of care.
  - Types of barriers and delays are different from one country to the next.



# Impacts

- Accessing gender-affirming intervention was identified as an important contributor to improving young people's well-being.
- The youth who were able to access care without too many hurdles noted that it had a visible positive impact on their well-being.
- In the three countries where blockers were available, they generated greater optimism and positively impacted the mental health of the participants (Canada, Australia, England)
- In Australia and Canada, where care was said to be easier to access, well-being continued to improve as different interventions were provided.



# Impacts (continued)

- In Switzerland, we found that gender dysphoria increased in participants as care was found to be very difficult or even impossible to access.
- Our hypothesis: a loss of hope and an inclination to self-harm become a way of externalising, mourning, and soothing the suffering experienced by young people in the French Swiss sample:

*How to describe mental pain... I was just so upset that I wonder what I could do to get better, actually. I had... I had dark thoughts, I did not want to die but I just felt so bad that I curled up in a ball and I cried, cried, cried, cried and I wanted to do this so much more that I did this [suicide attempt].*

*(Raphaël, 21 years old, Switzerland)*





# Conclusions that can be drawn from this comparison

- Access continues to be difficult for youth in some places
- Youth self-reported well-being differs from one country to the next.
- The analysis also allows us to identify important regional differences in how WPATH SOC are applied, despite their intended global scope (*Coleman et al., 2012*).
- Although the research methodology did not allow us to draw firm conclusions in comparing self-reported mental health difficulties, it appears from our analysis that such difficulties were greater among participants in the Swiss and British samples, where access to care is limited.

# Conclusions that can be drawn from this comparison (continued)

- Conversely, in countries where gender-affirming care was more easily accessible, youth described an important improvement in their overall well-being after accessing such care (see *Pullen Sansfacon et al., 2019; Riggs et al., 2019*).
- Although this finding must be interpreted with caution, it adds to the small but growing body of literature on the mental health benefits of gender-affirming care including medication such as puberty blockers (*Turban et al., 2020; Sorbara et al., 2020*).



# The Stories of Gender-Affirming Care Team

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Loralee Gillis (formerly of Rainbow Health Ontario)

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## International comparison team:

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Denise Medico, UQÀM

Anna Carlile, Goldsmith U.

Damien Riggs, Flinders U.



**THANK YOU to our participants!**

**A HUGE THANK YOU! to all the youth and parents across Canada who joined our study and shared their experiences with us.**

**Without them this research would not be possible. We're so grateful for their trust and choice to work with us to improve care provided to gender-diverse youth and families.**



# ANY QUESTIONS?



**Send us any questions you have!**

