



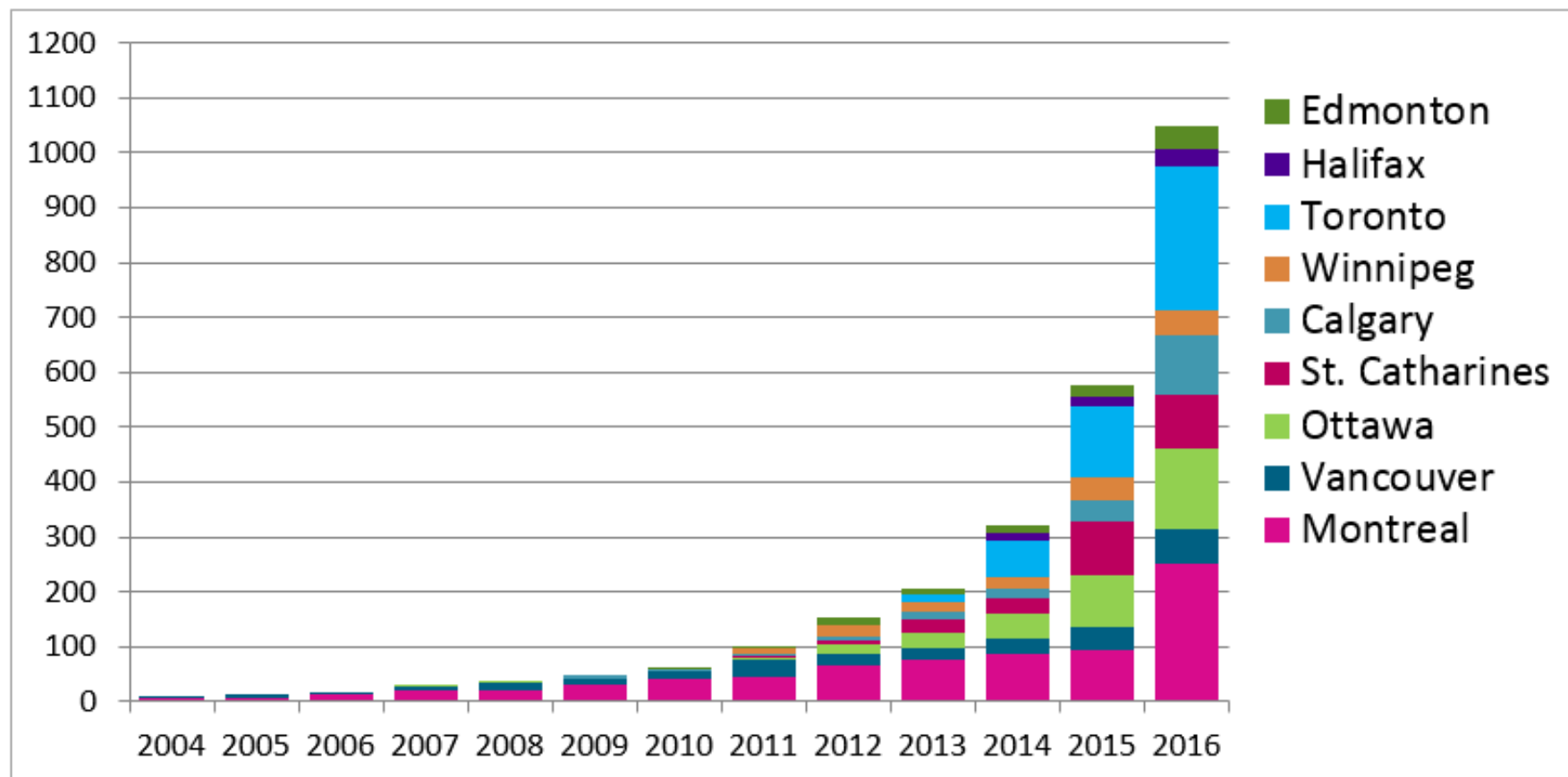
# Trans Youth CAN!: Gender development of trans and non-binary youth under age 16 in clinical care

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Canadian Psychological Association 2021

## Pediatric patient referrals\* to specialist clinics for puberty blockers or gender-affirming hormones: 9 Canadian clinics



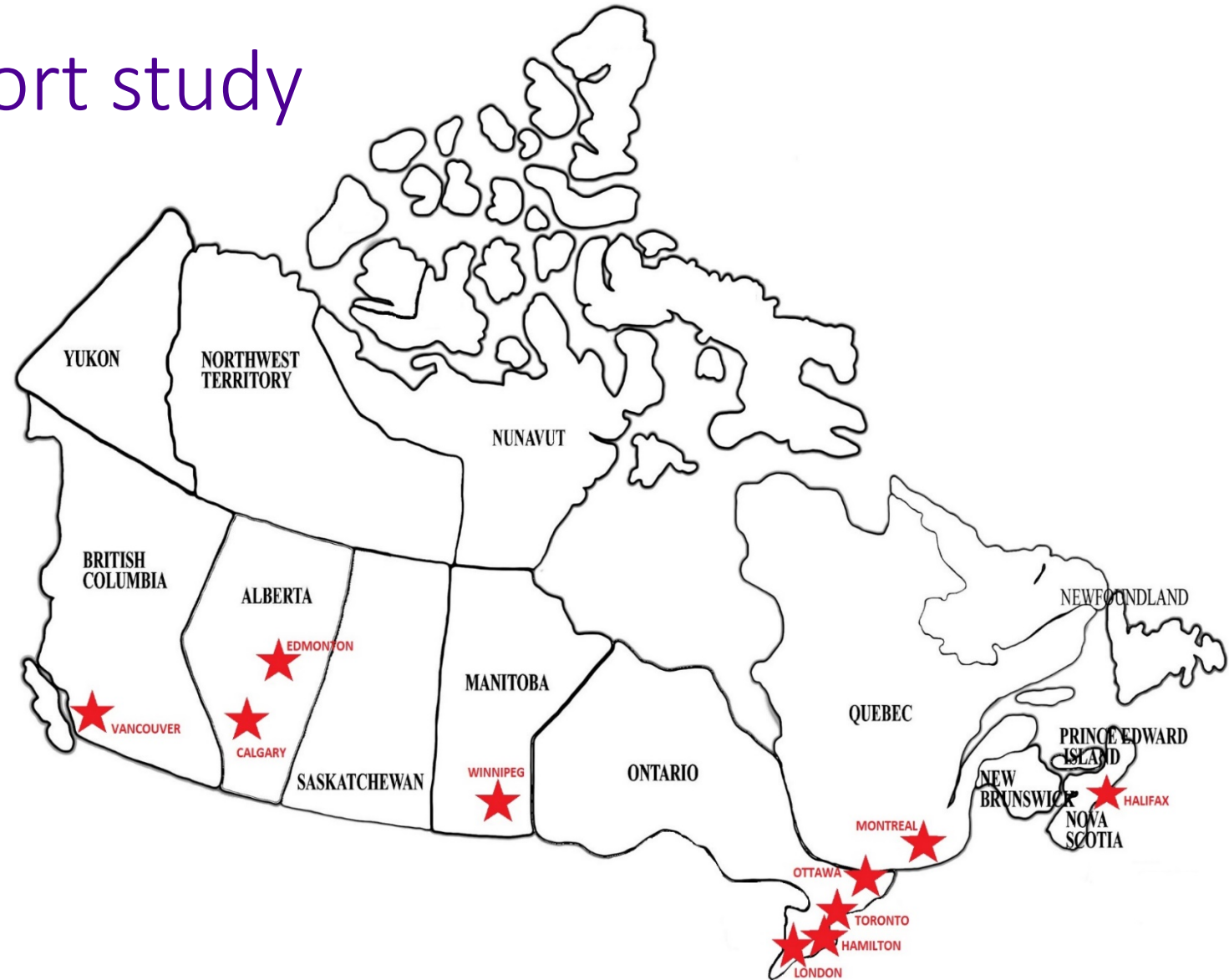
\* Some referral numbers estimated. Some referrals are for prepubertal youth, though blockers are not prescribed prior to puberty.

Lawson M, Bauer G, Bonifacio J, Couch B, Ducharme J, Ghosh S, Massarella C, Metzger D, Mokashi A, Pacaud D, for the Trans Youth CAN! Research Team. Data presented as part of a poster at the Canadian Professional Association for Transgender Health Conference, Vancouver, Canada, 2017.



# Trans Youth CAN! Cohort study

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



# Why Gender-Affirming Care?

- Youth with GD show high rates of mental health co-morbidity
- Lack of access to gender affirming care may place trans youth at greater risk of harm due to violence, anxiety, depression, suicide
- Gender affirming medical care benefits youth by
  - Decreasing distress that accompanies gender dysphoria as well as co-morbid emotional and behavioral problems
  - Increasing overall psychological functioning



# Gender Identity Development

- Sense of one's own gender identity emerges in the preschool years; followed by sense of gender constancy and stability and increasing consolidation of identity over the preadolescent and adolescent years
- Age 10-13 suggested to be an important developmental stage in determining the GI of gender diverse youth
- Endocrine clinical guidelines and WPATH SOC recommend youth with consistent GI and longstanding GD be considered for medical treatment (puberty blockers or hormones); in part dependent on developmental and pubertal status



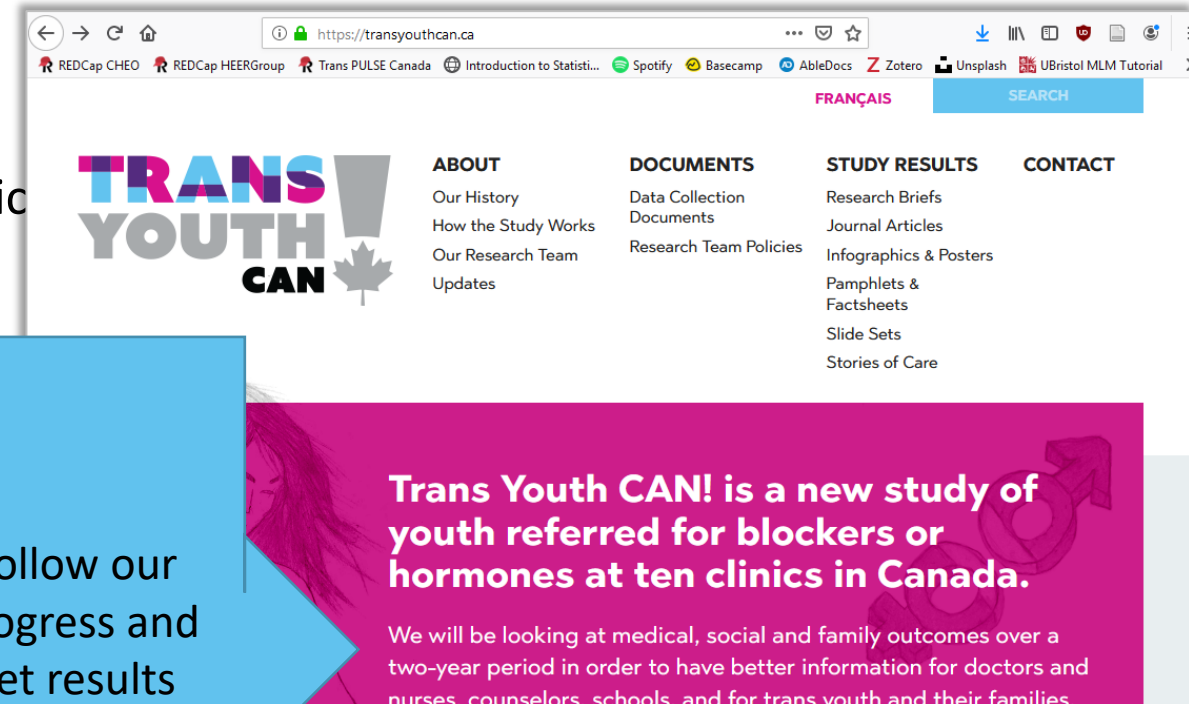
# Trans Youth CAN! Cohort Study

## Sample

- 174 youth aged puberty to 15 years
- Referred to one of 10 gender clinics for blockers or hormones; recruited at 1<sup>st</sup> medical appointment at clinic
- 160 matched parents/caregivers

## Data (2 years of follow-up)

- social, family, and medical outcomes
- Interviewer-administered youth questionnaires
- Self-completed parent/caregiver questionnaires
- Clinical records
- Online symptoms checklists



Follow our progress and get results here!

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

# Participants

	Total (n=174)
<b>Age</b>	
10–13 years	31.0%
14–15 years	69.0%
<b>Gender</b>	
Male/primarily a boy	75.8%
Female/primarily a girl	15.9%
Non-binary or another gender*	8.3%

\*Proportion of non-binary youth is not significantly different between transmasculine and transfeminine.

Other words youth use to describe their gender:

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



# Mental Health History

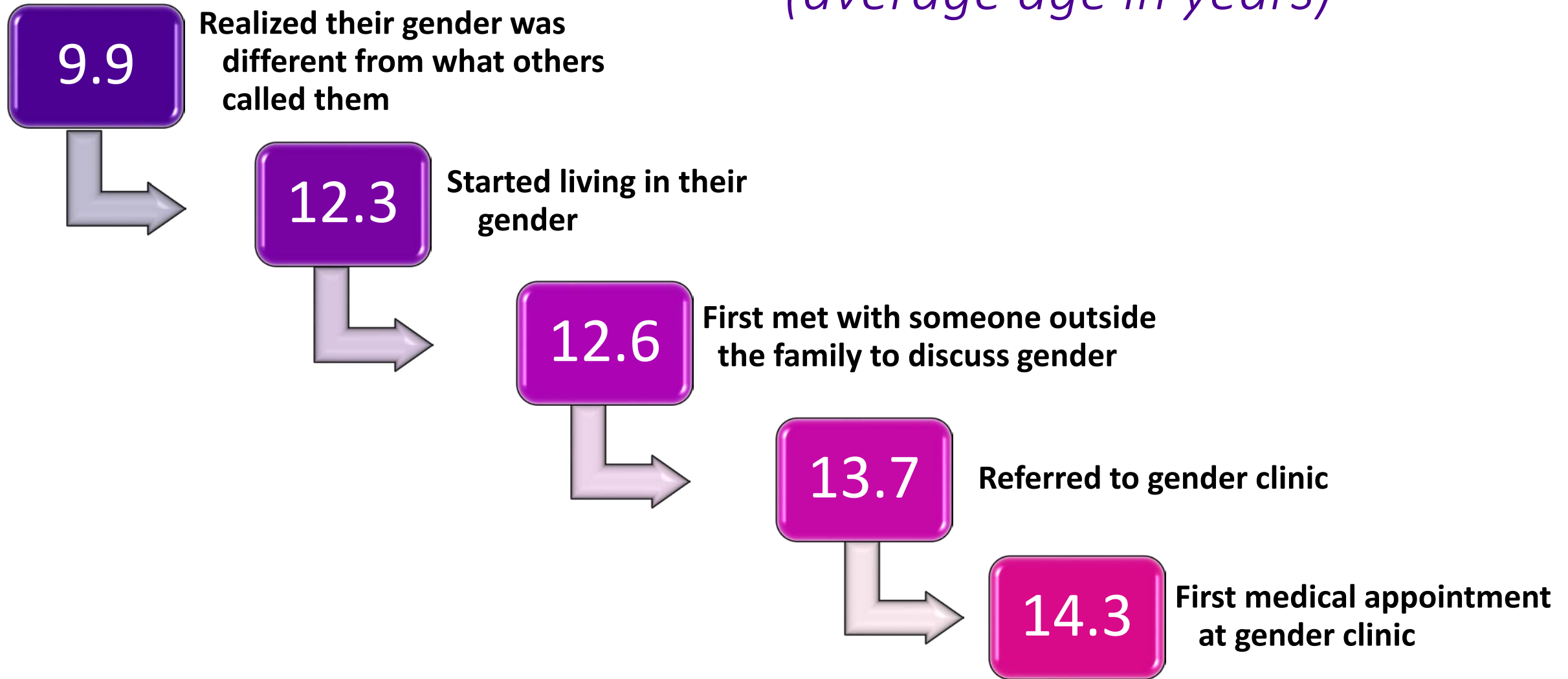
	Total (n=174) %	Transfeminine (n=37) %	Transmasculine (n=137) %
<b>Diagnoses</b>			
Anxiety	40.2	25.9	43.5
OCD	4.2	0	5.1
PTSD	1.9	0	2.4
Depression	32.0	19.4	34.9
ADHD	23.3	38.7	19.8
Autism spectrum	6.0	23.4	1.9
Learning disability	4.8	6.5	4.4
Other	25.2	30.9	23.9

	Total (n=174) %	Transfeminine (n=37) %	Transmasculine (n=137) %
<b>Self-harm</b>			
Ever	67.6	61.5	69.0
Past year	57.2	40.1	61.2
<b>Suicidality</b>			
Ideation, ever	58.1	58.8	58.0
Attempt, ever	36.0	30.8	37.3
Ideation, past year	34.5	35.1	34.4
Attempt, past year	16.8	12.4	17.9





# Key Gender Milestones *(average age in years)*



**On average youth said  
they spent...**



*seeking hormone care*

**On average youth  
are waiting...**



*from referral to their first  
medical appointment at  
gender clinic*



# While they were waiting...

Before their first appointment at a gender clinic,

- Youth saw on average 3 (and up to 8) different types of providers to discuss gender
  - **Only 3%** did not see any other providers about their gender
- Almost 60% of youth had seen their family doctor or pediatrician to discuss hormones or a referral for hormones
  - **Less than 7%** saw no other providers about blockers/hormones



# Conclusions

- Youth face challenges accessing gender-affirming care in Canada:
  - See multiple types of providers before getting to clinic
  - Experience long wait times to be seen once referred
- Youth spend SEVERAL YEARS on their gender development journey
  - Even before presenting for gender-affirming medical care
  - There is no single pathway that youth follow in this journey
- Youths' gender related concerns and gender dysphoria tend to be longstanding over several years (and not “rapid onset”)



# Conclusions

- Presenting for gender-related care at **younger ages** is not associated with increased mental health or neurodevelopmental disorders
  - Presenting at **older ages** is associated with increased suicidality
- More timely access to gender-affirming care for trans youth is needed to decrease GD and re support them and their families
- Provider education and training in gender affirming models of care is also key





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Instituts de recherche  
en santé du Canada

**TRANS** **JEUNES**  
**YOUTH** **TRANS**  
CAN CAN



# Thank you to our research team!

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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)

6 youth and 7 parents in our  
Community Consultation  
Committees

Our youth participants

Our parent/caregiver  
participants



Our funder:

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