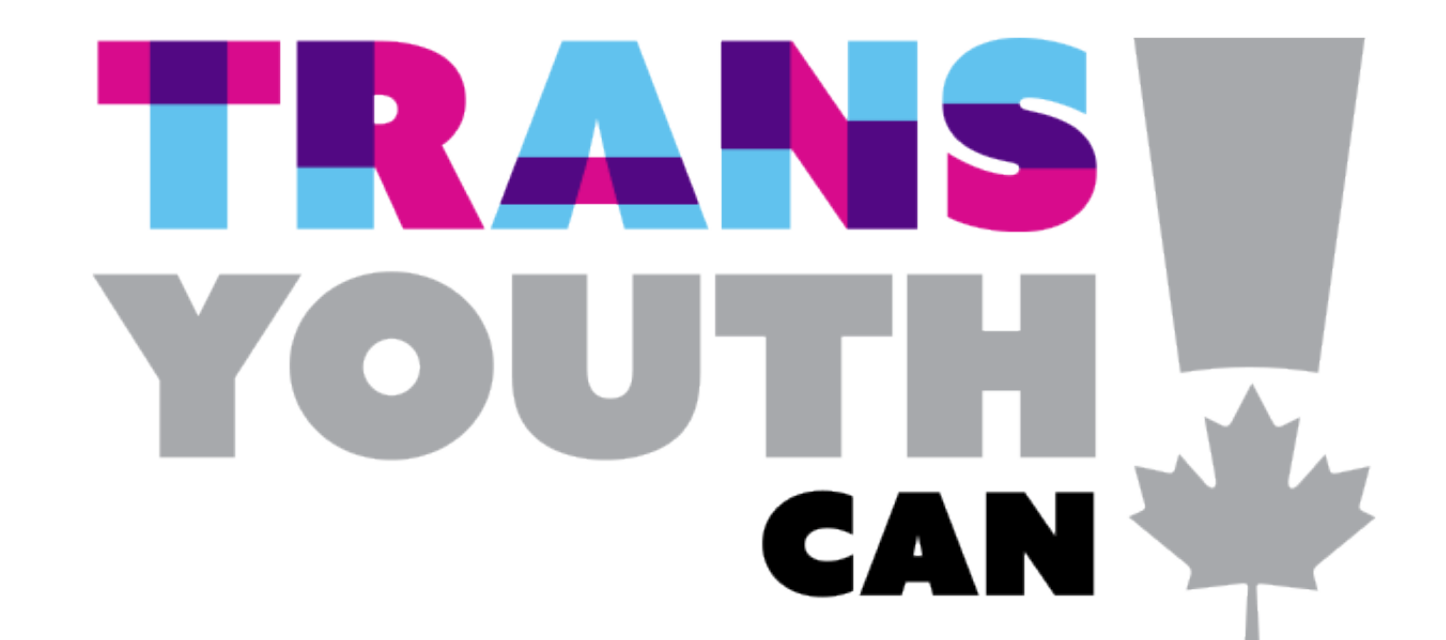


# Trans and Gender-Diverse Adolescents in Clinical Care engage in Distinct Classes of Self-Care & Coping Behaviours



## Self-care and coping behaviours among trans and gender-diverse adolescents in clinical care: a mixed-methods study

**SINGH** Gagan<sup>1,2</sup>; TODOROVIC, Sara<sup>2</sup>; GOTOVAC, Sandra<sup>2</sup>; PULLEN SANSFAÇON, Annie<sup>3</sup>; BAUER, Greta<sup>2</sup>; for the Trans Youth CAN! research team

<sup>1</sup> Temerty Faculty of Medicine, University of Toronto  
<sup>2</sup> Schulich School of Medicine & Dentistry, Western University  
<sup>3</sup> School of Social Work, Université de Montréal

### Background

Limited data exist on the types of self-care & coping behaviours trans and gender-diverse (TGGD) youth in clinical care use to reduce distress and increase wellness.

### Objectives

We describe the self-care & coping behaviours of TGGD adolescents in clinical care across Canada and identify potential self-care and coping behavioural profiles.

### Design and Methods

- We identified latent classes of survey weight-adjusted TGGD adolescents engaging in self-care and coping behaviours (N=174) from the Trans Youth CAN! (TYC!) study, a prospective cohort study of at least pubertal adolescents <16 years (N=174) referred to one of ten clinics across Canada for hormone suppression and/or hormone therapy, otherwise previously naïve. Chi-square tests assessed for differences across demographic variables ( $\alpha=0.05$ ).
- Priorly coded qualitative data from Stories of Gender-Affirming Care (SoGAC) contextualized and expanded upon quantitative findings. SoGAC included youth-parent dyads for youth 9 to 17 years (N=36) attending one of three clinics already participating in TYC!.

### Results

Our analysis suggests the emergence of five classes: Avoidant, self-harming, alcohol use, and legal document changes (Class 1: 21%); Non-avoidant diverse coping and self-harm behaviours (Class 2: 30%); Avoidant, self-harming, and nicotine/substance use behaviours (Class 3: 9%);

Atypical and gender-focused coping behaviours (Class 4: 11%); and Gendered-space avoidant and self-harm behaviours (Class 5: 29%). Chi-square tests revealed no significant differences in age ( $p=0.2510$ ), gender identity ( $p=0.5646$ ), and income ( $p=0.9906$ ) between latent classes. There were significant differences between class 2 and each of the other 4 classes for sex assigned at birth ( $p<0.0001$ ). Pairwise comparisons also revealed a significant difference in immigration background between classes 2 and 5 ( $p=0.0030$ ). Qualitative data expanded on quantitative findings.

### Conclusion

This study identifies behavioural profiles of TGGD adolescents in clinical care and demographic variables across which self-care & coping behaviours might vary. This research can inform tailored interventions and supports at personal/interpersonal, environmental, and structural levels to promote healthy coping strategies.

Table 1: TYC! participant characteristics

	N (unweighted)	Weighted %
<b>Age</b>		
10-13 years	54	31.0
14-15 years	120	69.0
<b>Ethnoracial background</b>		
Indigenous	34	18.8
Non-Indigenous visible minority	10	6.6
Non-Indigenous white	128	74.6
<b>Immigration background</b>		
Immigrant youth or immigrant family	47	29.7
Non-immigrant youth and non-immigrant family	127	70.3
<b>Living environment</b>		
City	88	55.4
Suburb	59	33.7
Rural	27	10.9
<b>Income</b>		
Below low-income threshold	40	27.1
Above low-income threshold	110	72.9
<b>Sex assigned at birth</b>		
Male	37	18.8
Female	137	81.2
<b>Gender identity</b>		
Male or primarily a boy	126	75.8
Female or primarily a girl	32	15.9
Non-binary	14	8.3
<b>Living in their identified gender</b>		
All the time	146	84.0
Some of the time	24	15.2
Not at all	2	0.8
<b>Mental Health</b>		
Positive Depression Screen ("often/always" $\geq 4$ of 5 MDS items)	33	19.3
Probable anxiety (OASIS $\geq 8$ )	94	65.2
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

Table 2: Describing and comparing classes of self-care & coping among trans and gender-diverse youth

Class	Class 1 Self-harm and avoidant with binge-drinking, disordered eating, and gender-affirming behaviours	Class 2 Self-harm and non-avoidant diverse coping behaviours	Class 3 Self-harm, self-advocacy, and avoidant coping behaviours with nicotine/substance* use	Class 4 Atypical and gender-focused coping behaviours	Class 5 Self-harm and gendered space avoidant behaviours
<b>Membership Estimation</b>	21%	30%	9%	11%	29%
<b>Features</b>	<ul style="list-style-type: none"> <li>"Core" self-care and coping behaviours (yellow, Table 3).</li> <li>Youth group participation.</li> <li>Legal changes to identity documents.</li> <li>Disordered eating &amp; binge drinking.</li> <li>High avoidance of public and gendered spaces.</li> <li>Most likely to miss school.</li> <li>Very high probability of self-harm (96%).</li> </ul>	<ul style="list-style-type: none"> <li>"Core" self-care and coping behaviours.</li> <li>Defining feature: minimally avoidant of public and gendered spaces.</li> <li>High probability of self-harm (54%).</li> </ul>	<ul style="list-style-type: none"> <li>"Core" self-care and coping behaviours.</li> <li>Most likely to participate in self-grooming, and self-advocacy.</li> <li>Nicotine use, binge drinking, and substance use.</li> <li>Still avoiding public and gendered spaces, but less likely than Class 1.</li> <li>High probability of missing school.</li> <li>Very high probability of self-harm (&gt;99%).</li> </ul>	<ul style="list-style-type: none"> <li>Youth group participation.</li> <li>Legal changes to identity documents.</li> <li>Avoidance of gendered public spaces.</li> <li>Less avoidance of public spaces compared to other classes.</li> <li>Defining feature: not engaging in "core" self-care and coping behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>"Core" self-care and coping behaviours.</li> <li>Very high avoidance of gendered &amp; high avoidance of public spaces.</li> <li>Less likely to miss school compared to other classes.</li> <li>High probability of self-harm (62%).</li> </ul>
<b>Significant Differences</b>		SAB: AMAB > all classes Immigrant family: > class 5			Immigrant family: < class 2

Table 3: Self-care and coping indicator variables used in latent class analysis

	N (unweighted)	Weighted %
<b>Self-care checklist</b>		
Listening to music or reading	162	94.39
Spending time with others	160	92.44
Spending time alone or fantasizing/daydreaming	147	84.46
Watching a movie/TV/online videos or playing video games	148	83.90
Writing/journaling or creating something artistic (e.g., painting, making music)	139	76.10
Taking a nap/sleeping to avoid the problem/ignoring it/pretending it's not real	128	75.93
Eating food that makes you feel better	112	63.80
Meditating or deep breathing/relaxation exercises or taking a bath	104	57.79
Going for a run or walk, doing exercise, or playing sports	86	46.95
Praying/attending a religious service	9	4.81
Self-advocacy or speaking up for yourself	50	28.26
Self-grooming activities	49	26.39
Posting about your life on social media	37	19.59
<b>Avoiding situations</b>		
Locker rooms or washrooms	135	80.45
Gyms/pools or sports stadiums/fields	110	68.19
Stores or restaurants	69	46.33
Other people's homes	64	39.49
Schools	58	38.52
Clubs/social groups or community events	50	33.61
Public transit or travelling	38	26.45
Community or religious institutions	32	21.67
Public or outdoor spaces	31	19.98
<b>Attended youth group or accessed online group</b>		
Yes	102	59.14
No	71	40.86
<b>Disordered eating behaviour</b>		
Yes	28	16.65
No	146	83.35
<b>Marijuana (and other substances) used in last 30 days</b>		
Yes	18	14.33
No	156	85.67
<b>Current cigarette or e-cigarette (vaping) use</b>		
Yes	23	18.84
No	145	81.16
<b>Binge drinking alcohol in past 12 months</b>		
Yes	21	13.42
No	152	86.58
<b>Self-harm, ever</b>		
Yes	110	67.57
No	61	32.43
<b>Legally changed name or sex designation on birth certificate</b>		
Yes	36	20.60
No	134	79.40

"The first thing I wanted to do when I came out, was like, I wanted to change my name legally."  
Jake, 16 years

"I like having the new fresh look. I just feel really masculine and good... I feel like I look like a guy when I get my hair cut."  
Gary, 15, male

"Sometimes, we'll go to the music room, me and my friends, and we'll... play music. It's really, really nice... like a way to express ourselves."  
Oliver, 16 years

"I was just really stressed at that time and hurting myself was just a way to relax."  
Oliver, 16 years

### Key Points

- TGGD adolescents in clinical care also participate in non-clinical self-care & coping behaviours. Some behaviours distinctly relate to gender and others are likely found in the general adolescent population (Table 3).
- Social factors like SAB and immigration background may impact how TGGD adolescents interact and access interpersonal and community supports, or personally cope.

### Anti-Oppression Clinical/Research Practices

Self-care & coping behaviours amongst TGGD persons are understudied in a culturally safe way that also frames their decision-making processes as rational (e.g., injurious behaviours that may delay/avert more severe or fatal outcomes).

#### Consider:

- Using descriptive language rather than value judgements ("maladaptive") to describe behaviours.
- Using strengths-based approaches to optimize self-care & coping strategies among those featuring mixed, complex coping strategies – e.g., Class 3.
- Avoid pathologizing social factors, like gender.

### Acknowledgements:

Trans Youth CAN! and Stories of Gender Affirming Care are funded by:



Take a picture to download the poster

