

Workshop on Supporting the Health and Well-Being of Gender Diverse Youth





Professor and Director Institute for Sexual and Gender Health University of Minnesota Medical School

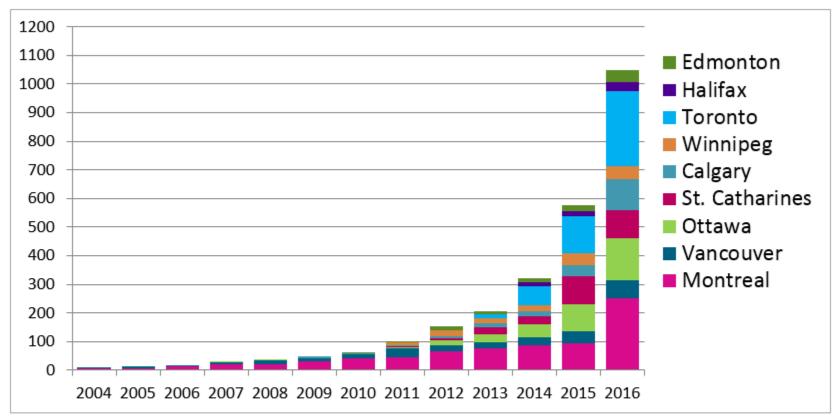


University of Minnesota

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



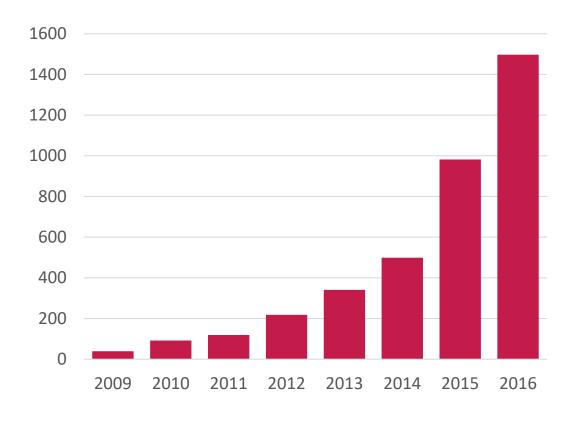
<sup>\*</sup> Some referral numbers estimated. Some referrals are for prepubertal youth, though blockers are not prescribed prior to puberty.



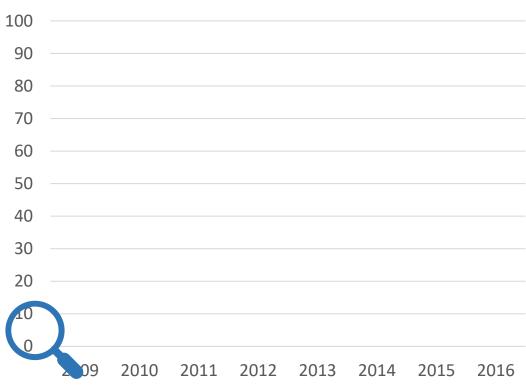
Lawson M, Bauer G, Bonifacio J, Couch B, Ducharme J, Ghosh S, Massarella C, Metzger D, Mokashi A, Pacaud D, for the Trans Youth CAN! Research Team. Data presented as part of a poster at the Canadian Professional Association for Transgender Health Conference, Vancouver, Canada, 2017.

# Adolescents referred\* to Tavistock clinic (UK)

## Referral numbers



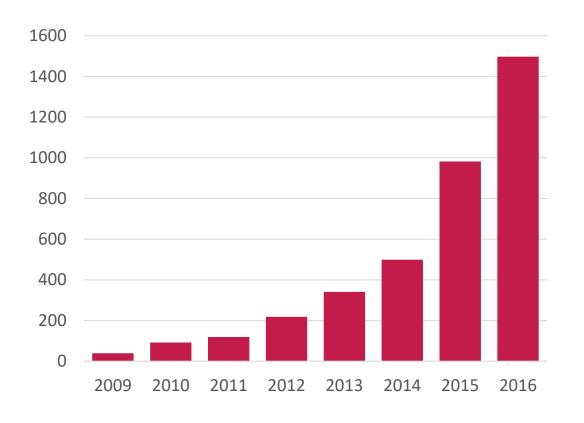
# As a proportion of adolescent population



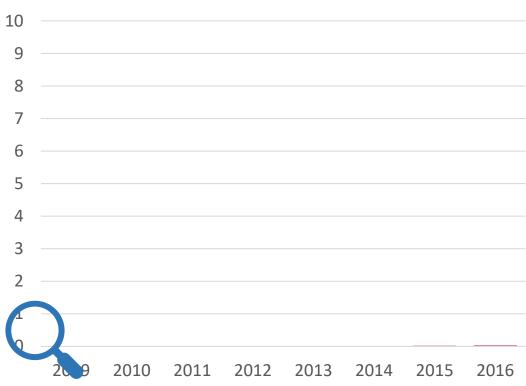
<sup>\* &</sup>lt;u>Referrals</u> included rejected referrals, those who did not attend a clinic appointment, and those not provided with medical care. <10% of referrals were put on the "endocrine pathway", when reported for 2019.

# Adolescents referred\* to Tavistock clinic (UK)

## Referral numbers



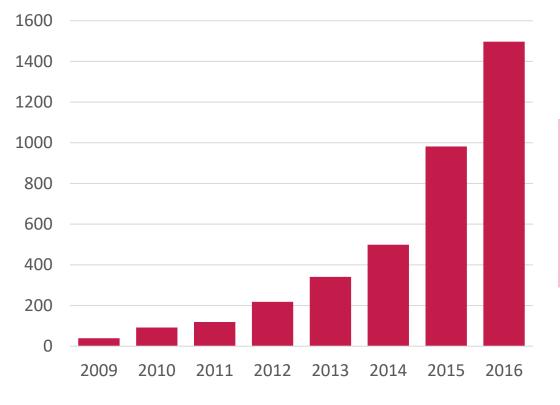
As a proportion of adolescent population - showing 0-10% range



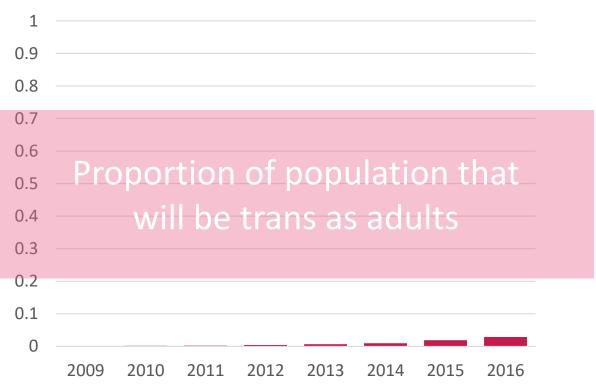
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# Adolescents referred\* to Tavistock clinic (UK)

## Referral numbers



As a proportion of adolescent population - showing 0-1% range



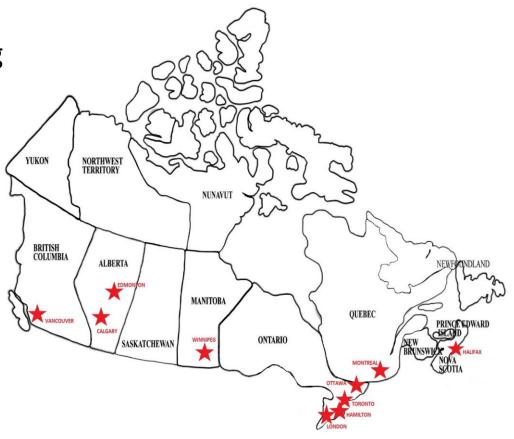
<sup>\* &</sup>lt;u>Referrals</u> included rejected referrals, those who did not attend a clinic appointment, and those not provided with medical care. <10% of referrals were put on the "endocrine pathway", when reported for 2019.

## Methods: Trans Youth CAN!

- Clinical cohort of 174 adolescents (<16 years old) referred to 10 clinics in Canada for gender-affirming endocrine treatment-with 160 matched parents
- Enrolled in 2017-2019, completing in 2019-2021
- Note: Follow-up data collected during COVID-19 pandemic

## **Data Sources:**

- 1) Annual interviewer-administered youth surveys
- 2) Annual self-completed parent surveys
- 3) Clinical records
- 4) Brief checklists







# Study enrollment at initial hormone appointment

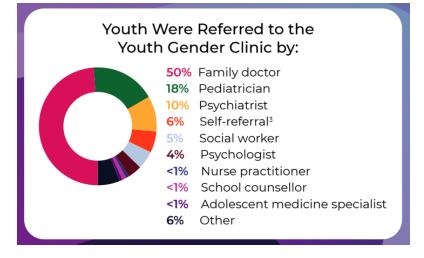
Referral after seeing other providers within same clinic

Referral after seeing provider outside the clinic

## **Initial hormone appointment**

- Pediatric endocrinologist.
   Adolescent medicine physician, or other specialist
- First appointment where patient *might* receive a prescription

Study follow-up (two years)



#### Mean wait time after referral:

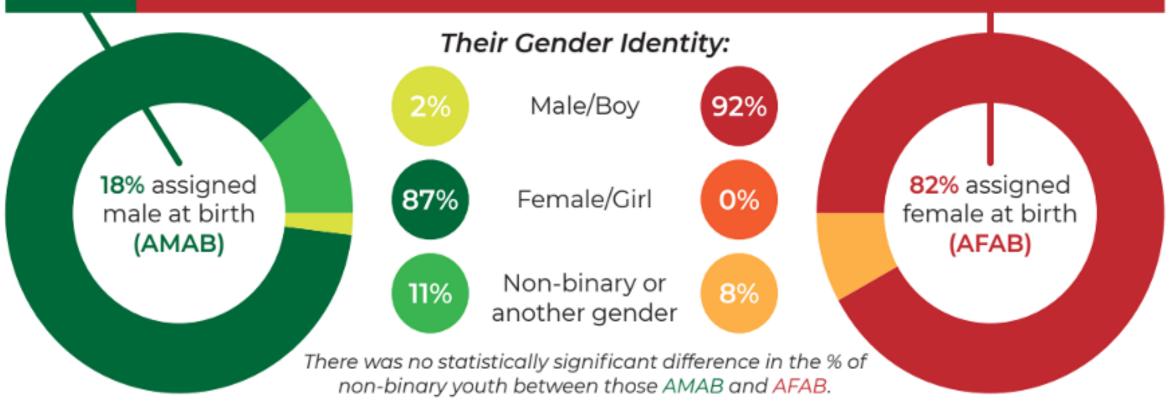
269 days





## Sex Assigned At Birth:

This is similar to what was found for these ages in a national community survey1





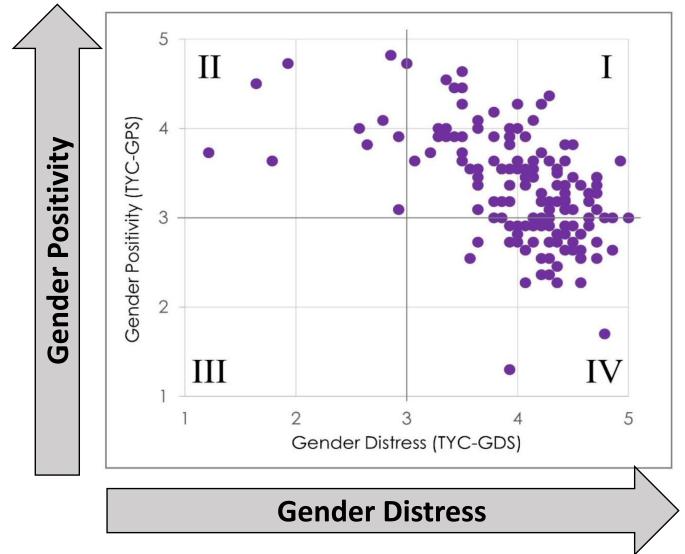
# We did not find any significant difference\* between autistic youth & the rest of the youth in the study for the following:

- · Total months spent seeking hormone treatment
- · Level of youth's gender positivity<sup>1</sup> and gender distress<sup>2</sup>
- Level of youth's overall social support, emotional/informational support, tangible support, affectionate support, and positive social interaction
- · The number of different types of providers seen before gender clinic
- Whether youth participated in (or their parents considered having them participate in) conversion therapy
- · Their ages through key milestones in their gender journey
- Parental support youth said they had for their gender identity and their gender-affirming medical care (when youth first disclosed their gender and currently)

\*Note of caution: With only 10 autistic youth, these comparisons have low statistical power.

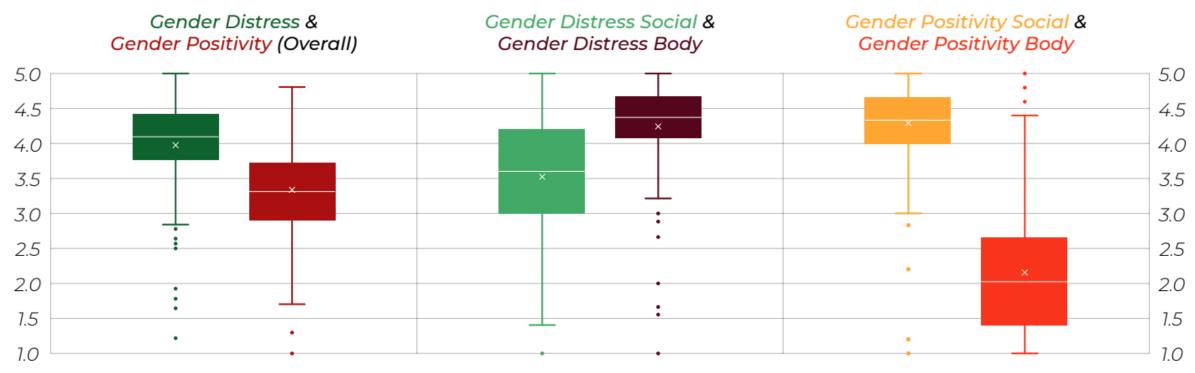


Adolescents aged puberty to 15 years at time of an initial hormone appointment for gender-affirming medical care in Canada





## At The Time Of Their First Medical Appointment At Clinic, How Were Youth Feeling?



### What are these graphs?

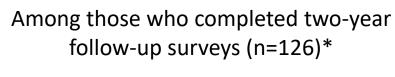
A box-and-whisker plot lets us compare gender distress and positivity across groups. Half a group is above and half below the middle line (median), the 'x' is the average (mean), and the ends of the boxes show the 25th and 75th percentiles.

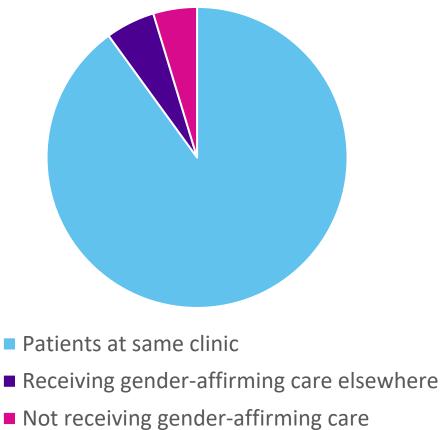
Gender distress and gender positivity scores can range from 1 (low) to 5 (high).



# Follow-up surveys

- 148 adolescents (81.6%)
   participated in a follow-up
   survey at 1 and/or 2 years
  - Did not differ from those who did not complete a follow-up survey on: Demographics, length of time gender was known, baseline gender distress or gender positivity, depressive symptoms, or psychological distress





<sup>\*</sup> Analysis in process. Most two-year follow-up occurred during COVID, and participants who remained in the study may have only clinic data and not a survey.





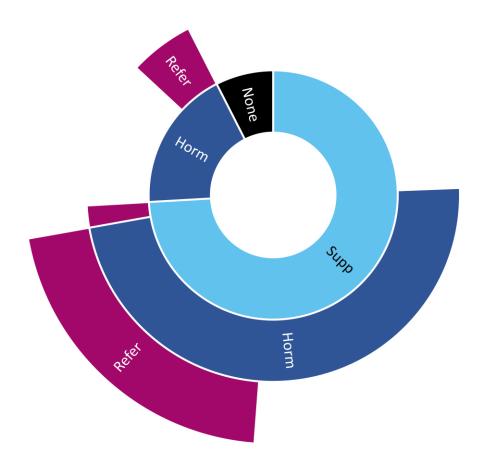
# Among adolescents receiving gender-affirming medical care, after two years:

- Gender distress was LOWER and gender positivity was HIGHER (p<0.0001 for both)</li>
  - Significant changes in subscales related to <u>sexed body</u> (p<0.0001 for both distress and positivity)
  - Distress and positivity related to <u>social gender</u> were high and did not change significantly (p=0.5398 for distress and p=0.6102 for positivity)
- 48.6% legal name change
- 49.3% changed gender on birth certificate
- 22.6% changed the gender category they personally identified with
  - Primarily between non-binary and binary trans identities
- 100% were living in their gender full- or part-time





# Gender-affirming care received over two years after initial hormone appointment



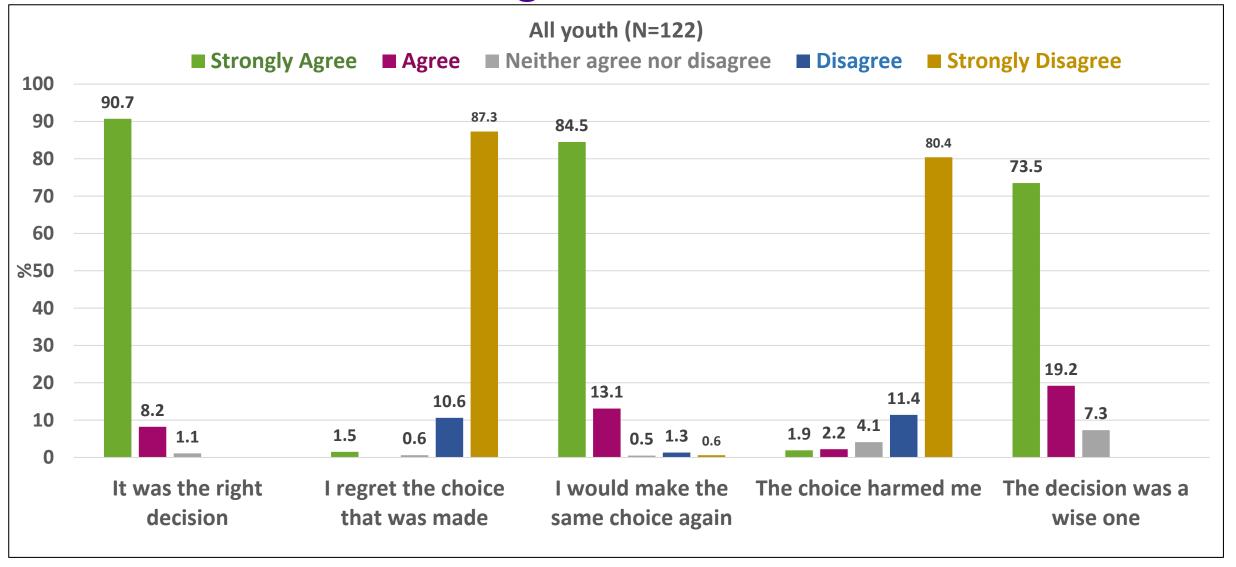
Types of Care	(n=174) %
Hormonal suppression only	24.4
Cross-sex hormones only	12.8
Suppression and hormones	26.8
Suppression, hormones and surgery referral <sup>a</sup>	21.0
Hormones and surgery <i>referral</i> <sup>a</sup>	5.6
Suppression and surgery referral <sup>a</sup>	1.9
Surgery <i>referral</i> only	0
Nothing (or missing) <sup>b</sup>	7.5

- a. Referrals are made to time with long waiting lists; during follow-up 5 participants completed surgeries—all masculinizing chest surgeries.

  Bottom surgeries require minimum age of 18.
- b. This means that no prescriptions or referrals are noted in the medical records, so was not given by the clinic. This number includes youth who withdrew from the study or stopped going to clinic.

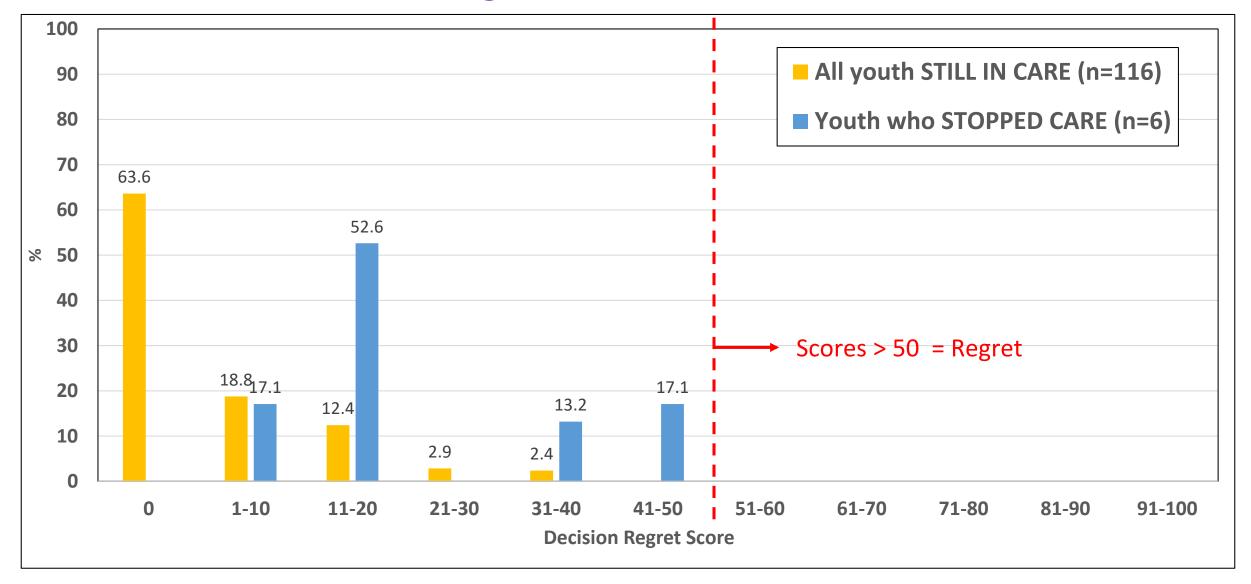


# Adolescent Decision Regret Score items



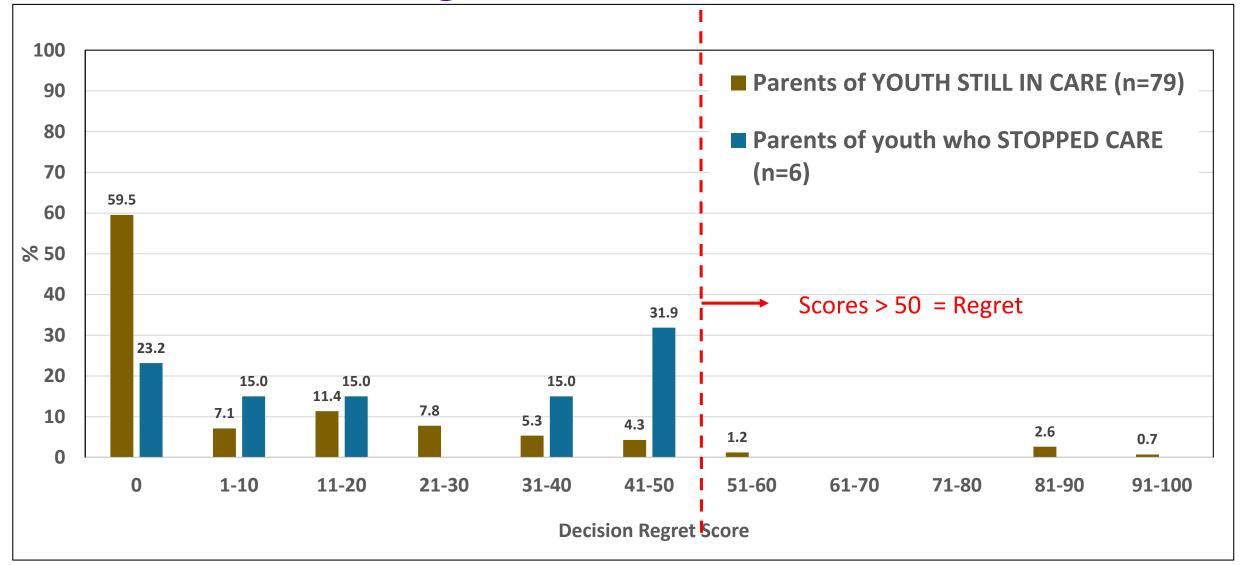


## Adolescent decision regret





# Parent decision regret





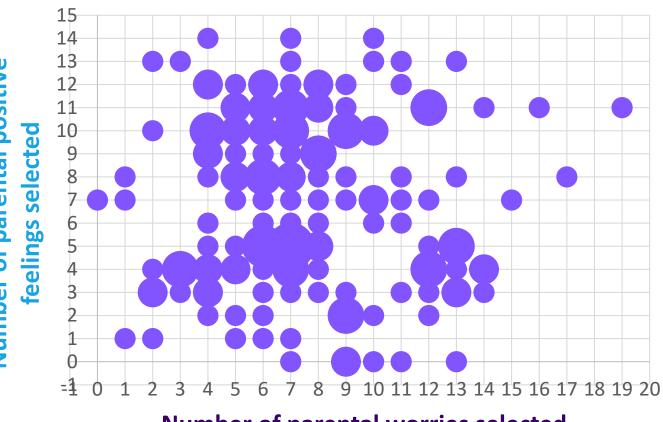
It's an emotional time: Parent worries and positive feelings about their adolescent's gender, at time of initial hormone appointment

Strengthening of your family

Pleasure in seeing your youth become more confident

An improved relationship with your youth

Sense of hope for your youth's future parental positive Number of



Number of parental worries selected

Your youth facing rejection

Making irreversible decisions

Discussing youth's gender with family

> Your youth encountering violence



## Parents' worries and positive feelings

- Average number of positive feelings about adolescent's gender remained stable over time
  - Baseline to 1 year: MD=0.56, p=0.063
  - 1 year to 2 year: MD=-0.50, p=0.201
- Average number of worries about their adolescent's gender decreased over time
  - Baseline to 1 year: MD=-1.37, p<0.001</li>
  - 1 year to 2 year: MD=-1.11, p<.0008</li>



Less than 10% of youth and parents say addressing their youth's gender had a negative impact on the family. About half of youth and parents said say addressing their youth's gender has a positive impact on their family.



What one thing youth say they need from their parents

Still need a childhood. Even though I'm making a grown-up decision about transitioning doesn't mean I don't need a childhood. Dad: understanding compassion for me as a human and trying to understand what I am going through. Mom and Stepdad: most important thing they provide: trusting me about what I know about myself, but not letting me walk through this blindly, having my back. Que je puisse lui parler de quand je suis dysphorique en publique. Jaimerais être capable de faire ça mais elle comprends pas si bien. Rough Translation: That I can talk to them when I'm feeling dysphoria in public. I want to be able to do this but they don't understand very well.

Understand that I know how I feel and stop making assumptions about how I feel or they

think I should feel.

We found **NO DIFFERENCE** in the support parents gave to their youth between:

White vs Visibility Minority (& Indigenous) parents

Immigrant vs Non-Immigrant parents

Parents Above vs Below the low-income measure cut off<sup>2</sup>

Very Religious vs. Non-Religious parents

## Thank you to our research team!

## **Principal Investigators**

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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:









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pour enfants

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Montreal Children's Hospital McGill University Health Centre









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