

# Transgender and non-binary demographics, interventions, and referrals among young adults at The National Gender Service

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## 1

### INTRODUCTION

Historically, a higher number of transgender women, (Assigned male at birth [AMAB]) presented to gender services vs transgender men (Assigned female at birth [AFAB]) {1}. In the last decade, it has been observed internationally that this has reversed {2-3}.

This study sought to examine if this changing trend was reflected in a young Irish sample (participants aged 18-30 years old) and explore factors relating to demographics, medical plans, and surgical referrals.

## 2

### OBJECTIVE

The aim of this research was to describe:  
1.) - Demographics and gender identities of participants  
2.) - Medical plan and surgical referrals

## 3

### METHODOLOGY

We reviewed charts prospectively monthly at gender clinics at the National Gender Service.

A random selection of charts were selected from clinics over a period of 5 months. All participants included were 18-30 years and referred between 2014-2020. 167 charts were reviewed.

## 4

### RESULTS

87% of the patients were Irish with thirteen other ethnicities being represented in the remaining 13% and participants came from 21/26 counties. Transgender men represented 62.3% of the sample, transgender women 35.3%, and transmasculine/non-binary identities represented 2.4%.

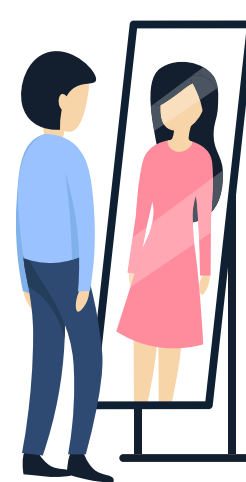
There was a high demand for medical and surgical interventions with not all needs being met and many individuals travelling overseas for gender-affirming surgeries. Mental health burden was high as was ASD (autism) diagnosis.

## 5

### ANALYSIS

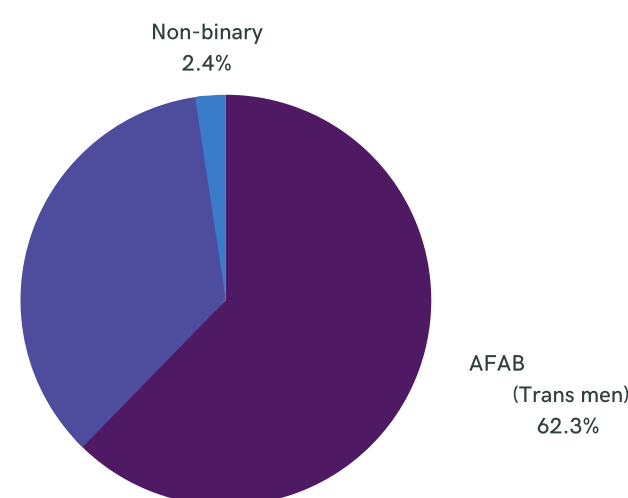
Charts were reviewed for demographic information including, age, gender assigned at birth, gender identity, ethnicity, town/city of residence, dependents, and educational status. The date of referral to the service and dates of the first appointment was also documented. Mental health diagnoses (see tables below), surgical referrals (see tables below) and details of medical interventions were extracted.

*Gender Identity Definition: Each person's deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth.*



Gender Identities in this sample

AMAB (Trans women) 35.3%



## 6

### CONCLUSION

This poster serves to highlight some of the changing demographics that are seen across the transgender community at the National Gender Service in Ireland.

A stark observation found that there was a much higher presentation of AFAB vs AMAB in the younger population. A significant challenge to the service as it stands is the current waiting times to be seen. Waiting times are a commonly reported barrier among trans youth {4}. Mental health burden was high in this cohort as was Autism.

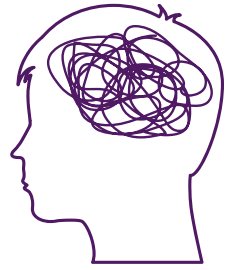
From a surgical perspective, while a large majority desire surgical referral, as of 2019, all public surgeries barring hysterectomies/oophorectomies were required to be sent overseas. This being done via "The Treatment Abroad Scheme" or the "Cross Border Directive".

As referrals to gender services increase annually, more research is needed in the Irish climate to understand healthcare navigation and utilisation needs.

## RELATED LITERATURE

1. Judge C, O'Donovan C, Callaghan G, Gaoatswe G, O'Shea D. Gender dysphoria - prevalence and co-morbidities in an Irish adult population. *Front Endocrinol.* 2014 Jun 13;5:87.
2. Arnoldussen, M., Steensma, T.D., Popma, A. et al. Re-evaluation of the Dutch approach: are recently referred transgender youth different compared to earlier referrals?. *Eur Child Adolesc Psychiatry.* 2020; 29, 803-811
3. Butler G, De Graaf N, Wren B, Carmichael P. Assessment and support of children and adolescents with gender dysphoria. *Arch Dis Child.* 2018;103(7):631-6.
4. Gridley S, Crouch J, Evans Y, et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *Journal of Adolescent Health.* 2016; 59(3): 254-261.

# TABLES



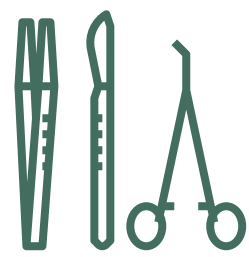
## Mental health Comorbidities

Comorbidities:	Percentage of sample
<i>Depression</i>	(49.1%)
<i>Low Mood</i>	(15.6%)
<i>Anxiety</i>	(26.3%)
<i>Suicidal Ideation</i>	(15%)
<i>Deliberate Self Harm</i>	(12%)
<i>Borderline Personality Disorder</i>	(4.2%)
<i>Suicidal Attempt</i>	(3%)
<i>Panic Attacks</i>	(2.4%)
<i>Obsessive Compulsive Disorder</i>	(1.2%)
<i>Eating Disorder</i>	(1.2%)



## Surgery destinations

Site:	Ireland
<i>Mastectomy</i>	Ireland, n= 4 (14.8%) UK, n=5 (18.5%) Poland, n=8 (29.6%) Spain, n=2 (7.4%) Finland, n=1 (3.7%) Turkey, n=1 (3.7%) USA, n=1 (3.7%)
<i>Mammoplasty</i>	Turkey, n=1 (3.7%)
<i>Facial Surgery</i>	Peru, n=1 (3.7%)
<i>Hysterectomies/Oophorectomies</i>	Ireland, n=2 (7.4%)
<i>Laryngeal Surgery</i>	USA, n=1 (3.7%)
<i>Vaginoplasty</i>	UK, n=3 (11.1%)

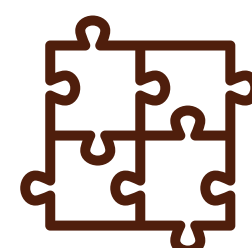
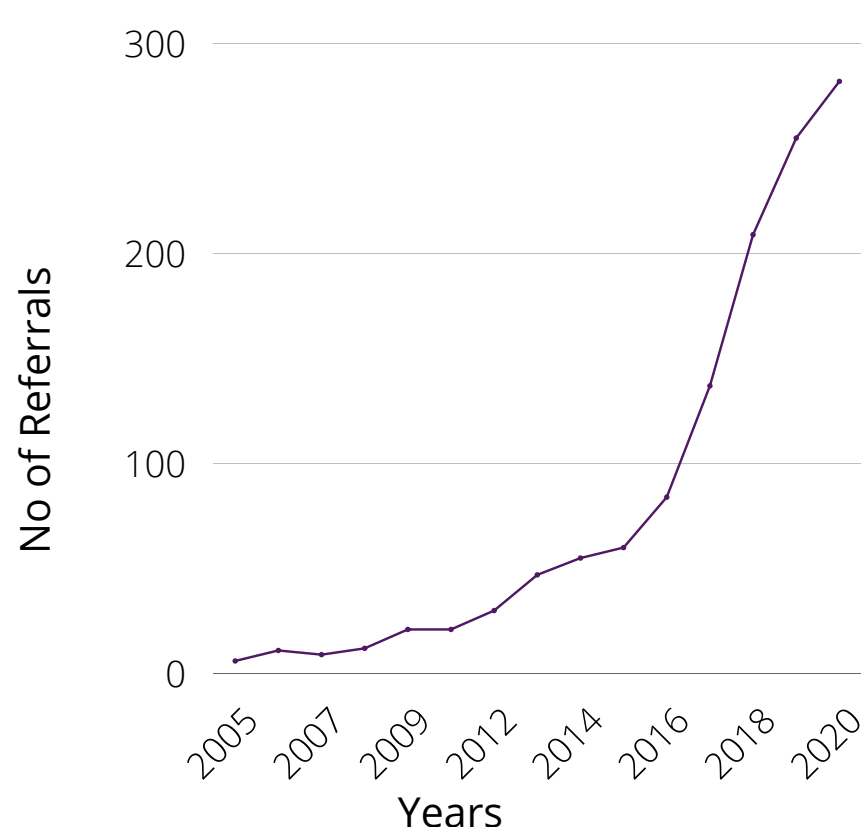


## Prevalence of surgeries

	<i>Mastectomy</i>	<i>Mammoplasty</i>	<i>Facial Surgery</i>	<i>Hysterectomy/Oophorectomy</i>	<i>Laryngeal Surgery</i>	<i>Vaginoplasty/Phalloplasty</i>
<b>Assigned male at birth (AMAB)</b>	21	-	-	2	-	1
<b>Assigned female at birth (AFAB)</b>	-	1	1	-	1	2
<b>AFAB/Non-Binary</b>	1	-	-	-	-	-



## Referrals per year



## Autism Diagnosis

