



Transgender Suicide Prevention

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This document will look to survey and address the issue of suicide within transgender adults. The contents of this document will be divided into three sections. The first section will go over the empirical research surrounding transgender suicide. The second section will talk about the attempts that have been made thus far to mitigate the issue. The third and final section will offer further suggestions to prevent suicide within the transgender community.

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Section I: Empirical Research on Transgender Suicide

Preliminary Notes on the Data

In order to most accurately present the issues that transgender adults face, this document will look towards research with two criteria in mind:

- 1) National Population Research
- 2) Up-to-date Research.

National research is important to capture the general transgender community and their issues, as well as avoid variables that are unique to sub-populations. Furthermore, having updated research will provide the most accurate picture concerning transgender suicide.

However, not all countries have been able to provide up-to-date research on a national level.

For instance, the most recent research that overviews suicide in the U.S. transgender community on a national level is the *2015 U.S. Transgender Survey (USTS)*, which was conducted by the *National Center for Transgender Equality (NCTE)*.¹ The only other research to exist that surveys transgender issues across America is the *2011 National Transgender Discrimination Survey (NTDS)*, also conducted by the *NCTE*. As the *NCTE* state on their website, “Transgender people, and the issues they face, are under-studied because surveys of the general population rarely ask whether a respondent is transgender.”

Despite the lack of updated research in some nations, we will discover that the trends in suicide data across countries are similar. Thus, the available research can still provide insight on what could be further accomplished to prevent transgender suicide.

¹ The *NCTE* was supposed to conduct another *U.S. Transgender Survey* in 2020, but was delayed due to the COVID-19 pandemic. At the time of writing this document, there are no updates regarding the status of this planned *USTS*.

Transgender Suicide Ideation and Rates

According to the [2015 USTS](#):

- **82% of transgender adults have had suicide ideation**
- **24% of transgender adults have made plans to attempt suicide**
- **40% of transgender adults have attempted suicide²**
 - **Suicide attempt rates were higher for transgender men (45%) than for transgender women (40%) and non-binary respondents (39%)**
 - **Suicide attempt rates were higher among people of color:**
 - **American Indian (57%)** **Latina/o (45%)**
 - **Multiracial (50%)** **Middle Eastern (44%)**
 - **Black (47%)** **White (37%)**
 - **Suicide attempt rates are correlated with educational attainment³**

According to the [2021 Suicide Prevention Statistics \(Australia\)](#):

- **44.2% of adult transgender women have had suicide ideation in the last two weeks**
- **40.5% of adult transgender men have had suicide ideation in the last two weeks**
- **35% of transgender adults have attempted suicide**

Prevalent Risk Factors in Transgender Suicidality

There are a number of risk factors for suicidality in the transgender community. Some of these risk factors are found in the general population. However, there are also other risk factors that are *unique* to transgender folk. According to the *2015 USTS*:

General suicide risk factors include:

- **Experiencing psychological distress**
 - **39% of respondents**
- **Heavy alcohol or illicit drug use**
- **Poorer general health**
 - **Of those who attempted suicide, 19.9% reported poorer general health while 3.6% excellent health**

² This is nine times the rate of suicide in the general U.S. population in 2015 (4.6%).

³ For instance, **52% of respondents who did not complete high school, 45% of respondents who completed some college, and 30% of respondents who completed a graduate/professional degree have attempted suicide**

- **Experienced homelessness**

Risk factors unique to transgender people include:

- **Transgender discrimination in education, employment, housing, health care, places of public accommodation, or from law enforcement**
 - *Those who had a professional⁴ try to stop them from being transgender were more likely to attempt suicide (58%) than those who did not (39%)*
- **Rejection from family members by virtue of being transgender⁵**
 - *Those who experienced family violence were more likely to attempt suicide (65%) than those who did not (39%)*
 - *Those who were kicked out of the house were more likely to attempt suicide (66%) than those who did not (39%)*

According to a [2019 document by the Mental Health Commission of Canada](#), suicide risk factors for transgender folk include:

- **Institutional laws and policies that give rise to inequality or fail to provide protection from discrimination**
- **Transphobic discrimination such as physical harassment, verbal harassment, physical assault, and sexual assault**
- **Lack of support from family**
- **Fear of transitioning, including potential backlash and life disruption**
- **Gender dysphoria**

According to a [2014 study published in the Mental Health Review Journal](#), transgender suicide risk factors in the United Kingdom include:

- **Gender dysphoria**
- **Fear around transitioning**
- **Gender reassignment treatment delays and refusals**
- **Social Stigma**
- **Family issues**
- **Physical and Sexual Abuse**
- **Financial concerns**
- **Bullying**

⁴ Professionals include people such as *psychologists, counselors, and religious advisors*.

⁵ Of respondents whose families were supportive, **37% have attempted suicide**. Of respondents whose families were **not** supportive, **54% have attempted suicide**.

Section II: Current Suicide Prevention Measures

Crisis Support Services

Crisis support services exist that directly deal with trans folk who are currently ideating suicide.

One example of such a service for transgender youth in the United States is [The Trevor Project](#), which is proclaimed as “the world’s largest suicide prevention and crisis intervention organization for LGBTQ young people.” *The Trevor Project* offers a call line, a texting service, and website messaging service; all of these services are available at all times to connect to a crisis counselor.

Another service available in the United States and Canada is the [Trans Lifeline](#), a hotline “offering direct emotional and financial support to trans people in crisis.” As [described by GLAAD](#), the *Trans Lifeline* is “a free crisis and suicide prevention hotline that is managed and staffed by volunteers who are themselves members of the trans community.”

Health Care Access

As mentioned in *Section I* of this document, transgender people who reported poorer general health are more at risk for suicide than those who reported excellent health. Furthermore, the *2015 USTS* noted the discrimination that transgender people faced with the American health care system, such as verbal harassment, physical or sexual assault, or even outright denial of healthcare by virtue of being transgender.

However, [as reported by CNN](#), America in 2021 saw the (re)enactment of a federal policy that prohibited discrimination against transgender people by virtue of their gender identity in health care settings. Citing a June 2020 Supreme Court decision in *Bostock v. Clayton County*, Health and Human Services, under the Biden Administration, reinforced ‘sex discrimination in health care settings’ as stated in *Section 1557* of the *Affordable Care Act* to include discrimination based on gender identity.

Furthermore, the *Centers for Disease and Control* has [a list of health clinics that uniquely care for the LGBT community in America.](#)

India has also seen much progress for transgender health care access in 2021. This included [the establishment of medical facilities specifically designed for transgender people, further education for health care providers on transgender health and being trans-inclusive](#), as well as a [national reform of Indian health insurance that provides free health care services for transgender folk.](#)

Projects and Initiatives

Along with services that directly address suicide, there are projects and initiatives that look to address suicide risk factors through evidence-based research.

One such initiative is the *Family Acceptance Project*. [From their website:](#) “Our team has put research into practice by developing an evidence-based family model of wellness, prevention and care to strengthen families and promote positive development and healthy futures for LGBTQ children and youth. We provide training and consultation on our family-based prevention and intervention approach across the United States and in other countries.”

Section I of this document notes that a unique suicide risk factor for transgender people is their rejection by family members by virtue of being transgender. The *Family Acceptance Project* looks to address such an issue through their research and intervention.

Another program put forth by the *Suicide Prevention Resource Center* is called [“Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth,”](#) which provides “a free kit of materials to help staff in schools, youth-serving agencies, and suicide prevention programs provide a workshop on suicide prevention among LGBT youth.”

Section III: Further Suggestions for Transgender Suicide Prevention

Updated Research on Transgender Issues

As mentioned in *Section I* of this document, there is a lack of up-to-date and representative data concerning the issues that the transgender community face. Thus, to provide the best suggestions for future transgender suicide prevention will require updated data.

The most recent national transgender research in the United States was conducted in 2015. Suicide risk factors that may have risen in the years after may not be addressed in current suicide preventative measures. For example, [The Washington Post reports](#) that the COVID-19 Pandemic in 2020 resulted in Trans Lifeline, an organization that provides hotlines for transgender folk, receiving 40% more crisis calls with the rate continuing to rise.

Transgender-Focused Programs and Initiatives

Much of the programs and initiatives that address transgender suicide are put under the larger umbrella of LGBTQ+ programs and initiatives. However it is important to note that LGBTQ+ is not a monolith, but consists of various people with different identities. The issues that lesbian people face will be different from the issues that trans folk experience. This is evident, as *Section I* of this document elaborates on suicide risk factors *unique* to transgender people.

The *2021 Suicide Prevention Statistics (Australia)* also notes this, stating that “research that groups LGBTIQ+ people into a single group for analysis risks conflation and reaching conclusions that are not representative.”

As such, we suggest more programs and initiatives that solely focus on the transgender community and the unique problems they face.

Further Health Care Access

Despite the establishment of many initiatives in various countries around the world that are making health care access for transgender folk easier and more adequate, this is still not a universal phenomena.

For instance, countries such as Japan still require “people who want legal recognition to undergo lengthy, expensive, invasive, and irreversible medical procedures,” as [reported in 2019 by Human Rights Watch](#); or Canada which lacks a “comprehensive trans and gender-affirming healthcare coverage across the country” [as suggested by this 2021 article by CTV News](#).

[A 2021 article by Frontiers in Neuroscience](#) reports that “the German healthcare system lacks sufficiently educated and clinically experienced medical personnel who are able to provide specialized healthcare [for transgender people].

Mentioned in *Section II* of this document are India’s initiatives that support transgender health care adequacy, including medical facilities specifically designed for the transgender community, education for health providers on trans-inclusivity and transgender health, and a national policy that makes health care more accessible for transgender folk.

Cloud Dancers is impressed with India’s initiatives thus far, and we suggest that other countries follow their models in making health care access more adequate and accessible for the community. Particularly, we suggest that other nations provide:

- 1) Medical facilities that are specifically designed for transgender people
- 2) Further education for health care providers on transgender health and being trans-inclusive
- 3) More cost-accessible health care services for transgender people

Inclusivity in Education

As mentioned in *Section I* of this document, suicide attempt rates in the transgender community are correlated with the level of education attainment. In addition, the education setting is one of many areas where transgender folk face discrimination and harassment, which is a primary factor in incompleting education. For instance, the *2015 USTS* notes that 17% of respondents had to leave a school because mistreatment was so bad, while 6% of respondents were expelled from a school.

To alleviate this issue, we suggest including a curriculum and practices that promote transgender-inclusivity.

The proclamation of pronouns among students and school faculty is a start, as the misgendering of transgender individuals “negatively affects [their] mental and physical health,” as [reported by the *Medical Journal of Australia* in 2020](#). By sharing one’s gender identity with students and teaching them why this is important, this will likely reduce the instances in which transgender folk are misgendered.

Another infrastructure that should be implemented are gender-neutral bathrooms. According to [research done by *GLSEN*](#), 63.4% of transgender students avoided gender-segregated bathrooms because of feeling unsafe or comfortable. Although the research concerning such an infrastructure has primarily been in educational settings, it would also be helpful to apply such infrastructures to all professional spaces.

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