

Transgender people and suicide

Transgender (trans) people face unique stressors, including the stress some trans people experience when their gender identity is not affirmed. Trans people also experience higher rates of discrimination and harassment than their cisgender counterparts and, as a result, experience poorer mental health outcomes. They are also at a greater risk for suicide as they are twice as likely to think about and attempt suicide than LGB people (Haas et al., 2011; McNeill et al., 2017; Irwin et al., 2014).

GENDER IDENTITY refers to a personal conception of one's place on the gender spectrum; the gender that one identifies as may be the same or different from their birth assigned sex.

TRANSGENDER (trans) is an umbrella term that represents a wide range of gender identities and expressions. Trans people do not identify either fully or partially with the gender associated with their assigned sex at birth (Canadian Federation of Students, 2017).

WHY ARE TRANS PEOPLE AT RISK?

There are a few factors that put transgender people at risk of suicide, factors that can put strain on one's mental health and potentially lead to thoughts of suicide:

- Institutional prejudice manifesting as laws and policies which create

inequalities and/or fail to provide protection from discrimination

- Experience of discrimination (transphobia) in the form of physical or verbal harassment, physical or sexual assault
- Lack of support from parents and other family members
- Stress related to fear of transitioning, including the potential backlash and life disruption, as well as considering the risks and sometimes lengthy time period involved
- Gender dysphoria, or distress related to a conflict between one's physical or assigned gender and the gender with which they identify (Bailey et al., 2014; Haas et al., 2011; Suicide Prevention Resource Center [SPRC], 2008; Taylor et al., 2011).

What can reduce risk?

- Supportive and strong relationships with family and friends
- Completed medical transition (if medical transition is desired)
- Self-awareness and acceptance
- Access to gender affirming health care
- Not having access to lethal means such as guns or potentially deadly medications
- Having one's name and pronouns accepted (Bailey et al., 2014; Bauer et al., 2015a; Haas et al., 2011; SPRC, 2008).

1 in 3

trans youth attempted suicide in the past year (Veale et al., 2015).

WARNING SIGNS

Any significant change in behaviour or mood is a warning sign that someone may be thinking about suicide, for example:

- Losing interest in a previously enjoyed hobby or activity
- Disconnecting from friends or family (not calling as much, not going out)
- Change in sleeping or eating patterns
- Increased and excessive drug and/or alcohol use

If you notice any of the following signs, get the person help immediately – call 9-1-1 or your local crisis centre:

- Threatening to hurt or kill themselves
- Talking or writing about dying or suicide
- Seeking out ways to kill themselves (American Association of Suicidology, 2018)

What can we all do to help reduce suicide among trans people?

If someone you know is exhibiting warning signs, have an open, non-judgmental conversation with them. You can start the conversation by mentioning your concerns, “*You seem to be having a lot of family issues lately. How are you doing?*” Listen to them, be there for them. You don’t have to offer solutions. If the person responds with statements of hopelessness or being a burden, ask them about those feelings. Then, ask them directly, “*Are you thinking about killing yourself?*” (Substance Abuse and Mental Health Services Administration, 2010)

Ensure trans people feel respected by affirming their gender identification. Use their chosen name and pronouns, as well as sensitive and inclusive language. If you’re not sure what terms to use, listen to how they refer to themselves, or ask! (Russell et al., 2018)

The wellbeing of trans people can be greatly affected by the characteristics, norms, practices, and spaces of institutional environments.

- Schools should implement safe-school policies and procedures specifically addressing transphobia (Saewyc, 2014).
- Health care practitioners should be trained in gender diversity and trans health, as trans people often require specialized care (Veale et al., 2015). The TransPulse survey found that half of trans respondents reported discomfort discussing trans health

issues with a physician and that 38% had at least one trans-specific negative experience (Bauer et al., 2015a).

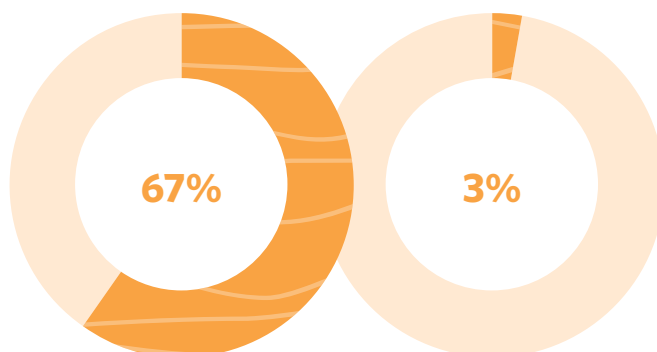
Trans people are

2x

more likely to think about and attempt suicide than LGB people (Irwin et al., 2014).

- Parents and family members of trans people should be accepting and supportive (Bauer et al., 2015b).
- All institutions should ensure that trans people have access to bathrooms and gender-appropriate campus housing (Seelman, 2016).

67% of transitioning people thought more about suicide before transitioning whereas only 3% thought about suicide more after their transition (Bailey et al., 2014).



What can trans people do to stay mentally healthy?

1

CONSIDER HOW TO TRANSITION

Decide whether to transition in appearance and by name, and if a medical transition is desired, too.

2

PRIORITIZE POSITIVE RELATIONSHIPS

Call, text, and hang out with supportive and affirming friends and family members and consider reaching out to other trans people, especially peers.

3

FIND AN INCLUSIVE AND AFFIRMING HEALTHCARE PROVIDER

This is vital to ensure safety and comfort when accessing healthcare services.

4

ASK FOR HELP WHEN IT IS NEEDED!

When struggling to cope with life, tell a loved one or call the local crisis line, or the Trans Lifeline at 877-330-6366.

RESOURCE

The Genderbread Person by It's Pronounced
metrosexual.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/



If you are in crisis, call 211 or your local crisis line. First Nations people and Inuit can also call 1.855.242.3310

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suicideprevention.ca/need-help

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References

- American Association of Suicidology. (2018). *Know the Warning Signs of Suicide*. Retrieved from <http://www.suicidology.org/resources/warning-signs>
- Bailey, L., Ellis, S., & McNeil, J. (2014). Suicide risk in the UK trans population and the role of gender transitioning in decreasing suicidal ideation and suicide attempt. *Mental Health Review Journal*, 19(4), 209-220. <http://doi.org/10.1108/MHRJ-05-2014-0015>
- Bauer, G., Zong, X., Scheim, A., Hammond, R. & Thind, A. (2015a). Factors impacting transgender patients discomfort with their family physicians: A respondent-driven sampling study. *PloSONE*; 10(12): e0145046. <https://doi.org/10.1371/journal.pone.0145046>
- Bauer, G., Schiem, A., Travers, R. & Hammond, R. (2015b). Intervenable factors associated with suicide risk in transgender persons: A respondent driven suicide risk sampling study in Ontario, Canada. *BMC Public Health*. DOI: 10.1186/s12889-015-1867-2. <http://doi.org/10.1186/s12889-015-1867-2>
- Canadian Federation of Students. (2017). *Defining terms and expanding our understanding: Working toward gender inclusive spaces*. Retrieved from <http://cfsontario.ca/wp-content/uploads/2017/07/DefiningTerms.pdf>
- Haas, A., Eliason, M., Mays, V., Mathy, R., Cochran, S., D'Augelli, A., Silverman, M., Fisher, P., Hughes, T., Rosario, M., Russell, S., Malley, E., Reed, J., Litts, D.A., Haller, E., Sell, R.L., Remafed, G., Bradford, J., Beautrais, A.L., Brown, G.K., Diamond, G.M., Friedman, M.S., Farofalo, R., Turner, M.S., Hollibaugh, A. & Clayton, P. (2011). Suicide and suicide risk in lesbian, gay, bisexual and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1),10-51. <https://doi.org/10.1080/00918369.2011.534038>
- Irwin, J., Coleman, J., Fisher, C. & Marasco, V. (2014). Correlates of suicide ideation among LGBT Nebraskans. *Journal of Homosexuality*, 61(8), 1172-1191. <https://doi.org/10.1080/00918369.2014.872521>
- McNeill, J., Ellis, S. & Eccles, S. (2017). Suicide in trans populations: A systematic review of prevalence and correlates. *Psychology of Sexual Orientation*. <http://doi.org/10.1037/sgd0000235>
- National LGBTI Health Alliance. (2016). *National lesbian, gay, bisexual, transgender and intersex mental health and suicide prevention strategy: A new strategy for inclusion and action*. Retrieved from: https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf
- Russell, S., Pollitt, A., Li, G. & Grossman, A. (2018). Chosen name is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2018.02.003>
- Saewyc, E., Konishi, C., Rose, H., & Homma, Y. (2014). School-based strategies to reduce suicidal ideation, suicide attempts and discrimination among sexual minority and heterosexual adolescents in western Canada. *International Journal of Child and Youth Family Studies*, 5(1), 89-112. <https://doi.org/10.18357/ijcyfs.saewyce.512014>

ABOUT THE CENTRE FOR SUICIDE PREVENTION

Anyone can learn to identify someone at risk of suicide and get them help.

Call us.

We are the Centre for Suicide Prevention. For 35+ years we've been equipping Canadians with knowledge and skills to respond to people at risk of suicide. We can equip you too. We educate for life.

ABOUT THE MENTAL HEALTH COMMISSION OF CANADA

The Mental Health Commission of Canada (MHCC) is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.



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References (cont'd)

- Seelman, K., Colon-Diaz, M., LeCroix, R., Xavier-Brier, M. & Kattari, L. (2017). Transgender noninclusive healthcare and delaying care because of fear: Connections to general health and mental health among transgender adults. *Transgender Health*, 2(1). <https://doi.org/10.1089/trgh.2016.0024>
- Seelman, K. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality*, 63(10), 1378-1399. <https://doi.org/10.1080/00918369.2016.1157998>
- Substance Abuse and Mental Health Services Administration. (2010). *It takes a community: Report on the summit on opportunities for mental health promotion and suicide prevention in senior living communities*. Retrieved from <http://www.sprc.org/resources-programs/it-takes-community-report-summit-opportunities-mental-health-promotion-suicide>
- Suicide Prevention Resource Center. (2008). *Suicide risk and prevention in gay, lesbian, bisexual and transgender youth*. Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/sites/default/files/migrate/library/SPRC_LGBT_Youth.pdf
- Taylor, C., Peter, T., McMinn, T. L., Elliott, T., Beldom, S., Ferry, A., et al. (2011). *Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report*. Toronto: Egale Canada Human Rights Trust. Retrieved from <https://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>
- Veale, J., Watson, R., Peter, T., & Saewyc, E. (2016). Mental health disparities among Canadian transgender youth. *Journal of Adolescent Health*, 60(1), 44-49. <http://doi.org/10.1016/j.jadohealth.2016.09.014>
- Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B. & the Canadian Trans Youth Health Survey Research Group. (2015). *Being safe, being me: Results of the Canadian trans youth health survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia. Retrieved from https://saravyc.sites.olt.ubc.ca/files/2015/05/SARAVYC_Trans-Youth-Health-Report_EN_Final_Web2.pdf

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