



# SUICIDE RISK AND PREVENTION FOR TRANSGENDER PEOPLE

## Summary of Research Findings

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Transgender people have the same suicide risk factors as cisgender people, plus additional risk factors associated with minority stress and lack of access to gender-affirming medical care. These additional risk factors contribute to a higher prevalence of suicide thoughts and attempts among transgender people as compared to cisgender people. Studies have found that around 40% of transgender adults have attempted suicide in their lifetimes and that 30% of transgender youth have attempted suicide in the past year.<sup>1</sup> Yet, studies have found that certain experiences, like family and social support, are associated with reduced prevalence of suicide thoughts and attempts. Below is a summary of select research findings on this important topic. Notably, this research summary is limited to suicide thoughts and attempts because we currently lack mortality data about suicide deaths among transgender people across the United States.

Like the general U.S. population, transgender people have elevated prevalence of suicide thoughts and attempts among those with lower socioeconomic status (i.e., less education, unemployed, lower household income, experiencing homelessness), those experiencing serious psychological distress, reporting heavy alcohol or illicit drug use, or in poor general health.<sup>2</sup> Many of these characteristics are associated with, or are downstream effects of, exposure to stigma, discrimination, and violence.<sup>3</sup>

Minority stressors, such as discrimination experiences, family rejection, and stigma, are commonly reported by transgender people and are associated with higher risk of suicide thoughts and attempts.<sup>4</sup> These include experiences of discrimination, mistreatment, or violence in education, employment, housing, health care, in places of public accommodations, from law enforcement, and in other areas of life.<sup>5</sup>

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- Respondents to the 2015 U.S. Transgender Survey (2015 USTS), a national survey of transgender adults, who reported that they had been denied equal treatment in services or public places in the past year due to anti-transgender bias had more than double the prevalence of past year suicide attempts than those who had not experienced such treatment (13.4% compared to 6.3%).
- Over 30% of USTS respondents who were physically attacked in a place of public accommodation reported attempting suicide in the past year, which is over four times the prevalence (7%) among respondents who were not similarly attacked.
- Those rejected by their spouses or children, families of origin, or religious communities had a higher prevalence of past-year suicide thoughts and attempts; 13.1% of those who had experienced religious rejection in the past year had attempted suicide in the past year compared to 6.3% of respondents who were accepted in their religious communities.

Transgender people who need access to gender-affirming care, such as hormone therapy or surgical care, may experience barriers to receiving that care, including costs, lack of providers, and state laws. Over 45,000 transgender youth live in states where laws have passed or been proposed to prohibit youth from accessing gender-affirming care.<sup>6</sup> Yet, gender-affirming care is associated with reduced prevalence of suicide thoughts and attempts for those who receive the care they need.<sup>7</sup>

- A recent study found that transgender adults who received pubertal suppression hormone therapy as adolescents were less likely to experience suicide ideation in their lifetime.<sup>8</sup>
- Respondents to the 2015 USTS who have had the gender affirming hormone therapy or surgical care they need had lower prevalence of past-year suicide attempts compared to those who had not received the care they needed (5.1% vs. 8.5%); this difference persists even after controlling for race, age, sex assigned at birth, binary/nonbinary gender identity, and education.<sup>9</sup>

Several factors have been found to reduce suicide thoughts and attempts. These include, but are not limited to, access to gender-affirming care, family support and acceptance, acceptance in religious communities, and social support.<sup>10</sup>

- 2015 USTS respondents who reported their families were supportive had lower prevalence of past-year suicide attempts compared to those with unsupportive families (5.8% vs. 13.1%).<sup>11</sup>
- Transgender youth with families that used their chosen name reported less suicide ideation compared to those whose families would not use their chosen name at home.<sup>12</sup>
- Transgender adults with supportive classmates or co-workers reported a lower prevalence of past-year suicide thoughts or attempts than those with unsupportive classmates or co-workers.<sup>13</sup>

These factors that reduce suicide thoughts and attempts suggest that implementing laws, policies, and programs that aim to reduce discrimination against transgender people, increase family and social support, and improve access to gender-affirming care can improve people's lives and reduce suicide thoughts and attempts. However, more research is needed to create and implement effective suicide intervention and prevention strategies for transgender people. Filling gaps in official data collection systems, like the National Violent Death Reporting System, is one action that would help inform prevention planning.

## ENDNOTES

- <sup>1</sup>James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; Meyer, I.H., Wilson, B.D.M., & O'Neill, K. (2021). *LGBTQ People in the US: Select Findings from the Generations and TransPop Studies*. Los Angeles: The Williams Institute; Goldberg, S.K. (2021). *Fair Play: The Importance of Sports Participation for Transgender Youth*. Washington, DC: Center for American Progress.
- <sup>2</sup>Herman, J. L., Brown, T. N. T., & Haas, A. P. (2019). *Suicide Thoughts and Attempts Among Transgender Adults Findings from the 2015 U.S. Transgender Survey*. Los Angeles: The Williams Institute.
- <sup>3</sup>James, et al., 2016; Bockting, W.O., Miner, M.H., Swinburne Romine, R.E., Hamilton, A.H., & Coleman, E. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health*, 103(5), 943-951; Meyer I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull*, 129(5), 674-697.
- <sup>4</sup>James, et al., 2016.
- <sup>5</sup>Herman, J. L., et al., 2019.
- <sup>6</sup>Conron, K. J., O'Neill, K., Vasquez, L. A. (2021). *Prohibiting gender-affirming medical care for youth*. The Williams Institute, Los Angeles, CA.
- <sup>7</sup>What We Know Project. (2018). *What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?* Ithaca, NY: Cornell University.
- <sup>8</sup>Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), 68-76.
- <sup>9</sup>Herman, J. L., et al., 2019; Herman, J.L., Conron, K.J., Reisner, R., & Haas, A. (2017, November 9). Effect of gender transition-related health care utilization on suicidal thoughts and behaviors: Findings from the 2015 U.S. Transgender Survey. Paper presented by J.L. Herman at the Annual Meeting of the American Public Health Association, Atlanta, GA.
- <sup>10</sup>See, for instance, James, S.E., et al., 2016; Herman, J. L., et al., 2019; Bockting, W.O., et al., 2013; Ryan, C., Russell, S. T., Huebner, D., Diaz, R., Sanchez, Jorge. (2010). Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- <sup>11</sup>Herman, J. L., et al., 2019.
- <sup>12</sup>Pollitt, A.M., Ioverno, S., Russell, S.T., Li, G. & Grossman, A.H. (2021). Predictors and Mental Health Benefits of Chosen Name Use Among Transgender Youth. *Youth & Society*, 53(2), 320-341.
- <sup>13</sup>Herman, J. L., et al., 2019.