# FOR MORE INFORMATION ON TRANS ISSUES:

World Professional Association for Transgender Health www.wpath.org/publications/soc

National LGBT Health Education Center www.lgbthealtheducation.org

**USCF Center of Excellence for Transgender Health** www.transhealth.ucsf.edu

International Foundation for Gender Education www.ifge.org/

LGBT Health Channel lgbthealthchannel.com/transgender

*TransLine Project Health* transline.zendesk.com

National Association of Social Workers (NASW) www.socialworkers.org/Practice/LGBT/LGBT-Tools

American Psychological Association (APA) www.apa.org/practice/guidelines/transgender.pdf

Lev, A. (2004)

Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families.

### **REFERENCES**

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- 2. FORGE. (2004). Transgender Sexual Violence Project: Summary of Wisconsin Data. For Ourselves: Reworking Gender Expression.
- 3. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- 4. Meyer, I. H., Brown, T. N. T., Herman, J. L., Reisner, S. L., & Bockting, W. O. (2017). Demographic Characteristics and Health Status of Transgender Adults in Select US Regions: Behavioral Risk Factor Surveillance System, 2014. AJPH.
- Rood, B. A., Puckett, J. A., Pantalone, D. W., & Bradford, J. B. (2015). Predictors of Suicidal Ideation in a Statewide Sample of Transgender Individuals. LGBT Health.
- 6. Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. JAH.
- 7. Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. J. Abnorm. Psychol.

### **DEFINITIONS & KEY TERMS**

TRANSGENDER/TRANS & GENDER DIVERSE

Umbrella terms covering individuals whose gender identity is opposite of or not congruent with their sex assigned at birth.

TRANSITION/ING & AFFIRMATION

The process of coming to recognize, accept, and express one's internal gender identity - most often referring to medical, social, and legal changes observable to others that may include hormones and/or surgeries.

NON-BINARY, GENDERQUEER, & NON-CONFORMING

Encompassing term(s) for individuals who do not identify or express within a gender binary (female/male). Not everyone who identifies with these terms identifies as trans or with other labels in this group.

GENDER AFFIRMATION
SURGERY & GENITAL
RECONSTRUCTION SURGERY

The surgical alteration of one's primary or secondary sex characteristics, including genitals, to more accurately reflect the person's gender identity. Not all people want or need GAS/GRS.

5 STEALTH & BLENDING
A person who does not disclose their

A person who does not disclose their gender affirmation history to others, or they 'blend into' society in their correct gender. This is not the same as closeted.

# PREVENTING TRANS SUICIDE

An Introduction for Health and Services
Providers









www.masstpc.org

www.mass.gov/dph





This brochure was funded by the Massachusetts

Department of Public Health

### **WARNING SIGNS**

If the following are observed, take action ASAP to protect the individual, refer to a mental health professional experienced in working with a range of gender identities, For further guidance, contact the GLBT Helpline (1-888-240-4528), Samaritans (1-877-870-4673), Trevor Project (1-866-488-7386), and/or call 911.

#### Signs of Acute Risk

- Threatening to hurt/kill oneself or thinking/ expressing desire to hurt/kill oneself, or better off dead. Excessive focus on death or suicide.
- Current access or seeking access to firearms, pills/substances, or other lethal means.
- Purging personal items, especially those connected to trans identity (wigs, dresses, packers, binders, etc.).

### **Additional Warning Signs**

- Marked changes in mood, sleeping, and/or eating (increase or decrease).
- Expressing there is no reason for living, no sense of purpose in life, or feeling hopeless.
- Withdrawing from friends, family, and social activities isolation.
- Risk taking and reckless behavior, particularly if a change from regular behavior.
- New or increased substance use.
- Lost interest in things previously enjoyed.

# PROTECTIVE FACTORS AGAINST SUICIDE

- Effective clinical care for mental, physical and substance use disorders. Regular attendance in appointments.
- Easy access to a variety of clinical interventions and support for seeking help.
- Restricted access to highly lethal means.
- Strong connections to family, and family support of gender identity.
- Others using and respecting chosen name and pronouns.<sup>6</sup>
- Community support.
- Support through ongoing medical and mental health care relationships.
- Skills in problem solving, conflict resolution, and emotional intelligence.
- Cultural and religious beliefs that discourage suicide and support self-preservation.





"It is not enough to be compassionate. We must act."

~ Dalai Lama

# PREVALENCE OF MENTAL HEALTH CONDITIONS

While literature is limited, trans individuals report greater negative physical health outcomes and mental health concerns than non-trans individuals, greatly due to discrimination and stigma.<sup>3,4</sup>

### **Systematic Stressors**

Pressure is exerted by others to conform to social gender norms of behavior and appearance. The more a person varies from gender-specific roles, dress, and behaviors, the greater risk of social disapproval and violence. In efforts to reduce this stigma, some people work to conceal their gender variance or history. Combined, these experiences contribute to feelings of fear, anger, not belonging, and invisibility. Due to these experiences, nearly 40% of trans individuals report experiencing serious psychological distress.

### **Depression & Anxiety**

There is some evidence that trans people may be less likely to seek treatment for depression - fearing that their gender issues will be assumed to be the cause of their symptoms, and that they'll be negatively judged.

#### Suicide & Self-Harm

Studies report higher rates of suicidal ideation (45-77% vs. 14%) and lifetime suicide attempts (40% vs. 4.6%) in trans adults compared to non-trans adults, <sup>3,7</sup> with transwomen being more likely to attempt suicide than transmen. Anecdotally, trans persons are less likely to complete suicide once they have medically/surgically transitioned.

### **Experiencing Violence & PTSD**

Many trans people experience violence in relation to their gender identity or gender expression. These range from harassment and discrimination to verbal, physical, and sexual assault (including rape and homicide). As with other populations, violence is rarely reported to police. 23 Experiencing violence or discrimination based on gender identity and transition status significantly predicts suicide ideation. 5