A Clinically Neglected Topic: Risk of Suicide in Transgender Individuals

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ABSTRACT

Introduction: The aim of this study was to determine whether adolescence of transgender individuals is characterized by a high risk of suicide.

Methods: In total, 141 participants with transgenderism were questioned using a semi-structured interview to determine whether participants had current suicidal thoughts, had a lifetime history of such thoughts, or had attempted suicide. These findings were cross-referenced to the participants' sociodemographic characteristics, and information about their families' general attitudes toward sexuality, gender identity, and commitment to religious views. In total, 101 participants attended group psychotherapy sessions for at least a year. In these sessions, family and partner relationships, occupational

problems, financial problems, medical issues, and religious concerns were discussed.

Results: The incidence of suicide attempts, current suicidal thoughts, and lifetime suicidal thoughts were 29.8%, 9.2%, and 55.3%, respectively. In total, 76.7% of the suicide attempts occurred before the age of 21.

Conclusion: Transsexual individuals present a high risk of suicide, particularly during adolescence. This finding may be considered a sign for taking action to prevent suicide when working with transgender individuals, particularly during adolescence.

Keywords: Transgender, suicide, adolescence, group psychotherapy

INTRODUCTION

The World Health Organization has reported the global mortality rate from suicide to be at 16 per 100,000 people (1). In the 10–24-year age group, suicide is considered to be the second leading cause of death. Possible contributory considerations are that this age range encompasses adolescence, which is a developmental phase marked by significant and often difficult transitions at physical, social, and psychological levels. Complementary changes occur in cognitive, intellectual, and emotional functioning. Any risk factors that accrue naturally during adolescence are compounded in those young men and women who observe their development to be different from the typical development. In recent decades, such considerations have played out in adolescent suicide statistics. These suicide statistics showed a significant increase between 1956 and 1994 when completed suicides for the 15–19-year group increased by 245% (2). Not included in these findings is the rate of attempted suicides, which occur at a frequency that is 20 times greater than completed suicides. In line with such findings, suicidal behavior and intent are among the most commonly encountered emergencies for mental health professionals (3).

In Turkey, suicide rates between 1990 and 2000 were 2.02–3.19/100,000. This rate is lower than that in the United States and most European countries. In a multi-center study that included Turkey, the rates of attempted and completed suicides in the capital city of Ankara were found to be lower than those in other participating centers in Europe (4,5). The highest suicide rates in Turkish citizens were in the 15–24-year age group, which is consistent with international epidemiological findings (6).

Even if it is commonly considered that mental disorders play a significant role in the etiology of suicide, the effect of psychosocial adversities such as family or occupational issues on attempted suicide is not well understood. It is clear that suicide and attempted suicide are best understood as complex phenomena characterized by multi-factorial, interrelated, and dynamically co-existing variables (7). Discomfort experienced by individuals whose gender identity is not consistent with their biological sex regarding expectations related to gender roles and sex characteristics is referred to as gender dysphoria. Doubts, conflicts, and adjustment difficulties arising from sexual orientation preferences or gender identity are rarely cited as vulnerability factors for completed or attempted suicide (8).

Studies have shown that lesbian, gay, and bisexual (LGB) individuals attempt suicide more frequently than their heterosexual peers. In this regard, investigators have pointed to the presence of independent risk factors such as substance abuse, physical abuse, sexual abuse, or

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Received: 28.11.2014 • **Accepted:** 13.11.2015

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effective disorders (9,10,11,12,13,14,15,16,17). With regard to transsexuals, they share all suicide risk factors of LGB individuals plus specific problems of discrimination and stigmatization (18). A worldwide practice exists for quoting suicide statistics related to males and females. Reliable figures based on sexual orientation or gender identify are not available; therefore, completed and attempted suicide rates among transsexuals are not known.

A clinical examination should establish if a person presents with a near lifelong history of behaviors that differ from those that are commonly associated with conventional gender identity, roles, and behaviors. Linked to these categories, such individuals will have typically been marginalized and discriminated against within their families, schools, and places of work. At a person's own level of functioning, it is not uncommon to hear reports of internalized transphobia, particularly during pre-adolescence and adolescence when conformity pressures focus on acting in accordance with a person's presumed biological sex. Such adversities are likely to increase vulnerabilities for depression, isolation, hopelessness, and, in some instances, attempted or completed suicide.

In this study, we hypothesized that the adolescence life phase of transsexual individuals is characterized by high risk for suicide and that this is greater than the risk in other developmental stages.

METHODS

In total, 141 participants selected for this study had been admitted to the İstanbul School of Medicine, Psychiatry Department, with a Diagnostical and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of transsexuality with no confounding complications such as psychosis or bipolar disorder. All gave informed consent to be interviewed by a psychiatrist for the purposes of this investigation. This study adheres to the Declaration of Helsinki. Questions asked using the semi-structured interview format focused on whether they had current suicidal thoughts, had a lifetime history of such thoughts, or had actually attempted suicide.

Participants were specifically asked to indicate, from three categories of sexual attitudes ("positive-supportive," "medium," and "restricting"), which adjective most accurately described the support they received from within their families.

For the purposes of assessing family levels of religiosity and attitudes toward religion, three categories were given: "having faith but not regularly practicing," "having faith and regularly practicing," and "fully living in the frame of strict religious rules."

These findings were cross referenced to the participants' sociodemographic characteristics, information about their families' general attitudes toward sexuality, gender identity, and commitments to religious views.

For the purposes of statistical analyses, the Statistical Package for the Social Sciences (SPSS) Version 15.0 (SPSS Inc.; Chicago, USA) was used. Comparisons of categorical variables was performed using Chi-square tests or Fisher's exact tests with statistical significance set at $p < 0.05$.

RESULTS

At completion of the study, 99 transmen and 42 transwomen had taken part. The mean participant age was 27.5. The sociodemographic characteristics of the participants are detailed in Table 1.

The overall incidence of at least one suicide attempt among participants was 29.8% ($n=42$). Thirteen participants (9.2%) acknowledged having had

thoughts of suicide at the time of their first ever psychiatric intake interview. The reported prevalence of thinking about suicide at some stage in their lives was 55.3% ($n=78$). As summarized in Table 2, there were no statistically significant differences between male-to-female or female-to-male groups of transsexuals in respect to suicide attempts or suicidal thoughts.

Of the reported suicide attempts, 30 (76.7%) had occurred before reaching 21 years of age (Table 2). The reasons for attempting suicide were problems with gender dysphoria, restrictions imposed by the family, and disappoint in emotionally significant relationships. Two group therapy participants attempted suicide while the treatment was ongoing.

There were no statistically significant differences between the rates of suicidal ideation and suicide attempt of transmen and transwomen groups in respect to the rated family attitudes toward religion.

No statistically significant group differences were found in respect to suicide attempts and family attitudes toward sexuality. However, participants who categorized their families as restrictive toward sexuality reported significantly more past and current suicidal thoughts when compared to transsexuals who described their families' attitudes as positive-supporting or moderate ($p < 0.05$).

Transsexuals who completed the one year course of group psychotherapy ($n=101$, 71.6%) received written reports about their assessed suitability for the sex reassignment surgery (SRS) they had requested. The decision to give such a report was made by joint interviews of three

Table 1. Sociodemographic characteristics of the participants

Age (mean $\pm$ SD, years)	27.5 $\pm$ 7.16
Gender at birth (Woman/Man) (n)	99/42
(%)	70.2/29.8
Education (%)	
Primary School	41.8
High School	25.5
University	32.6
Employment status (%)	
Employed	71.6
Unemployed	17.7
Student	10.6
Economic status (%)	
Good	25.5
Moderate	54.6
Bad	19.9
Family attitudes toward religion (%)	
Having faith and not practicing	43.2
Having faith and practicing	35.5
Strictly religious	21.3
Family attitudes toward sexuality (%)	
Positive supportive	29.8
Moderate	36.9
Restrictive	33.3
SD: standard deviation	

Table 2. Suicidal rates according to gender, age, and family attitudes toward sexuality and religion

	Gender				Sig.
	FTM (%)	MTF (%)	Total (%)	X ²	
Current suicidal thoughts	8.1	11.9	9.2	0.515	AD
Life time suicidal thoughts	55.6	54.8	55.3	0.008	AD
Attempted suicides	29.3	31.0	29.8	0.039	AD
	Family attitudes toward sexuality				Sig.
	Positive supporting (%)	Moderate (%)	Restrictive (%)	X ²	
Current suicidal thoughts	7.7	23.1	69.2	8.623	0.013
Life time suicidal thoughts	21.8	33.3	44.9	11.311	0.003
Attempted suicides	20	34.3	45.7	4.882	0.087
	Family attitudes toward religion				Sig.
	Having faith and not practicing (%)	Having faith and practicing (%)	Strictly religious (%)	X ²	
Current suicidal thoughts	15.4	46.2	38.5	5.022	0.081
Life time suicidal thoughts	42.3	33.3	24.4	1.039	AD
Attempted suicides	33.3	35.7	31.0	3.996	AD
Suicide attempt age	Before 21 years	After 21 years			
	76.7%	23.3%			

FTM: female-to-male; MTF: male-to-female; NS: non-significant

experts who were experienced in transsexuality and sex reassignment. The criteria for this report required the individual not having suicidal thoughts or suicidal attempts around the time when the decision for the SRS was made.

DISCUSSION

Prevalence of suicide attempts for LGB individuals are given between 12 and 19% (9, 15). In studies conducted with younger LGB individuals, we see that these rates increase to 23–42% (10,11,12,14,17,19,20,12,22). Even though there are studies in the literature that report suicide attempts in LGB individuals, remarkably limited studies on the same have been conducted on transsexuals. Mathy reported a lifetime attempted suicide prevalence rate of 23.3% within this subgroup while Clements-Nolle et al. (18) found a higher figure of 32% (23). The findings of this study are broadly consistent with these two studies. Lesbian-Gay-Bisexual-Transgender-Intersex (LGBTI) individuals are at a higher risk of suicide than heterosexual individuals.

Transgender individuals in Turkey live in a conservative environment, in which human rights violations are highly prevalent, a heterosexist culture is dominant, normality is reduced to mere heterosexual intimacy, and the tolerance for diversity is quite low. Therapist should try to reveal the extent to which individual are influenced by the environment he or she lives in; what kind of discrimination and violence he or she is exposed to; how all of these factors affect his or her self-acceptance, self-perception and self-confidence; and in what way it leads the internalized transphobia and the defenses that he or she has developed (which usually include false beliefs).

The extent to which the family internalizes the general assumptions and binary gender system is the most important factor that shapes the attitude before transgender individuals clearly express his or her identity and acceptance process after “coming out.” Reactions in the family may differ according to factors such as age, education level, conservative world view,

and religiousness. To date, there is no single variable that can predict the reaction. It is assumed that the way the family deals with the “coming out” would be paralleled with the overall functioning level of the family and with prior coping strategies they prefer to use in the face of adversities.

Adolescence is a phase in which rapid bodily changes are experienced in the process of transition from childhood to adulthood, and a sense of identity begins to form. In this phase of familiarizing with one's own identity, heterosexist false information, which normalizes binary gender, leads internalization of transphobia, self-blame, shame, and problems that can continue into adult life. The individual's, or the family's, rigid adherence to religion may increase the severity of such problems. On the other hand, environments where individuals are allowed to express themselves as who they are with their differences will comfort them and would not stonewall their development. Adolescents who have difficulty in terms of bearing their biological gender are particularly in need of family support and support from people in their school environment (24).

Clement-Nolle and et al. (18) reported that transsexuals, particularly under the age of 25, were under a high risk of suicide. In our study, 76.7% of people who had attempted suicide reported having done so before the age of 21. This finding was in accordance with our hypothesis that transsexuals were under a high risk of suicide. This higher risk of suicide suggests the necessity of taking precautionary measures, particularly when working with adolescents that have gender identity issues. The information that this risk increases for individuals living with families who have very strict and oppressive attitudes toward sexuality and gender identity should be an alarming fact for therapists.

Accrued risk factors do not appear to operate differently for the two groups of transsexuals who took part in this study. Adversities and adjustment problems, therefore, seem to be related to factors associated with being transsexual itself rather than the biological gender of each person or the patient-identified sexual identity.

To date, few studies have investigated the relationship between religion and suicide despite Durkheim's seminal social integration hypothesis, which suggests that involvement of religion may provide social support and networks that reduce suicide risks. Whether similar processes arise in relation to risks for becoming depressed, hopeless, helpless, or excessively stressed, remains unproven in all cases. Dervic et al. (25) found a statistically higher number of lifetime suicide attempts among psychiatric patients who were religiously unaffiliated. A similar finding was also reported for first-degree relatives who had committed suicide. In contrast, this study does not support the view that levels of religious belief have significant independent consequences for accrued risks of attempted suicide amongst transsexuals.

Although the lifetime history rates of suicidal ideation and attempted suicide are high in our study sample, it was observed that only two patients attempted suicide while undergoing group therapy. Group meetings were conducted interactively by a psychiatry professor and two assistants. Key discussion topics included those of family and partner relationships, medical and occupational problems, financial concerns, religious prescriptions, as well as how transsexuals are represented in the media. Therapy groups also provide a setting to develop self-help for the participants. We observed that this contributed positively to the processes of self-acceptance, and the rate of opening up was accelerated. Those with a history of having attempted suicide reported that group meetings and self-help can foster the realization that they were "*not alone*." The process of giving expression to and sharing anger and despair, while also being supported in consolidating their sense of true sexual identity, appears to have a positive impact on their sense of well-being, improves perceived quality of life, diminishes mental health problems, and reduces suicide risk.

As part of a comprehensive service plan for transsexuals and their families in Turkey, it is essential to consider the very strong bonds that typically exist between individual members of each family. With this in mind, we are conducting information- and consultation-oriented meetings for the families of transsexuals twice a year. These sessions not only create a relaxed and non-threatening environment for the families but also seek to promote and facilitate the process of accepting the predicament of their transsexual relative. We believe that these meetings will help participants become less resistant and more accepting to the idea of SRS. Furthermore, these groups provide some welcome support to families as they witness and participate in their relative's gender transition process.

Gender transition is rarely an easy process, even for those who most fervently seek change, and should not be embarked upon without identified sources of social support. Sexual reassignment is not an ordinary and simple experience under any circumstances. Our experience shows that transsexuals need different levels of support to deal with the difficulties associated with the change. A crucial consideration to make is how to adjust to having been assigned the sought-after sexual identity while also coming to terms with a broader society in which strong family bonds are highly valued and in which a heterosexual orientation is a powerful norm. In parallel with these individual adjustment processes, whole families may struggle to be acceptant and find acceptability from society at large. Families' first need to accept their changed child to solve negative feelings such as disappointment, guilt, and anger. We believe that these families would be well equipped if they are helped to resolve negative feelings, disappointment, guilt, and even anger evoked by a child, brother, sister, or relative living through such exceptionally difficult circumstances.

Attitudes such as being blind to gender dysphoria experienced by adolescents and ignoring their difficulties might lead these young people to receive wrong diagnoses and interventions. Gender dysphoria during childhood may not always continue into adolescence and adulthood. An inappropriate approach in this case might also cause both the child and family to become exhausted.

The gender transition process is an interdisciplinary work involving many areas of expertise, particularly psychiatry. The number of experienced mental health, surgery, and endocrinology specialists working as public employees who can participate in this process in Turkey is insufficient. This issue should be addressed in formal medical education, residency, and lifelong learning programs in professional contexts. Transsexual individuals may encounter problems regarding health services not only in the gender transition process but also at other times. The fact that physicians and other healthcare professionals have knowledge of natural diversity concerning human sexual identity may enable individuals to become more sensitive to discriminatory, marginalizing, and unethical practices.

Although mental disorders and a history of attempted suicide are prevalent among transgender individuals, the prevalence rates following the gender reassignment process does not differ from the general population (5).

In conclusion, transsexual individuals present a high risk of suicide, particularly during adolescence. Individuals might not mention their sexual identity issues even after an attempted suicide because they fear negative attitudes from healthcare personnel.

Therefore, it may be advisable for the process of screening psychiatric patients after an attempted suicide who present with suicidal thoughts or depressive symptoms to take possible underlying difficulties rooted in problems of sexual or gender identity into account. Further, the lack of experience or knowledge about working with transsexual patients or the clinician's own homo/transphobia should not be overlooked.

Our own experience, which spans 28 years, has led us to a conviction that group therapy, self-help work, and family support are essential aspects to clinical work with transsexual individuals in Turkey (26). We believe this will likely be the case in other countries with similar social and cultural characteristics. During the therapy period, we made a point of encouraging improved standards for the transsexuals' social, work, and private lives; their general level of functioning and working toward overcoming mental health problems; and facilitating interactions between participants, both within and during times between group meetings. Such supports may mitigate risks for further attempted suicides or suicidal thoughts. The rates of attempted suicide among transgender individuals are significantly high, and further research is needed in order to both verify this information and determine whether social support and group psychotherapy could mitigate suicide attempts among transgender individuals.

Ethics Committee Approval: Authors declared that the research was conducted according to the principles of the World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects", (amended in October 2013).

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - Ş.Y.; Design - Ş.Y., B.A.E.; Supervision - M.Ö., P.S.B.; Resource - B.A.E., Z.O.; Materials - Ş.Y., B.A.E.; Data Collection and/or Processing - B.A.E., P.S.B., M.Ö., Z.O.; Analysis and/or Interpretation - Ş.Y., B.A.E.; Literature Search - Ş.Y., B.A.E.; Writing - Ş.Y., B.A.E.; Critical Reviews - Ş.Y., B.A.E., M.Ö., P.S.B., Z.O.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

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