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# Trans\* Suicide: The Final Option

ALEXANDER OXNER

PSY 4950: Sex and Endocrinology, Spring 2016

Nominated by: Dr. Patricia Schiml

Alex is a Psychology major looking to advance his education and pursue a higher degree in psychology or medicine. His interest is in clinical and practical application to improve the quality of life for others.

## Alex Notes:

When I began writing this paper, I had an idea that the overall suicide rate for transgender persons would be high. What I did not expect was the immense gulf between trans\* persons and the general population. I hope that the readers glean a greater appreciation for this under-researched problem, and I hope this essay provokes analysis and careful deliberation on how to address this problem, particularly for younger individuals who may have fewer resources at critical development stages in their lives.

## Dr. Schiml Notes:

Mr. Oxner took a subject of much current social debate and examined it from the perspective of the psychology of human sexuality. He explored the reasons behind the high incidence rate of suicide among the trans\* community and suggested changes that might reduce that rate.

Just recently, Ohio was the site of the nation's focus. On December 28th 2014, Leelah Alcorn walked in front of a semi in an act of suicide (Fantz, 2014). In her suicide note and social media posts, she cited the stress caused by her toxic relationship with her family and the judgment and sense of abandonment she felt when she came out as gay to her school (thinking it would be easier than coming out as trans\*)--all in addition to the normal stressors people feel approaching graduation and college applications.

The national media rapidly focused on the aforementioned relationship with her parents. Alcorn was from an extremely conservative Christian denomination. Her family attempted to address the "issue" via a variety of methods, from Christian-based therapy to suppression and punishment. The media rapidly concluded that her death could have been prevented, perhaps if only the world around her had been kinder (Mohney, 2014).

It is worth noting that while the case of Leelah Alcorn was among the more high-profile trans\*-teen suicides, it is certainly not unique with regard to the circumstance. The trans\* community has always lagged behind the gay and bi community for acceptance, and likely will for the foreseeable future. While many people can name gay or bisexual actors, performers, and singers, there are very few transgender stars even though the Caitlyn Jenner controversy brought the issue of trans\*-acceptance back into focus and sent ripples through all sides of the culture war. While gay marriage has been legalized via *Obergefell v. Hodges*, the issues related to the trans\* community have largely been ignored. This report looks to reexamine and highlight the unique struggles facing this often-ignored, misunderstood, and still heavily stigmatized community.

### *Rate*

The fact that trans\* persons have been ignored by wider society has left it difficult to assess suicide rates in the trans\* community. Data is hard to come by, and often make no distinction between pre/post-op (for those who undergo surgery or hormone treatment), male-to-female (MtF), or female-to-male (FtM). These sub-categories are incredibly important--yet under-researched. Part of this is compounded by the nature of the community itself; trans\* persons are themselves relatively rare compared to gay men or lesbian women, and the fact that many are underage make it difficult to obtain parental permission without possibly outing them to their family. However, a research paper by D'Augelli and Grossman (2007) hoped to

illuminate the trans\* suicide rates versus the typical focus on gay or bisexual suicide rates. The study focused on 55 teenagers of both MtF and FtM individuals, of which 14 individuals (25.5%) attempted suicide on at least one occasion (D'Augelli & Grossman, 2007). In comparison, the general lifetime suicide attempt rate in the United States is reported to be approximately 3% (Blosnich et al., 2013) in one study or approximately 2-9% in another (Moody & Smith, 2013). The global lifetime suicide attempt rate is between .4-5.1%, certainly far less than the 25% reported in the previously mentioned D'Augelli and Grossman study.

The Bodeker, et al. (2011) paper further looked at the suicide rate of trans\* individuals in a niche community in the form of MtF prostitutes residing in Oakland or San Francisco. It was revealed that of 573 MtF prostitutes, 311 had attempted suicide (54.3%) and 567 had some form of suicidal ideation (99%). This is a staggering rate that suggests that there are unique struggles to trans\* persons, likely in the form of social stressors.

The research thus far indicates a severely elevated risk of suicide for the trans\* community, however it isn't enough to simply say that there is an elevated risk and leave it at that. Exploring why trans\* persons commit suicide is the best way to prevent future deaths, and it is fortunate that much research has been done on this topic. The D'Augellia and Grossman paper indicated several factors that correlated strongly with suicide ideation and attempts, including dissatisfaction with their bodies, physical and verbal abuse, social isolation, and comorbid conditions such as bipolar disorder. It is unfortunate in how intuitively easy these factors are to predict yet are often ignored. Most distressingly, 12 of the 14 who attempted suicide reported having seen a counselor, social worker, minister, or other social specialists, indicating that existing social support networks were failing them.

Among veterans it was found that persons with diagnoses of Gender Identity Disorder (a diagnosis for those experiencing severe dissatisfaction with their gender) use of the Veteran Health Administration services was significantly higher than the general population at 16.8% in the last 6 months versus 6.2-15.8% for the general veteran population over a whole year (Blosnich et al., 2013). Of those using VHA service, there were 4,000-5,000 self-harm events per 100,000 patients depending on the year among GID veterans between 2009-2011. In comparison, the general veteran population at the time had 202 self-harm events per 100,000 patients. Among the overall US population in 2010, there were 150.61 events per 100,000 persons. This indicates that the GID veteran population self-harms at approximately 20

times the rate of the general veteran populace and over 25 times the rate of the general US population (Blosnich et al., 2013). As found in the National Transgender Discrimination study, 20% of the trans\* respondents had been in the armed forces. This is in contrast to the 10% among the general US population (Grant et al., 2012).

The increase in trans\* suicide relative to the cisgender population is not an exclusively American phenomenon though little research exists from nations that view trans\* culture as degenerate or immoral. However, Australia has done studies on the topic. The findings of a 3,000 respondents-large survey of Australian youth found the same pattern of suicide, with trans\*-spectrum individuals having higher rates than their cisgender peers (Hillier & Jones, 2013). In another Australian study, 243 respondents to a survey revealed that 59.3% of them showed signs of depression and 43.6% indicated at least one suicide attempt; 62.3% cited their transgender status as a cause (Boza & Perry, 2014).

It is important to view suicide rates as a way to indicate whether a problem exists. While every suicide is a tragedy, one in a hundred-thousand is not in-itself a trend. However, with transgender individuals the suicide rate clearly indicates an immense increase above the norm. But identifying and labeling a problem is not enough, it is also the responsibility of social services and medical institutions to find the reasons why.

### *Causes of Suicidal Behavior*

The most obvious sources of stress unique to the trans\* community include the social isolation and cultural taboos associated with trans\* identity and going against the grain in the West's binary gender system (Miller & Grollman, 2015). It is no secret that conservative groups worldwide have protested against LGBT+ rights and activities, and many trans\* individuals feel harmed by the visible or verbal discomfort of others. Discrimination often manifests in economic difficulty via socially or institutionally-enforced poverty, and for the "coming out" of LGBT+ there can be difficulty with regards to the family. Families could respond ambivalently or even in a hostile manner when they find out their child is gay or trans\*. The presence of such discrimination in the lives of suicidal individuals would be a very obvious target of study.

MtF trans\* individuals (and trans\* persons in general) experience severe trouble obtaining legitimate work. Many experience unemployment

due to discrimination (Miller & Grollman, 2015), which in turn leads to decaying career skills which itself leads further into poverty, and ultimately into other forms of employment. As a result, a number of trans\* women have resorted to sex work as a way to make money. Prostitution itself is a dangerous underworld career path; many have fallen into a cycle of drug abuse and suffer further social stigmatization due to the nature of their work. In addition, they often work with those who may otherwise harm them, and prostitutes often engage in unsafe sexual practices that lead to sexually transmitted infections. One could predict that years of this type of work would lead to despair and ultimately death. In fact, this was precisely the case; as noted above, the rate of suicide and suicidal thoughts was large. However, an exploration of the MtF person's surveys reveals a long history of abuse; many had been sexually abused by family members, "friends", and customers in both childhood and adulthood, with a third having been raped by the time they were eighteen years old (Bodeker et al., 2011). Non-rape violence was even higher; virtually every one had been assaulted at some point (about 98%). With regards to social effects, two thirds had been embarrassed by family or friends and half had missed out or lost careers due to discriminatory practices. Cruelty via jokes and harassment was common, pervasive in youth and adolescence, and many struggled with hearing about how trans\* women were "abnormal". Such circumstances over the course of a life are understandably internalized and build up to depression. This correlation was significant for numerous reasons: one finding being that those with depression were the ones needing the most social support but simultaneously receiving the least. This is likely related to the lack of support showed by their families and friends. An interesting finding of note is that Asians and Pacific Islanders were noticeably better off and had better overall experiences regarding rates of violence and depression. Coincidentally they also experienced the greatest satisfaction with the support they were given, possibly due to cultural or other unseen social factors not surveyed here (Bodeker et al., 2011).

Another risk factor comes in the form of comorbid psychological disorders such as Bipolar or Major Depression disorders, which many trans\* persons suffer from. As noted in the D'Augelli and Grossman 2007 study on trans\* youths, of those that had attempted suicide, 5 had been hospitalized for emotional disturbances, and 3 of those 5 had been admitted to psychiatric care due to suicide attempts. In the Bodeker (2011) study of prostitutes, there was a significant correlation between depression and the high amounts of transphobia they suffered. Substance abuse has also been found to be higher in trans\* populations, (D'Augelli & Grossman, 2007; Mereish et al., 2014;

Bodeker et al., 2011), with nearly 30% reporting abuse of alcohol (Boza & Perry, 2014). Given these factors, it would appear that living as a trans\* individual is difficult, with an individual suffering from a variety of abuses and assaults, harassment, and other indignities. Struggling with sexual identity and body dysphoria is in itself a stressor, with many trans\* individuals being trapped in “the wrong body” yet being unable to afford the expensive treatments to change (Boza & Perry, 2014). With such an oppressive and toxic environment it is understandable how depression could come about in a population that has its individual rights questioned, ridiculed, and their mental state called into question.

Even in youth the effects of trans\* identity can be challenging. A survey of 246 LGBT adolescents aged 16-20 found that of the 20 trans\* persons (both MtF and FtM), 35% had been diagnosed with some type of psychiatric condition such as Major Depression (20%), Conduct Disorder (15%), or PTSD (10%) (Mustanski et al., 2010). Once again suicide reared its ugly head, with the lifetime suicide rate of this population being 45% as compared to other sexual minorities whose rates were approximately 30%.

### *Resilience Factors*

The LGBT+A populace has largely been stigmatized throughout its history, yet despite hate speech and legal barriers to their lifestyle the population has found ways to be resilient. Much of this is visible to the casual observer through the use of symbology; there is no “heterosexual pride” flag, but the rainbow flag is very widely displayed and shown everywhere as a sign of solidarity. Gay pride rallies, support groups, and specialized services exist for many communities. However the actual LGBT+ community was mentioned to be an isolating factor in itself. One particular study cited one woman who was uncomfortable at a pride parade due to what she witnessed. It is possible that the “outness” and flamboyant displays at some pride rallies or parades may make some uncomfortable (Scourfield et al., 2008). It is worth noting that others in the same study were uncomfortable with their own sexuality and the stereotyped behavior of the community, particularly with regard to perceived promiscuity. It is likely that such stereotypes are not only harmful to the LGBT+ community with regard to discrimination, but also concerning the individual’s own ability to reinterpret their own lives in terms of their sexuality. Such difficulty in reinterpreting themselves would be yet another explanation for the prevalence of self-harm.

The same study cited a lesbian who regarded the sexual practices in the LGBT+ community as a form of self-harm, with a gay man describing it as “dirty” regarding the promiscuity aspects of the culture. The same lesbian described her sexual experiences with straight males as likewise a form of self-harm. While these experiences come from a gay man and lesbian, respectively, it is worth noting that self-destructive sexual experiences were linked to depression for numerous individuals. For a trans\* populace with high depression and instability due to violence, alcohol, and drug abuse this could go a long way to explain the stereotype of risky sex practices. However, it is wrong to generalize the experiences of the entire LGBT+A populace to trans\* individuals who, as we have seen so far, suffer to a unique degree and have yet to obtain the legitimacy that the gay, lesbian, and bisexual populations have gained over the last decade. The lower trans\* populace means that support groups would naturally be smaller, and possibly sparser as well.

Research on 133 Canadian trans\* adults revealed data consistent with the findings of others. After controlling for age and taking into account social support, optimistic personality, personal resilience factors, and reasons for living, it was found that Canadian trans\* adults were significantly less likely to attempt suicide if they displayed certain personality traits: emotional stability, family-related concerns (a reason for living), social support from family and friends, and optimism (Moody et al., 2013). These findings are the inverse of the “risk factors” found in other studies where the lack of social support plays a key role and is consistent with the findings from the Bodeker et al. (2011) study. One notable finding of the Moody paper was that participants had less support from their family than their friends. It is an interesting finding as it would suggest that either friends are implicitly more supportive, or more likely trans\* individuals seek out friends who are more supportive of their identity.

### *Coping and Treatment*

Trans\* populations have found numerous ways to cope with the stress they experience as a minority. They use support groups that often rely on positive affirmations of their own sexual identity and status, and as noted in the Bodeker et al. (2011) study, their social backing was linked to their overall well-being. Such positive outcomes would be expected by positive social support, and this basic finding is confirmed in other studies (Boza & Perry, 2014; Scourfield et al., 2008; Hillier & Jones, 2013). It is noticeable that

this is touted almost as if it is a major discovery; apparently it is shocking to the general population that many people would be driven to suicide and self-harm when they are viewed as less than normal or aberrant. In many ways, such a “protective factor” could be better described in terms of “treating someone like a person” rather than administering some unique treatment that has to be applied like a medication. Under the framework that trans\* suicide comes largely from negative experiences due to discrimination, isolation, and the self-destructive cycles resulting from depression, it would make sense that the best course of action to reduce trans\* suicide would be to provide an inclusive, supportive, and positive treatment option for those struggling with their own gender identity. The creation of a positive self-identity in this framework would help restore any confidence lost due to the questioning of their identity, and confidence itself could help defend them from the negative effects of discrimination.

Such a treatment, while intuitive and simple, is hard to come by for questioning or confused individuals, particularly in their youth. In a survey of school professionals, school nurses, counselors, and social workers, there was a disturbing lack of preparedness in New Mexico schools. Of these schools, approximately only 58% of school nurses had an understanding of LGBT+ health risks as compared to approximately 81% for counselors and 84% for social workers. Even worse, approximately only half of school nurses and social workers knew of LGBT+ support groups, organizations, or counselors appropriately trained or experienced with LGBT+ issues (Mahdi et al., 2014).

The use of language acts as a major signal to trans\* individuals during treatment. Individuals seeking counseling may look for insensitive language, or non-inclusive lines of questioning. On any medical questionnaire you are going to see “Gender” and “Name” as the first questions on an itemized list. For trans\* individuals these questions can pose unique difficulties. Gender is often listed simply as “Male” or “Female”, occasionally with “Other” as a third option. Naming conventions are often linked strongly to Gender (Adam for boys, Eve for girls, just to give an example), and as such trans\* patients may not wish to use their legally given name. Pronouns are yet another linguistic challenge for counselors; all too often trans\* individuals may feel marginalized by casual binary language (Donatone & Rachlin, 2013). Further still, challenges come from institutional discrimination; medical records indicating Gender Identity Disorder or details of transgender status could be accessed by insurance corporations, businesses, and medical personnel. For trans\* individuals undergoing a private journey this is a severe privacy issue, yet such medical information could be incredibly important in

the future. Given discrimination against trans\* individuals, it is understandable that many would prefer to hide their status to guarantee medical insurance and economic security.

Treatments, though hard to find with regard to counseling, don't have to be limited to psychological services. The act of transitioning can be very important for trans\* identity, as it allows an individual to make their outside better "match" their internal views. In a study on 208 FtM individuals undergoing hormone therapy, it was found that those on hormones experienced more positive outcomes. They reported less anxiety and depressive symptoms (43%) and even felt less anger at their current state (30%). Overall nearly 90% reported some type of positive mood change. Those who were on hormones weekly reported even better outcomes than those on semi-weekly. However some had also undergone chest reconstruction surgery (these individuals were the most likely to identify as male) an arguably important mile-stone for their identity (Davis & Meier, 2013). It would be accurate to say that surgery and hormone treatment would be a powerful tool to help trans\* individuals trying to reshape their identity, but unfortunately financial barriers and (for young persons) parental consent remain as potent deterrents.

Within the medical community there has been a notable ambivalence to the issue. Young children, unable to give "consent" yet nonetheless who may feel uneasy about their appearance or assigned gender have few options. Even worse comes for those who are extremely young. The "classic" approach of Money and others (arbitrarily assigning a gender) has severe ethical implications and potentially long-term psychological damage (Money, 1975; Diamond & Sigmundson, 1997). Even within the medical community there is considerable uncertainty. An interview of 17 treatment teams composed of 36 professionals (including endocrinologists, psychologists, and psychiatrists) led to numerous approaches to gender identity dysphoria, including contradictory or potentially harmful opinions. The Vrouenrats 2015 survey included one striking comment (from a psychiatrist no less) displaying such ambivalence:

I find it extremely dangerous to let an adolescent undergo a medical treatment without the existence of a pathophysiology and I consider it just a medical experimentation that does not justify the risk to which adolescents are exposed[...] Gender dysphoria is the only situation in which medical intervention does not cure a sick

body, but healthy organs are mutilated in the process of adapting physical and congruent psychological identity. (p. 369-370)

While the concern for the individual in terms of risk is admirable, gender identity seems to be incredibly stable over time (Diamond & Sigmundson, 1997) and is thus unlikely to “change” with gender reassignment procedures.

### *Conclusions*

Given the last decade of transgender research, it is clear certain trends emerge with regard to suicide. First, it is not the result of something endemic to trans\* individuals as a result of them being trans\*. Suicide is the result of living in an oppressive society that--until recently--largely ridiculed the trans\* community with casual harassment and discrimination concerning employment and social standing. Second, depression feeds in on itself for trans\* individuals, much like it would for any person. Depression leads to an increased risk for numerous self-destructive activities and attitudes, from drugs to self-harm. The drugs themselves are particularly alarming as it opens up vectors for HIV/AIDS, a disease that still haunts LGBT communities with the memories of the initial outbreak and whose specter disproportionately targets LGBT+ persons. Becoming addicted to drugs invites even more risk factors beyond infections; drug use is heavily stigmatized by society at large and opens the door to prostitution as poverty sets in. It also opens up an even wider array of opportunities for violence and exploitation which is already dangerously high in the trans\* community. Such events risk isolating trans\* individuals even more than they already may be.

Third, while trans\* support has grown over the years via de-pathologizing it from the DSM and research on well-being treatment options, there is still a lack of competence coming from those front and center to the issue. This is particularly disturbing, as it would seem many LGBT+ individuals begin questioning their identities at a fairly young age. For high schools to be relatively unprepared for a questioning student almost seems like a quiet form of discrimination via omission, essentially saying “we don’t serve your kind here, you need to go somewhere else”. For a young, questioning individual, the school may be their only option; they likely lack the funds or ability to go to a psychologist or support group in a larger city as that would likely entail help from their parents who may disapprove. The small trans\* population certainly doesn’t help however, as it means small

town school counselors quite possible have never met a trans\* individual, let alone have knowledge of recent developments in the LGBT+ community. Nor would they know how to approach the topic with the sensitivity many individuals need at a vulnerable time.

Fourth and most positively, the trans\* community has held strong. The trans\* community is politically active as indicated by a voter registration rate of 89% versus 71% for the general population (Grant et al., 2012). For a population that experiences legal prejudice and has fought discriminatory laws in states such as North Carolina (Kim, 2016) and Georgia (Picchi, 2016), positive activism is critical. As noted by the Scourfield et al. (2008) paper, many trans\* individuals feel stronger for having survived the ordeals that they have. There is a sense of camaraderie around overcoming obstacles, however Pyrrhic those victories may have been, no matter how long the odds. Such strength is certainly respectable from a community that is at once relatively rare and slow to come out. The presence of social supports (inevitably bolstered by the internet) is the biggest difference between trans\* individuals who survive and those who take their lives.

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