

Ontario's Trans Communities and Suicide: Transphobia is Bad for Our Health



Building our communities through research

Trans PULSE E-Bulletin

Volume 1, Issue 2

November 12, 2010

Trans PULSE is a community-based research project investigating the impact of social exclusion and discrimination on the health of trans people in Ontario, Canada. Funded by the Canadian Institutes of Health Research, this project is a partnership between researchers, trans community members, and community organizations committed to improving health outcomes for trans people. We hope that health professionals, policy makers, trans communities and allies will use the results of this research to remove barriers, create positive changes, and to improve the health and well-being of trans people.

Background

Recently, the news has been filled with reports of anti-gay bullying and high suicide rates among lesbian, gay and bisexual youth. Unfortunately, there has been little discussion about the situation for trans people regarding suicide. Just-released data from a large U.S. study found that 41% of trans participants had ever attempted suicide in their lifetime, but they did not include information on who might be currently at risk.¹ Trans PULSE has taken a unique snapshot of trans people across Ontario, Canada- people with a range of identities, relationships with their bodies, and personal beliefs about the necessity of physical transition. The information on suicide we present here was collected using a unique research method that allowed us to take the most statistically accurate picture of trans people possible in Ontario.² We caution that this information is alarming. This situation demands immediate action on the part of our community, policy-makers, service providers and educators. It also underscores the need for parents and families come together to support trans people in Ontario.

Our Approach

Surveys were completed by 433 trans people age 16 or older who live, work or receive health care in Ontario. To increase accessibility, participants completed their surveys either online, via paper copy, or by telephone with a language interpreter, where necessary. To participate, individuals indicated that they fit under the broad umbrella term of "trans," identified with a broad range of gender identities (e.g. transgender, Two-spirit, transsexual, genderqueer), and were not required to have begun a social or medical gender transition.

Key Findings

Experiences over the lifetime

Table 1 shows the percentage of trans people age 16 or older in Ontario that we estimate have ever considered or attempted suicide. Among trans Ontarians, 50% have ever seriously considered suicide because they were trans, and an additional 27% have considered suicide for reasons they felt were unrelated; thus, about three-quarters of trans people have ever seriously considered suicide. 43% had attempted suicide at some point in their lives.

We also looked at the percentages for recent consideration and attempts of suicide, focusing on just the past year in trans people's lives. There were no differences in recent suicidal considerations or attempts between those in the male-to-female and female-to-male spectrums, or between members of racialized and non-racialized groups. However, recent considerations and attempts were higher amongst youth than adults age 25 or more.

Ontario trans youth and suicide

Our results point strongly to the special vulnerabilities experienced by trans youth. Table 2 shows that trans youth (up to age 24 as per the United Nations³) were nearly twice as likely to seriously consider suicide as those over age 25, and almost three times as likely to have attempted suicide within the past year. It is also important to bear in mind that estimates of suicide are almost always underestimates, in that only the survivors complete surveys or tell their stories to researchers.

Transphobic violence and suicide

Our estimates show that because they were trans, 20% of trans Ontarians have been the targets of physical or sexual assaults and another 34% have experienced verbal harassment or threats. Table 3 shows that those who have ever experienced physical or sexual assault due to being trans were almost twice as likely to have seriously considered suicide within the past year as those who have not experienced trans-related violence or verbal harassment, and over seven times as likely to have attempted it.

Table 1. Life History of Suicide Consideration and Attempts: Trans Ontarians of all Ages

	Total %
Ever seriously considered suicide	
Yes	77
No	23
Ever seriously considered suicide because trans	
Yes	50
No	50
Ever attempted suicide	
Yes	43
No	57

Table 2. Recent Suicidal Thoughts and Behaviours by Age Group: Trans Ontarians

	16-24 years %	25+ years %	Total %
Seriously considered suicide in past year			
Yes	47	27	32
No	53	73	68
Attempted suicide in past year			
Yes	19	7	10
No	81	93	90

Impact on Policy and Practice

These statistics must be viewed in light of the significant social marginalization that trans people experience in society. The cumulative impact of erasure, pathologization, misinformation, and exclusion leave trans people, and trans youth in particular, vulnerable to suicide. As such, the needs of trans people and trans youth may be very different than those of lesbian, gay and bisexual individuals. There is also an issue of visibility – trans people often can't pass as cisgender (i.e. non trans), leaving them more susceptible to harassment and abuse.

What can be done?

Despite these staggering statistics, there are things that we can do to help address these unacceptably high numbers. There is an urgent need for staff training at existing suicide and crisis resources to overcome assumptions, misinformation, stereotyping and "misgendering" people. Crisis centre staff should be trained in the issues facing trans people so they are able to effectively respond to their needs. Youth-serving agencies need to be aware of how to meet the needs of trans youth. School officials need to be made aware of how emotionally vulnerable trans youth are as a result of bullying, harassment and discrimination, and how to address safety and well-being. We need to advocate that items related to gender identity and sexual orientation are kept in the school curriculum. Finally, all efforts must continue to advance human rights legislation for trans people of all ages, to ensure that discrimination, harassment and violence are prevented.

Table 3. Recent Suicidal Thoughts and Behaviours according to History of Harassment or Violence for being Trans

	No verbal harassment or physical/sexual violence ^a %	Ever experienced verbal harassment or threats ^a %	Ever experienced physical or sexual assault ^a %
Seriously considered suicide in past year			
Yes	26	33	47
No	74	67	54
Attempted suicide in past year			
Yes	4	8	29
No	96	92	71

^a Includes only harassment, threats or violence that a participant identified as being "because you're trans or because of your gender expression."

Things are starting to get better

While there is still so much to be done, there are signs of positive change.

- ❖ At the federal level, Bill C-389 (an act to amend the Canadian Human Rights Act to include gender identity and gender expression) was passed by the justice committee of the House of Commons. The bill must now go through another reading and debate.
- ❖ Organizations and schools are slowly getting better versed at trans youth issues through sensitivity training.
- ❖ There is a community of youth that other youth can connect with and more support resources than ever before.
- ❖ In Ontario, plans are underway to make it easier to be assessed if you desire sex reassignment surgery.
- ❖ There is more interest among medical professionals about providing trans-competent medical care.
- ❖ There is an increasingly vibrant and organized trans community on-line that allows trans people to communicate and meet each other.
- ❖ There are more advocacy organizations now than ever before that care about trans youth and their needs.

Suicide Prevention Resources

- ❖ Lesbian Gay Bi Trans Youth Line – 1-800-268-9688
- ❖ Kids Help Phone – 1-800-668-6868
- ❖ Suicide Prevention Lifeline - 1-800-273-8255

References

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2. Heckathorn DD. Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. *Social Problems*. 2002; 49(1): 11-34.
3. United Nations. Youth and the United Nations: Frequently asked questions. Retrieved November 1, 2010, from <http://www.un.org/esa/socdev/unyin/qanda.htm>.

Contributing Authors:

Kyle Scanlon, Robb Travers, Todd Coleman
Greta Bauer, Michelle Boyce

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www.transpulse.ca

For more information:

info@transpulse.ca or 1-877-547-8573 (Canada and U.S.)

+01 (519) 661-2111 ex: 84289 (International)

Trans PULSE is funded by



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