

Order amid chaos: Findings from a meta-synthesis on variation in estimates of transgender suicidality

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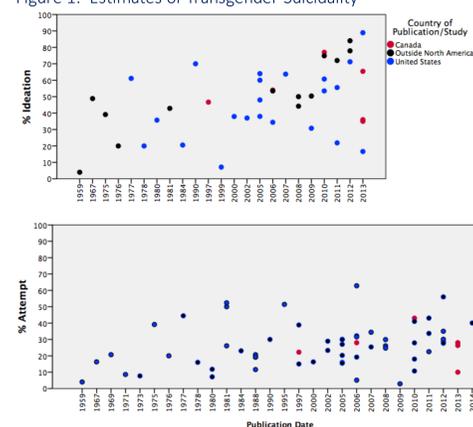
Transgender suicidality research results in a wide array of prevalence estimates. This phenomenon appears to be heavily influenced by variation in the demographic composition of individual studies, particularly regarding participants' ethnicity and gender identity. On the other hand, issues like oversampling are suggested by high numbers of Caucasian participants and rates of education.

Motives and Goals

"Generalizable information is lacking about suicidal behavior and suicide risk among transgender populations, and thus there is currently little empirical basis for specific recommendations for practices involving transgender individuals" (Haas et al, 2010, p. 33).

Case in point, estimates of transgender suicidality are both universally high and extremely variable, which hampers the creation of evidence-based policy, practice, and research. Other issues include a poor understanding of the relationship between transgender suicidality and educational achievement, ethnicity, and the predictive relationship between ideation and attempts.

Figure 1: Estimates of Transgender Suicidality ^{a, b}



^a These figures are imprecise, as in some studies they were calculated using the total study population, while others used the subset that responded to the question at hand.
^b All 77 estimates are charted here, including a number of sub-analyses.

The goal of this study is to bring some clarity and insight to this variation, so as to better interpret results in the short term, and reduce it over the long-term.

Materials and Methods

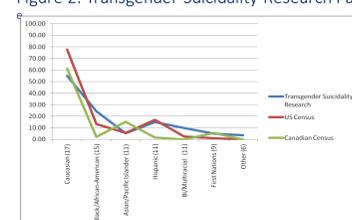
The rate of transgender suicidality (attempts and ideation) was assessed by conducting a meta-synthesis of original prevalence data, in North American transgender suicidality studies, published between 1997 and May 2014. Original data was also collected from interviews with study authors; which were, in turn, analyzed using aspects of grounded theory. This led to the identification of five variables thought to have a particular impact on this variation (ethnicity, education, gender identity and sex at birth, suicidality questions, and inclusion criteria).

The effect of these variables was then measured against the suicidality rate in the 20 studies that measured suicidality 'ever' (as opposed to a specific time period).

Results

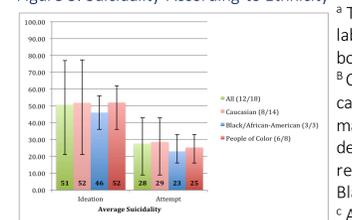
This investigation revealed both expected and unexpected findings. For example, while estimates of suicidal ideation varied 56% (21%-77%) and attempts 50% (11%-61%), studies with a Caucasian majority (the majority) generally reported higher suicidality rates, especially compared to the low rates among those with a Black/African-American majority.

Figure 2: Transgender Suicidality Research Participants, vs. the United States and Canada ^{a, b, c, d}



^a The numbers following the labels specify the number of studies that recorded both suicidality and education.
^b People of Color includes the Black/African-American group.
^c Canadian statistical data defines ethnicity as 'visible minority', and by country of origin.
^d United States Census Bureau, 2014 [a; b].
^e Statistics Canada, 2013.

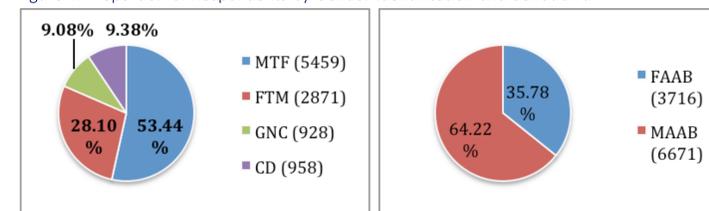
Figure 3: Suicidality According to Ethnicity ^{a, b, c}



^a The numbers (ideation/attempts) following the labels indicate the number of studies that reported both suicidality and ethnicity.
^b Caucasian and Black/African-Americans are calculated from studies that report these as the majority of respondents, whereas People of Color is derived from studies that report less than 50% respondents. Therefore, People of Color and Black/African-Americans overlap.
^c All figures rounded.

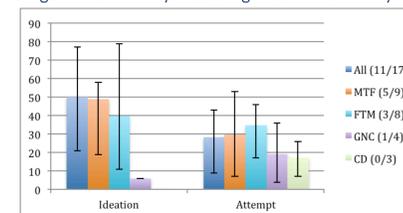
Similarity, suicidal ideation was highest among MTFs and attempts among FTMs.

Figure 4: Proportion of Respondents by Gender Identification and Sex at Birth ^{a, b}



^a The total for Gender ID does not include the 11 individuals, in Maguen & Shipherd (2010), who did not declare one.
^b n=6441 for the National Transgender Discrimination Survey (Grant et al., 2011)

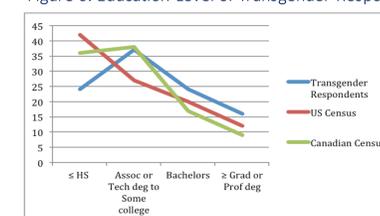
Figure 5: Suicidality According to Gender Identity ^a



^a The numbers (ideation/attempts), following the Gender Identity labels, indicate the number of studies where information on both suicidality and Gender Identity is reported.

On the other hand, while respondent's educational attainment was universally high, it was difficult to tease out the impact of this factor on their experience of suicidality.

Figure 6: Education Level of Transgender Respondents vs. US and Canadian Population ^{a, b, c, d, e}



^a Canadian Census data for 'Assoc. or Tech. Degree to Some College' includes trades certification, diploma, regular apprentice certificate, college diploma and university certification other than Bachelors.
^b All figures are rounded.
^c Canadian Census data specifies ages 25-64, while US Census data specifies 25+
^d Statistics Canada, 2011.
^e US Census Bureau, 2014.

Ultimately, this investigation revealed that there is no single estimate of transgender suicidality, because they vary along with the population under observation.

Implications for Public Health

It is important to recognize that needs assessments and surveys, which describe the majority of these studies, are snapshots of a particular community, environment, and time; even more so to acknowledge that online research may favor highly educated Caucasian participants, while excluding those who are Black/African-Americans/People of Color. Likewise, passive suicide, while unaccounted for in the narrative of transgender suicidality, may play a significant role.

References

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