SUICIDAL IDEATION IN A TRANSGENDER/GENDER NON-CONFORMING POPULATION

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Introduction

In the United States, suicide is the 10th leading cause of death for all age groups (CDC, 2015). Suicide rates are especially high among transgender individuals, 40% of whom report having attempted suicide in their lifetime (James et al., 2016). Transgender/gender non-conforming (TGNC) individuals are at higher risk for suicidal ideation and attempts than the general population (Haas, Rodgers, & Herman, 2014). Spirituality has been identified in the literature as an important protective factor against suicide (Francis & Bance, 2016). Having a sense that God is with them encourages people who experience suicidal ideation to continue living despite challenges and difficulties in life (Francis & Bance, 2017). However, feeling abandoned by their religious community or distant from God can increase suicide risk (Lawrence, Oquendo, & Stanley, 2016). In their 2015 study, Moody, Fuks, Pelaez and Smith found spiritual or religious reasons to be important protective factors against suicide for TGNC individuals. Spirituality may serve as a protective factor for, but more research is needed in this area. In their 2011 study, Singh and McKleroy found access to health care contributed to resilence for transgender people of color who survived a traumatic event. Access to health care may be a protective factor against suicide, however, it is an area in need of further study in the literature.

Methods

Participants had a mean age of 32 (*SD* = 10.029), with ages ranging from 18 to 63. 40% of participants identified as a trans woman (MTF, male to female), 18% as non-binary, 12% as trans man (FTM, female to male), 8% as gender non-conforming/gender variant, 2% as transgender, and 2% as trans. 16% identified as other (transfeminine, trans FTM and genderfluid, enby transman (a colloquial term for a non-binary individual), transmasculine and female). In this sample 32% were agnostic, 24% atheist, 8% Christian, 6% Jewish, and 4% Wiccan. 21.2% identified as other (pagan, Asatru, Indigenous, Hare Krishna, Discordian, and Satanist). 2% did not disclose their spiritual or religious affiliation. Eighty-four percent indicated having healthcare coverage of some sort, whereas 12% indicated they did not.

Instrument and Procedure: This study utilized the Daily Spiritual Experiences Scale (DSES), the Patient Health Questionnaire 9 (PHQ-9), and questions selected from the Behavioral Risk Factor Surveillance System (BRFSS) survey from the CDC online research database. The DSES is a 16-item spirituality questionnaire. The PHQ-9 is a self-report measure for depression used in medical settings. The questions selected from the BRFSS were used to measure healthcare access. All participants were surveyed electronically through Survey Monkey using Facebook groups to disseminate the invitation.

Results

Our study looked at two hypotheses. First, we hypothesized that spirituality would be negatively correlated to suicidal ideation and attempts in a TGNC population. Second, that access to healthcare would be negatively correlated with suicidal ideation and attempts. Chi-square tests were conducted to determine if there were meaningful differences between groups. Our results are the following:

- A chi-square test found that spirituality was unrelated to suicidal ideation ($X^2 = .13$, df = 1, p = .72, phi = .05)
- A chi-square test demonstrated that health care coverage was unrelated to suicidal ideation ($X^2 = 5.34$, df = 1, p = .02, phi = .33) within the sample
- Being able to see a doctor when needed within the past 12 months and suicidal ideation were related ($X^2 = 6.1$, df = 2, p = .05, phi = .35).
- No relationship was present between DSES responses and suicidal ideation ($X^2 = 28.8$, df = 28, p = .42, phi = .76).

Discussion

Consistent with Lawrence, Oquendo and Stanley (2016), we found that TGNC individual's spirituality was not related to a decrease in suicidal ideation. One reason may be that TGNC individuals have experienced This is likely due to to the fact that many in our sample did not identify as spiritual or indicate having daily spiritual experiences. Simply not identifying as spiritual would make determining a relationship to be difficult. Health care coverage alone demonstrated no relationship to suicidal ideation, yet TGNC individuals' perceptions of access to health care when needed was related to suicidal ideation. Possible explanations for this finding include: Health care coverage and perceived access to knowledgeable and caring health care providers may not be directly related. Feelings of rejection or judgement from a person holding power may negatively impact the individuals resiliency.

There were several limitations to this study. First, the sample for this study was small and was not randomly selected. As participants were recruited through a social media page, this naturally selected out individuals who were not active on social media. Finally, the spirituality measure used wording that may not be representative of or accessible to TGNC individuals who identify spiritually.

References

CDC. (2015). Web-based injury statistics query and reporting system (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from www.cdc.gov/ injury/wisqars/index.html

Francis, W., & Bance, L. O. (2017). Protective role of spirituality from the perspective of Indian college students with suicidal ideation: "I am here because God exists." Journal of Religion and Health, 56(3), 962–970. https://doi-org.georgefox.idm.oclc.org/10.1007/s10943-016-0296-6

Haas, A.P., Rodgers, P.L., & Herman, J.L. (2014). Suicide attempts among transgender and gender non-conforming adults. [PDF file]. Retrieved from https://queeramnesty.ch/docs/AFSP-Williams-Suicide-Report-Final.pdf

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

Lawrence, R. E., Oquendo, M. A., & Stanley, B. (2016). Religion and suicide risk: A systematic review. Archives of Suicide Research, 20(1), 1–21. https://doi-org.georgefox.idm.oclc.org/10.1080/13811118.2015.1004494

Moody, C., Fuks, N., Peláez, S., & Smith, N. G. (2015). "Without this, I would for sure already be dead": A qualitative inquiry regarding suicide protective factors among trans adults. Psychology of Sexual Orientation and Gender Diversity, 2(3), 266–280. https://doi-org.georgefox.idm.oclc.org/10.1037/sgd0000130

Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. Traumatology, 17, 34–44. http://dx .doi.org/10.1177/1534765610369261

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