

Suicidal ideation and attempted suicide amongst Chinese transgender persons

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Highlights:

- First study to examine suicide and mental health in Chinese transgender population
- 56.4% participants reported a history of suicidal ideation
- 16.1% participants reported a history of a suicide attempt
- The prevalence rate is far greater than in Chinese community samples
- More than 50% respondents reported having suffered from major depressive disorder

Abstract

Background

This study aims to understand suicidal ideation and suicide attempts among transgender individuals through an in-depth analysis of a nation-wide population general survey in China.

Methods

Transgender Men (FTM) and Women (MTF) were investigated through a cross-sectional survey. A structured questionnaire was used to investigate participants' demographic information, perceived sexuality conflicts, childhood adversity and mental health conditions. Logistic regression models were utilized to investigate risk factors associated with suicidal ideation and suicide attempts in these groups. We also conducted a quasi-meta-analysis in order to compare the prevalence of suicidal ideation and attempted suicide between general and transgender population in China.

Results

There were a total of 1309 participants out of 2060 valid questionnaires across 32 provinces and municipalities in China took part in this survey. The lifetime prevalence of suicidal ideation and an attempt at suicide were 56.4% and 16.1%, respectively. This estimated prevalence rate is far greater than in Chinese community samples. For all transgender people, disliking biological sexuality, seeking sex reassignment surgery, having intense conflicts with parents, lifetime history of suffering from major depressive disorder, recent episode of depression, self-harm, and seeking mental health services were significantly associated with increased risk of suicidal ideation. An education level of high school or equivalent, being married and/or separated/divorced, having intense conflicts with parents, or self-harm and seeking mental health services, were all significantly associated with increased risk of suicide attempt.

Although most risk factors for FTM and MTF were equivalent across groups, differences were observed in both suicidal ideation and suicide attempt models.

Limitations

Cross-sectional study design and lack of follow-up data for the comparison are limitations of this study.

Conclusions

This is the first study to examine suicide within a Chinese transgender population. The clinical implication of these findings for Chinese mental health professionals are discussed. Also, the evidences from this study can be used to inform the practices of suicide prevention worker, policy maker working with transgender population.

Keywords: transgender, suicidal ideation, suicide attempt, Chinese, mental health

Suicidal ideation and attempted suicide amongst Chinese transgender persons: national population study

Short title: Suicide in a Chinese transgender population

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Abstract

Background

This study aims to understand suicidal ideation and suicide attempts among transgender individuals through an in-depth analysis of a nation-wide population general survey in China.

Methods

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A structured questionnaire was used to investigate participants' demographic information, perceived sexuality conflicts, childhood adversity and mental health conditions. Logistic regression models were utilized to investigate risk factors associated with suicidal ideation and suicide attempts in these groups. We also conducted a quasi-meta-analysis in order to compare the prevalence of suicidal ideation and attempted suicide between general and transgender populations in China.

Results

A total of 1309 participants across 32 provinces and municipalities in China took part in this survey, out of 2060 valid questionnaires. In this transgender population, the lifetime prevalence of suicidal ideation and an attempt at suicide were 56.4% and 16.1%, respectively. This estimated prevalence rate is far greater than in Chinese community samples. For all transgender people, disliking **birth-assigned sex**, seeking sex reassignment surgery, having intense conflicts with parents, lifetime history of suffering from major depressive disorder, a recent episode of depression, self-harm, and seeking mental health services were significantly associated with increased risk of suicidal ideation. An education level of high school or equivalent, being married and/or separated/divorced, having intense conflicts with parents, or self-harm and

seeking mental health services were all significantly associated with increased risk of suicide attempt. Although most risk factors for TM and TW were equivalent across groups, differences were observed in both suicidal ideation and suicide attempt models.

Limitations

The cross-sectional study design and lack of follow-up data are limitations of this study.

Conclusions

This is the first study to examine suicide within a Chinese transgender population. The clinical implications of these findings for Chinese mental health professionals are discussed. Also, the evidence from this study can be used to inform the practices of suicide prevention workers, and policy makers working with the transgender population.

Keywords: transgender, suicidal ideation, suicide attempt, Chinese, mental health

Introduction

Transgender is an umbrella term that refers to people whose gender identity or gender expression is different from their birth-assigned sex, which includes male to female (TW) and female to male (TM) individuals. TW are persons who are assigned female at birth but self-identify as men, while TW are persons assigned male at birth but identify as women, who may masculinize or feminize their bodies through surgery or hormone therapy. The term also includes gender nonconforming individuals (cross dressers or transvestites, drag queens and kings, and other gender-variant individuals such as genderqueer). The prevalence of suicidal ideation and attempts among the transgender population is extremely high in developed countries, such as Canada, Europe and the United States. The lifetime and past-year rate of suicide attempts range from 22% to 43%, and 9% to 10% respectively (Bauer et al., 2015; Clements-Nolle et al., 2006; Grant JM et al., 2011; McNeil J et al., 2012). In the transgender population, factors such as substance misuse, age, mental health problems, education level and income are also related to the probability of attempting suicide. Transgender people who fail to complete high school education are the most likely to attempt suicide, while those with an undergraduate education or higher have the lowest rates of attempted suicide (5). Previous studies of transgender communities have demonstrated that discrimination and violence are associated with higher psychological distress and depression, which increases the risk of an individual attempting suicide (6,7). Studies of transgender youth have found that gender-based discrimination or violence, and depression have a significant positive relationship with rates of transgender individuals attempting suicide (8,9).

Importantly, in a US survey conducted in 2008, trans women (TW) and trans men (TM) have a significantly higher prevalence of lifetime suicide attempts than the gender nonconforming population, since TW and TM most likely desire hormone therapy and surgical care for their transition (Haas et al., 2014). The results indicated that distress associated with the barriers to obtaining transition related health care elevated the prevalence of suicide attempts. Furthermore, according to a nation-wide, cross-sectional survey among TW and TM in Argentina (Marshall et al., 2016), 33% responders reported a history of attempted suicide in their lifetime. Lack of stable housing and internalized stigma due to the transgender identity were found to be the strong risk factors for suicide attempts.

In China, imperfect transgender medical treatment and a lack of relevant laws and regulations are major obstacles to successfully dealing with identifying as a transgender individual. It is difficult for the TW and TM population to complete gender reassignment surgery due to barriers to obtaining surgical information and a lack of surgical resources in China. Moreover, most of the relevant prerequisites outlined in surgical regulations are unreasonable or excessively demanding for recipients (Jiang et al., 2014). For instance, the individual must get approval from direct relatives, and obtain a clear criminal record from the public security office. These rules have raised criticisms regarding the infringement on an individual's autonomy and privacy. Regulations fail to follow the prevailing guidelines, and the regulations state that any operation that changes gender-linked traits shall be carried out in synchronization with, or subsequent to, gonadectomy, which is medically questionable. Each of these obstacles increase pressure and distress in the TW and TM population seeking gender reassignment surgery. Previous studies indicate that barriers to accessing medical transition care and hormonal treatment are strong risk factors for suicidal ideation and suicide attempt among transgender individuals (Colizzi et al., 2014; Rotondi et al., 2013). Greta (2015) found that social support,

protection from transphobia, and undergoing medical transition have the potential for protective effects on the high rates of suicidal ideation and suicide attempt in a Canadian TW and TM population (Bauer et al., 2015). However, the limitations of traditional social ideas in Chinese cultures and parents' misunderstanding of transgender children's demands are relevant (Colizzi et al., 2014). Chinese parents are often unable to accept transgender children, thus there is reason to believe Chinese transgender individuals often do not have sufficient family and social support, which may contribute to the high risk of suicide.

Although many previous studies investigated suicide related conditions in the general and clinical population (Chen et al., 2018b; Liu et al., 2017; Zhang et al., 2013), there remains a lack of studies examining suicide risk in the TW and TM population in China. Therefore, this study was the first to explore suicidal ideation and attempted suicide in the Chinese TW and TM population via an in-depth analysis of data from a nation-wide general survey conducted by the Beijing Lesbian Gay Bisexual Transgender (LGBT) center, Peking University and United Nations Development Program. Particularly, this study aimed to identify the key characteristics associated with lifetime suicidal ideation and suicide attempts, and explore differences between the TW and TM group. We also conducted a quasi-meta-analysis to explore the difference in rates of suicide ideation and attempted suicide between general and TW and TM populations in China.

Methods

Participants

Between January 2017 and September 2017, a cross-sectional general survey of a transgender population was conducted in China. The local ethics committee approved the study. Although sampling methods such as convenience sampling, respondent driven-sampling, and snowball-

sampling have proven to be effective sampling methods for recruiting LGBT people, small absolute numbers as well as social and structural barriers, including stigma and discrimination, complicate survey implementation (Best et al., 2015). Therefore, an online survey, similar to those used in previous studies (Bockting et al., 2013; Dickey et al., 2015; Rosser et al., 2007), was utilized in this study, which may help to alleviate barriers associated with self-identifying as LGBT. Snowball sampling also was used in this study. The method of approaching first-wave participants was contact from LGBT centers, educational institutions, and social networking platforms/media through phone calls, text messages or online recruitment advertisement. Participants were then asked to help identify further recruits (second and subsequent snowball waves). All participants remained anonymous, and written informed consent was obtained prior to participation.

Individuals with identities in accordance with TW or TM were recruited into the study, where TW is a self-defined woman who was assigned male at birth, and TM is a self-defined man who was assigned female at birth. Valid questionnaires were identified via the following criteria: 1) more than 95% of questions were completed; 2) IP address was not repeated; 3) time to complete the questionnaire was more than eight minutes (Minimum fill time). A series of methods were used to identify transgender individuals. First, the definition of transgender was described in the introduction of the questionnaire. Second, participants were asked to verify their identification with this definition of transgender. Third, a set of identity-related questions were included in the questionnaire, which include birth-assigned sex, self-defined sex, and whether participants' gender expression is different to that associated with their birth-assigned sex, against which the identity of transgender (TW or TM) was checked (Bockting et al., 2013).

Questionnaire

A structured questionnaire was constructed according to previous research findings and advice from the Beijing LGBT center. The expert consultation method was used to improve the reliability of the structured questionnaire. It was used to investigate participants' demographic information including their gender identity, living conditions, employment, marital status, children and relationships. Information about internal and external sexuality conflicts were also investigated, which included: 1) feelings towards birth-assigned sex; 2) seeking hormone therapy; 3) seeking gender reassignment surgery; 4) intense conflicts with parents due to sexuality; and 5) suffering discrimination or violence in public places due to sexuality. Additionally, one item of childhood adversity - whether individuals were insulted or bullied at school - was included in the questionnaire. Since multiple items in the questionnaire addressed single topics, these were merged and converted when conducting statistical analyses.

Current and previous mental health issues including self-harm and suicide were examined. The Center for Epidemiologic Studies Depression 9-item (CESD-9) scale, which has been validated in Chinese populations (Cronbach's alpha: 0.85~0.88; (He Jin., 2013)), was used to measure depressive symptoms during the past week. A score of 10-16 indicates tendency towards depression, and ≥ 17 indicates risk for MDD. History of major depressive disorder (MDD), self-harm, suicidal ideation, suicide attempts, and seeking mental health services were examined through dedicated items. Since self-esteem may mediate the effect of sexuality on self-harm or suicide (Diaz et al., 2001), the Chinese version of the Rosenberg Self-Esteem Scale was used to measure participants' self-esteem (Cronbach's alpha: 0.83~0.89; (Feifei Chen et al., 2015; Rosenberg, 1965)).

Statistical Analysis

Data were analyzed using the Statistical Package for the Social Sciences version 17.0 (SPSS Inc, Chicago, Illinois). Chi-square tests or Fisher's exact tests were used to compare differences

between classification variables across TW and TM groups. Analysis of variance was used to compare differences in continuous variables across TW and TM groups.

A quasi-meta-analysis was conducted to compare the prevalence of suicidal ideation and attempted suicide between general and transgender populations. A comprehensive literature search was conducted in the following databases: PubMed, Medline, PsycINFO, China journal Full-text database, and Wanfang Data using the words “suicide”, “suicide idea”, “suicide attempt”, “China”, “youth”, “college”, “China”, “Chinese”. Studies were included in the review if they met the following criteria: 1) the study either reported the prevalence of suicide ideation or suicide attempts, sufficient for calculating prevalence; 2) participants were aged 18-30 years; 3) the study was conducted in China; (**Table S1**). Prevalence was transformed as risk difference and the Review Manager 5.3 was employed to conduct subgroup analysis to explore differences between the general and transgender groups. Results were integrated in a random effect model.

Univariate logistic regression analysis was performed to explore the association between single variables and suicidal ideation or suicide attempt. Firstly, variables significantly associated with suicidal ideation or suicide attempt were identified as potential predictor variables (**Table S2** and **Table S3**). Then, forward stepwise logistic regression was performed to select potential predictor variables associated with suicidal ideation or suicide attempt to build predictive models. The threshold of variables entered and removed from the model was 0.05 and 0.15, respectively. Nagelkerke's R^2 was used to measure the variation in suicidal ideation or suicide attempt explained by predictive factors in the logistic regression (International Schizophrenia et al., 2009).

Results

Demographic and general findings in the transgender sample

In total, 5677 questionnaires were received online, though only 2060 (36.2%) questionnaires were identified as valid. Finally, 1309 (23.1%) participants from 32 provinces and municipalities across China were recruited in this survey, including 622 TM and 687 TW. About 85% participants were recruited from social networking platforms and media. Most participants were young (mean 23.31 ± 6.49 years old), had a high education level, and lived in the city. Current employment status differed among TM and TW, however there was no significant difference in the distribution of current annual income. Over 90% participants had never married, while more than half reported a current or previous relationship. More detailed information appears in **Table 1**.

Comparison of sexuality conflicts, childhood adversity and mental health within the transgender population

As in **Table 2**, approximately 80% of TM and TW individuals reported disliking their birth-assigned sex. Compared with TM, TW individuals were more likely to seek hormone therapy (87.8% Vs. 70.3%, $\chi^2 = 61.342$, $df = 1$, $p < 0.001$), gender reassignment surgery (77.8% Vs. 55.9%, $\chi^2 = 71.202$, $df = 1$, $p < 0.001$) and have intense conflicts with parents (90.4% Vs. 84.5%, $\chi^2 = 8.533$, $df = 1$, $p = 0.003$). Suffering discrimination or violence in public places was not rare, with about 27% of respondents having had this experience. More than half of respondents were insulted or bullied at school, with prevalence lower for TM than TW (65.4% Vs. 75.2%, $\chi^2 = 15.036$, $df = 1$, $p < 0.001$).

The difference in mental health between the two groups was significant. More than half of respondents reported having suffered from MDD at some point in their life, with TW more frequently affected than TM (71.5% Vs. 56.1%, $\chi^2 = 33.502$, $df = 1$, $p < 0.001$). TW were also

more likely to have a current risk of MDD than **TM**, which was measured using the CESD-9, (40.8% Vs. 27.7%, $\chi^2 = 33.435$, $df = 2$, $p < 0.001$). Self-esteem, as measured with RSES, was also different between the two groups, with high self-esteem more prevalent in **TM than TW** (12.9% Vs. 6.1%), while low self-esteem was more prevalent in **TW than TM** (5.4% Vs. 2.6%, Fisher's exact tests: test value = 23.040, $p < 0.001$).

Self-harm and suicide were serious problems for respondents. Self-harm was common in **TW**, and significantly higher than in **TM** (28.1% Vs. 20.6%, $\chi^2=9.840$, $df = 1$, $p = 0.002$). High incidence of suicidal ideation was found in both **TW and TM** (60.7% Vs. 51.5%, $\chi^2 = 11.152$, $df = 1$, $p = 0.001$). **TW** individuals were more likely to attempt suicide than **TM** (20.7% Vs. 11.0%, $\chi^2 = 22.587$, $df = 1$, $p<0.001$). Similarly, more **TW** individuals sought mental health services than **TM** (34.4% Vs. 20.6%, $\chi^2 = 30.849$, $df = 1$, $p<0.001$).

Comparsion of suicide between general and transgender populations

A quasi-meta-analysis was conducted to further compare the prevalence of suicidal ideation and attempted suicide between general and transgender populations. Eighteen studies were included that reported the prevalence of suicidal ideation of a general population aged 18-30 years. The pooled prevalence of the general population was 12% (95%CI: 9%-14%), significantly lower than the transgender population (56%, 95%CI: 53%-59%) in this study. Eleven studies were included that reported the prevalence of attempted suicide of a general population aged 18-30 years. The pooled prevalence of the general population was 3% (95%CI: 2%-4%), also significantly lower than **the transgender population** (16%, 95%CI: 14%-18%) in this study (**Figure 1**).

Predictors of suicidal ideation in the transgender population

The regression models of suicidal ideation were fitted well for **TM** (Nagelkerke's $R^2 = 0.318$), **TW** (Nagelkerke's $R^2 = 0.413$) and the total (TM and TW) transgender population (Nagelkerke's $R^2 = 0.374$). In the model of **TM**, disliking **birth-assigned sex** (OR = 2.720, $p < 0.001$), seeking gender reassignment surgery (OR = 2.043, $p < 0.001$), tendency to depression (OR = 1.851, $p = 0.007$) and risk for MDD as measured by CESD-9 (OR = 3.512, $p < 0.001$), self-harm (OR = 4.563, $p < 0.001$) and seeking mental health services (OR = 2.277, $p = 0.002$) significantly predicted increased risk of suicidal ideation. About 23.8% variance could be explained by these variables (Cox & Snell $R^2 = 0.238$). Similarly, disliking **birth-assigned sex** (OR = 2.621, $p = 0.001$), current or past suffering from MDD (OR = 3.509, $p < 0.001$), tendency to depression (OR=2.865, $p < 0.001$), risk for MDD (OR=3.715, $p < 0.001$), self-harm (OR=4.317, $p < 0.001$) and seeking mental health services (OR=2.412, $p < 0.001$) significantly predicted increased risk of suicidal ideation in the model of **TW**. About 29.8% variance could be explained by these variables (Cox & Snell $R^2 = 0.298$). Additionally, disliking **birth-assigned sex** (OR=2.683, $p < 0.001$), seeking gender reassignment surgery (OR = 1.761, $p = 0.001$), intense conflicts with parents (OR=1.620, $p=0.028$), current or past suffering from MDD (OR = 1.908, $p < 0.001$), tendency to depression (OR=1.998, $p < 0.001$), risk for MDD (OR=3.194, $p < 0.001$), self-harm (OR = 4.088, $p < 0.001$) and seeking mental health services (OR = 2.147, $p < 0.001$) significantly predicted increased risk of suicide ideation for all respondents. About 27.6% variance could be explained by these variables (Cox & Snell $R^2 = 0.276$). (Table 3)

Predictors of attempted suicide in the transgender population

The suicide attempt regression models of **TM** (Nagelkerke's $R^2 = 0.288$), **TW** (Nagelkerke's $R^2 = 0.433$) and total population (Nagelkerke's $R^2 = 0.408$) were also fitted well. According to the model of **TM**, suffering discrimination or violence in public places (OR = 1.855, $p = 0.035$),

current or past suffering from MDD (OR = 2.781, $p = 0.007$), and self-harm behavior (OR = 9.113, $p < 0.001$) significantly predicted increased risk of suicide attempt. About 14.4% variance could be explained by these variables (Cox & Snell $R^2 = 0.144$). Being separated/divorced (OR = 10.925, $p = 0.002$), current or past suffering from MDD (OR = 6.930, $p < 0.001$), and self-harm (OR = 13.878, $p < 0.001$) significantly predicted increased risk of suicide attempt in model for TW. About 28.8% variance could be explained by these variables (Cox & Snell $R^2 = 0.288$). For all respondents, education level of high school or equivalent (OR = 3.173, $p = 0.014$), being married (OR = 3.337, $p = 0.019$) or being separated/divorced (OR = 3.517, $p = 0.016$), having intense conflicts with parents (OR = 1.598, $p = 0.019$), self-harm (OR = 11.274, $p < 0.001$) and seeking mental health services (OR = 1.645, $p = 0.013$) significantly predicted increased risk of suicide attempt. About 24.6% variance could be explained by these variables (Cox & Snell $R^2 = 0.246$) – see **Table 4**.

Discussion

Using a large, nation-wide online sample of transgender individuals (TW and TM) in China, this survey found that 56.4% of participants reported a history of suicidal ideation and 16.1% of participants reported a history of a suicide attempt. Of note, this estimated prevalence is far greater than most reported studies of suicide ideation and attempt in community samples in China, which report the prevalence of suicidal ideation and suicide attempt as 12% and 3%, respectively.

Focusing specifically on TW and TM individuals within the transgender population in this study, rates of suicidal ideation and suicide attempt are similar to those reported elsewhere

(Grossman and D'Augelli, 2007; Herman et al., 2014; Maguen and Shipherd, 2010; Mathy,

2003). Consistent with previous studies, the present study found higher reported rates of suicidal ideation and suicide attempt in TW than TM individuals (Dickey et al., 2015; Maguen and Shipherd, 2010). Previous studies have in fact found higher rates of suicide attempt than reported here, though discrepancies may be explained when considering the present sample may consist primarily of transgender people from urban areas, who may have greater connections with transgender communities. These connections may provide a supportive environment, and greater access to quality mental health resources. In interpreting the results of this study, attention should be paid to the possible impact of these limitations in the sample composition, which may lead to an underestimation of dilemmas faced by transgender people on the one hand, and an overestimation of the degree of environmental support on the other. That is to say, the results of the present study may form an overly positive reflection of reality for many Chinese transgender individuals.

Importantly, this study sought to examine factors predicting suicidal ideation and suicide attempts in the Chinese transgender (TW and TM) population. Previous studies have reported that interpersonal conflict with sexual identity and orientation are important risk factors to explain the elevated rate of attempted suicide among LGBT populations (Clements-Nolle et al., 2006; Maguen and Shipherd, 2010; Paul et al., 2002; Waldo et al., 1998). Indeed, in a recent Philadelphia study of 176 transgender participants, 30.1% had attempted suicide and 67.35% of these respondents indicated that the suicide attempt was related to their transgender identity (Kenagy, 2005). In line with these findings, the present study found dislike for birth-assigned sex to be a major risk factor predicting suicidal ideation and suicide attempt among Chinese TW and TM.

In contrast, findings from this study did not support suggestions from previous studies that biological stressors such as hormones and gender reassignment surgery place transgender

people at elevated risk for suicide attempt (Colizzi et al., 2014; Rotondi et al., 2013). This study with a Chinese transgender sample did not find an association between seeking hormone therapy or gender reassignment surgery and suicide attempt. Instead, seeking gender reassignment surgery was found to be a high risk for suicide ideation only in the TM population. It is difficult for transgender individuals to obtain surgical information and there exists a lack of surgical resources to complete gender reassignment surgery in China (Jiang et al., 2014). TM who are seeking gender reassignment surgery face all these obstacles, which may explain an increase in psychological pressure and distress.

An additional factor significantly associated with suicidal ideation and suicide attempt was intense conflict with parents – reported by 90.4% of TW and 84.5% of TM in the present sample. In China, transgender individuals experience high social pressure to conform to Chinese society, which places emphasis on having children and continuing the family line. Collectivist Chinese culture encourages maintenance of social and familial harmony (Chen et al., 2018a; Xi et al., 2017), hence parents of transgender individuals may fear shame brought on their family by their children.

Furthermore, self-harm behaviours that are common in Chinese young people (Liu et al., 2016; Xin et al., 2016; Xin et al., 2017) significantly increased suicidal ideation and attempt for both TW and TM. While a previous study reported that TM appear more vulnerable to self-harm behaviors than TW (Peterson et al., 2017), the present study found that TW have significantly higher self-harm behavior than TM. A greater understanding of the risk factors underlying self-harm behaviors in transgender individuals is needed to explain this discrepancy. Though it was postulated that self-esteem may mediate the effect of sexuality on self-harm or suicide (Hawton et al., 2012; Kristen Clements-Nolle PhD et al.), there was no significant relationship between self-esteem and suicide in the Chinese transgender population studied here.

Particularly pertinent to policy makers and mental health professionals, seeking mental health services was a strong factor risk for suicidal ideation and suicide attempt in the Chinese transgender population studied here. This result is not consistent with previous studies: seeking mental health care was not associated with suicidal attempt in a US transgender population (Maguen and Shipherd, 2010). It does, however, suggest that Chinese mental health professionals should pay much more attention to patients who identify as transgender who are currently seeking mental health services, especially by conducting assessments focused upon suicide risk.

Current or prior MDD, tendency to depression, and risk for MDD were factors predictive of suicide risk in the present study. 64.2% of these transgender individuals reported a lifetime history of MDD, and 34.5% had a high risk of developing MDD. These results are consistent with previous studies reporting prevalence rates and highlighting psychological stressors such as depression as factors increasing the risk of a suicide attempt (Clements-Nolle et al., 2001; Jessica et al., 2007). For example Olson et al. (2015) assessed depression prevalence among 101 transgender youths, 25% of whom reported depression symptoms in the clinical range. A study in the US revealed the transgender population experience high levels of negative emotion because they face difficulties which may be exacerbated by a lack of legal protections for transgender individuals (Dickey et al., 2015). This situation is even more severe in China, where there are no laws protecting the rights of transgender groups, and community support is lacking (Burki, 2017).

It noteworthy that although most suicide risk factors for TM and TW were similar, differences were observed in both suicidal ideation and suicide attempt models. Transgender individuals face severe discrimination in China - more than two-thirds of 3500 Chinese people surveyed in 2013 reported they would not accept LGBT people (Burki, 2017). However, suffering

discrimination or violence in public places strongly predicted suicide attempt for TM but not TW. This finding is in line with a previous study that found TM who experienced gender-based victimization were more likely to attempt suicide than TW (Goldblum et al., 2012). Discrimination and violence are also risk factors for experiencing trauma and PTSD symptoms in transgender individuals (Mizock and Lewis, 2008). It is also well known that PTSD symptoms are a risk factor for suicide attempt (Gradus et al., 2010). This survey did not measure PTSD symptoms, which precluded a mediation analysis to understand the relationship between discrimination and violence, PTSD symptoms and suicide in transgender individuals, but this should be examined in future research.

In addition, being separated/divorced was a strong independent risk factor of suicide attempt for TW, but not TM. A previous study has suggested that divorce may cause or reinforce depression symptoms by destroying this significant relationship, which would previously have served as a source of social interaction and support (Lothstein, 1979). As a higher MDD rate was found in the TW relative to TM group, it may be that this explanation applies to the Chinese transgender population studied here, though future research is needed to ascertain whether this is the case.

Study Implications

This survey revealed that the Chinese transgender population (TW and TM) generally has very poor mental health, however only a small percentage of transgender people have sought mental health services. There exists a lack of LGBT training for Chinese counselors, which leads to transgender people encountering mental health professionals who may not understand their situations, feelings, and experiences. China's first national mental health legislation was published in 2012 and was adopted by the Standing Committee of the National People's Congress (Phillips et al., 2013), though this law did not include mental health care for LGBT

or transgender individuals. In order to improve the quality of mental health service utilization for the transgender population, it is urgently suggested that future national mental health legislation should include mental health care policies addressing transgender populations, such as developing and strengthening the LGBT practice training programs for mental health professionals. It is vitally important to improve psychiatry consultants' understanding of transgender groups, to train specific counseling skills, and provide transgender communities with more channels to gain psychological services, so as to better provide psychological support to transgender individuals and reduce their risk of depression, self-harm and suicide.

On the basis of this early stage research, mental health professionals should pay more attention to their patients if they self-identify as transgender, particularly when they demonstrate a limited educational background, are currently separated/divorced (especially important for TW individuals), are currently seeking mental health services, have intense conflicts with parents, have a history of self-harm behavior, or MDD. Mental health professionals should encourage transgender individuals to actively seek treatment for their mental health problems, such as treatment for depression and anxiety symptoms. They should offer psychological interventions such as individual and family therapy. Also, psychological trauma intervention should be considered for TM individuals exposed to discrimination or violence in public places, and future research should explore the relationship between traumatic events, PTSD symptoms and suicide in transgender individuals.

Limitations

Although there are some limitations of the survey sample, the sample size of this study is relatively large, enabling grouping of the sample based on current employment, annual income,

marital status, educational background, and gender identities, **between which** comparisons **could be made**. The study was a cross-sectional online survey and utilized snowball sampling, however, the recruited participants may not be representative of all **TW and TM** individuals. Those unable to access or use the Internet would not be included in the study, and the real-world identity of participants could not be checked. In interpreting the results of this suicide study, attention must be paid to the possible impact of utilizing participants primarily from urban locations, who generally have better access to support resources, and connections to the transgender community. Hence, the situation may be worse for many transgender individuals than this study reveals. The **expert consultation method was used to improve the reliability of the structured questionnaire, however, its internal consistency was not strictly examined**. Although the CESD-9 scale is well validated as a measure of current depression symptoms, it cannot replace a clinical assessment by a psychiatrist. Additionally, the suicidal ideation and suicide attempt data were collected by a structural questionnaire rather than measured by a **recognised suicide scale that includes** assessment of frequency and severity. **Finally, the present study did not examine the suicidal ideation and suicide attempts of a gender-nonconforming group, hence findings may not be generalizable to this subset of the transgender population.**

Conclusion

This is the first study examining suicide risk for transgender individuals in China. Research examining suicide in the Chinese transgender population is emerging, and future research and clinical funding in China **is warranted**. Although the understanding of LGBT issues is improving in Chinese society, there is currently no legislation to protect transgender rights (such as anti-discrimination) and hence LGBT organizations face operational difficulties. These issues may result in poorer mental health among transgender populations, as they face

severe discrimination, and lack resources and social support. Therefore, the present study serves as an important reference promoting the integration of transgender mental health services into the current national mental health legislation. It encourages the development of protection laws in order to improve mental health for the transgender population in China.

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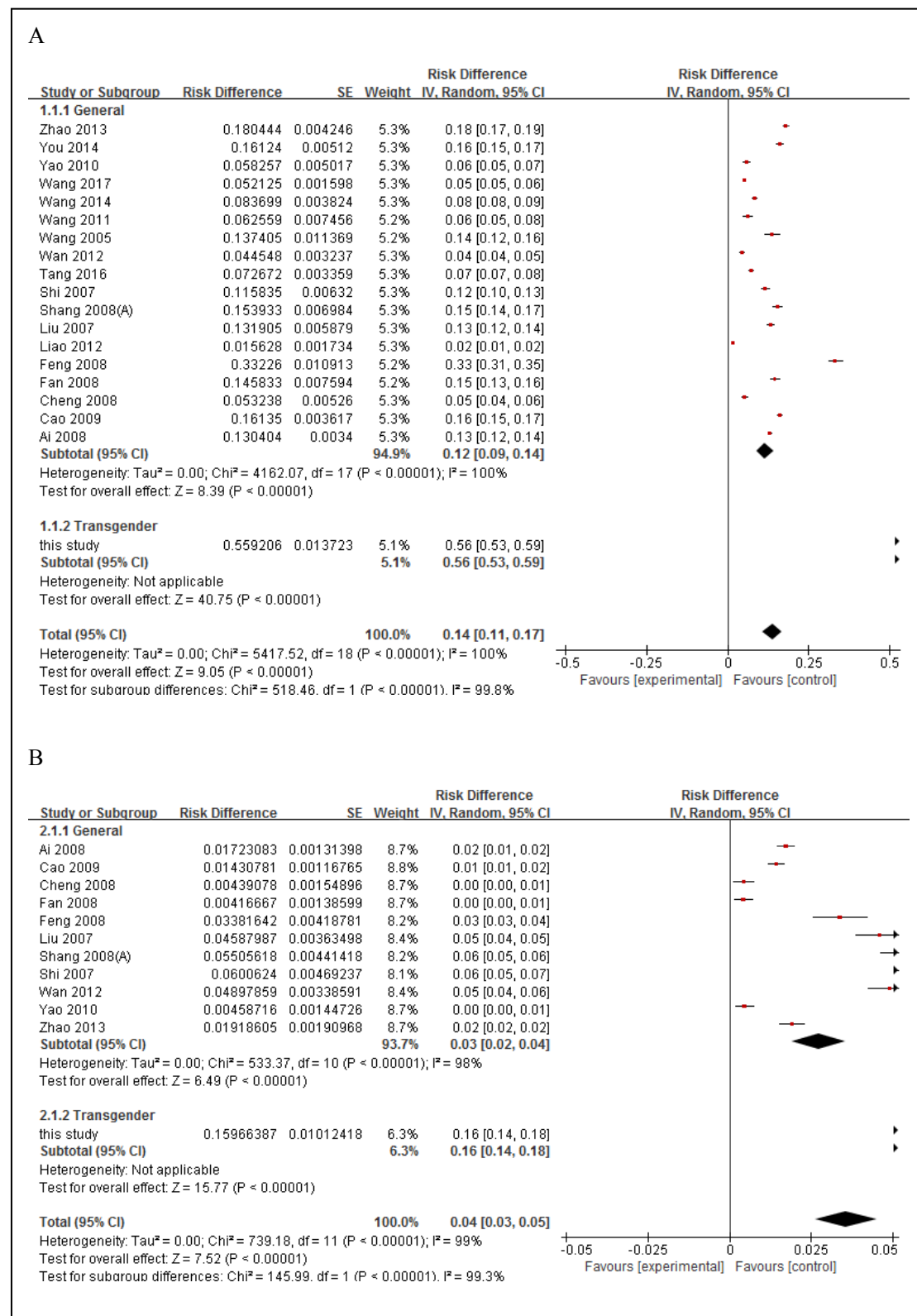


Figure 1. Quasi-meta-analysis for the prevalence comparison of suicidal ideation and attempted suicide between general and transgender population. (A) The pooled suicidal ideation prevalence of general population was 12% (95%CI: 9%-14%), significantly lower than transgender population (56%, 95%CI: 53%-59%) in this study; (B) The pooled attempted suicide prevalence of general population was 3% (95%CI: 2%-4%), significantly lower than transgender population (16%, 95%CI: 14%-18%) in this study.

Table 1 Recruitment and demographic details of study sample

| | FTM (N=622) | MTF (N=687) | Test | df | P | Total (N=1309) |
|---------------------------------------|--------------|--------------|--------|----|--------|----------------|
| Source of recruitment, n (%) | | | | | | |
| Social networking platforms and media | 542(87.1) | 595(86.6) | 0.080 | 1 | 0.777 | 1137(86.9) |
| LGBT center and friends | 80(12.9) | 92(13.4) | | | | 172(13.1) |
| Age, years: mean (s.d.) | 23.78 (6.51) | 22.89 (6.44) | 6.198 | 1 | 0.013 | 23.31(6.49) |
| Education, n (%) | | | | | | |
| Less than high school | 29(4.7) | 76(11.1) | 33.312 | 3 | <0.001 | 105(8.0) |
| High school and equal | 138(22.2) | 202(29.4) | | | | 340(26.0) |
| Bachelor and equal | 394(63.3) | 363(52.8) | | | | 757(57.8) |
| Higher than master | 61(9.8) | 46(6.7) | | | | 107(8.2) |
| Residence, n (%) | | | | | | |
| City | 538(86.5) | 554(80.6) | 8.091 | 1 | 0.004 | 1092(83.4) |
| Town and county | 84(13.5) | 133(19.4) | | | | 217(16.6) |
| Current employment, n (%) | | | | | | |
| Paid employment | 302(48.6) | 308(44.8) | 13.983 | 2 | 0.001 | 610(46.6) |
| Not working | 51(8.2) | 102(14.8) | | | | 153(11.7) |
| Student | 269(43.2) | 277(40.3) | | | | 546(41.7) |
| Current annual income | | | | | | |
| < ¥10,000 | 324(52.1) | 365(53.1) | 6.47 | 4 | 0.167 | 689(52.6) |
| ¥10,000~24,999 | 58(9.3) | 85(12.4) | | | | 143(10.9) |
| ¥25,000~49,999 | 86(13.8) | 100(14.6) | | | | 186(14.2) |
| ¥50,000 ~ 99,999 | 86(13.8) | 79(11.5) | | | | 165(12.6) |
| ≥¥100,000 | 68(10.9) | 58(8.4) | | | | 126(9.6) |
| Marital status, n (%) * | | | | | | |
| Never married | 590(94.9) | 635(92.4) | 18.000 | | <0.001 | 1225(93.6) |
| Married | 11(1.8) | 40(5.8) | | | | 51(3.9) |
| Separated/divorced | 21(3.4) | 12(1.7) | | | | 33(2.5) |
| Relationship, n (%) | | | | | | |
| Current | 211(33.9) | 169(24.6) | 47.639 | 2 | <0.001 | 380(29.0) |
| Ever | 219(35.2) | 177(25.8) | | | | 396(30.3) |
| None | 192(30.9) | 341(49.6) | | | | 533(40.7) |

* Fisher's exact tests

Table 2 Comparison of sexuality conflicts, childhood adversity and mental health

| | FTM N (%) | MTF N (%) | Test | df | P | Total |
|---|--------------|--------------|--------|----|--------|------------|
| Sexuality conflicts | | | | | | |
| Disliking biological sexuality | 496(79.7) | 551(80.2) | 0.043 | 1 | 0.835 | 1047(80.0) |
| Seeking hormone therapy | 437(70.3) | 603(87.8) | 61.342 | 1 | <0.001 | 1040(79.4) |
| Seeking gender reassignment surgery | 348(55.9) | 534(77.8) | 71.202 | 1 | <0.001 | 882(67.4) |
| Intense conflicts with parents | 479(84.5) | 470(90.4) | 8.533 | 1 | 0.003 | 949(87.3) |
| Suffering discrimination or violence at public places | 172(27.7) | 187(27.3) | 0.016 | 1 | 0.899 | 359(27.5) |
| Childhood adversity | | | | | | |
| Insulted or bullied at school | 407(65.4) | 516(75.2) | 15.036 | 1 | <0.001 | 923(70.6) |
| Mental health | | | | | | |
| Ever suffered from MDD | 349(56.1) | 491(71.5) | 33.502 | 1 | <0.001 | 840(64.2) |
| CESD-9 | | | | | | |
| None | 277(44.5) | 210(30.6) | 33.435 | 2 | <0.001 | 487(37.2) |
| Tendency to depression | 173(27.8) | 197(28.7) | | | | 370(28.3) |
| Risk for MDD | 172(27.7) | 280(40.8) | | | | 452(34.5) |
| RSES* | | | | | | |
| Low self-esteem | 16(2.6) | 37(5.4) | 23.040 | | <0.001 | 53(4.0) |
| Normal self-esteem | 526(84.6) | 608(88.5) | | | | 1134(86.6) |
| High self-esteem | 80(12.9) | 42(6.1) | | | | 122(9.3) |
| Self-harm | 127(20.6) | 191(28.1) | 9.840 | 1 | 0.002 | 318(24.6) |
| Suicidal ideation | 319(51.5) | 413(60.7) | 11.152 | 1 | 0.001 | 732(56.4) |
| Suicide attempt | 68(11.0) | 141(20.7) | 22.587 | 1 | <0.001 | 209(16.1) |
| Seeking mental health service | 128(20.6) | 236(34.4) | 30.849 | 1 | <0.001 | 364(27.8) |

* Fisher's exact tests

Table 3 Estimates of odds ratio from stepwise logistic regression model for suicidal ideation

| | Beta | SE | P | OR | 95% CI | |
|-------------------------------------|-------|-------|--------|-------|--------|-------|
| | | | | | Lower | Upper |
| FTM | | | | | | |
| Disliking biological sexuality | 1.001 | 0.272 | <0.001 | 2.720 | 1.597 | 4.634 |
| Seeking gender reassignment surgery | 0.714 | 0.205 | <0.001 | 2.043 | 1.367 | 3.051 |
| CESD-9 | | | | | | |
| None (ref) | | | | | | |
| Tendency to depression | 0.616 | 0.230 | 0.007 | 1.851 | 1.179 | 2.905 |
| Risk for MDD | 1.256 | 0.246 | <0.001 | 3.512 | 2.168 | 5.687 |
| Self-harm | 1.518 | 0.284 | <0.001 | 4.563 | 2.614 | 7.965 |
| Seeking mental health service | 0.823 | 0.261 | 0.002 | 2.277 | 1.364 | 3.801 |
| MTF | | | | | | |
| Disliking biological sexuality | 0.963 | 0.296 | 0.001 | 2.621 | 1.467 | 4.683 |
| Ever suffered from MDD | 1.255 | 0.265 | <0.001 | 3.509 | 2.087 | 5.901 |
| CESD-9 | | | | | | |
| None (ref) | | | | | | |
| Tendency to depression | 1.053 | 0.285 | <0.001 | 2.865 | 1.639 | 5.010 |
| Risk for MDD | 1.312 | 0.286 | <0.001 | 3.715 | 2.122 | 6.505 |
| Self-harm | 1.463 | 0.310 | <0.001 | 4.317 | 2.354 | 7.919 |
| Seeking mental health service | 0.880 | 0.250 | <0.001 | 2.412 | 1.478 | 3.937 |
| Total population | | | | | | |
| Disliking biological sexuality | 0.987 | 0.198 | <0.001 | 2.683 | 1.819 | 3.957 |
| Seeking gender reassignment surgery | 0.566 | 0.164 | 0.001 | 1.761 | 1.276 | 2.431 |
| Intense conflicts with parents | 0.482 | 0.220 | 0.028 | 1.620 | 1.053 | 2.492 |
| Ever suffered from MDD | 0.646 | 0.161 | <0.001 | 1.908 | 1.391 | 2.616 |
| CESD-9 | | | | | | |
| None (ref) | | | | | | |
| Tendency to depression | 0.692 | 0.180 | <0.001 | 1.998 | 1.404 | 2.844 |
| Risk for MDD | 1.161 | 0.190 | <0.001 | 3.194 | 2.201 | 4.635 |
| Self-harm | 1.408 | 0.211 | <0.001 | 4.088 | 2.704 | 6.181 |
| Seeking mental health service | 0.764 | 0.179 | <0.001 | 2.147 | 1.513 | 3.047 |

Table 4 Estimates of odds ratio from stepwise logistic regression model for suicide attempt

| | | | | | 95% CI | |
|---|-------|-------|--------|--------|--------|--------|
| | | | | | Lower | Upper |
| | | | | | | |
| FTM | | | | | | |
| Suffering discrimination or violence at public places | 0.618 | 0.293 | 0.035 | 1.855 | 1.044 | 3.295 |
| Ever suffered from MDD | 1.023 | 0.377 | 0.007 | 2.781 | 1.328 | 5.827 |
| Self-harm | 2.210 | 0.296 | <0.001 | 9.113 | 5.098 | 16.290 |
| MTF | | | | | | |
| Marital status | | | | | | |
| Never married (ref) | | | | | | |
| Married | 1.005 | 0.626 | 0.108 | 2.731 | 0.801 | 9.315 |
| Separated/divorced | 2.391 | 0.790 | 0.002 | 10.925 | 2.323 | 51.375 |
| Ever suffered from MDD | 1.936 | 0.523 | <0.001 | 6.930 | 2.487 | 19.309 |
| Self-harm | 2.630 | 0.269 | <0.001 | 13.878 | 8.188 | 23.520 |
| Total population | | | | | | |
| Education | | | | | | |
| Less than high school | 0.837 | 0.550 | 0.128 | 2.310 | 0.786 | 6.789 |
| High school and equal | 1.155 | 0.469 | 0.014 | 3.173 | 1.266 | 7.954 |
| Bachelor and equal | 0.446 | 0.453 | 0.325 | 1.562 | 0.643 | 3.792 |
| Higher than master (ref) | | | | | | |
| Marital status | | | | | | |
| Never married (ref) | | | | | | |
| Married | 1.205 | 0.512 | 0.019 | 3.337 | 1.223 | 9.109 |
| Separated/divorced | 1.257 | 0.521 | 0.016 | 3.517 | 1.266 | 9.768 |
| Intense conflicts with parents | 0.469 | 0.199 | 0.019 | 1.598 | 1.081 | 2.361 |
| Ever suffered from MDD | 1.365 | 0.315 | <0.001 | 3.915 | 2.113 | 7.254 |
| Self-harm | 2.423 | 0.207 | <0.001 | 11.274 | 7.521 | 16.900 |
| Seeking mental health service | 0.497 | 0.200 | 0.013 | 1.645 | 1.111 | 2.434 |

Conflict of interest

None

Author statement

Contributions

Study design: WL, YX, QJ; Study implementation and data collection: WL, YX, QJ; Data analysis: OJ, CR, GY, XY, CC, LW; Data interpretation: OJ, CR, WL, GY, XY, CC, JL, LW; Manuscript preparation: OJ, CR, WL, YX, QJ, JL, GY, XY, CC, ZH, LW; All authors read and approved the final manuscript.

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Table S1 The summary of studies used in the Quasi-meta-analysis

| Citation | Age | Subgrouping indicator | Sample size | Prevalence(95%CI) | |
|-----------------------------|--------------|-----------------------|-------------|-------------------|-------------------|
| | | | | Suicidal ideation | Attempted suicide |
| Ai 2008 [1][11] | 20.4±1.9 | General | 9808 | 0.13 [0.12, 0.14] | 0.02 [0.01, 0.02] |
| Cao 2009 [1][2] | 19.33±1.17 | General | 10344 | 0.16 [0.15, 0.17] | 0.01 [0.01, 0.02] |
| Chen 2008 [1][3] | 21.34±1.56 | General | 1822 | 0.05 [0.04, 0.06] | 0.00 [0.00, 0.01] |
| Fan 2008 [1][4] | 20.15±1.67 | General | 2160 | 0.15 [0.13, 0.16] | 0.00 [0.00, 0.01] |
| Feng 2008 [1][5] | 16-26(Range) | General | 1863 | 0.33 [0.31, 0.35] | 0.03 [0.03, 0.04] |
| Liao 2012 Error! | | | | | |
| Reference source not found. | 18-39(Range) | General | 5119 | 0.02 [0.01, 0.02] | 0.05 [0.04, 0.05] |
| Liu 2007 [1][6] | 21.18(mean) | General | 3313 | 0.13 [0.12, 0.14] | - |
| Shang 2008 [1][8] | 20.47±1.49 | General | 2670 | 0.15 [0.14, 0.17] | 0.06 [0.05, 0.06] |
| Shi 2007 [1][9] | 20.61±1.46 | General | 2564 | 0.12 [0.10, 0.13] | 0.06 [0.05, 0.07] |
| Tang 2016 Error! | | | | | |
| Reference source not found. | 21±1 | General | 5972 | 0.07 [0.07, 0.08] | - |
| Wan 2012 [1][10] | 20.5±1.1 | General | 4063 | 0.04 [0.04, 0.05] | 0.05 [0.04, 0.06] |
| Wang 2005 [1][12] | 21.0±1.2 | General | 917 | 0.14 [0.12, 0.16] | - |
| Wang 2011 [1][13] | 19.87±1.4 | General | 1055 | 0.06 [0.05, 0.08] | - |
| Wang 2014 [1][14] | 21.3±2.2 | General | 5245 | 0.08 [0.08, 0.09] | - |
| Wang 2017 [1][15] | 18(Median) | General | 19338 | 0.05 [0.05, 0.06] | - |
| Yao 2010 [1][16] | 15-34(Range) | General | 2180 | 0.06 [0.05, 0.07] | 0.00 [0.00, 0.01] |
| You 2014 [1][17] | 19-26(Range) | General | 5160 | 0.16 [0.15, 0.17] | - |
| Zhao 2013 [1][18] | 21.05±1.44 | General | 8202 | 0.18 [0.17, 0.19] | 0.02 [0.02, 0.02] |

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Table S2 Estimates of odds ratio from univariate logistic regression analysis for suicidal ideation

| | FTM | | | | MTF | | | | Total population | | | |
|--------------------------|-------|-------|--------|-------|-------|-------|--------|-------|------------------|-------|--------|-------|
| | P | OR | 95% CI | | P | OR | 95% CI | | P | OR | 95% CI | |
| | | | Lower | Upper | | | Lower | Upper | | | Lower | Upper |
| Demographic details | | | | | | | | | | | | |
| Age | 0.479 | 0.991 | 0.967 | 1.016 | 0.035 | 0.975 | 0.952 | 0.998 | 0.027 | 0.981 | 0.965 | 0.998 |
| Education | | | | | | | | | | | | |
| Less than high school | 0.292 | 1.619 | 0.661 | 3.967 | 0.214 | 1.603 | 0.762 | 3.373 | 0.073 | 1.650 | 0.955 | 2.851 |
| High school and equal | 0.393 | 1.304 | 0.710 | 2.395 | 0.027 | 2.091 | 1.086 | 4.025 | 0.014 | 1.743 | 1.121 | 2.710 |
| Bachelor and equal | 0.518 | 1.196 | 0.694 | 2.062 | 0.208 | 1.490 | 0.801 | 2.774 | 0.165 | 1.336 | 0.888 | 2.011 |
| Residence | | | | | | | | | | | | |
| Higher than master (ref) | | | | | | | | | | | | |
| City | 0.525 | 0.861 | 0.542 | 1.366 | 0.429 | 0.853 | 0.576 | 1.265 | 0.786 | 0.956 | 0.691 | 1.323 |
| Town and county (ref) | | | | | | | | | | | | |
| Current employment | | | | | | | | | | | | |
| Paid employment (ref) | | | | | | | | | | | | |
| Not working | 0.911 | 0.967 | 0.534 | 1.750 | 0.022 | 1.776 | 1.087 | 2.903 | 0.035 | 1.487 | 1.028 | 2.152 |
| Student | 0.902 | 0.980 | 0.704 | 1.362 | 0.501 | 0.892 | 0.640 | 1.244 | 0.576 | 0.936 | 0.741 | 1.181 |
| Annual income | | | | | | | | | | | | |
| < ¥10,000 | 0.591 | 1.155 | 0.682 | 1.957 | 0.335 | 1.316 | 0.753 | 2.297 | 0.262 | 1.245 | 0.849 | 1.824 |
| ¥10,000~24,999 | 0.394 | 0.735 | 0.363 | 1.491 | 0.251 | 1.489 | 0.754 | 2.940 | 0.595 | 1.139 | 0.704 | 1.844 |
| ¥25,000~49,999 | 0.420 | 0.768 | 0.405 | 1.458 | 0.342 | 1.375 | 0.713 | 2.652 | 0.793 | 1.063 | 0.674 | 1.674 |
| ¥50,000 ~ 99,999 | 0.631 | 1.170 | 0.617 | 2.218 | 0.191 | 1.586 | 0.794 | 3.169 | 0.209 | 1.350 | 0.845 | 2.157 |
| ≥¥100,000 (ref) | | | | | | | | | | | | |
| Marital status | | | | | | | | | | | | |
| Never married (ref) | | | | | | | | | | | | |
| Married | 0.839 | 1.132 | 0.342 | 3.752 | 0.042 | 0.512 | 0.269 | 0.975 | 0.176 | 0.679 | 0.387 | 1.190 |
| Separated/divorced | 0.933 | 1.038 | 0.434 | 2.482 | 0.716 | 1.252 | 0.373 | 4.202 | 0.921 | 1.036 | 0.515 | 2.086 |
| Relationship | | | | | | | | | | | | |
| Current | 0.181 | 0.764 | 0.516 | 1.133 | 0.869 | 0.968 | 0.663 | 1.416 | 0.115 | 0.807 | 0.618 | 1.054 |
| Ever | 0.330 | 0.824 | 0.558 | 1.217 | 0.709 | 0.931 | 0.640 | 1.354 | 0.168 | 0.831 | 0.638 | 1.081 |
| None (ref) | | | | | | | | | | | | |
| Sexuality conflicts | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|--------|-------|-------|--------|--------|-------|-------|--------|--------|-------|-------|--------|
| Disliking biological sexuality | <0.001 | 4.093 | 2.638 | 6.350 | <0.001 | 4.957 | 3.283 | 7.485 | <0.001 | 4.511 | 3.343 | 6.087 |
| Seeking hormone therapy | <0.001 | 2.534 | 1.772 | 3.623 | <0.001 | 2.639 | 1.649 | 4.224 | <0.001 | 2.724 | 2.061 | 3.600 |
| Seeking gender reassignment surgery | <0.001 | 3.343 | 2.399 | 4.659 | <0.001 | 2.667 | 1.837 | 3.871 | <0.001 | 3.112 | 2.446 | 3.961 |
| Intense conflicts with parents | 0.002 | 2.068 | 1.296 | 3.300 | <0.001 | 2.989 | 1.649 | 5.418 | 0.016 | 2.506 | 1.738 | 3.615 |
| Suffering discrimination or violence at public places | 0.013 | 1.574 | 1.101 | 2.249 | <0.001 | 2.366 | 1.625 | 3.447 | <0.001 | 1.908 | 1.477 | 2.465 |
| Childhood adversity | | | | | | | | | | | | |
| Insulted or bullied at school | 0.010 | 1.550 | 1.111 | 2.163 | 0.001 | 1.856 | 1.304 | 2.641 | <0.001 | 1.754 | 1.379 | 2.231 |
| Mental health | | | | | | | | | | | | |
| Ever suffered from MDD | <0.001 | 2.823 | 2.033 | 3.920 | <0.001 | 6.387 | 4.411 | 9.247 | <0.001 | 4.233 | 3.325 | 5.391 |
| CESD-9 | | | | | | | | | | | | |
| None (ref) | | | | | | | | | | | | |
| Tendency to depression | <0.001 | 2.142 | 1.454 | 3.158 | <0.001 | 3.601 | 2.384 | 5.439 | <0.001 | 2.754 | 2.081 | 3.645 |
| Risk for MDD | <0.001 | 4.024 | 2.674 | 6.055 | <0.001 | 6.677 | 4.459 | 9.998 | <0.001 | 5.294 | 3.990 | 7.023 |
| RSES | | | | | | | | | | | | |
| Low self-esteem | 0.095 | 2.655 | 0.845 | 8.338 | 0.010 | 3.220 | 1.323 | 7.838 | 0.001 | 3.154 | 1.569 | 6.339 |
| Normal self-esteem (ref) | | | | | | | | | | | | |
| High self-esteem | 0.007 | 0.513 | 0.315 | 0.837 | <0.001 | 0.221 | 0.109 | 0.449 | <0.001 | 0.362 | 0.244 | 0.539 |
| Self-harm | <0.001 | 7.588 | 4.513 | 12.757 | <0.001 | 8.114 | 4.985 | 13.207 | <0.001 | 8.042 | 5.641 | 11.464 |
| Seeking mental health service | <0.001 | 3.552 | 2.292 | 5.505 | <0.001 | 2.850 | 2.001 | 4.058 | <0.001 | 3.219 | 2.451 | 4.226 |

Table S3 Estimates of odds ratio from univariate logistic regression analysis for suicide attempt

| | FTM | | | | MTF | | | | Total population | | | |
|-------------------------------------|-------|-------|--------|--------|--------|-------|--------|--------|------------------|-------|--------|-------|
| | P | OR | 95% CI | | P | OR | 95% CI | | P | OR | 95% CI | |
| | | | Lower | Upper | | | Lower | Upper | | | Lower | Upper |
| Demographic details | | | | | | | | | | | | |
| Age | 0.759 | 0.994 | 0.955 | 1.034 | 0.479 | 0.989 | 0.960 | 1.019 | 0.285 | 0.987 | 0.963 | 1.011 |
| Education | | | | | | | | | | | | |
| Less than high school | 0.120 | 3.043 | 0.749 | 12.361 | 0.096 | 2.483 | 0.852 | 7.235 | 0.009 | 3.029 | 1.327 | 6.914 |
| High school and equal | 0.066 | 2.825 | 0.932 | 8.561 | 0.056 | 2.613 | 0.977 | 6.991 | 0.004 | 2.909 | 1.400 | 6.044 |
| Bachelor and equal | 0.528 | 1.412 | 0.484 | 4.119 | 0.196 | 1.890 | 0.719 | 4.967 | 0.134 | 1.726 | 0.845 | 3.523 |
| Higher than master (ref) | | | | | | | | | | | | |
| Residence | | | | | | | | | | | | |
| City | 0.776 | 0.902 | 0.441 | 1.842 | 0.381 | 0.816 | 0.519 | 1.285 | 0.206 | 0.784 | 0.537 | 1.143 |
| Town and county (ref) | | | | | | | | | | | | |
| Current employment | | | | | | | | | | | | |
| Paid employment (ref) | | | | | | | | | | | | |
| Not working | 0.415 | 1.414 | 0.615 | 3.252 | 0.010 | 1.937 | 1.174 | 3.195 | 0.002 | 1.956 | 1.287 | 2.974 |
| Student | 0.390 | 0.788 | 0.458 | 1.356 | 0.448 | 0.850 | 0.558 | 1.295 | 0.261 | 0.827 | 0.595 | 1.151 |
| Annual income | | | | | | | | | | | | |
| < ¥10,000 | 0.306 | 1.598 | 0.652 | 3.921 | 0.351 | 1.433 | 0.673 | 3.048 | 0.134 | 1.551 | 0.873 | 2.755 |
| ¥10,000~24,999 | 0.711 | 0.780 | 0.209 | 2.911 | 0.397 | 1.463 | 0.606 | 3.530 | 0.397 | 1.357 | 0.670 | 2.746 |
| ¥25,000~49,999 | 0.304 | 0.504 | 0.136 | 1.863 | 0.311 | 1.556 | 0.662 | 3.655 | 0.583 | 1.210 | 0.613 | 2.389 |
| ¥50,000 ~ 99,999 | 0.438 | 1.516 | 0.530 | 4.331 | 0.378 | 1.493 | 0.613 | 3.637 | 0.230 | 1.512 | 0.770 | 2.971 |
| ≥¥100,000 (ref) | | | | | | | | | | | | |
| Marital status | | | | | | | | | | | | |
| Never married (ref) | | | | | | | | | | | | |
| Married | 0.860 | 0.830 | 0.105 | 6.593 | 0.435 | 1.344 | 0.640 | 2.823 | 0.244 | 1.502 | 0.757 | 2.981 |
| Separated/divorced | 0.241 | 1.953 | 0.637 | 5.987 | 0.017 | 4.032 | 1.279 | 12.714 | 0.025 | 2.375 | 1.112 | 5.071 |
| Relationship | | | | | | | | | | | | |
| Current | 0.253 | 0.684 | 0.357 | 1.312 | 0.028 | 1.635 | 1.054 | 2.535 | 0.796 | 1.048 | 0.734 | 1.497 |
| Ever | 0.945 | 1.021 | 0.564 | 1.849 | 0.731 | 1.085 | 0.682 | 1.727 | 0.822 | 0.960 | 0.671 | 1.373 |
| None (ref) | | | | | | | | | | | | |
| Sexuality conflicts | | | | | | | | | | | | |
| Disliking biological sexuality | 0.221 | 1.550 | 0.769 | 3.127 | <0.001 | 3.138 | 1.679 | 5.862 | <0.001 | 2.374 | 1.492 | 3.778 |
| Seeking hormone therapy | 0.025 | 2.106 | 1.100 | 4.030 | 0.041 | 2.048 | 1.028 | 4.077 | <0.001 | 2.452 | 1.541 | 3.900 |
| Seeking gender reassignment surgery | 0.039 | 1.755 | 1.028 | 2.997 | 0.001 | 2.558 | 1.467 | 4.460 | <0.001 | 2.443 | 1.682 | 3.547 |

| | | | | | | | | | | | | |
|---|--------|----------|-------|--------|--------|----------|-------|--------|--------|----------|--------|--------|
| Intense conflicts with parents | 0.405 | 1.391 | 0.640 | 3.025 | 0.021 | 3.061 | 1.187 | 7.892 | 0.009 | 2.215 | 1.223 | 4.013 |
| Suffering discrimination or violence at public places | 0.002 | 2.290 | 1.368 | 3.835 | <0.001 | 2.804 | 1.898 | 4.140 | <0.001 | 2.549 | 1.876 | 3.465 |
| Childhood adversity | | | | | | | | | | | | |
| Insulted or bullied at school | 0.003 | 2.688 | 1.407 | 5.134 | 0.377 | 1.221 | 0.784 | 1.902 | 0.002 | 1.745 | 1.219 | 2.499 |
| Mental health | | | | | | | | | | | | |
| Ever suffered from MDD | <0.001 | 5.200 | 2.604 | 10.385 | <0.001 | 8.522 | 4.085 | 17.780 | <0.001 | 7.265 | 4.415 | 11.956 |
| CESD-9 | | | | | | | | | | | | |
| None (ref) | | | | | | | | | | | | |
| Tendency to depression | 0.337 | 1.393 | 0.708 | 2.740 | 0.230 | 1.413 | 0.804 | 2.484 | 0.071 | 1.485 | 0.966 | 2.282 |
| Risk for MDD | 0.001 | 2.792 | 1.534 | 5.081 | <0.001 | 3.119 | 1.910 | 5.092 | <0.001 | 3.309 | 2.279 | 4.804 |
| RSES | | | | | | | | | | | | |
| Low self-esteem | 0.112 | 2.567 | 0.802 | 8.213 | 0.046 | 2.046 | 1.013 | 4.133 | 0.004 | 2.381 | 1.310 | 4.330 |
| Normal self-esteem (ref) | | | | | | | | | | | | |
| High self-esteem | 0.089 | 0.405 | 0.143 | 1.147 | 0.023 | 0.189 | 0.045 | 0.792 | 0.002 | 0.261 | 0.113 | 0.602 |
| Self-harm | <0.001 | 12.206 | 6.967 | 21.383 | <0.001 | 15.329 | 9.841 | 23.879 | <0.001 | 14.413 | 10.208 | 20.350 |
| Suicidal ideation | 0.993 | 4.39E+08 | — | — | 0.993 | 8.37E+08 | — | — | 0.990 | 6.47E+08 | — | — |
| Seeking mental health service | 0.001 | 2.585 | 1.509 | 4.427 | <0.001 | 2.623 | 1.796 | 3.831 | <0.001 | 2.859 | 2.107 | 3.878 |