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RESEARCH THAT MATTERS

Suicide Thoughts and Attempts Among Transgender People

Findings from the 2022 US Trans Survey

May 2026

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Executive Summary

For over two decades, research has established that the prevalence of suicide thoughts and attempts among transgender people is elevated compared to cisgender people. This report is one in a series of reports utilizing data from the U.S. Trans Survey (USTS), the largest survey of transgender people in the U.S., examining risk factors for suicide thoughts and attempts among USTS respondents. In this report, we utilize data from the 2022 USTS, including analyses for adults and those aged 16 to 17, to provide updated findings and examine age differences in risk factors that transgender people have in common with cisgender people, such as in self-reported health and substance use. We also provide new analyses of age group differences in risk factors unique to transgender people, such as family rejection and access to gender-affirming care. In addition, we provide analyses of new topics included in the 2022 USTS, such as the impacts of the COVID-19 pandemic, experiences while online, substance use and recovery, conversion therapy, violence and harassment, and the impact of state policy environments. We limit our analyses to suicide thoughts and attempts reported in the year prior to the 2022 USTS.

Overall, we find that 38.9% of all 2022 USTS respondents reported seriously thinking about suicide in the year prior to the survey, and 5.3% of respondents reported attempting suicide during that time. Our findings are consistent with prior research and confirm that the elevated prevalence of suicide thoughts and attempts among transgender people lies at the intersection of elevated exposure to common risk factors for suicide, plus exposure to added risk factors that uniquely affect transgender people.

Key Findings

- Exposure to violence resulted in the largest disparity in suicide thoughts and attempts in this report, comparing those who did and did not experience it. Those who reported being physically attacked because they are transgender in the year prior to the survey were 27.2 percentage points more likely to seriously consider suicide (65.1%) and 15.3 percentage points more likely to attempt suicide (20.0%) in the past year, compared to those who did not experience this (37.9% and 4.7%, respectively).
- Prevalence of suicide thoughts and attempts was highest among youth compared to older age groups across all topics covered. Salient risk factors for youth include rejection from families and religious communities, including exposure to conversion therapy, economic vulnerabilities, and lack of access to gender-affirming health care.
- Related to COVID-19, those who worked only in person in the year prior to the survey had a significantly higher prevalence of past-year suicide thoughts (40.5%) and attempts (5.7%) compared to those who only worked remotely (29.0% and 2.9%, respectively) or who worked a hybrid schedule (30.3% and 3.5%, respectively).
- Experiencing harassment is related to a higher risk for suicide thoughts and attempts compared to those who did not experience harassment, regardless of whether harassment occurred in person or online. We found that those who experienced harassment online were as likely to report past-year suicide thoughts (49.5%) and attempts (8.3%) compared to those who reported being verbally harassed in person (50.7% and 9.0%, respectively).

- We found that any exposure to conversion therapy, regardless of who conducted it, whether it was through therapy, counseling, or a program, religiously affiliated or not, whether it was related to gender identity or sexual orientation, resulted in a significantly higher prevalence of past-year suicide thoughts and attempts for those exposed to it. Notably, 85.4% of those aged 16 to 17 who attended a conversion therapy camp reported past-year suicide thoughts, and 36.9% in that age group who were exposed to sexual orientation conversion therapy reported past-year suicide attempts.
- We found that those who live in states that have positive public policy environments for transgender people and comprehensive non-discrimination statutes have lower prevalence of suicide thoughts compared to those residing in negative public policy states. For instance, 41.6% of those who lived in states with negative public policy environments for transgender people seriously thought about suicide in the past year, compared to 35.8% of those residing in states with the most positive policy environments.
- Those who thought about moving from states because of state laws that negatively target transgender people, but did not move, were more likely than those who never thought about moving to report past-year suicide thoughts (44.0% vs. 31.6%) and attempts (5.1% vs. 3.9%).

Findings from this report suggest that strategies to reduce suicidality among transgender people must involve reducing the heightened exposure that transgender people have to common risk factors, such as economic hardship and housing instability, as well as minority stressors and structural stigma, such as discrimination, violence, and hostile policy environments. Future research needs to include further examination of age group differences among transgender people to understand why they exist. Applying a life course perspective to transgender people's identity development and gender affirmation milestones would help elucidate unique risk factors for different age cohorts. We also need research to provide a better understanding of the impacts of specific laws and policies (e.g., restrictive state laws) on transgender people's health and well-being. Current research is needed on how state laws and policies are impacting transgender people's relocation across states and how relocation from or remaining in negative state environments impacts health and well-being over time. Future research is also needed regarding the mental health impacts of remote vs. in-person work for transgender people, among other topics.

Introduction

For over two decades, research has established that the prevalence of suicide thoughts and attempts among the transgender population is elevated compared to the general population. A 2023 meta-analysis of 65 studies published between 1990 and 2022 found a prevalence of 45% for suicide thoughts and 11% for suicide attempts over a 12-month period for transgender people globally.¹ Prior research using adult data from the 2022 U.S. Trans Survey (USTS), a survey of over 92,000 transgender people aged 16 and older, found that 38.3% of adult respondents seriously thought about suicide in the year prior to the survey, and 5.0% attempted suicide during that time.² USTS respondents had over seven times the prevalence of past-year suicide thoughts and over eight times the prevalence of past-year suicide attempts compared to the U.S. general population, as measured by the National Survey of Drug Use and Health (NSDUH). The 2022 NSDUH found that 5.2% of U.S. adults reported serious suicide thoughts in the previous year, and 0.6% reported a suicide attempt.³

Persistent disparities in suicide thoughts and attempts between transgender people and the general population reflect the growing evidence that transgender people experience unique risk factors in addition to those experienced by cisgender people.⁴ In our prior study using data from the 2015 U.S. Transgender Survey (2015 USTS), we found that suicide thoughts and attempts among 2015 USTS respondents were related to factors that affect transgender and cisgender people alike, including psychological distress, economic and housing insecurity, exposure to violence, and drug and alcohol misuse.⁵ We also found that 2015 USTS respondents experienced unique risk factors, such as experiences of discrimination, family rejection, and lack of access to gender-affirming healthcare, among others. Overall, our study of the 2015 USTS found that, although the risk of suicide thoughts and attempts among USTS respondents was correlated with risk factors that also affect cisgender people, cumulative exposure to multiple minority stressors significantly increased psychological distress and suicide thoughts and attempts.

Our prior study also found that suicide thoughts and attempts among 2015 USTS respondents differed substantially by age. For example, we found that 61.2% of young adults aged 18 to 24 in the 2015 USTS reported serious suicide thoughts in the year prior to the survey, while 15.1% of respondents 65 and older reported the same. Differences in suicide thoughts and attempts based on age are consistent with

¹ Kohnepoushi, P., Nikouei, M., Cheraghi, M., Hasanabadi, P., Rahmani, H., Moradi, M., Moradi, G., Moradpour, F., & Moradi, Y. (2023). Prevalence of suicidal thoughts and attempts in the transgender population of the world: A systematic review and meta-analysis. *Annals of General Psychiatry*, 22(1), 28. <https://doi.org/10.1186/s12991-023-00460-3>

² Rastogi, A., Menard, L., Miller, G. H., Cole, W., Laurison, D., Caballero, J. R., Murano-Kinney, S., & Heng-Lehtinen, R. (2025). *Health and well-being: A report of the 2022 U.S. Transgender Survey*. Advocates for Transgender Equality. https://transequality.org/sites/default/files/2025-06/USTS_2022Health%26Well-beingReport_WEB.pdf

³ Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf>

⁴ Santos, H., Bauer, G. R., Joiner, T., Surachman, A., Lê-Scherban, F., & Scheim, A. I. (2025). Intersectional analysis of suicide risk among transgender and non-binary people. *SSM - Mental Health*, 8, 100496. <https://doi.org/10.1016/j.ssmmh.2025.100496>; Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine*, 41(3), 164–171. <https://doi.org/10.1080/08964289.2015.1028322>

⁵ Herman, J. L., Brown, T. N. T., Haas, A. P. (2019). *Suicide Thoughts and Attempts Among Transgender Adults: Findings from the 2015 U.S. Transgender Survey*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Suicidality-Transgender-Sep-2019.pdf>

findings in the general population that link developmental stage and cohort-specific stressors to risk factors associated with suicide thoughts and attempts.⁶

In this report, we utilize data from the 2022 USTS to provide updated findings and examine age differences in risk factors that transgender people share with cisgender people, such as in self-reported health, substance use, economic well-being, and housing stability. We also provide new analyses of age group differences in risk factors unique to transgender people, such as family rejection, discrimination, and access to gender-affirming care. For the first time using USTS data, we are able to provide findings for those aged 16 to 17, as well as adults. In addition, we provide analyses of new topics included in the 2022 USTS, such as the impacts of the COVID-19 pandemic, experiences while online, substance use and recovery, conversion therapy, violence and harassment, and the impact of state policy environments. We limit our analyses to suicide thoughts and attempts reported in the year prior to the 2022 USTS. Overall, most of the findings described in this report for the full 2022 USTS sample are generally consistent with those from our prior studies using data from the National Transgender Discrimination Survey (NTDS) and the 2015 USTS, unless otherwise noted.⁷

⁶ Johns, L., Zhong, C., & Mezuk, B. (2023). Understanding Suicide over the Life Course Using Data Science Tools within a Triangulation Framework. *Journal of Psychiatry and Brain Science*, 8(1), e230003. <https://doi.org/10.20900/jpbs.20230003>; Graham, C., & Fenelon, A. (2023). Health, Suicidal Thoughts, and the Life Course: How Worsening Health Emerges as a Determinant of Suicide Ideation in Early Adulthood. *Journal of Health and Social Behavior*, 64(1), 62–78. <https://doi.org/10.1177/00221465221143768>; Steele, I. H., Thrower, N., Noroian, P., & Saleh, F. M. (2018). Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment & management. *Journal of Forensic Sciences*, 63(1), 162–171. <https://doi.org/10.1111/1556-4029.13519>; Séguin, M., Renaud, J., Lesage, A., Robert, M., & Turecki, G. (2011). Youth and young adult suicide: A study of life trajectory. *Journal of Psychiatric Research*, 45(7), 863–870. <https://doi.org/10.1016/j.jpsychires.2011.05.005>

⁷ Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide Attempts among Transgender and Gender Non-Conforming Adults: Findings of the National Transgender Discrimination Survey*. American Foundation for Suicide Prevention and the Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-GNC-Suicide-Attempts-Jan-2014.pdf>; Herman, J. L., et al. (2019).

Findings

Demographic Differences

Overall, 38.9% of all 2022 USTS respondents reported seriously thinking about suicide in the year prior to the survey, and 5.3% of respondents reported attempting suicide during that time. As shown in Table 1 below, 2022 USTS respondents who reported their race/ethnicity as Black, Hispanic or Latinx, or biracial, multiracial, or another race/ethnicity were more likely to report serious suicide thoughts in the past year than other racial and ethnic groups.⁸ Black and American Indian and Alaskan Native (AIAN) respondents were most likely to report past-year suicide attempts of all racial and ethnic groups. Transgender men and nonbinary respondents assigned female at birth had higher prevalence of suicide thoughts in the past year compared to those with other gender identities. Respondents who had lower educational attainment, were unemployed, or had lower annual household income were more likely than others to report past year suicide thoughts and attempts. Those partnered but not living together had higher prevalence of past-year suicide thoughts and attempts compared to those who were single and those who lived together with their partners. Those who described their sexual orientation as heterosexual or straight had lower prevalence of past-year suicide thoughts and attempts than respondents in other sexual orientation categories.

Our analyses of age differences in suicide thoughts and attempts show that trends found in prior research regarding age persist in the 2022 USTS.⁹ As shown in Figure 1, younger age groups reported significantly higher suicide thoughts and attempts in the past year compared to older age groups. For instance, 57.9% of youth aged 16 to 17 reported suicide thoughts in the past year, whereas 13.5% of those aged 65 and older reported the same. The 2022 NSDUH also found age differences in suicide thoughts and attempts among the U.S. general population, with younger age groups significantly more likely to report past-year suicide thoughts and attempts compared to older age groups.¹⁰ Figure 2 shows 2022 NSDUH findings for past-year suicide thoughts and attempts compared to 2022 USTS adult respondents. In each of the age groups represented, 2022 USTS respondents had a significantly higher prevalence of suicide thoughts and attempts than the U.S. population.

In all demographic categories included in this report, younger age groups were consistently more likely to report past-year suicide thoughts and attempts than older age groups (See Table A1.) As age increases, the prevalence of past-year suicide thoughts and attempts decreases across all demographic characteristics examined. For instance, 68.9% of Black respondents aged 16 to 17 reported serious suicide thoughts in the past year compared to 11.4% of Black respondents aged 50 or older.

⁸ Chi-square tests of independence were performed for each of the variables included in each table. Chi-square test statistics are on file with the authors. Additionally, 95% confidence intervals were generated for each table cell, which are on file with the authors. Please note that due to the large sample size, chi-square tests may sometimes be statistically significant at the $p < 0.05$ level even when differences between percentages are small.

⁹ Rastogi, A., et al. (2025). Additional analyses of 2022 USTS data completed by the authors.

¹⁰ SAMHSA. (2023).

Figure 1. Past-year suicide thoughts and attempts by age, 2022 U.S. Trans Survey

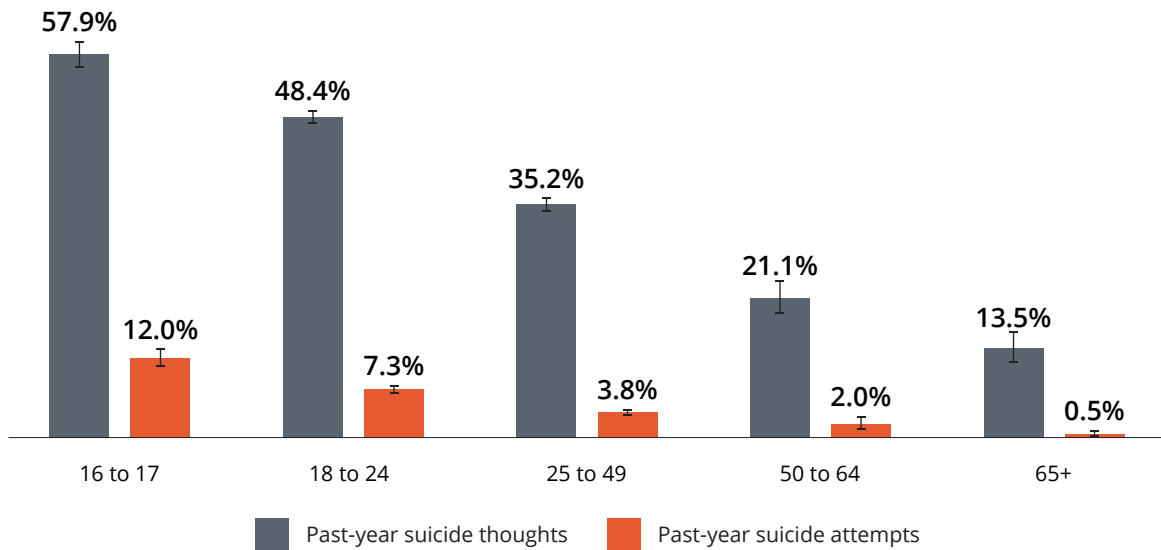


Figure 2. Past-year suicide thoughts and attempts by age, 2022 National Survey of Drug Use and Health (NSDUH) and 2022 U.S. Trans Survey (USTS)

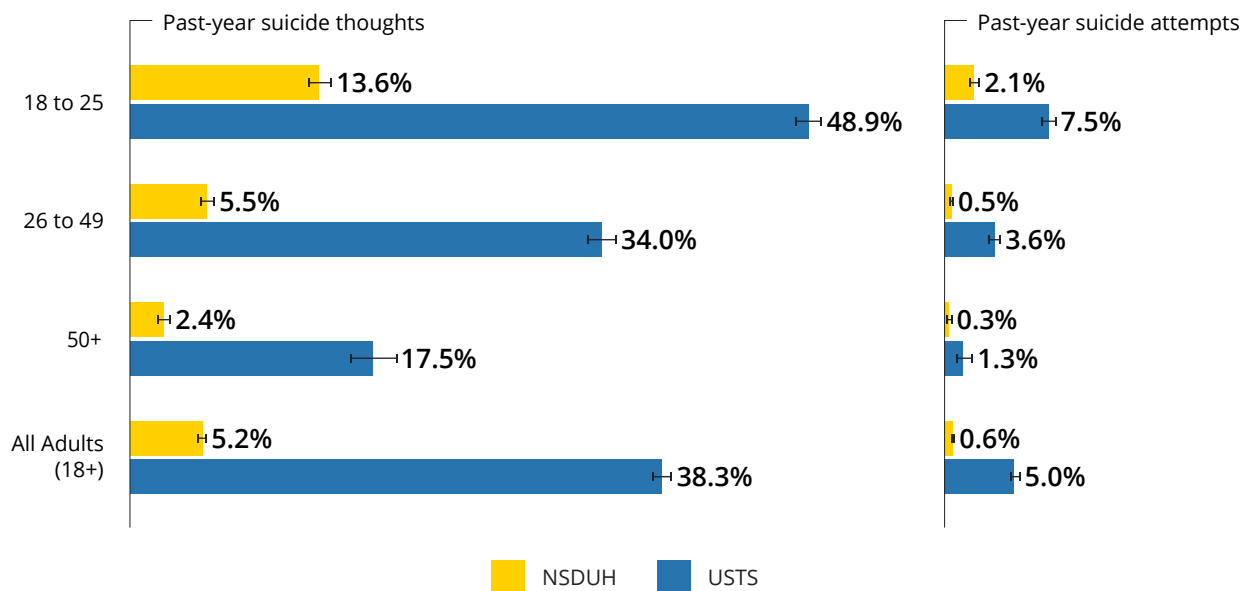


Table 1. Suicide thoughts and attempts in the past 12 months by demographic characteristics, aged 16+ (row percentages)

Demographic Category	Subcategory	Thoughts	Attempts
Race/ethnicity	White, non-Hispanic	35.4%	4.1%
	Black, non-Hispanic	43.8%	7.7%
	AAPI, non-Hispanic	37.8%	4.5%
	AIAN, non-Hispanic	37.8%	9.0%
	Hispanic or Latinx	43.8%	6.7%
	Multiracial, biracial, another race/ethnicity	44.8%	7.2%
Assigned sex	Female	42.4%	5.6%
	Male	34.4%	4.9%
Gender identity	Crossdresser	18.1%	2.0%
	Trans women	34.9%	5.0%
	Trans men	42.5%	6.1%
	GQ/NB (AFAB)	42.3%	5.2%
	GQ/NB (AMAB)	35.9%	5.1%
Education^	Less than high school	40.2%	5.3%
	High school grad (incl. GED)	32.9%	3.7%
	Some college (no degree)/Associate's	31.2%	3.1%
	Bachelor's degree	23.9%	1.7%
	Graduate or professional degree	19.1%	1.0%
Workforce participation	Employed	35.5%	4.4%
	Unemployed	52.3%	8.9%
	Out of the labor force	40.1%	5.6%
Annual household income	\$1 to \$9,999	47.0%	8.8%
	\$10,000 to \$19,999	42.1%	6.7%
	\$20,000 to \$49,999	41.0%	4.9%
	\$50,000 to \$100,000	34.1%	4.3%
	\$100,000 or more	32.8%	3.8%
Relationship status	Partnered, living together	31.2%	3.4%
	Partnered, not living together	45.5%	7.3%
	Single	40.9%	5.7%
Sexual orientation	Asexual	39.6%	6.0%
	Bisexual	40.3%	5.6%
	Gay/Lesbian/Same Gender Loving	38.4%	5.0%
	Heterosexual/Straight	20.7%	2.7%
	Pansexual	44.0%	5.9%
	Queer	39.1%	4.8%
	Not listed above	41.3%	7.3%

Demographic Category	Subcategory	Thoughts	Attempts
Age	16 and older	38.9%	5.3%
	16 to 17	57.9%	12.0%
	18 to 24	48.4%	7.3%
	25 to 49	35.2%	3.8%
	50 to 64	21.1%	2.0%
	65 and older	13.5%	0.5%
	All adults (18+)	38.3%	5.0%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$). ^Education only includes those aged 25 and older.

General Risk Factors

Transgender people share the same risk factors for suicide thoughts and attempts as cisgender people, including depression, drug and alcohol misuse, poor physical health, and stressful life events, like experiencing homelessness.¹¹ Prior research suggests that transgender people are more likely than the general population to experience these risk factors.¹² For instance, 34% of respondents to the 2022 USTS rated their health as fair or poor, whereas 18% of the U.S. general population reported the same, according to the CDC's 2022 Behavioral Risk Factor Surveillance System (BRFSS).¹³ Therefore, elevated prevalence of suicide thoughts and attempts among transgender people may be due, at least in part, to elevated exposure to common risk factors as compared to cisgender people.

Table 2 describes risk factors for suicide that transgender people share in common with cisgender people. Our findings are consistent with prior research in that the prevalence of suicide thoughts and attempts in the past year is higher among those experiencing psychological distress, who reported drug or alcohol problems, those in poorer health, people with disabilities, those experiencing homelessness, and those who had been arrested in the past year. It is also consistent with our prior report, using data from the 2015 USTS, in finding that those who report living with HIV were less likely than those who report they are not living with HIV to have seriously thought about suicide in the past year. Although part of this difference is explained by the older age of respondents living with HIV, other factors, such as access to support services among people living with diagnosed HIV, may play a role.

For the first time, the 2022 USTS asked respondents who reported they had a drug or alcohol problem if they considered themselves to be in recovery from their drug or alcohol problem, recovered, or not sure if they were in recovery or recovered. Among those who reported having a drug or alcohol problem,

¹¹ See, for instance, Robison, M., Udupa, N. S., Rice, T. B., Wilson-Lemoine, E., Joiner, T. E., & Rogers, M. L. (2024). The interpersonal theory of suicide: State of the science. *Behavior Therapy, Special Issue: State of the Science in Behavior Therapy: Taking Stock and Looking Forward*, 55(6), 1158–1171. <https://doi.org/10.1016/j.beth.2024.04.008>; Henkind, R., Carmichael, H., Stearns, D. R., Thomas, M., Abbitt, D., Myers, Q. W. O., & Velopulos, C. G. (2023). Suicide among persons experiencing homelessness. *Journal of Surgical Research*, 284, 213–220. <https://doi.org/10.1016/j.jss.2022.10.060>; Khazem, L. R. (2018). Physical disability and suicide: Recent advancements in understanding and future directions for consideration. *Current Opinion in Psychology, Suicide*, 22, 18–22. <https://doi.org/10.1016/j.copsyc.2017.07.018>; Steele, I. H., et al. (2018).

¹² James, S. E., Herman, J. L., Durso, L. E., & Heng-Lehtinen, R. (2024). *Early Insights: A Report of the 2022 U.S. Transgender Survey*. National Center for Transgender Equality. https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf; Rastogi, A., et al. (2025).

¹³ Rastogi, A., et al. (2025).

respondents who reported that they were in recovery were significantly less likely than those who were not in recovery to have suicide thoughts in the past year. Those who reported that they did not know if they were in recovery were significantly more likely to report suicide thoughts and attempts in the past year than those who were in recovery or not in recovery.

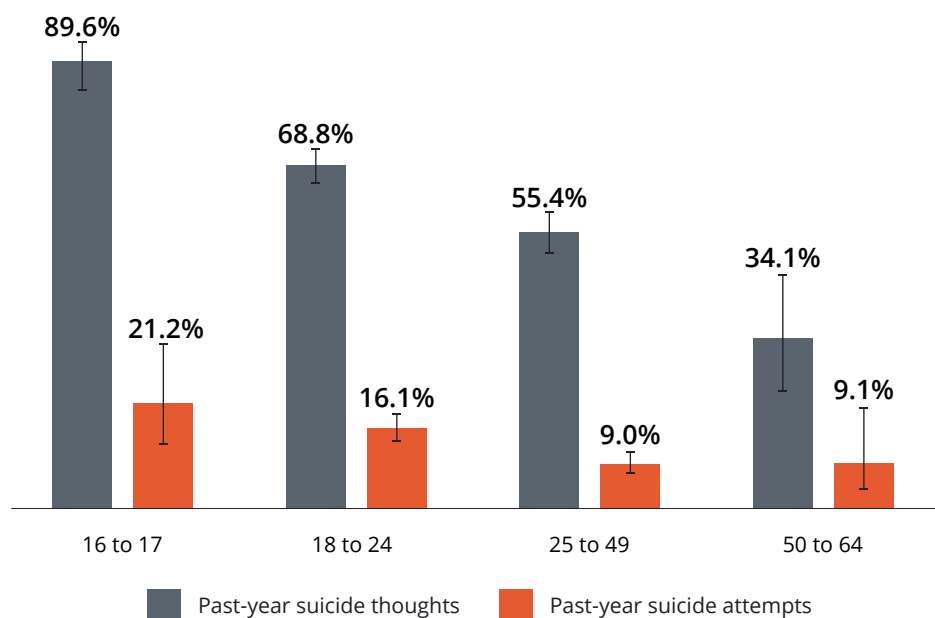
Table 2. Suicide thoughts and attempts in the past 12 months by general risk factors, aged 16+ (row percentages)

Risk Factor	Response	Thoughts	Attempts
Serious psychological distress (Kessler-6)	No	21.3%	2.1%
	Yes	60.9%	9.3%
Heavy alcohol use	No	38.7%	5.2%
	Yes	42.2%	7.6%
Binge alcohol use	No	38.7%	5.1%
	Yes	39.8%	6.3%
Illicit drug use (excluding marijuana)	No	39.0%	5.3%
	Yes	38.3%	5.2%
Had problem with drug or alcohol use (ever)	No	36.9%	4.7%
	Yes	44.7%	7.0%
In recovery for their drug or alcohol problem	No	47.5%	6.9%
	Yes	40.2%	6.4%
	I am not sure	54.2%	9.0%
General health	Excellent	22.3%	2.8%
	Very Good	28.0%	3.4%
	Good	36.6%	4.6%
	Fair	48.8%	6.9%
	Poor	60.8%	10.6%
Living with HIV	No	39.0%	5.3%
	Yes	21.6%	4.6%
Disability (ACS)	No	26.3%	2.8%
	Yes	48.0%	7.1%
Disability (self-identify)	No	34.5%	4.3%
	Yes	46.5%	7.1%
Homelessness (ever)	No	36.1%	4.3%
	Yes	45.1%	7.4%
Homelessness (past year)	No	37.3%	4.8%
	Yes	59.4%	12.1%
Arrested any reason (past year)	No	38.6%	5.2%
	Yes	57.3%	12.9%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Across nearly all risk factors described in this report, those in the youngest age groups had significantly higher prevalence of suicide thoughts and attempts as compared to older age groups (see Appendix Tables). For example, of 16- and 17-year-olds who experienced homelessness in the past year, 89.6% seriously thought about suicide and 21.2% attempted suicide during that time (see Figure 3). This prevalence of suicide thoughts is significantly higher than in all other age groups, while suicide attempts are significantly higher than those aged 25 to 49. While the prevalence of suicide thoughts and attempts is elevated across all age groups for those who experienced homelessness in the past year, the prevalence decreases as age increases.

Figure 3. Past-year suicide thoughts and attempts among 2022 USTS respondents who had experienced homelessness in the past year by age



Experiences Related to COVID-19

To learn about transgender people's experiences during the COVID-19 pandemic, the 2022 USTS asked questions about how COVID-19 impacted respondents' work or school location (remote or in person), time spent in public, and if they wore masks when around others. Research on the impact of the COVID-19 pandemic on suicidality is scarce. However, existing research has found that experiences during the COVID-19 pandemic, such as physical distancing and harms to economic well-being, had a negative impact on mental health globally by increasing risk factors for suicidality, such as anxiety, depression, and other harms to psychological well-being.¹⁴

¹⁴ Pathirathna, M. L., Nandasena, H. M. R. K. G., Atapattu, A. M. M. P., & Weerasekara, I. (2022). Impact of the COVID-19 pandemic on suicidal attempts and death rates: A systematic review. *BMC Psychiatry*, 22(1), 506. <https://doi.org/10.1186/s12888-022-04158-w>; Benke, C., Autenrieth, L. K., Asselmann, E., & Pané-Farré, C. A. (2020). Lockdown, quarantine measures, and social distancing: Associations with depression, anxiety and distress at the beginning of the COVID-19 pandemic among adults from Germany. *Psychiatry Research*, 293, 113462. <https://doi.org/10.1016/j.psychres.2020.113462>

After the COVID-19 pandemic began in 2020, attending school or working remotely became more common.¹⁵ The 2022 USTS asked respondents if they worked or attended school remotely in the past year. Regarding remote work, those who worked only in person had a significantly higher prevalence of past year suicide thoughts (40.5%) and attempts (5.7%) compared to those who only worked remotely (29.0% thoughts, 2.9% attempts) or who worked a hybrid schedule (i.e., worked in person part of the time and remotely part of the time) (30.3% thoughts, 3.5% attempts) (see Table 3). This pattern is similar for those aged 18 to 24 and 25 to 49 in regard to past-year suicide thoughts and for those aged 25 to 49 in regard to suicide attempts (see Table A3). For those aged 16 to 17, those who worked only in person were less likely than those who worked in person or a hybrid schedule to report suicide thoughts in the past year. However, it should be noted that those aged 16 to 17 are much less likely to work remotely, in a hybrid schedule, or to work at all compared to adults. There is no significant relationship between work type and suicidality for those aged 50 and older. Regarding school attendance, those aged 16 to 17 who only attended school in person in the past year were significantly less likely to report suicide thoughts (53.7%) compared to 16- and 17-year-olds who attended school only remotely (66.4%) or in a hybrid schedule (61.7%).

The COVID-19 pandemic affected people's ability to go out, such as during "lockdowns" to reduce the spread of the coronavirus.¹⁶ Others may have voluntarily reduced their time spent in public to lower their risk of exposure to the coronavirus.¹⁷ The 2022 USTS asked respondents if they went out in public more or less in the past 12 months than before the pandemic. Those who reported that they went out about the same amount as before the pandemic had a significantly lower prevalence of suicide thoughts in the past year (35.4%) than those who went out a lot less than before (42.1%) and those who went out somewhat more (44.1%) or a lot more (40.4%) than before (see Table 3). Those who went out about the same amount as before the pandemic had a similar prevalence of past-year suicide attempts compared to those who went out a lot or somewhat less than before, but had a significantly lower prevalence of past-year suicide attempts (5.0%) than those who went out somewhat more (6.9%) or a lot more (7.7%) than before.¹⁸ Results by age follow a similar pattern, though there is no significant relationship between going out in public and suicide thoughts or attempts among those aged 50 or older (see Table A3).

The 2022 USTS asked respondents if they wore masks while out in public in the past 12 months. Those who wore a mask all of the time had a higher prevalence of suicide thoughts (40.8%) than those who

¹⁵ Loewenstein, M. A. (2025). Teleworking and remote schooling during the COVID-19 pandemic. *Monthly Labor Review*. U.S. Bureau of Labor Statistics. <https://doi.org/10.21916/mlr.2025.10>

¹⁶ Murphy, C., Lim, W. W., Mills, C., Wong, J. Y., Chen, D., Xie, Y., Li, M., Gould, S., Xin, H., Cheung, J. K., Bhatt, S., Cowling, B. J., & Donnelly, C. A. (2023). Effectiveness of social distancing measures and lockdowns for reducing transmission of COVID-19 in non-healthcare, community-based settings. *Philosophical Transactions. Series A, Mathematical, Physical, and Engineering Sciences*, 381(2257), 20230132. <https://doi.org/10.1098/rsta.2023.0132>

¹⁷ Gupta, S., Simon, K., & Wing, C. (2020). Mandated and Voluntary Social Distancing During the COVID-19 Epidemic. *Brookings Papers on Economic Activity*, Summer, 269-315. <https://www.brookings.edu/articles/mandated-and-voluntary-social-distancing-during-the-covid-19-epidemic/>; Chou, W.-P., Wang, P.-W., Chen, S.-L., Chang, Y.-P., Wu, C.-F., Lu, W.-H., & Yen, C.-F. (2020). Voluntary Reduction of Social Interaction During the COVID-19 Pandemic in Taiwan: Related factors and association with perceived social support. *International Journal of Environmental Research and Public Health*, 17(21), 8039. <https://doi.org/10.3390/ijerph17218039>

¹⁸ One group of respondents reported they did not go out in the past 12 months. This group could be qualitatively different than others who responded to this question, for instance health conditions the prevent them from going out. For that reason, we do not compare the prevalence of suicide thoughts and attempts for that group to the other respondents.

wore a mask none of the time (30.9%) (see Table 3). This could be due to pre-existing health concerns, which may be related to suicidality, for those who masked all the time compared to those who masked none of the time. Other results for mask usage and suicide attempts in the past year are mixed. Results based on age show no significant association between mask use and suicidality in the past year across nearly all age groups (see Table A3).¹⁹

Table 3. Suicide thoughts and attempts in the past 12 months by COVID-19-related experiences, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Ever diagnosed/tested positive for COVID-19	No	38.0%	5.0%
	Yes	39.9%	5.7%
Worked remotely during the last 12 months	No, only worked in person	40.5%	5.7%
	Yes, worked remotely all of the time	29.0%	2.9%
	Yes, worked a hybrid schedule	30.3%	3.5%
Attended school remotely during the last 12 months	No, only attended in person	47.3%	8.3%
	Yes, attended remotely all of the time	46.0%	6.6%
	Yes, attended remotely some of the time	47.6%	7.9%
Out in public more/less than before COVID-19 (last 12 months)	Did not go out	44.3%	9.8%
	Out a lot less than before	42.1%	5.1%
	Out somewhat less than before	36.6%	4.7%
	Out about the same amount as before	35.4%	5.0%
	Out somewhat more than before	44.1%	6.9%
	Out a lot more than before	40.4%	7.7%
How often did you wear a mask (last 12 months)	All of the time	40.8%	5.4%
	Most of the time	39.9%	5.2%
	Some of the time	37.6%	5.1%
	A little of the time	36.6%	5.4%
	None of the time	30.9%	5.0%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Unique Risk Factors

In addition to general risk factors that affect cisgender and transgender people alike, transgender people have unique risk factors, such as experiences related to disclosing their gender identity, lack of access to gender-affirming care, and exposure to minority stressors, such as experiences of discrimination, family

¹⁹ The relationship was significant for those aged 25 to 49 in regard to past year suicide attempts, where those who wore a mask none of the time appear to have a higher prevalence of suicide attempts in the past year compared to others. Yet, the differences are not statistically significant.

rejection, and social isolation.²⁰ In this section, we describe suicide thoughts and attempts as they relate to the unique experiences of USTS respondents attributed to transgender status, further disaggregated by age. Across all the experiences presented in this section, there is a consistent trend based on age that those in younger age groups have higher prevalence of past-year suicide thoughts and attempts compared to older age groups. We will describe other notable findings related to age throughout this section.

“Outness” and Disclosure

The 2022 USTS asked respondents whether members of certain groups of people currently in their lives, such as immediate family, friends, and co-workers, know that they are transgender. We consider this being “out” as transgender to these groups. Our findings largely reflect findings from our prior report, which used 2015 USTS data, in that those who were “out” to all immediate family, extended family, classmates, health care providers, and to most co-workers were less likely to seriously think about suicide in the past year (see Table 4). Conversely, those who were out to all LGBT and non-LGBT friends were more likely to report suicide thoughts in the past year compared to those out to none. Results for past-year suicide attempts are mixed in regard to identifiable trends, and results based on age show there are few significant relationships between these “outness” measures and suicidality (see Table A4). Notably, due to the large sample size of the 2022 USTS, statistically significant relationships may be found even when the differences in percentages are small.

Respondents were also asked about how often others perceive them as trans: always, most of the time, sometimes, rarely, or never. Fifteen percent (15%) reported that others always perceived them as trans, while 46% reported others rarely or never perceived them as trans.²¹ In the 2022 USTS sample, and across nearly all age groups, those who reported they were perceived as trans by others always or most of the time were more likely to report past-year suicide thoughts and attempts than those who said others rarely or never perceived them as trans (see Table 4). For instance, 54.4% of those aged 18 to 24 who said others always or most of the time perceived them as trans reported seriously thinking about suicide in the past year, whereas 45.7% of those who said others rarely or never perceived them as trans reported suicide thoughts in the past year (see Table A4).

Table 4. Suicide thoughts and attempts in the past 12 months by “outness,” disclosure, and perception by others, aged 16+ (row percentages)

Category	Response	Thoughts	Attempts
"Out" to immediate family	None	41.2%	4.7%
	Some	41.8%	5.0%
	Most	41.4%	6.0%
	All	36.3%	5.2%

²⁰ Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 126(1), 125-136. <https://doi.org/10.1037/abn0000234>; Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>

²¹ James, S. E., et al. (2024). Additional analyses of 2022 USTS data completed by the authors.

Category	Response	Thoughts	Attempts
"Out" to extended family	None	41.4%	5.2%
	Some	41.8%	5.8%
	Most	36.6%	5.2%
	All	32.1%	4.4%
"Out" to LGBT friends	None	32.0%	4.2%
	Some	36.3%	3.7%
	Most	36.1%	4.4%
	All	39.9%	5.6%
"Out" to non-LGBT friends	None	33.2%	3.4%
	Some	36.6%	4.8%
	Most	36.2%	5.0%
	All	38.9%	5.4%
"Out" to boss	None	34.6%	3.8%
	Some	35.8%	4.0%
	Most	34.1%	3.9%
	All	33.3%	4.3%
"Out" to co-workers	None	34.9%	4.2%
	Some	36.9%	4.2%
	Most	32.1%	3.6%
	All	33.1%	4.5%
"Out" to teachers	None	46.1%	5.9%
	Some	45.4%	6.2%
	Most	43.8%	7.4%
	All	43.9%	7.2%
"Out" to classmates	None	46.4%	6.6%
	Some	46.1%	6.7%
	Most	44.7%	6.9%
	All	40.3%	7.4%
"Out" to health care providers	None	38.4%	4.6%
	Some	37.4%	4.2%
	Most	36.3%	4.3%
	All	33.2%	4.5%
People can tell I'm trans, even if I don't tell them	Always or most of the time	42.6%	6.2%
	Sometimes	40.2%	5.7%
	Rarely or Never	36.5%	4.7%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Social, Legal, and Medical Gender Affirmation

The 2022 USTS asked whether respondents want to live all the time according to their gender identity, how many years respondents have done so, and whether their identity documents list their correct name and gender. Of those who were not living all the time according to their gender identity when they took the survey, those who wanted to live all the time according to their gender identity someday were more likely to report past-year suicide thoughts and attempts compared to those who did not want to and to those who were not sure (see Table 5). Those who had lived all the time according to their gender identity for more years were less likely to report past-year suicide thoughts and attempts than those who had done so for fewer years. Those who had no identity documents that listed their correct name and gender were significantly more likely to report past-year suicide thoughts (45.7%) and attempts (6.5%) compared to those who had their correct name and gender on some or all of their identity documents.

Looking across age groups, we find no significant relationship between respondents' desire to live all the time according to their gender identity and suicidality for those aged 16 to 17, nor between years living all the time according to gender identity for those aged 16 to 17 and those aged 18 to 24 (see Table A5). Having correct identity documents is significantly related to past-year suicide thoughts for all age groups. Correct identity documents are only significantly related to past-year suicide attempts for those aged 18 to 24 and 25 to 49.

Prior research shows that there is a relationship between mental health and access to gender-affirming health care for those who need it. Access to gender-affirming hormone therapy and surgical care is associated with improvements in mental health indicators, including suicidality.²² Our findings also show that those who had access to the gender-affirming health care they needed were significantly less likely to report suicide thoughts or attempts in the past year compared to those who had not accessed needed care (see Table 5). Those who had gender-affirming hormone therapy were significantly less likely to report past-year suicide thoughts (34.7% vs. 47.5%) and attempts (4.6% vs. 6.9%) compared to those who wanted hormones but had not had them. Respondents who were currently on hormone therapy were asked where they got their hormones: from licensed professionals, from unlicensed sources, such as from friends or online, or from both sources. Those who got their hormones only from licensed sources were less likely than others to report past-year suicide thoughts and attempts. Regarding surgical care, adults who had gender-affirming surgical care were significantly less likely to report past-year suicide thoughts (25.5% vs. 44.4%) and attempts (2.6% vs. 6.3%) compared to those who wanted but had not had surgical care.

There is a significant relationship between gender-affirming hormone use and past-year suicide thoughts across age groups, except for those aged 50 and older (see Table A5). For instance, 48.8% of those aged

²² See, for instance, Nolan, B. J., Zwickl, S., Locke, P., Zajac, J. D., Cheung, A. S. (2023). Early access to testosterone therapy in transgender and gender-diverse adults seeking masculinization: A randomized clinical trial. *JAMA Network Open*, 6, e2331919. <https://doi.org/10.1001/jamanetworkopen.2023.31919>; Owen-Smith, A. A., Gerth, J., Sineath, R. C., Barzilay, J., Becerra-Culqui, T. A., Getahun, D., Giammattei, S., Hunkeler, E., Lash, T. L., Millman, A., Nash, R., Quinn, V. P., Robinson, B., Roblin, D., Sanchez, T., Silverberg, M. J., Tangpricha, V., Valentine, C., Winter, S., ...Goodman, M. (2018). Association between gender confirmation treatments and perceived gender congruence, body image satisfaction, and mental health in a cohort of transgender individuals. *The Journal of Sexual Medicine*, 15(4), 591–597. <https://doi.org/10.1016/j.jsxm.2018.01.017>; What We Know: The Public Policy Research Portal. (2018). *What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?* What We Know Project, Cornell University. <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

16 to 17 who had accessed hormones seriously thought about suicide in the past year, compared to 62.0% of those who wanted hormones but had not accessed them.²³ Across age groups, gender-affirming hormone use is only significantly related to suicide attempts for those aged 25 to 49. Access to gender-affirming surgical care is significantly related to past-year suicide thoughts and attempts for all adult age groups, with lower prevalence of each for those who wanted surgical care and had it compared to those who wanted it and had not had it.

The 2022 USTS asked respondents whether they had ever gone back to living according to their sex assigned at birth (also referred to as “de-transitioned”). Those who had ever “de-transitioned” were more likely than others to report past-year suicide thoughts and attempts. These findings are similar when looking at the results by age (see Table A5).

Table 5. Suicide thoughts and attempts in the past 12 months by gender affirmation milestones, aged 16+ (row percentages)

Milestone	Response	Thoughts	Attempts
Want to live according to gender identity someday	No	23.8%	4.5%
	Yes	44.1%	5.8%
	Not sure	32.3%	3.8%
Years since began to live according to gender identity	0 to 1	42.6%	7.1%
	2 to 5	41.1%	5.7%
	6 to 9	35.4%	4.5%
	10+	24.7%	3.1%
Name and gender correct on IDs	All IDs list correct name and gender	22.5%	2.3%
	Some IDs list correct name and gender	30.7%	3.9%
	None IDs list correct name and gender	45.7%	6.5%
Had/have hormones	Wanted, haven't had	47.5%	6.9%
	Wanted, have had	34.7%	4.6%
Where do you get hormones from	Only from licensed professionals	34.1%	4.4%
	Only from unlicensed sources	42.6%	7.2%
	Both licensed and unlicensed sources	46.3%	6.9%
Had/have surgery^	Wanted, haven't had	44.4%	6.3%
	Wanted, have had	25.5%	2.6%
Ever de-transitioned	No	37.1%	5.0%
	Yes	48.6%	9.1%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$). ^Had/have surgery only includes adults aged 18 and older.

²³ For those aged 25 to 49, there appears to be a different trend in past-year suicide attempts compared to other age groups in regard to hormone access. While there is a significant relationship between past-year suicide attempts and hormone use for those aged 25 to 49, the percentages themselves (3.2% and 4.3%) are not significantly different from each other. This discrepancy is likely due to the influence of the large sample size on the chi-square test of independence and the relatively low frequency of those reporting suicide attempts, which widens the 95% confidence intervals.

Minority Stressors

Family Rejection and Community Connectedness

Prior research has found that being rejected by one's family for being transgender can have a negative impact on mental health indicators, including suicidality.²⁴ Similarly, we find significant relationships between suicidality and rejection from spouses, children, and families of origin (see Table 6). Relatedly, those who reported running away from home when growing up had significantly elevated prevalence of past-year suicide thoughts and attempts compared to others. While the gaps in suicide thoughts and attempts between those who had and those who had not had these experiences remain relatively large across age groups, youth aged 16 to 17 report alarmingly high prevalence of suicide thoughts and attempts related to these experiences (see Table A6). For instance, 84.4% of those aged 16 to 17 who had run away from home had seriously thought about suicide in the past year, and 33.3% reported attempting suicide in the past year. Notably, we find that support outside of families, particularly support from classmates, is associated with lower prevalence of suicide thoughts and attempts, especially for younger age groups.

The 2022 USTS asked how respondents interact with other transgender people, such as in person, online, or in support groups, as a measure of respondents' connectedness to trans communities. Overall, those who reported that they interact with other transgender people appear slightly more likely to report past-year suicide thoughts compared to those who did not interact with other transgender people, but the difference is not statistically significant (see Table 6). Our findings are similar to those in our prior study using 2015 USTS data in that it appears to matter whether respondents interact with others in person or online.²⁵ When they interact with other transgender people in person, past-year suicide thoughts appear slightly lower, compared to those who do not interact in person, with no significant relationship in regard to past-year suicide attempts. Interactions over social media, however, are associated with significantly higher prevalence of suicide thoughts and attempts in the past year compared to those who do not interact through social media. The differences between online and in-person interactions require further study to understand if those seeking interactions with other transgender people online are different in relevant ways from those who interact in person. Results based on age show few significant relationships between suicidality and how respondents interact with other transgender people. Interactions in person were significantly related to lower prevalence of past-year suicide thoughts for those aged 18 and older, but these differences are small (see Table A6). Past-year suicide attempts are significantly related to interactions with other transgender people in political activism, through live video, and through social media for youth aged 16 to 17.

²⁴ See, for instance, Marquez-Velarde, G., Miller, G. H., Shircliff, J. E., & Suárez, M. I. (2023). The Impact of Family Support and Rejection on Suicide Ideation and Attempt among Transgender Adults in the U.S. *LGBTQ+ Family: An Interdisciplinary Journal*, 19(4), 275–287. <https://doi.org/10.1080/027703371.2023.2192177>; Fuller, K. A. & Riggs, D. W. (2018). Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people. *International Journal of Transgenderism*, 19(4), 379–388. <https://doi.org/10.1080/15532739.2018.1500966>; Herman, J. L., et al. (2019).

²⁵ Herman, J. L., et al. (2019).

Table 6. Suicide thoughts and attempts in the past 12 months by experiences of family rejection and community connectedness, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Spouse or partner ended relationship	No	38.4%	5.2%
	Yes	39.6%	7.0%
Child ended relationship	No	24.3%	2.7%
	Yes	22.0%	5.0%
Family support	Supportive	35.2%	4.3%
	Neutral	41.6%	6.1%
	Unsupportive	54.0%	10.4%
Rejected by family of origin	No	29.1%	2.9%
	Yes	43.8%	6.5%
Ever ran away from home because trans	No	37.9%	4.7%
	Yes	51.1%	13.2%
Co-worker support	Supportive	32.6%	4.2%
	Neutral	38.0%	3.9%
	Unsupportive	49.0%	5.5%
Classmate support	Supportive	42.1%	5.9%
	Neutral	45.5%	7.1%
	Unsupportive	66.9%	16.5%
Interact with other trans people	No	36.1%	4.7%
	Yes	39.1%	5.4%
Interact in political activism	No	38.9%	5.2%
	Yes	38.6%	5.8%
Interact in person	No	40.0%	5.4%
	Yes	38.3%	5.2%
Interact through live video (e.g., Zoom)	No	39.4%	5.2%
	Yes	37.5%	5.6%
Interact through social media	No	34.3%	4.3%
	Yes	40.0%	5.5%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Religion

Seventy-one percent (71%) of 2022 USTS respondents had ever been a part of a religious or spiritual community.²⁶ Experiences of acceptance and rejection within religious or spiritual communities can impact transgender people's mental health.²⁷ We find that, of 2022 USTS respondents who were ever

²⁶ James, S. E., et al. (2024). Additional analyses of 2022 USTS data completed by the authors.

²⁷ Cull, S. L., Perrin, P. B., & Henry, R. S. (2025). Associations Among Religiosity, Religious Rejection, Mental Health, and Suicidal Ideation in Transgender and Gender Nonconforming Adults. *Behavioral Sciences*, 15(3), 270. <https://doi.org/10.3390/bs15030270>

part of a religious or spiritual community, those who ever left their religious community due to fear of rejection were more likely to report past-year suicide thoughts and attempts (see Table 7) compared to those who did not leave their community for fear of rejection. Those who found an accepting religious community, who were a part of a religious community in the past year, or experienced religious acceptance from their community in the past year, had lower prevalence of past-year suicide thoughts and attempts compared to others. Results based on age are mixed in regard to significance (see Table A7). However, there is a significant relationship for nearly all age groups between having left their religious community due to fear of rejection and past-year suicide thoughts and attempts.

Table 7. Suicide thoughts and attempts in the past 12 months by experiences with religion, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Ever part of religious community	No	39.3%	5.2%
	Yes	38.7%	5.3%
Left religious community due to fear of rejection	No	34.5%	4.4%
	Yes	45.3%	6.8%
Found accepting religious community	No	48.1%	7.1%
	Yes	38.6%	6.7%
Part of religious community (past year)	No	39.6%	5.3%
	Yes	34.8%	5.4%
Religious acceptance from community (past year)	No	52.1%	11.0%
	Yes	30.1%	4.7%
Religious rejection from community (past year)	No	30.3%	4.6%
	Yes	32.8%	6.8%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Conversion Therapy

Growing evidence shows that exposure to conversion therapy has harmful impacts on mental health, including suicidality.²⁸ Updated questions for the 2022 USTS allow us to look separately at conversion therapy conducted by mental health professionals versus religious counselors or therapists. USTS respondents who were ever exposed to conversion therapy, whether it was related to their gender identity or their sexual orientation, were significantly more likely to report past-year suicide thoughts and attempts compared to those who were not exposed to conversion therapy (see Table 8). This relationship is significant for exposure from mental health professionals and from religious counselors or therapists

²⁸ See, for instance, Campbell, T., & Rodgers, Y. V. D. M. (2023). Conversion therapy, suicidality, and running away: An analysis of transgender youth in the U.S. *Journal of Health Economics*, 89, 102750. <https://doi.org/10.1016/j.jhealeco.2023.102750>; Higbee, M., Wright, E. R., & Roemer, R. M. (2022). Conversion Therapy in the Southern United States: Prevalence and Experiences of the Survivors. *Journal of Homosexuality*, 69(4), 612–631. <https://doi.org/10.1080/00918369.2020.1840213>; Turban J. L., Beckwith N., Reisner S.L., & Keuroghlian A.S. (2020). Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry*, 77(1), 68–76. <https://doi.org/10.1001/jamapsychiatry.2019.2285>

alike. Of those who were exposed to conversion therapy from a mental health professional, there is no significant difference in suicidality based on whether the mental health professional was religiously affiliated. The 2022 USTS also asked respondents if they had ever gone to a conversion therapy program, such as a camp, support group, or retreat. Results for exposure to conversion therapy through a program are similar to exposure from mental health professionals or religious counselors. Exposure to conversion therapy is significantly related to past-year suicide thoughts and attempts across nearly all age groups (see Table A8). Notably, 85.4% of those aged 16 to 17 who attended a conversion therapy program reported past-year suicide thoughts, and 36.9% in that age group who were exposed to sexual orientation conversion therapy reported past-year suicide attempts.

Table 8. Suicide thoughts and attempts in the past 12 months by experiences with conversion therapy, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Experienced GI conversion therapy from MH professional	No	37.8%	4.8%
	Yes	50.0%	10.3%
MH professional was religiously affiliated	No	48.2%	8.8%
	Yes	50.4%	12.7%
	I am not sure	54.2%	11.6%
Conversion therapy from a religious counselor/therapist	No	38.5%	5.1%
	Yes	49.3%	10.9%
Received any SO conversion therapy	No	38.0%	4.9%
	Yes	51.7%	10.6%
Ever went to conversion therapy program	No	38.5%	5.1%
	Yes	53.8%	13.9%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Violence

Experiencing violence is associated with higher prevalence of suicidality.²⁹ Prior research has found that transgender people are four times more likely to experience violent victimization than cisgender people.³⁰ As in prior iterations of the survey, the 2022 USTS asked respondents about their experiences with violence, but also included new questions about experiences of intimate partner violence in the past year. Table 9 describes results for past-year suicide thoughts and attempts by experiences of violence. Across all listed experiences, those who experienced violence were significantly more likely to report past-year suicide

²⁹ See, for instance, Khemiri, L., Jokinen, J., Runeson, B., & Jayaram-Lindstrom, N. (2016). Suicide risk associated with experience of violence and impulsivity in alcohol dependent patients. *Scientific Reports*, 6, 19373. <https://doi.org/10.1038/srep19373>; Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., Astbury, J., & Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. *PLoS Medicine*, 10(5), e1001439. <https://doi.org/10.1371/journal.pmed.1001439>

³⁰ Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017-2018. *American Journal of Public Health*, 111(4), 726-729. <https://doi.org/10.2105/AJPH.2020.306099>; Meyer, I. H. & Flores, A. R. (2025). *Anti-LGBT Victimization in the United State: Results from the National Crime Victimization Survey (2022-2023)*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Anti-LGBT-Violence-Feb-2025.pdf>

thoughts and attempts compared to those who did not. The prevalence of past-year suicide thoughts and attempts is even higher for those who experienced violence more recently, within the past year.

Considering results by age, across all age groups, past-year suicide thoughts and attempts are significantly related to experiences of violence (see Table A9). Similar to other topics in this report, those aged 16 to 17 appear to have the highest prevalence of suicide thoughts and attempts among all age groups, especially when looking at experiences of physical attack. Of those aged 16 to 17 who experienced physical attack in the past year because they are transgender, 86.1% seriously thought about suicide, and 38.0% attempted suicide.

Table 9. Suicide thoughts and attempts in the past 12 months by experiences with violence, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Physically attacked, any reason (past year)	No	37.4%	4.6%
	Yes	63.8%	17.4%
Physically attacked because trans (past year)	No	37.9%	4.7%
	Yes	65.1%	20.0%
Unwanted sexual contact (ever)	No	31.6%	3.4%
	Yes	45.2%	6.9%
Unwanted sexual contact (past year)	No	36.9%	4.4%
	Yes	59.3%	14.5%
Psychological aggression IPV (ever)	No	33.9%	3.9%
	Yes	43.2%	6.5%
Psychological aggression IPV, trans-related (ever)^	No	36.7%	4.5%
	Yes	44.6%	7.4%
Psychological aggression IPV (past year)	No	37.0%	4.5%
	Yes	54.3%	11.8%
Physical IPV (ever)	No	36.9%	4.5%
	Yes	42.8%	7.0%
Severe physical IPV (ever)	No	36.9%	4.6%
	Yes	44.9%	7.5%
Physical IPV (past year)	No	37.9%	4.8%
	Yes	58.2%	14.2%
Any type of IPV (ever)	No	34.6%	4.0%
	Yes	41.8%	6.2%
Any type of IPV (past year)	No	36.8%	4.4%
	Yes	53.8%	11.3%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$). ^Trans-related psychological aggression IPV includes such things as controlling access to hormones, threatening to disclose transgender identity, undermining gender identity, among others.

Discrimination

Experiences of discrimination contribute to minority stress, which has a negative impact on mental and physical health.³¹ In this section, we present findings on discrimination experiences across many areas of life, including when out in public, at school, in the workplace, and when seeking housing and healthcare. We also describe interactions with law enforcement. Overall, we find that discrimination experiences are significantly related to past-year suicide thoughts and attempts among 2022 USTS respondents.

Denied equal treatment & harassment

Respondents who were denied equal treatment or services or verbally harassed in the past year were significantly more likely than others to have seriously thought about suicide or attempted suicide during that time (see Table 10). The 2022 USTS asked new questions about experiences with harassment online in the past year. Those who reported being harassed online had higher prevalence of past-year suicide thoughts and attempts compared to those who did not have that experience. The prevalence of suicide thoughts and attempts is elevated whether or not discrimination or harassment was attributed to transgender status. This trend is reflected across all age groups as well (see Table A10).

Table 10. Suicide thoughts and attempts in the past 12 months by experiences of being denied equal treatment and harassment, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Denied equal treatment, any reason (past year)	No	37.2%	4.7%
	Yes	53.1%	10.5%
Denied equal treatment because trans (past year)	No	37.3%	4.7%
	Yes	53.1%	11.0%
Verbally harassed, any reason (past year)	No	32.2%	3.4%
	Yes	50.3%	8.6%
Verbally harassed because trans (past year)	No	33.5%	3.6%
	Yes	50.7%	9.0%
Harassed online, any reason (past year)	No	29.8%	2.7%
	Yes	49.1%	8.2%
Harassed online because trans (past year)	No	31.8%	3.3%
	Yes	49.5%	8.3%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

³¹ Meyer, I. H. (2003); Green, A. E., Price, M. N., & Dorison, S. H. (2022). Cumulative minority stress and suicide risk among LGBTQ youth. *American Journal of Community Psychology*, 69, 157–168. <https://doi.org/10.1002/ajcp.12553>; Gosling, H., Pratt, D., Montgomery, H., & Lea, J. (2022). The relationship between minority stress factors and suicidal ideation and behaviours amongst transgender and gender non-conforming adults: A systematic review. *Journal of Affective Disorders*, 303, 31–51. <https://doi.org/10.1016/j.jad.2021.12.091>

Education

The 2022 USTS asked about experiences as students in educational settings, including harassment, physical assault, being denied access to restrooms, and expulsion. Being out or perceived as transgender in K-12 is associated with higher prevalence of suicide thoughts (47.4%) and attempts (7.3%) compared to those who were not out or perceived as transgender (32.2% and 3.6%, respectively) (see Table 11). Those who reported any negative experience in K-12 were more likely to report past-year suicide thoughts (49.6%) and attempts (8.1%) compared to those who did not have a negative experience (39.5% and 4.4%, respectively). We did not find a significant relationship between being physically attacked in or expelled from K-12 and suicide thoughts or attempts. Experiencing harassment in college or dropping out of college due to mistreatment are both associated with higher prevalence of past-year suicide thoughts and attempts.

Looking across age groups, few educational experiences are significantly related to suicidality for those aged 50 and older (see Table A11). For those aged 16 to 17, being out as transgender or perceived as transgender by others is not significantly related to past-year suicide thoughts. Notably, nearly 80% of youth aged 16 to 17 who were physically attacked in K-12 seriously thought about suicide in the past year. Over 35% in that age group who had been expelled from a K-12 school attempted suicide in the past year.

Table 11. Suicide thoughts and attempts in the past 12 months by experiences in educational settings, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Out or perceived as trans in K-12	No	32.2%	3.6%
	Yes	47.4%	7.3%
Verbally harassed in K-12, because trans	No	44.0%	5.4%
	Yes	50.3%	8.9%
Physically attacked in K-12, because trans	No	47.2%	6.7%
	Yes	48.1%	9.7%
Unwanted sexual contact in K-12, because trans	No	46.2%	6.5%
	Yes	54.1%	11.6%
Teacher used wrong name/pronouns in K-12	No	42.6%	5.3%
	Yes	55.7%	10.8%
Denied restrooms matching GI in K-12	No	45.1%	5.9%
	Yes	52.7%	10.5%
Dropped out of K-12 due to mistreatment	No	46.7%	7.1%
	Yes	53.2%	8.4%
Ever expelled from school K-12	No	38.4%	4.9%
	Yes	41.0%	7.8%
Any negative K-12 experience	No	39.5%	4.4%
	Yes	49.6%	8.1%
Verbally harassed in college because trans	No	35.3%	3.9%
	Yes	41.1%	5.3%

Experience	Response	Thoughts	Attempts
Dropped out of college due to mistreatment	No	36.1%	4.1%
	Yes	44.0%	6.7%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Employment and Workplace

Respondents to the 2022 USTS who reported being denied a promotion, fired, or not hired for a job because they were transgender were more likely to report past-year suicide thoughts and attempts than those who did not have those experiences (see Table 12). Respondents who worked for an employer in the 12 months prior to the survey were asked if they took actions to avoid mistreatment at work, such as not seeking a promotion or delaying their gender transition. Respondents who took action to avoid mistreatment at work were significantly more likely to report past-year suicide thoughts (43.1%) and attempts (5.7%) compared to those who did not take such actions (27.5% and 3.5%, respectively). Experiencing mistreatment by an employer or being harassed, physically attacked, or sexually assaulted at work are also significantly related to past-year suicide thoughts and attempts.

Those aged 16 to 17 were less likely to have worked for an employer in the 12 months prior to the survey than those aged 18 to 49. Therefore, we lack adequate sample size to examine associations with suicidality for that age group regarding denial of promotion and being fired. Yet, for most listed experiences, there is a significant relationship between negative experiences at work and past-year suicidality across age groups, with more limited significant findings for those aged 50 and older (see Table A12).

Table 12. Suicide thoughts and attempts in the past 12 months by experiences with employment and in the workplace, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Denied promotion because trans (past year)	No	40.2%	5.6%
	Yes	48.7%	10.6%
Fired because trans (past year)	No	40.1%	5.6%
	Yes	53.8%	12.2%
Not hired because trans (past year)	No	38.5%	5.3%
	Yes	52.3%	8.5%
Took steps to avoid discrimination at work (past year)	No	27.5%	3.5%
	Yes	43.1%	5.7%
Any mistreatment by employer (past year)	No	35.8%	4.2%
	Yes	51.2%	8.6%
Harassed, attacked, sexual assault at work (past year)	No	36.0%	4.3%
	Yes	51.5%	8.6%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Housing

Housing instability is associated with elevated risk of suicidality, and prior research has found that transgender people are more likely to experience housing instability compared to the general population.³² Thirty percent (30%) of adult respondents to the 2022 USTS had ever experienced homelessness, and 6.7% had experienced homelessness in the past year.³³ Experiences of discrimination exacerbate housing instability. Respondents to the 2022 USTS who reported they were evicted or denied a home or apartment in the past year because they were transgender were significantly more likely to report past-year suicide thoughts or attempts compared to those who did not have those experiences (see Table 13). Couch surfing, which means to sleep in different places for short periods of time, such as on a friend's couch, is also associated with higher prevalence of past-year suicide thoughts and attempts. Results by age also show an elevated prevalence of suicidality for those in most age groups with these experiences (see Table A13).

Table 13. Suicide thoughts and attempts in the past 12 months by experiences with housing, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Evicted from home/apartment because trans (past year)	No	36.0%	4.3%
	Yes	56.7%	13.8%
Denied a home/apartment because trans (past year)	No	38.7%	4.7%
	Yes	49.6%	9.5%
Couch surfing because trans (past year)	No	37.6%	4.7%
	Yes	64.1%	16.9%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Health Care

Respondents to the 2022 USTS reported having discriminatory experiences in health care settings.³⁴ As described in Table 14 below, negative experiences regarding health care, including doctor refusals to provide trans-related health care or any other care, are significantly related to past-year suicide thoughts and attempts. Conversely, having health insurance and a doctor that treats transgender patients with respect are both associated with lower prevalence of past-year suicide thoughts and attempts.

³² Gaveras, E. M. (2024). Housing insecurity and suicidal behavior among transgender and gender-expansive young adults. *Brown School Theses and Dissertations*, 41. <https://doi.org/10.7936/r7wj-p480>; Carter, S. P., Montgomery, A. E., Henderson, E. R., Ketterer, B., Dichter, M., Gordon, A. J., Shipherd, J. C., Kauth, M. R., & Blosnich, J. R. (2019). Housing instability characteristics among transgender veterans cared for in the Veterans Health Administration, 2013–2016. *American Journal of Public Health*, 109(10), 1413–1418. <https://doi.org/10.2105/AJPH.2019.305219>; Begun, S. & Kattari, S.K. (2016). Conforming for survival: Associations between transgender visual conformity/passing and homelessness experiences. *Journal of Gay & Lesbian Social Services*, 28(1), 54–66. <https://doi.org/10.1080/10538720.2016.1125821>; Spicer, S. S., Schwartz, A., & Barber, M.E. (2016). Special Issue on Homelessness and the Transgender Homeless Population. *Journal of Gay and Lesbian Mental Health*, 14(4), 267–270. <https://doi.org/10.1080/19359705.2010.509004>

³³ James, S. E., et al. (2024). Additional analyses of 2022 USTS data completed by the authors.

³⁴ Rastogi, A., et al. (2025); James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

Looking across age groups, having had any negative experience with doctors or in a health care setting is significantly related to past-year suicide thoughts and attempts for all age groups (see Table A14). Having had a respectful doctor is significantly related to lower prevalence of past-year suicide thoughts for those aged 25 to 49, but that difference is small. Overall, those aged 16 to 17 and those aged 50 and older had fewer health care experiences that are significantly related to suicide thoughts and attempts compared to those aged 18 to 49.

Table 14. Suicide thoughts and attempts in the past 12 months by experiences in health care settings, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Has health insurance	No	45.9%	6.3%
	Yes	37.8%	5.2%
Doctor knew trans and treated with respect (past year)	No	42.9%	6.2%
	Yes	34.7%	4.6%
Doctor refused to give trans-related care (past year)	No	36.4%	4.8%
	Yes	48.1%	10.2%
Doctor refused to give other care (past year)	No	36.5%	4.8%
	Yes	54.7%	12.6%
Any negative experience in doctor/health setting (past year)	No	31.5%	3.4%
	Yes	43.1%	6.8%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Public Accommodations

The USTS collects data about transgender people's experiences in public accommodations, such as stores, hotels, restaurants, government agencies (e.g., DMV, Social Security office), public transportation, restrooms, and airports. USTS respondents have reported experiencing denial of services and various forms of mistreatment in these spaces.³⁵ Table 15 describes the results of our analyses of experiences in public accommodations and suicidality. Negative experiences in public accommodations are significantly related to past-year suicide thoughts and attempts, with the exception of physical attack, which is only significantly related to suicide attempts.³⁶ In order to avoid problems using restrooms, some respondents reported avoiding restrooms altogether. However, those who reported they always avoid restrooms are more likely than those who never or sometimes avoid restrooms to report past-year suicide thoughts (53.9%) and attempts (10.2%). Results based on age show a consistently significant relationship between experiences in public accommodations and suicidality across age groups, with few exceptions (see Table A15).

³⁵ James, S. E., et al. (2024); James, S. E., et al. (2016); Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality & National Gay and Lesbian Task Force. https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

³⁶ A relatively small proportion of 2022 USTS respondents reported physical attack in a place of public accommodation (<1.0%). The small sample size for this group lessens our ability to detect statistical significance for the full sample, and when disaggregated by age.

Table 15. Suicide thoughts and attempts in the past 12 months by experiences in places of public accommodation, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
Avoided public accom for fear of mistreatment (past year)	No	35.7%	4.4%
	Yes	52.7%	8.6%
Denied equal treatment in public accom (past year)	No	38.0%	5.3%
	Yes	52.2%	9.2%
Verbally harassed in public accom (past year)	No	37.4%	5.0%
	Yes	52.6%	10.5%
Physically attacked in public accom (past year)	No	39.1%	5.6%
	Yes	48.9%	13.1%
Any negative experience in public accom (past year)	No	36.7%	4.9%
	Yes	51.2%	9.3%
Any negative experience with TSA (past year)	No	30.2%	3.6%
	Yes	39.9%	5.2%
Told that you were in wrong restroom (past year)	No	37.0%	4.6%
	Yes	48.8%	9.0%
Denied access to a restroom (past year)	No	37.9%	4.9%
	Yes	54.1%	13.0%
Harassed, attacked, sexual assault in restroom (past year)	No	37.7%	4.8%
	Yes	53.6%	11.9%
Any negative experience in restroom (past year)	No	36.7%	4.5%
	Yes	49.0%	9.2%
Avoided restrooms (past year)	I never avoided them	29.6%	3.0%
	I sometimes avoided them	41.9%	5.7%
	I always avoided them	53.9%	10.2%
	Not listed above	37.2%	3.4%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Law Enforcement

The USTS asked respondents about how comfortable they are seeking help from police and about interactions with law enforcement officers. Those who reported being very uncomfortable with police were more likely to report past-year suicide thoughts (47.0%) and attempts (6.7%) than others (see Table 16). Respondents who reported that they were never treated with respect when interacting with police had a significantly higher prevalence of past-year suicide thoughts (54.8%) and attempts (10.8%) compared to those who were always treated with respect (34.5% and 6.0%, respectively). Those who were mistreated by police in the past year had significantly higher prevalence of past-year suicide thoughts (54.3%) and attempts (12.9%) compared to those who interacted with police in the last year but were not mistreated (40.1% and 6.2%, respectively). Results based on age show that these experiences with law

enforcement are significantly related to past-year suicidality, with a few exceptions among those aged 16 to 17 and those aged 50 and older (see Table A16).

Table 16. Suicide thoughts and attempts in the past 12 months by experiences with law enforcement, aged 16+ (row percentages)

Experience	Response	Thoughts	Attempts
How comfortable are you seeking help from the police?	Very comfortable	17.5%	2.4%
	Somewhat comfortable	25.1%	3.5%
	Neutral	32.4%	4.1%
	Somewhat uncomfortable	38.7%	4.8%
	Very uncomfortable	47.0%	6.7%
Police treated you with respect (past year)	Never treated with respect	54.8%	10.8%
	Sometimes treated with respect	49.9%	9.1%
	Always treated with respect	34.5%	6.0%
Any mistreatment by police (past year)	No	40.1%	6.2%
	Yes	54.3%	12.9%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

State Policy Environments

Governments can aim to protect transgender people from discrimination and other kinds of mistreatment through public policy, such as laws and regulations. Prior research has shown that state-level policies that impact transgender people can have an impact on their mental health.³⁷ The Movement Advancement Project provides ratings of state policy environments regarding gender identity on a five-category scale: high, medium, fair, low, and negative, with “high” being the best policy environment for transgender people and “negative” being the worst.³⁸ As shown in Table 17, 2022 USTS respondents who lived in “high” policy states at the time of the survey were significantly less likely to report past-year suicide thoughts compared to those living in “fair,” “low,” and “negative” states. Similarly, those living in “medium” policy states were significantly less likely to report past-year suicide thoughts compared to those living in “fair,” “low,” and “negative” states. Regarding suicide attempts, those living in “high” policy states were less likely to report past-year suicide attempts than all other categories, but the differences are not statistically significant.

³⁷ See, for instance, Last, B. S., Tran, N. K., Lubensky, M. E., Obiedin-Maliver, J., Lunn, M. R., & Flentje, A. (2025). US state policies and mental health symptoms among sexual and gender minority adults. *JAMA Network Open*, 8(5), e2512189. <https://doi.org/10.1001/jamanetworkopen.2025.12189>; Hatzenbuehler, M. L., Lattanner, M. R., McKetta, S., & Pachankis, J. E. (2024). Structural stigma and LGBTQ+ health: a narrative review of quantitative studies. *The Lancet Public Health*, 9(2), e109–e127. [https://doi.org/10.1016/S2468-2667\(23\)00312-2](https://doi.org/10.1016/S2468-2667(23)00312-2); Price, M. A., Hollinsaid, N. L., McKetta, S., Emily J. Mellen, E. J., & Rakhilin, M. (2023). Structural transphobia is associated with psychological distress and suicidality in a large national sample of transgender adults. *Social Psychiatry and Psychiatric Epidemiology*, 59, 285–294. <https://doi.org/10.1007/s00127-023-02482-4>; White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine*, 147, 222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>

³⁸ Movement Advancement Project. (2022, November 9). *Snapshot: LGBTQ Equality by State, Gender Identity*. <https://web.archive.org/web/20221109113003/https://www.lgbtmap.org/equality-maps>

Table 17. Suicide thoughts and attempts in the past 12 months by MAP state policy rating for gender identity (row percentages)

MAP State Rating	Thoughts	Attempts
Negative	41.6%	5.6%
Low	40.1%	5.4%
Fair	41.6%	5.6%
Medium	37.0%	5.7%
High	35.8%	4.6%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

We see a similar pattern when just looking at comprehensive state non-discrimination laws. These laws aim to protect state residents from discrimination based on their gender identity in several domains, including employment, housing, and public accommodations. As of 2022, at the time of the USTS survey, 21 states plus the District of Columbia had statutes in place that protected people from gender identity discrimination across these three domains.³⁹ 2022 USTS respondents who lived in those states were significantly less likely to report past-year suicide thoughts (36.4%) compared to those who did not live in those states (40.9%). There is no significant relationship between comprehensive state statutes and past-year suicide attempts.

Table 18. Suicide thoughts and attempts in the past 12 months by presence of comprehensive state non-discrimination statute (row percentages)

Statute presence	Thoughts	Attempts
No comprehensive statute	40.9%	5.5%
Has comprehensive statute	36.4%	5.0%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

The 2022 USTS asked respondents if they had thought about moving from their state of residence because the state had considered or enacted laws that would negatively impact transgender people. Forty-seven percent (47%) of adult respondents had thought about moving, and 5% did move from their state of residence because of such laws.⁴⁰ We find that among adults who considered moving but did not, 46% resided in a “negative” policy state, according to the MAP state policy categories. Fifty-two percent (52%) of adults who had moved left a “negative” policy state. Only 9% of adults who had not moved or thought about moving lived in a “negative” policy state. Table 19 describes past-year suicide thoughts and attempts based on whether adult respondents had thought about moving or moved due to state statutes that negatively targeted transgender people, plus a description of the state policy environment. As described in Table 19, those who never thought about moving from their state had significantly lower prevalence of past-year suicide thoughts (31.6%) compared to the other two groups. This group was also

³⁹ Herman, J., Koppam, R. (2025). *State-level anti-discrimination statutes by state/territory, as of 2022* [Dataset]. Williams Institute, UCLA School of Law. URL available upon request.

⁴⁰ James, S. E., et al. (2024).

significantly less likely to report past-year suicide attempts (3.9%) compared to those who thought about moving, but did not move (5.8%).

Table 19. Suicide thoughts and attempts in the past 12 months and state policy environment by whether respondent moved due to state law (aged 18+) (row percentages)

Response	Past-Year Suicide Thoughts	Past-Year Suicide Attempts	% Living in "Negative" Policy State	% Living in "High" Policy State
Never thought about moving	31.6%	3.9%	9.2%	49.2%
Thought about moving, but have not	44.0%	5.8%	46.0%	6.5%
Did move to another state [^]	41.3%	5.1%	51.8%	4.3%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$). [^]Living in "negative" or "high" policy state is based on the state they reported leaving

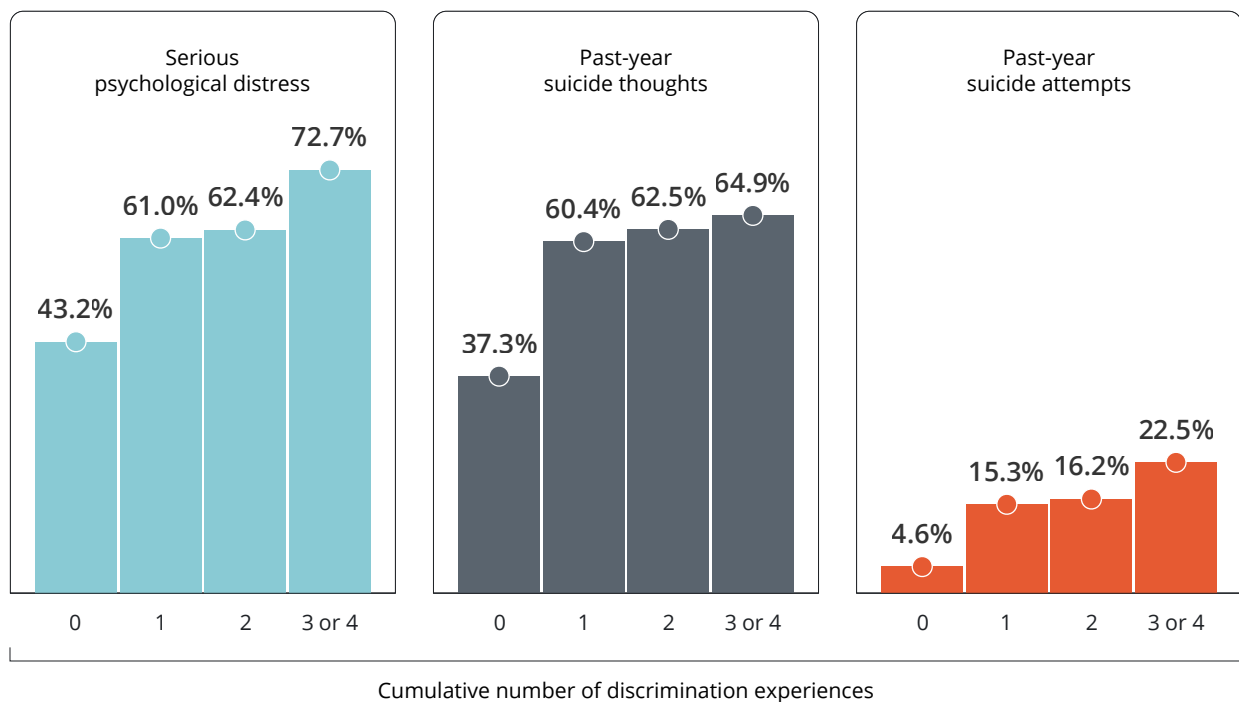
Cumulative Effect of Minority Stressors

Experiencing multiple minority stressors in the same period of time can have a cumulative effect on mental health, such as serious psychological distress, which is related to suicidality. Replicating our analysis of cumulative minority stressors from our prior report, we "scored" respondents using four selected discriminatory experiences we considered to be of relatively high impact in one's life.⁴¹ These experiences included being fired or forced to resign from a job, eviction, experiencing homelessness, and physical attack, each occurring in the past year and attributed to respondents' transgender status. We scored respondents on a scale from 0 (none of these experiences) to 4 (all 4 experiences in the past year).

Figure 4 shows how these scores are associated with serious psychological distress and suicide thoughts and attempts in the past year. There is a significant leap in prevalence of serious psychological distress and past-year suicide thoughts and attempts when respondents report one experience compared to zero experiences. With each added experience after one experience, the prevalence of serious psychological distress and suicide thoughts and attempts increases, though not significantly. Among those who had three or four experiences in the past year, 64.9% percent had suicide thoughts in the past year, and 22.5% percent attempted suicide, which is over four times higher prevalence of attempts than the 2022 USTS respondents overall. Figure 4 shows that as the number of discrimination experiences increases, serious psychological distress also increases, raising the risk for suicide thoughts and attempts.

⁴¹ Herman, J. L., et al. (2019).

Figure 4. Current serious psychological distress and past-year suicide thoughts and attempts by cumulative discrimination experiences in the past year



Other Risk Factors

In our prior report, using 2015 USTS data, we examined other potential risk factors for suicidality, including misgendering of nonbinary respondents, sex work, other work in the underground economy, and civic participation.⁴² We examined these topics once again using 2022 USTS data and found similar patterns of elevated risk for suicide thoughts and attempts. For instance, we again found that those engaged in sex work, drug sales, or other work in the underground economy had significantly higher prevalence of past-year suicide thoughts and attempts compared to others. Results for the misgendering of nonbinary respondents are not comparable to our prior report because the questions asked of nonbinary respondents were changed for the 2022 USTS. Overall, our findings suggest that these risk factors warrant attention in future research endeavors.

The 2022 USTS asked nonbinary respondents when others assume they are not nonbinary, do they never, rarely, sometimes, often, or always tell them that they are nonbinary. How respondents respond to misgendering is significantly related to past-year suicide thoughts (see Table 20). Those who reported they rarely/never or always tell others they are nonbinary were more likely to report past-year suicide thoughts than those who often tell others they are nonbinary. Results based on age are largely not significant. However, 16- to 17-year-olds who always tell others they are nonbinary appear more likely than others to report a past-year suicide attempt (see Table A17). Those aged 25 to 49 who always tell others they are nonbinary appear more likely than others to report seriously thinking about suicide in the past year.

⁴² Herman, J. L., et al. (2019).

Those who strongly agree that they can't influence government decisions were significantly more likely than others to report past-year suicide thoughts (49.0%) and attempts (7.3%). Regarding civic participation, differences based on civic participation and attending protests were either not significant or the differences were small. However, those who attended a protest in the past year were significantly more likely than others to report a past-year suicide attempt (5.9% vs. 4.7%). This modest difference seems largely driven by the significant difference between these two groups for those aged 16 to 17 (15.1% vs 10.3%) and those aged 18 to 24 (8.5% vs. 6.6%) (see Table A17).

Table 20. Suicide thoughts and attempts in the past 12 months by other potential risk factors, aged 16+ (row percentages)

Risk Factor	Response	Thoughts	Attempts
Nonbinary respondents: When someone assumes wrong gender	Rarely or never tell them I'm NB	43.5%	5.4%
	Sometimes tell them I'm NB	40.3%	5.1%
	Often tell them I'm NB	38.2%	4.8%
	Always tell them I'm NB	43.6%	4.9%
Ever engaged in sex work	No	37.7%	4.7%
	Yes	45.6%	8.7%
Engaged in sex work (past year)	No	38.0%	4.9%
	Yes	51.5%	12.2%
Drug sales/underground economy (ever)	No	38.0%	5.0%
	Yes	46.0%	7.8%
Drug sales/underground economy (past year)	No	38.3%	5.1%
	Yes	53.7%	12.7%
Someone like me can't influence government decisions	Strongly agree	49.0%	7.3%
	Agree	41.9%	5.2%
	Neither agree nor disagree	35.3%	4.7%
	Disagree	31.8%	3.7%
	Strongly disagree	33.6%	4.9%
Civic or political activity (past year)	No	35.2%	5.1%
	Yes	39.1%	5.0%
Attended political protest or rally (past year)	No	38.2%	4.7%
	Yes	39.0%	5.9%

Note: Gray cells indicate a statistically significant relationship ($p < 0.05$).

Discussion

Transgender people have added risk of suicide thoughts and attempts compared to cisgender people due to greater exposure to known risk factors that impact all people, such as poor health, housing instability, economic insecurity, and problematic substance use. Additionally, transgender people have unique risk factors that also elevate risk for suicide thoughts and attempts, such as minority stressors and gender non-affirmation. Therefore, the elevated prevalence of suicide thoughts and attempts among transgender people lies at the intersection of elevated exposure to common risk factors for suicide, plus additional risk factors that uniquely affect transgender people.

In examining risk factors across these dimensions in this report, some unique risk factors emerge as contributing to the largest disparities in suicide thoughts and attempts. In the 2022 USTS sample, being physically attacked because one is transgender has the largest disparity out of all unique risk factors we examined. Those who experienced this type of attack in the past year were 27.2 percentage points more likely to seriously consider suicide (65.1% vs. 37.9%) and 15.3 percentage points more likely to attempt suicide (20.0% vs. 4.7%) in the past year compared to those who did not experience this. Other unique risk factors that have the largest disparities in suicide thoughts and attempts include housing instability due to being transgender, ever attending a conversion therapy program, not being accepted in their religious community, and ever running away from home because of being transgender, which is related to family rejection.

For the first time, the 2022 USTS collected data from those aged 16 to 17. In the general U.S. population, suicide thoughts and attempts are highest among youth aged 16 to 17.⁴³ Prior research has found a further elevated prevalence of suicide thoughts and attempts for transgender youth, with exposure to common risk factors and minority stress experiences playing a role in the disproportionately high prevalence.⁴⁴ Our findings in this report are consistent with prior research. To examine what unique risk factors were most salient for youth, we compared this age group to the oldest age group (aged 50 and older) to examine the largest disparities in suicide thoughts and attempts. The most salient risk factors for youth in regard to suicide thoughts include having ever run away from home because they were transgender, exposure to conversion therapy or a conversion therapy program, being rejected from a religious community, and being physically attacked because they are transgender. These salient risk factors were similar in regard to past-year suicide attempts, with the addition of ever being fired or losing a job because they were transgender and a doctor's refusal to provide trans-related care in the past year. Themes that emerge from these salient risk factors include acceptance or rejection from families and religious communities, economic vulnerabilities, and access to gender-affirming health care as areas of particularly heightened risk among youth.

⁴³ Verlenden, J. V., Fodeman, A., Wilkins, N., Jones, S. E., Moore, S., Cornett, K., Sims, V., Saelee, R., Brener, N. D. (2024). Mental health and suicide risk among high school students and protective factors — Youth Risk Behavior Survey, United States, 2023. *Morbidity and Mortality Weekly Report*, 73(Suppl-4), 79–86. <http://dx.doi.org/10.15585/mmwr.su7304a9>; SAMHSA. (2023).

⁴⁴ Austin, A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2022). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*, 37(5–6), NP2696–NP2718. <https://doi.org/10.1177/0886260520915554>; Garthe, R. C., Blackburn, A. M., Kaur, A., Sarol, J. N., Goffnett, J., Rieger, A., Reinhart, C., & Smith, D. C. (2022). Suicidal ideation among transgender and gender expansive youth: Mechanisms of risk. *Transgender Health*, 7(5), 416–422. <https://doi.org/10.1089/trgh.2021.0055>

In this report, we provide analyses of topics newly included or covered in greater detail in the 2022 USTS, such as the impacts of the COVID-19 pandemic, experiences while online, substance use and recovery, conversion therapy, violence and harassment, and the impact of state policy environments. Regarding COVID-19, a notable finding involves the relationship between suicidality and working remotely, with those who worked remotely or on a hybrid schedule significantly less likely than those who worked only in person to report past-year suicide thoughts and attempts. It is possible that those who worked remotely are different from those who worked only in person in ways that already make that group less likely to report suicide thoughts and attempts. For instance, we find that those who only worked remotely were over eight times as likely to earn individual incomes of \$100,000 or more per year compared to those who only worked in person (20.4% vs. 2.4%). However, it is also possible that those who work remotely are less likely to be exposed to discriminatory experiences in the workplace. We find that those who only worked remotely were significantly less likely to experience mistreatment at work (12.5%) compared to those who worked only in person (19.9%) and those who worked a hybrid schedule (16.4%).

Regarding experiences online, those who experienced online harassment were more likely to report past-year suicide thoughts and attempts. The prevalence of past-year suicide thoughts and attempts was very similar among those who were verbally harassed and those who were harassed online. This speaks to the need for protection from harassment in all spaces, including when online, which requires specific approaches to create a safe environment for transgender people compared to other spaces.

The 2022 USTS explored experiences of conversion therapy in more depth than prior iterations of the survey. New questions asked about exposure to conversion therapy from mental health professionals, from religious counselors, and through conversion therapy programs. Respondents reported experiencing conversion therapy not only for their gender identity (8.6%), but also for their sexual orientation (6.1%).⁴⁵ Overall, any exposure to conversion therapy, regardless of who conducted it, whether it was through therapy, counseling, or a program, religiously affiliated or not, or if the aim was to change either sexual orientation or gender identity, resulted in a significantly higher prevalence of past-year suicide thoughts and attempts for those exposed to it. Notably, although around 80% of those who attended a conversion therapy program were aged 17 and under at the time, the elevated prevalence of past-year suicide thoughts and attempts persisted across all age groups.⁴⁶ This suggests that even when respondents are exposed to conversion therapy at younger ages, negative impacts on mental health may persist over time. Considering the recent U.S. Supreme Court ruling in *Chiles v. Salazar* that found Colorado's state ban on conversion therapy for minors is unconstitutional, these results highlight the need for alternative legal and policy interventions to prevent exposure to conversion therapy.

The 2022 USTS offered the opportunity to look anew at state public policy environments, as well as a new question asking whether respondents had considered moving or had moved in response to state laws that negatively target transgender people. Results provided in this report can be helpful in understanding how state policy changes reflecting structural stigma may affect transgender people's mental health.⁴⁷ For instance, we found that those who lived in states that have positive policy environments for transgender

⁴⁵ Rastogi, A., et al. (2025). Additional analyses of 2022 USTS data completed by the authors.

⁴⁶ Rastogi, A., et al. (2025). Additional analyses of 2022 USTS data completed by the authors.

⁴⁷ Movement Advancement Project. (2026, April 23). *LGBTQ Equality Maps, Gender Identity*. <https://mapresearch.org/equality/#GI>; Regarding structural stigma, see, for instance, Last, B. S., et al. (2025); Hatzenbuehler, M. L., et al. (2024); Price, M. A., et al. (2023); White Hughto, et al. (2015).

people and comprehensive non-discrimination statutes had lower prevalence of suicide thoughts compared to others.⁴⁸ As state policy environments have become increasingly negative for transgender people since the 2022 USTS was conducted, this may negatively impact mental health among transgender residents.

State legislation targeting transgender people has included bans on access to gender-affirming care for minors, restrictions on funding gender-affirming care for adults, bans on access to restrooms, and bans on obtaining accurate identification documents.⁴⁹ We found that USTS respondents who needed gender affirming care but had not received it, those who had incorrect identification documents, and those denied access to restrooms had significantly higher prevalence of past-year suicide thoughts and attempts. State legislation that makes it more difficult for transgender people to access the health care they need, to obtain identification that accurately reflects their gender identity, and that prohibits transgender people from using restrooms will likely exacerbate risk for suicide thoughts and attempts. Regarding restroom access, prior research has found that laws requiring transgender people to use restrooms consistent with their sex assigned at birth will expose transgender people to more barriers to access and to harassment, which are experiences related to suicide thoughts and attempts.⁵⁰ Furthermore, under state laws that prohibit restroom access, transgender people may avoid using the restroom when needed. We found that avoiding restrooms is significantly related to elevated prevalence of suicide thoughts and attempts. Restroom avoidance also results in negative physical health impacts.⁵¹ In regard to identification documents, consistent with our findings, a recent systematic review and meta-analysis found that having correct identification was associated with lower prevalence of suicide thoughts across multiple countries.⁵² We do not yet know what the impact will be for those who had correct identification but will now be required to carry incorrect identification, such as in Kansas.⁵³

We found that many USTS respondents had thought about moving or had moved from states with negative policy environments for transgender people. As state policy environments grow increasingly negative for transgender residents, more may wish to leave their state. Those who thought about moving, but did not, were more likely than those who never thought about moving to report past-year suicide thoughts and attempts. Notably, those who never thought about moving were more likely to live in states with positive policy environments (see Table 19). Those who did move reported marginally lower prevalence of suicide thoughts and attempts compared to those who thought about moving but remained. Further analyses of demographic differences between these two groups revealed that, at the

⁴⁸ We found no significant differences in regard to suicide attempts, though it should be noted that suicide attempts may signify different types of distress as compared to suicide thoughts. See, for instance, Klonsky, E. D., Dixon-Luinenburg, T., & May, A. M. (2021). The critical distinction between suicidal ideation and suicide attempts. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 20(3), 439–441. <https://doi.org/10.1002/wps.20909>; Wiebenga, J. X., Eikelenboom, M., Heering, H. D., van Oppen, P., & Penninx, B. W. (2021). Suicide ideation versus suicide attempt: Examining overlapping and differential determinants in a large cohort of patients with depression and/or anxiety. *Australian & New Zealand Journal of Psychiatry*, 55(2), 167–179. <https://doi.org/10.1177/0004867420951256>

⁴⁹ See, for instance, S.B. 254, 2023 Leg., 125th Reg. Sess. (Fla. 2023); H.B. 752, 68th Leg., 2d Reg. Sess. (Idaho 2026); S.B. 1440, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).

⁵⁰ Herman, J. L., Flores, A. R., & Redfield, E. (2025). *Safety and Privacy in Public Restrooms and Other Gendered Facilities*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Bathroom-Access-Feb-2025.pdf>

⁵¹ Herman, J. L., et al. (2025).

⁵² Scheim, A. I., Restar, A. J., Zubizarreta, D., Lucas, R., Cole, S. W., Everhart, A., Baker, K. E., & Rodriguez, M. I. (2025). Legal gender recognition and the health of transgender and gender diverse people: A systematic review and meta-analysis. *Social Science & Medicine*, 378, 118147. <https://doi.org/10.1016/j.socscimed.2025.118147>

⁵³ S.B. 244, 91st Leg., 2025 Reg. Sess. (Kan. 2026).

time of the survey, those who moved were more likely to have advanced degrees, be employed, be aged 25 to 49, and be in a relationship compared to those who thought about moving but did not.⁵⁴ While some of these differences are also related to suicidality, these factors may also be related to who is and is not able to leave negative state policy environments.⁵⁵ As state policy environments become increasingly negative for transgender residents, those who would like to leave but cannot, especially those under the age of 25, may be particularly vulnerable to negative mental health impacts related to structural stigma.⁵⁶

⁵⁴ Fifteen percent (15.0%) of those that moved had Master's degrees or higher compared to 9.4% of those who thought about moving but did not. Just over eleven percent (11.2%) of those that moved were unemployed at the time of the survey compared to 15.2% of those who thought about moving but did not. Just over thirty-nine percent (39.3%) of those that moved did not have a partner compared to 50.0% of those who thought about moving but did not. Just over twenty-six percent (26.4%) of those who moved were aged 18 to 24 compared to 49.6% of those who thought about moving, but did not.

⁵⁵ The 2022 USTS did not ask respondents who wanted to move but did not move about why they have not moved. Though these choices may be due, at least in part, to the demographic differences described here, respondents may have a variety of reasons to remain, such as family and community connectedness. See, for instance, Dakin, E. K., Williams, K. A., & MacNamara, M. A. (2020). Social Support and Social Networks among LGBT Older Adults in Rural Southern Appalachia. *Journal of Gerontological Social Work*, 63(8), 768–789. <https://doi.org/10.1080/01634372.2020.1774028>

⁵⁶ Regarding structural stigma, see, for instance, Last, B. S., et al. (2025); Hatzenbuehler, M. L., et al. (2024); Price, M. A., et al. (2023); White Hughto, et al. (2015).

Future Research

Though research about the health and well-being of the transgender population has increased over the past decade, studies regarding risk factors for suicide, effective interventions, and prevention strategies are urgently needed. The prevalence of suicide thoughts and attempts among USTS respondents has remained high over several iterations of the survey dating back to 2008, underscoring the need for more research and more funded interventions and support. Findings from this report suggest that strategies to reduce suicidality among transgender people must involve reducing the heightened exposure that transgender people have to common risk factors, such as economic hardship and housing instability, as well as minority stressors and structural stigma, such as discrimination, violence, and hostile policy environments.

As states increasingly adopt laws that negatively target transgender people, reducing suicidality among transgender people becomes more challenging. The potential for minority stressors to increase in hostile policy climates is high. Research can bring to light the impacts of specific laws and policies (e.g., restrictive state laws) on transgender people's health and well-being. Research regarding the impact of positive policy environments for transgender people would complement those studies.

State policy environments may prompt some transgender people to move from negative policy states to more positive policy states. In this report, we briefly explored the differences in suicide thoughts and attempts for groups who have and have not moved based on state policy environments. The state-level policy environment has changed since the 2022 USTS was fielded, with more negative state-level statutes now being enacted. Current research is needed on how this is impacting transgender people's relocation across states and how relocation from or remaining in negative environments impacts their health and well-being over time.

Taking advantage of the larger 2022 USTS sample, this report examined differences in suicidality and related risk factors by age group. As in the general population, there were large age group differences in suicide thoughts and attempts. Further examination of age group differences among transgender people is needed to understand why they exist. Applying a life course perspective to transgender people's identity development and gender affirmation milestones would help elucidate unique risk factors for different age cohorts. Understanding the unique risks and resilience factors that are most prevalent for each age group would further our understanding and allow more tailored intervention and prevention strategies for each age group. It would be particularly helpful to better understand the resilience factors that contribute to much lower levels of suicide thoughts and attempts among transgender people aged 50 and older, despite the harsher social conditions this group has faced over time. Such research should also account for survival bias (i.e., that people who die by suicide are unrepresented in cross-sectional surveys), which would be most severe in older age groups.

This report also identified some new areas for further study. First, among adults, remote work was significantly related to lower prevalence of suicide thoughts and attempts compared to in-person work. More investigation is needed to describe the reasons for this relationship and how it could translate to suicide prevention strategies for transgender workers. Additionally, the relationship between attendance at school in-person versus remote school attendance among youth is ripe for further research. Relatedly, we found that COVID-19 impacts on public life, either going out more or less, were related to suicidality. For those going out less, further research could examine the relationship between isolation

and suicidality for transgender people, which was exacerbated during the pandemic. Some unexpected findings also warrant further investigation, such as the lower suicidality among USTS respondents who self-reported living with HIV and the increased suicide thoughts and attempts associated with some types of community connection, particularly online. These findings are consistent with prior research (including the 2015 USTS) but seem contrary to expectations based on minority stress theory.

Methods

The 2022 USTS was an online survey of transgender people, including binary and nonbinary transgender people, aged 16 and older, residing in the U.S., on overseas military bases, and in U.S. territories.⁵⁷ The survey was fielded in English and Spanish from mid-October 2022 through early December 2022 and yielded a total sample of 92,329. Respondents came from all 50 states, the District of Columbia, U.S. territories, and overseas military bases. More details about the 2022 USTS and description of the sample can be found in the report “Early Insights: A Report of the 2022 U.S. Transgender Survey,” available at ustranssurvey.org.

The analyses presented in this report were stratified by age and relied on bivariate statistical analyses to assess the relationship between characteristics and experiences of USTS respondents and past-year suicide thoughts and attempts. Specifically, we use Rao-Scott chi-square tests of independence, which adjust for weighted data, to test the statistical significance of relationships. Throughout the report, we note in the tables the relationships that were not found to be statistically significant.⁵⁸ Additionally, 95% confidence intervals were generated for each table cell, which allows the identification of statistically significant differences between percentages.⁵⁹ We do not report findings for subgroups where the sample size is less than 30 ($n < 30$).

⁵⁷ For more detailed information about the U.S. Transgender Survey methods, see James, S. E., Herman, J. L., Durso, L. E., & Heng-Lehtinen, R. (2024). *Early Insights: A Report of the 2022 U.S. Transgender Survey*. National Center for Transgender Equality. https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf

⁵⁸ All frequencies, chi-square test statistics, and p-values are on file with the lead author.

⁵⁹ All tables including 95% confidence intervals are on file with the lead author.

Limitations

This study is limited to suicide thoughts and attempts and does not include information about suicide deaths. Results should not be used as the basis for inferences about suicide deaths among transgender people. No jurisdiction in the U.S. routinely and systematically collects information about decedents' gender identity at the time of death, and as a result, little is known about death among transgender people, whether by suicide or any other manner or cause. Systematic data from general population studies show differences in demographic characteristics (in particular, age and gender), and risk factors among people who die by suicide, compared to those who seriously consider or attempt suicide.⁶⁰ In the absence of specific information about whether transgender people show similar differences, no implications about suicide death should be drawn from the findings presented in this report.

This study also has limitations that are common in research utilizing survey methods. The U.S. Transgender Survey is a cross-sectional survey that captures respondents' responses at one moment in time. The survey asks respondents to recall prior events over the past year and other time periods, which means data quality is subject to respondents' recall. Additionally, we cannot determine whether past-year risk factors occurred prior to, or after, suicide thoughts and attempts reported during the same time frame. The 2022 USTS generated one of the largest survey samples of transgender people in the U.S. (n=92,329). Though the sample is large, it was drawn using non-probability sampling, which limits generalization to the full U.S. transgender population. Notably, the prior iteration of the survey in 2015 generated a smaller sample (n=27,715) but was found to produce some findings similar to those from population-based samples.⁶¹ Due to the large sample size, chi-square tests may sometimes be statistically significant at the $p<0.05$ level even when differences between percentages are small. Conversely, due to the small sample size of some subgroups, seemingly large differences may not be found to be statistically significant. We provide results stratified by age, yet we rely on bivariate analyses that do not control for other factors that may help explain the relationship between suicidality and the risk factors explored in this report, such as respondents' demographic factors and experiences. Despite these limitations, this report represents the third in a series of reports using NTDS/USTS data, which establishes the ability to observe consistent trends in our findings over many years. The risk factors explored in this report also point to additional research that is needed to more fully understand risk factors, intervention, and prevention for transgender people.

⁶⁰ DeJong, T. M., Overholser, J. C., & Stockmeier, C.A. (2010). Apples to oranges? A direct comparison between suicide attempters and suicide completers. *Journal of Affective Disorders*, 124(1-2), 90-97; Brown, G. K., Beck, A. T., Steer, R. A., & Grisham, J. R. (2000). Risk factors for suicide in psychiatric outpatients: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 68(3), 371-377; Duberstein, P.R., Conwell, Y., & Caine, E.D. (1994). Age differences in the personality characteristics of suicide completers: Preliminary findings from a psychological autopsy study. *Psychiatry*, 57(3), 213-224.

⁶¹ Feldman, J. L., Luhur, W. E., Herman, J. L., Poteat, T., Meyer, I. H. (2021). Health and health care access in the US transgender population health (TransPop) survey. *Andrology*, 9(6), 1707-1718. <https://doi.org/10.1111/andr.13052>

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RESEARCH THAT MATTERS



Appendix

Table A1. Suicide thoughts and attempts in the past 12 months by demographic characteristics and age (row percentages)

Demographic Category	Subcategory	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Race/ethnicity	White, non-Hispanic	35.4%	4.1%	54.5%	10.8%	46.1%	5.9%	34.7%	3.2%	18.0%	1.4%	35.5%	4.0%
	Black, non-Hispanic	43.8%	7.7%	68.9%	18.1%	52.2%	11.0%	36.6%	3.7%	11.4%	<1.0%	40.6%	6.4%
	AAPI, non-Hispanic	37.8%	4.5%	53.2%	8.9%	40.7%	4.9%	26.5%	2.7%	8.1%	1.3%	36.0%	4.3%
	AIAN, non-Hispanic	37.8%	9.0%	*	*	50.0%	12.2%	46.5%	11.7%	12.8%	1.8%	41.8%	9.9%
	Hispanic or Latinx	43.8%	6.7%	59.9%	10.6%	47.1%	8.4%	34.5%	4.3%	12.3%	<1.0%	43.2%	6.5%
	Multiracial, biracial, another race/ethnicity	44.8%	7.2%	61.1%	16.1%	46.8%	9.1%	39.1%	4.7%	24.3%	<1.0%	45.0%	6.9%
Assigned sex	Female	42.4%	5.6%	58.2%	12.2%	48.1%	7.0%	34.3%	2.7%	17.9%	<1.0%	41.6%	5.3%
	Male	34.4%	4.9%	56.5%	11.5%	49.1%	7.9%	36.1%	5.0%	17.9%	1.6%	34.3%	4.8%
Gender identity	Crossdresser	18.1%	2.0%	63.2%	14.6%	49.1%	14.0%	30.9%	<1.0%	8.2%	<1.0%	17.0%	2.3%
	Trans women	34.9%	5.0%	57.1%	11.7%	51.2%	8.2%	36.6%	5.3%	19.3%	1.9%	35.0%	4.9%
	Trans men	42.5%	6.1%	60.9%	13.5%	49.8%	7.8%	31.9%	2.3%	16.8%	<1.0%	41.5%	5.6%
	GQ/NB (AFAB)	42.3%	5.2%	55.3%	10.6%	46.6%	6.3%	36.1%	2.9%	21.2%	<1.0%	41.6%	5.0%
	GQ/NB (AMAB)	35.9%	5.1%	53.9%	11.2%	43.9%	6.8%	34.5%	4.4%	13.2%	<1.0%	35.3%	4.7%
Education^	Less than high school	-	-	-	-	-	-	43.7%	5.9%	19.7%	1.6%	40.2%	5.3%
	High school grad (incl. GED)	-	-	-	-	-	-	38.6%	4.4%	21.2%	2.0%	32.9%	3.7%
	Some college (no degree)/Associate's	-	-	-	-	-	-	37.4%	4.2%	16.6%	1.2%	31.2%	3.1%
	Bachelor's degree	-	-	-	-	-	-	26.7%	1.9%	16.7%	1.0%	23.9%	1.7%
	Graduate or professional degree	-	-	-	-	-	-	23.0%	1.4%	14.5%	<1.0%	19.1%	1.0%
Workforce participation	Employed	35.5%	4.4%	58.9%	14.8%	46.7%	6.6%	31.7%	3.2%	17.8%	1.0%	35.5%	4.4%
	Unemployed	52.3%	8.9%	67.2%	17.4%	53.6%	9.3%	46.2%	5.4%	27.9%	<1.0	50.9%	8.0%
	Out of the labor force	40.1%	5.6%	54.4%	9.1%	47.9%	7.2%	44.8%	5.5%	17.3%	1.9%	38.9%	5.2%

Demographic Category	Subcategory	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Annual household income	\$1 to \$9,999	47.0%	8.8%	68.1%	15.5%	49.1%	8.9%	47.5%	9.5%	24.3%	2.9%	46.2%	8.8%
	\$10,000 to \$19,999	42.1%	6.7%	59.9%	15.8%	50.4%	8.5%	41.5%	5.7%	22.2%	2.4%	42.6%	6.4%
	\$20,000 to \$49,999	41.0%	4.9%	62.9%	11.6%	50.2%	7.3%	40.7%	3.6%	18.1%	1.7%	40.9%	5.1%
	\$50,000 to \$100,000	34.1%	4.3%	58.0%	13.7%	47.4%	6.8%	29.5%	2.6%	16.3%	1.0%	33.5%	3.9%
	\$100,000 or more	32.8%	3.8%	53.5%	12.1%	46.8%	5.3%	25.8%	2.4%	17.1%	<1.0%	31.5%	3.1%
Relationship status	Partnered, living together	31.2%	3.4%	65.0%	31.4%	48.7%	7.1%	31.7%	3.1%	16.4%	1.1%	31.7%	3.5%
	Partnered, not living together	45.5%	7.3%	62.5%	14.2%	49.9%	8.2%	37.0%	4.1%	19.5%	1.1%	44.2%	6.8%
	Single	40.9%	5.7%	55.9%	10.9%	47.7%	6.9%	38.2%	4.3%	19.0%	1.6%	40.3%	5.4%
Sexual orientation	Asexual	39.6%	6.0%	53.0%	10.1%	44.9%	7.6%	38.3%	4.6%	17.7%	1.9%	39.3%	5.7%
	Bisexual	40.3%	5.6%	56.8%	10.9%	48.8%	7.3%	35.6%	4.0%	19.6%	1.5%	40.0%	5.4%
	Gay/Lesbian/Same Gender Loving	38.4%	5.0%	58.1%	11.9%	49.2%	6.0%	36.0%	4.3%	17.4%	1.7%	38.1%	4.6%
	Heterosexual/Straight	20.7%	2.7%	58.4%	8.8%	36.1%	5.3%	21.5%	3.2%	11.0%	<1.0%	20.5%	3.0%
	Pansexual	44.0%	5.9%	65.6%	16.0%	50.8%	7.2%	41.2%	4.5%	23.6%	2.4%	43.3%	5.6%
	Queer	39.1%	4.8%	57.8%	11.7%	47.3%	7.5%	32.4%	2.4%	22.4%	<1.0%	38.4%	4.5%
	Not listed above	41.3%	7.3%	56.1%	14.1%	54.9%	11.4%	35.8%	4.7%	17.5%	<1.0%	40.0%	6.9%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30). ^“All Adults (18+)” category for education only includes those aged 25 and older.

Table A2. Suicide thoughts and attempts in the past 12 months by general risk factors and age (row percentages)

Risk Factor	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Serious psychological distress (Kessler-6)	No	21.3%	2.1%	34.7%	4.9%	29.0%	3.3%	19.7%	1.5%	12.3%	<1.0%	20.9%	1.9%
	Yes	60.9%	9.3%	73.1%	16.8%	64.0%	10.5%	55.5%	6.7%	49.0%	3.9%	60.2%	8.9%
Heavy alcohol use	No	38.7%	5.2%	*	*	48.1%	7.1%	34.7%	3.6%	17.7%	1.2%	38.1%	4.9%
	Yes	42.2%	7.6%	*	*	61.9%	12.8%	42.9%	6.5%	21.8%	4.5%	42.8%	7.8%

Risk Factor	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Binge alcohol use	No	38.7%	5.1%	57.6%	11.5%	48.0%	6.9%	34.4%	3.6%	17.4%	1.0%	38.0%	4.8%
	Yes	39.8%	6.3%	68.6%	33.4%	50.9%	9.2%	38.0%	4.7%	21.0%	3.5%	40.0%	6.4%
Illicit drug use (excluding marijuana)	No	39.0%	5.3%	57.0%	11.2%	47.3%	6.9%	33.1%	3.2%	16.5%	1.6%	38.3%	5.0%
	Yes	38.3%	5.2%	77.3%	32.9%	54.1%	9.0%	38.4%	4.8%	20.4%	1.1%	38.2%	5.1%
Had problem with drug or alcohol use (ever)	No	36.9%	4.7%	55.8%	9.9%	45.5%	6.4%	31.5%	3.1%	16.3%	1.2%	36.2%	4.5%
	Yes	44.7%	7.0%	76.6%	32.7%	61.6%	11.3%	43.2%	5.3%	21.6%	1.8%	44.7%	6.6%
In recovery for their drug or alcohol problem	No	47.5%	6.9%	70.8%	27.4%	60.9%	9.3%	45.0%	5.5%	23.6%	1.9%	47.6%	6.5%
	Yes	40.2%	6.4%	77.2%	35.3%	60.2%	11.9%	41.2%	5.3%	19.2%	1.5%	40.3%	6.1%
	I am not sure	54.2%	9.0%	81.6%	33.6%	64.7%	12.5%	47.3%	5.0%	36.2%	4.3%	53.6%	8.2%
General health	Excellent	22.3%	2.8%	49.7%	3.8%	32.7%	5.7%	20.9%	2.1%	7.8%	<1.0	20.9%	2.8%
	Very Good	28.0%	3.4%	46.3%	8.7%	36.7%	4.6%	25.3%	2.6%	13.1%	1.2%	27.0%	3.0%
	Good	36.6%	4.6%	56.1%	10.9%	46.4%	6.2%	31.7%	3.3%	18.3%	1.0%	35.8%	4.2%
	Fair	48.8%	6.9%	67.6%	15.7%	55.7%	8.8%	44.0%	4.5%	26.2%	1.8%	47.9%	6.6%
	Poor	60.8%	10.6%	74.9%	22.1%	68.3%	14.1%	58.3%	7.5%	34.4%	4.5%	61.3%	10.5%
Living with HIV	No	39.0%	5.3%	*	*	*	*	35.2%	3.7%	18.1%	1.4%	38.5%	5.0%
	Yes	21.6%	4.6%	*	*	*	*	27.8%	8.5%	14.2%	<1.0%	22.0%	5.0%
Disability (ACS)	No	26.3%	2.8%	44.9%	7.6%	37.1%	4.7%	24.8%	2.0%	13.6%	<1.0%	25.5%	2.6%
	Yes	48.0%	7.1%	63.3%	13.9%	53.5%	8.5%	43.7%	5.2%	25.7%	2.2%	47.6%	6.8%
Disability (self-identify)	No	34.5%	4.3%	56.2%	10.8%	44.8%	5.8%	29.8%	3.0%	15.0%	<1.0%	33.2%	3.9%
	Yes	46.5%	7.1%	61.5%	15.0%	54.0%	9.5%	43.9%	5.1%	24.8%	2.5%	46.7%	7.0%
Homelessness (ever)	No	36.1%	4.3%	57.0%	10.7%	44.9%	5.7%	29.1%	2.4%	15.6%	1.0%	34.9%	4.0%
	Yes	45.1%	7.4%	74.2%	23.4%	61.0%	13.2%	43.8%	5.7%	22.6%	2.2%	45.4%	7.2%
Homelessness (past year)	No	37.3%	4.8%	58.0%	11.7%	46.6%	6.6%	33.2%	3.2%	17.2%	1.1%	36.6%	4.5%
	Yes	59.4%	12.1%	89.6%	21.2%	68.8%	16.1%	55.4%	9.0%	34.1%	9.1%	59.3%	12.4%
Arrested any reason (past year)	No	38.6%	5.2%	58.5%	11.9%	48.1%	7.2%	34.8%	3.6%	17.6%	1.4%	38.0%	4.9%
	Yes	57.3%	12.9%	91.3%	44.9%	65.5%	17.8%	57.5%	13.4%	43.4%	1.3%	55.7%	13.7%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A3. Suicide thoughts and attempts in the past 12 months by COVID-19-related experiences and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Ever diagnosed/tested positive for COVID-19	No	38.0%	5.0%	58.2%	11.4%	49.0%	7.3%	34.7%	3.5%	17.5%	1.3%	37.7%	4.8%
	Yes	39.9%	5.7%	57.3%	12.6%	47.8%	7.2%	35.7%	4.1%	18.6%	1.4%	39.1%	5.4%
Worked remotely during the last 12 months	No, only worked in person	40.5%	5.7%	55.6%	12.3%	49.0%	7.5%	36.1%	4.2%	20.1%	1.9%	40.7%	5.8%
	Yes, worked remotely all of the time	29.0%	2.9%	78.9%	17.1%	46.1%	5.9%	27.4%	2.6%	17.7%	<1.0%	28.0%	2.6%
	Yes, worked a hybrid schedule	30.3%	3.5%	61.0%	15.9%	41.6%	5.9%	27.9%	2.3%	14.1%	<1.0%	30.0%	3.2%
Attended school remotely during the last 12 months	No, only attended in person	47.3%	8.3%	53.7%	9.5%	45.6%	7.5%	35.4%	10.3%	16.6%	<1.0%	45.3%	7.8%
	Yes, attended remotely all of the time	46.0%	6.6%	66.4%	13.0%	49.8%	7.9%	35.6%	3.2%	28.0%	1.0%	43.8%	5.8%
	Yes, attended remotely some of the time	47.6%	7.9%	61.7%	15.7%	47.2%	7.2%	35.5%	2.6%	19.8%	<1.0%	45.6%	6.9%
Out in public more/less than before COVID-19 (last 12 months)	Did not go out	44.3%	9.8%	79.9%	27.1%	62.4%	18.5%	43.0%	6.8%	12.7%	<1.0%	42.9%	9.2%
	Out a lot less than before	42.1%	5.1%	62.9%	13.3%	52.4%	7.1%	38.8%	3.9%	21.3%	1.3%	42.2%	5.0%
	Out somewhat less than before	36.6%	4.7%	56.7%	12.2%	46.5%	6.6%	30.4%	2.6%	15.4%	<1.0%	35.5%	4.4%
	Out about the same amount as before	35.4%	5.0%	54.9%	9.6%	47.0%	7.7%	33.3%	3.9%	17.1%	1.7%	34.8%	4.9%
	Out somewhat more than before	44.1%	6.9%	56.1%	11.2%	46.7%	7.4%	37.1%	5.2%	25.8%	<1.0%	43.5%	6.5%
	Out a lot more than before	40.4%	7.7%	55.6%	14.8%	45.2%	7.9%	36.7%	6.8%	15.6%	1.6%	39.3%	7.1%
How often did you wear a mask (last 12 months)	All of the time	40.8%	5.4%	60.9%	12.7%	48.9%	7.4%	37.1%	3.6%	18.1%	1.2%	40.3%	5.0%
	Most of the time	39.9%	5.2%	57.5%	11.2%	48.6%	7.0%	34.5%	3.3%	18.3%	1.6%	39.4%	5.1%
	Some of the time	37.6%	5.1%	55.7%	12.4%	47.8%	6.7%	33.4%	3.8%	18.1%	1.1%	37.0%	4.7%
	A little of the time	36.6%	5.4%	53.5%	10.9%	47.0%	7.9%	34.6%	3.7%	18.9%	2.6%	36.0%	5.3%
	None of the time	30.9%	5.0%	57.8%	12.7%	47.3%	7.7%	34.1%	7.3%	15.5%	<1.0%	30.0%	4.7%

Note: Gray cells indicate a statistically significant relationship (p<0.05).

Table A4. Suicide thoughts and attempts in the past 12 months by “outness,” disclosure, and perception by others, and age (row percentages)

Category	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
"Out" to immediate family	None	41.2%	4.7%	49.7%	7.8%	45.7%	5.8%	40.2%	3.5%	18.9%	<1.0%	41.1%	4.6%
	Some	41.8%	5.0%	61.5%	10.5%	50.2%	6.4%	36.6%	3.4%	17.7%	<1.0%	40.9%	4.8%
	Most	41.4%	6.0%	64.3%	15.4%	51.6%	7.2%	33.9%	3.6%	17.0%	2.6%	40.0%	5.1%
	All	36.3%	5.2%	54.1%	12.7%	46.3%	8.0%	34.0%	3.8%	17.9%	1.3%	36.2%	5.2%
"Out" to extended family	None	41.4%	5.2%	57.1%	10.0%	46.6%	6.2%	33.2%	2.4%	15.4%	2.0%	40.0%	4.7%
	Some	41.8%	5.8%	59.7%	12.5%	47.7%	6.8%	33.2%	3.3%	13.4%	<1.0%	40.8%	5.4%
	Most	36.6%	5.2%	57.4%	15.9%	43.1%	6.5%	31.9%	2.9%	13.7%	<1.0%	36.3%	4.7%
	All	32.1%	4.4%	44.2%	9.3%	44.9%	7.0%	29.1%	3.7%	15.4%	<1.0%	32.6%	4.7%
"Out" to LGBT friends	None	32.0%	4.2%	46.9%	11.8%	50.4%	9.1%	24.8%	<1.0%	14.0%	<1.0%	30.8%	3.7%
	Some	36.3%	3.7%	47.7%	8.1%	48.6%	5.7%	32.6%	2.5%	14.6%	<1.0%	35.2%	3.3%
	Most	36.1%	4.4%	56.4%	11.3%	44.9%	6.0%	31.5%	2.5%	13.4%	<1.0%	34.9%	3.7%
	All	39.9%	5.6%	58.7%	12.3%	49.0%	7.5%	35.0%	3.9%	18.4%	1.6%	39.5%	5.5%
"Out" to non-LGBT friends	None	33.2%	3.4%	55.5%	8.0%	48.6%	5.0%	30.1%	2.6%	12.9%	1.1%	31.9%	3.3%
	Some	36.6%	4.8%	57.2%	11.5%	46.7%	7.3%	32.6%	2.6%	16.7%	1.2%	34.9%	4.3%
	Most	36.2%	5.0%	58.5%	11.9%	46.5%	7.4%	31.2%	3.2%	14.9%	<1.0%	35.3%	4.9%
	All	38.9%	5.4%	57.2%	12.2%	48.2%	7.5%	34.7%	3.8%	20.5%	2.1%	38.5%	5.2%
"Out" to boss	None	34.6%	3.8%	55.2%	9.3%	42.8%	5.7%	29.7%	2.2%	18.3%	1.8%	34.4%	3.8%
	Some	35.8%	4.0%	55.7%	10.6%	47.3%	5.9%	29.2%	2.7%	16.4%	<1.0%	35.3%	4.1%
	Most	34.1%	3.9%	53.4%	15.5%	45.6%	6.6%	27.4%	2.0%	21.1%	<1.0%	34.1%	4.4%
	All	33.3%	4.3%	55.5%	14.8%	45.8%	6.8%	30.5%	3.7%	19.6%	1.0%	33.5%	4.2%
"Out" to co-workers	None	34.9%	4.2%	55.0%	9.6%	45.0%	6.1%	30.9%	3.0%	16.4%	1.7%	34.8%	4.5%
	Some	36.9%	4.2%	61.5%	13.0%	47.4%	6.5%	30.2%	2.4%	19.8%	<1.0%	36.6%	4.4%
	Most	32.1%	3.6%	50.1%	16.1%	43.4%	5.1%	26.7%	2.6%	17.1%	<1.0%	31.9%	3.3%
	All	33.1%	4.5%	55.4%	19.1%	46.4%	7.5%	31.2%	3.8%	19.0%	1.2%	33.3%	4.4%

Category	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
"Out" to teachers	None	46.1%	5.9%	56.2%	8.8%	44.0%	5.4%	34.8%	2.5%	*	*	42.9%	5.0%
	Some	45.4%	6.2%	55.9%	9.6%	43.3%	5.0%	30.6%	3.1%	*	*	42.5%	6.0%
	Most	43.8%	7.4%	55.7%	13.1%	42.2%	5.8%	27.4%	2.7%	*	*	41.3%	6.3%
	All	43.9%	7.2%	56.2%	12.7%	46.0%	7.8%	30.7%	1.8%	*	*	40.7%	6.3%
"Out" to classmates	None	46.4%	6.6%	59.2%	11.7%	45.0%	5.6%	35.2%	2.7%	*	*	42.7%	4.8%
	Some	46.1%	6.7%	55.0%	10.4%	43.7%	5.2%	31.9%	3.6%	*	*	42.8%	6.1%
	Most	44.7%	6.9%	58.7%	11.4%	42.3%	5.9%	27.7%	2.3%	*	*	41.0%	5.5%
	All	40.3%	7.4%	53.7%	14.6%	45.4%	8.5%	28.9%	3.4%	*	*	39.0%	6.5%
"Out" to health care providers	None	38.4%	4.6%	56.5%	10.8%	43.5%	5.9%	31.0%	1.6%	13.3%	<1.0%	37.2%	4.0%
	Some	37.4%	4.2%	58.7%	11.7%	46.5%	6.2%	33.1%	2.4%	13.9%	<1.0%	36.6%	4.0%
	Most	36.3%	4.3%	50.5%	10.0%	47.1%	7.8%	33.1%	2.6%	18.3%	<1.0%	35.9%	4.1%
	All	33.2%	4.5%	52.8%	14.9%	45.7%	7.1%	32.7%	3.7%	18.2%	2.0%	33.3%	4.4%
People can tell I'm trans, even if I don't tell them	Always or most of the time	42.6%	6.2%	62.0%	15.6%	54.4%	9.1%	40.9%	4.3%	21.3%	2.1%	42.5%	6.1%
	Sometimes	40.2%	5.7%	59.3%	12.8%	49.8%	7.3%	36.0%	4.6%	19.5%	1.2%	39.7%	5.4%
	Rarely or never	36.5%	4.7%	55.5%	10.3%	45.7%	6.8%	32.5%	2.9%	15.0%	1.1%	35.9%	4.5%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A5. Suicide thoughts and attempts in the past 12 months by gender affirmation milestones and age (row percentages)

Milestone	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Want to live according to gender identity someday	No	23.8%	4.5%	57.7%	13.2%	30.0%	6.0%	25.7%	5.3%	8.6%	<1.0%	21.6%	3.8%
	Yes	44.1%	5.8%	58.7%	11.6%	50.7%	7.1%	39.4%	3.9%	21.6%	1.3%	43.3%	5.3%
	Not sure	32.3%	3.8%	57.4%	10.4%	41.2%	6.5%	28.2%	1.5%	12.4%	<1.0%	30.6%	3.5%
Years since began to live according to gender identity	0 to 1	42.6%	7.1%	54.2%	11.5%	48.0%	8.3%	37.8%	5.5%	27.3%	4.4%	42.7%	7.1%
	2 to 5	41.1%	5.7%	57.0%	12.9%	48.0%	7.2%	35.4%	3.6%	23.9%	2.0%	40.7%	5.4%
	6 to 9	35.4%	4.5%	57.8%	14.6%	46.9%	7.3%	33.2%	3.4%	14.6%	<1.0%	36.0%	4.7%
	10+	24.7%	3.1%	70.4%	12.5%	47.1%	9.6%	29.6%	3.5%	13.4%	1.3%	24.5%	3.2%
Name and gender correct on IDs	All IDs list correct name and gender	22.5%	2.3%	47.6%	13.8%	32.3%	4.3%	25.2%	2.3%	13.7%	<1.0%	22.3%	2.2%
	Some IDs list correct name and gender	30.7%	3.9%	52.2%	9.9%	41.2%	5.5%	30.0%	3.6%	17.6%	2.0%	30.3%	3.8%
	None IDs list correct name and gender	45.7%	6.5%	59.9%	12.1%	51.7%	8.0%	40.1%	4.3%	23.0%	1.7%	45.1%	6.2%
Had/have hormones	Wanted, haven't had	47.5%	6.9%	62.0%	12.9%	51.9%	7.9%	39.1%	3.2%	17.3%	1.5%	46.1%	6.4%
	Wanted, have had	34.7%	4.6%	48.8%	10.5%	47.6%	7.4%	34.5%	4.3%	18.4%	1.4%	35.1%	4.7%
Where do you get hormones from	Only from licensed professionals	34.1%	4.4%	*	*	46.6%	7.2%	33.5%	3.9%	18.8%	1.7%	34.3%	4.5%
	Only from unlicensed sources	42.6%	7.2%	*	*	55.3%	10.2%	40.2%	8.0%	24.8%	<1.0%	46.0%	8.2%
	Both licensed and unlicensed sources	46.3%	6.9%	*	*	55.6%	7.1%	49.9%	8.0%	13.5%	<1.0%	48.0%	6.8%
Had/have surgery	Wanted, haven't had	-	-	-	-	52.5%	8.5%	40.0%	4.4%	22.0%	2.0%	44.4%	6.3%
	Wanted, have had	-	-	-	-	38.4%	5.1%	26.8%	2.6%	15.1%	1.0%	25.5%	2.6%
Ever de-transitioned	No	37.1%	5.0%	57.1%	12.8%	47.2%	7.1%	33.8%	3.6%	18.3%	1.7%	36.8%	4.8%
	Yes	48.6%	9.1%	71.3%	26.1%	59.9%	12.0%	46.6%	8.2%	26.6%	<1.0%	48.6%	8.5%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A6. Suicide thoughts and attempts in the past 12 months by experiences of family rejection, community connectedness, and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Spouse or partner ended relationship	No	38.4%	5.2%	62.2%	14.5%	50.0%	7.5%	33.5%	3.5%	16.1%	<1.0%	37.9%	4.9%
	Yes	39.6%	7.0%	68.7%	19.5%	61.9%	15.7%	44.7%	5.9%	21.8%	2.8%	39.1%	6.6%
Child ended relationship	No	24.3%	2.7%	*	*	*	*	31.1%	4.1%	18.1%	1.3%	24.0%	2.5%
	Yes	22.0%	5.0%	*	*	*	*	41.4%	16.1%	18.6%	3.1%	21.8%	4.7%
Family support	Supportive	35.2%	4.3%	52.4%	10.7%	43.6%	5.5%	30.7%	2.9%	16.0%	1.1%	34.9%	4.1%
	Neutral	41.6%	6.1%	62.8%	13.2%	51.6%	8.3%	34.6%	3.9%	19.6%	1.9%	40.8%	5.9%
	Unsupportive	54.0%	10.4%	72.3%	18.5%	60.2%	12.4%	46.6%	7.1%	31.7%	3.8%	52.8%	9.7%
Rejected by family of origin	No	29.1%	2.9%	44.4%	7.4%	39.6%	4.4%	27.1%	2.1%	14.4%	<1.0%	29.0%	2.7%
	Yes	43.8%	6.5%	64.2%	14.3%	51.9%	8.5%	39.2%	4.6%	21.2%	1.8%	43.1%	6.2%
Ever ran away from home because trans	No	37.9%	4.7%	56.7%	11.1%	47.2%	6.4%	34.0%	3.2%	17.1%	1.1%	37.3%	4.4%
	Yes	51.1%	13.2%	84.4%	33.3%	65.4%	19.7%	47.3%	10.3%	27.4%	4.0%	51.1%	13.4%
Co-worker support	Supportive	32.6%	4.2%	*	*	44.3%	6.7%	28.3%	3.0%	18.7%	<1.0%	32.3%	4.0%
	Neutral	38.0%	3.9%	*	*	50.0%	5.7%	33.7%	3.0%	17.5%	<1.0%	38.8%	4.4%
	Unsupportive	49.0%	5.5%	*	*	60.9%	8.6%	47.2%	5.0%	31.2%	<1.0%	49.2%	6.8%
Classmate support	Supportive	42.1%	5.9%	54.6%	9.9%	41.4%	5.3%	28.8%	3.0%	*	*	39.3%	5.1%
	Neutral	45.5%	7.1%	52.7%	10.9%	45.9%	5.8%	30.6%	3.5%	*	*	42.8%	6.2%
	Unsupportive	66.9%	16.5%	69.8%	16.3%	63.5%	18.4%	50.5%	7.7%	*	*	65.6%	20.8%
Interact with other trans people	No	36.1%	4.7%	58.5%	10.9%	48.2%	7.7%	39.1%	4.1%	19.9%	2.1%	35.4%	4.8%
	Yes	39.1%	5.4%	57.8%	12.1%	48.4%	7.3%	34.8%	3.8%	17.5%	1.2%	38.6%	5.1%
Interact in political activism	No	38.9%	5.2%	57.2%	11.4%	47.9%	6.8%	34.8%	3.8%	18.1%	1.3%	38.4%	4.9%
	Yes	38.6%	5.8%	62.0%	16.3%	51.1%	9.7%	36.4%	3.8%	17.1%	1.6%	38.2%	5.5%
Interact in person	No	40.0%	5.4%	58.4%	11.6%	51.8%	8.2%	37.0%	4.2%	20.1%	1.3%	40.1%	5.3%
	Yes	38.3%	5.2%	57.7%	12.1%	46.9%	6.9%	34.2%	3.6%	16.5%	1.4%	37.4%	4.9%
Interact through live video (e.g., Zoom)	No	39.4%	5.2%	57.7%	11.0%	48.1%	7.1%	35.1%	3.6%	18.7%	<1.0%	38.7%	4.9%
	Yes	37.5%	5.6%	58.5%	16.0%	49.3%	7.9%	35.1%	4.1%	16.4%	2.2%	37.4%	5.4%

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Interact through social media	No	34.3%	4.3%	53.5%	8.7%	46.4%	7.2%	34.3%	3.7%	18.3%	1.4%	33.7%	4.3%
	Yes	40.0%	5.5%	58.7%	12.7%	48.8%	7.3%	35.3%	3.8%	17.7%	1.3%	39.5%	5.2%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A7. Suicide thoughts and attempts in the past 12 months by experiences with religion and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Ever part of religious community	No	39.3%	5.2%	54.4%	10.9%	46.0%	6.3%	34.1%	3.6%	19.0%	1.2%	38.9%	4.9%
	Yes	38.7%	5.3%	60.2%	12.9%	49.6%	7.8%	35.5%	3.8%	17.7%	1.4%	38.1%	5.1%
Left religious community due to fear of rejection	No	34.5%	4.4%	54.9%	11.1%	45.1%	6.9%	32.1%	3.1%	16.4%	1.0%	33.9%	4.1%
	Yes	45.3%	6.8%	68.7%	15.7%	55.7%	9.0%	41.1%	5.0%	20.4%	2.2%	44.9%	6.6%
Found accepting religious community	No	48.1%	7.1%	69.0%	14.1%	56.3%	8.4%	42.2%	5.4%	25.2%	3.3%	47.4%	6.8%
	Yes	38.6%	6.7%	68.2%	22.4%	54.9%	11.9%	38.0%	4.7%	13.9%	<1.0%	38.4%	6.6%
Part of religious community (past year)	No	39.6%	5.3%	57.3%	11.5%	48.4%	7.1%	35.7%	3.9%	19.0%	1.5%	39.1%	5.1%
	Yes	34.8%	5.4%	61.3%	15.0%	48.6%	8.7%	31.3%	3.3%	14.4%	1.0%	33.5%	5.1%
Religious acceptance from community (past year)	No	52.1%	11.0%	68.4%	8.0%	59.4%	22.8%	38.9%	<1.0%	*	*	47.4%	12.8%
	Yes	30.1%	4.7%	61.3%	21.3%	48.0%	9.4%	29.6%	3.2%	*	*	30.0%	4.4%
Religious rejection from community (past year)	No	30.3%	4.6%	60.7%	19.9%	46.9%	9.5%	30.3%	2.9%	14.8%	1.3%	29.9%	4.3%
	Yes	32.8%	6.8%	67.3%	17.0%	55.2%	13.6%	27.6%	5.0%	10.2%	<1.0%	32.2%	6.4%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A8. Suicide thoughts and attempts in the past 12 months by experiences with conversion therapy and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Experienced GI conversion therapy from MH professional	No	37.8%	4.8%	56.8%	11.1%	47.3%	6.6%	33.8%	3.4%	16.5%	1.1%	37.2%	4.6%
	Yes	50.0%	10.3%	76.8%	28.4%	60.9%	15.3%	48.3%	7.3%	28.5%	3.5%	50.1%	10.0%
MH professional was religiously affiliated	No	48.2%	8.8%	77.1%	23.7%	61.1%	14.5%	45.6%	6.5%	26.7%	1.5%	48.6%	9.2%
	Yes	50.4%	12.7%	68.6%	24.3%	59.1%	17.7%	52.0%	10.6%	29.5%	7.1%	49.4%	11.9%
	I am not sure	54.2%	11.6%	81.8%	40.0%	61.8%	15.4%	50.8%	6.4%	34.2%	6.3%	54.7%	10.1%
Conversion therapy from a religious counselor/therapist	No	38.5%	5.1%	57.6%	11.6%	48.0%	7.1%	34.5%	3.6%	17.5%	1.2%	38.0%	4.9%
	Yes	49.3%	10.9%	78.1%	33.9%	61.5%	14.1%	51.3%	10.3%	25.3%	3.6%	48.4%	10.1%
Received any SO conversion therapy	No	38.0%	4.9%	57.1%	11.2%	47.5%	6.8%	34.0%	3.6%	17.4%	1.1%	37.5%	4.7%
	Yes	51.7%	10.6%	79.6%	36.9%	64.9%	16.2%	49.1%	6.5%	27.4%	5.9%	51.5%	10.1%
Ever go to conversion therapy program	No	38.5%	5.1%	57.7%	11.9%	48.1%	7.0%	34.6%	3.6%	17.5%	1.3%	38.0%	4.8%
	Yes	53.8%	13.9%	85.4%	29.2%	66.5%	23.8%	51.5%	10.8%	35.2%	5.3%	54.1%	14.1%

Note: Gray cells indicate a statistically significant relationship (p<0.05).

Table A9. Suicide thoughts and attempts in the past 12 months by experiences with violence and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Physically attacked, any reason (past year)	No	37.4%	4.6%	56.0%	10.0%	47.0%	6.5%	33.7%	3.2%	17.4%	1.2%	36.9%	4.4%
	Yes	63.8%	17.4%	81.9%	31.9%	70.3%	20.8%	59.8%	12.8%	34.1%	6.5%	62.9%	16.2%
Physically attacked because trans (past year)	No	37.9%	4.7%	56.9%	10.6%	47.5%	6.7%	34.1%	3.3%	17.4%	1.2%	37.4%	4.5%
	Yes	65.1%	20.0%	86.1%	38.0%	71.0%	26.2%	61.8%	14.1%	39.6%	8.9%	63.5%	19.0%
Unwanted sexual contact (ever)	No	31.6%	3.4%	50.9%	7.3%	40.1%	4.5%	26.9%	2.2%	14.4%	1.3%	30.4%	3.1%
	Yes	45.2%	6.9%	69.8%	19.2%	56.5%	9.9%	40.3%	4.7%	22.6%	1.6%	45.0%	6.7%
Unwanted sexual contact (past year)	No	36.9%	4.4%	56.2%	10.3%	46.3%	6.2%	33.4%	3.0%	17.2%	1.2%	36.3%	4.2%
	Yes	59.3%	14.5%	77.4%	27.4%	66.8%	16.4%	53.2%	11.1%	30.9%	6.9%	58.8%	14.1%

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Psychological aggression IPV (ever)	No	33.9%	3.9%	52.8%	8.0%	42.1%	5.2%	27.3%	2.3%	12.5%	<1.0%	32.8%	3.6%
	Yes	43.2%	6.5%	69.1%	19.5%	56.2%	9.8%	39.8%	4.6%	22.6%	2.0%	42.9%	6.3%
Psychological aggression IPV, trans-related (ever)^	No	36.7%	4.5%	55.9%	10.1%	45.3%	6.0%	31.1%	2.9%	14.7%	<1.0%	36.1%	4.2%
	Yes	44.6%	7.4%	74.5%	24.3%	61.3%	12.9%	44.3%	5.6%	23.3%	2.2%	44.0%	7.2%
Psychological aggression IPV (past year)	No	37.0%	4.5%	56.3%	10.2%	46.5%	6.4%	33.1%	3.1%	16.8%	1.1%	36.4%	4.3%
	Yes	54.3%	11.8%	73.9%	24.5%	65.1%	15.3%	50.6%	9.1%	28.7%	4.0%	54.2%	11.3%
Physical IPV (ever)	No	36.9%	4.5%	56.0%	10.2%	45.3%	5.8%	30.6%	2.7%	15.0%	1.2%	36.1%	4.1%
	Yes	42.8%	7.0%	72.8%	22.3%	60.3%	13.3%	41.4%	5.3%	22.5%	1.8%	42.7%	7.0%
Severe physical IPV (ever)	No	36.9%	4.6%	56.4%	10.3%	45.9%	6.1%	31.0%	2.9%	15.9%	1.2%	36.2%	4.3%
	Yes	44.9%	7.5%	75.8%	26.5%	62.5%	14.0%	44.1%	5.7%	23.0%	1.9%	44.6%	7.4%
Physical IPV (past year)	No	37.9%	4.8%	57.5%	11.1%	47.4%	6.7%	34.0%	3.3%	17.5%	1.4%	37.3%	4.6%
	Yes	58.2%	14.2%	76.1%	27.4%	69.3%	19.3%	54.6%	11.0%	28.6%	2.5%	58.6%	14.8%
Any type of IPV (ever)	No	34.6%	4.0%	52.3%	7.7%	41.9%	5.2%	27.1%	2.3%	11.9%	<1.0%	33.5%	3.7%
	Yes	41.8%	6.2%	68.8%	19.3%	55.4%	9.5%	38.9%	4.4%	21.0%	1.8%	41.5%	5.9%
Any type of IPV (past year)	No	36.8%	4.4%	56.0%	10.2%	46.4%	6.3%	32.9%	3.1%	16.7%	1.1%	36.2%	4.2%
	Yes	53.8%	11.3%	74.0%	23.6%	64.3%	15.0%	49.8%	8.4%	28.5%	3.7%	53.6%	10.9%

Note: Gray cells indicate a statistically significant relationship (p<0.05). ^Trans-related psychological aggression IPV includes such things as controlling access to hormones, threatening to disclose transgender identity, undermining gender identity, among others.

Table A10. Suicide thoughts and attempts in the past 12 months by experiences of being denied equal treatment, harassment, and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Denied equal treatment, any reason (past year)	No	37.2%	4.7%	57.1%	10.9%	46.6%	6.4%	33.1%	3.3%	16.5%	1.1%	36.5%	4.4%
	Yes	53.1%	10.5%	72.8%	26.1%	65.9%	16.9%	49.4%	7.0%	32.9%	4.4%	53.5%	10.3%
Denied equal treatment because trans (past year)	No	37.3%	4.7%	57.4%	11.0%	46.8%	6.4%	33.2%	3.3%	16.6%	1.1%	36.7%	4.4%
	Yes	53.1%	11.0%	74.2%	28.3%	65.5%	17.9%	49.6%	7.4%	34.1%	4.8%	53.5%	10.8%
Verbally harassed, any reason (past year)	No	32.2%	3.4%	49.6%	7.0%	41.9%	5.4%	29.7%	2.4%	15.0%	<1.0%	32.0%	3.4%
	Yes	50.3%	8.6%	68.2%	17.6%	58.2%	10.3%	44.4%	6.2%	27.5%	3.3%	49.5%	8.0%
Verbally harassed because trans (past year)	No	33.5%	3.6%	51.2%	7.7%	43.4%	5.6%	30.2%	2.5%	15.1%	<1.0%	33.2%	3.6%
	Yes	50.7%	9.0%	69.3%	18.8%	58.6%	10.9%	45.5%	6.4%	28.4%	3.7%	49.9%	8.4%
Harassed online, any reason (past year)	No	29.8%	2.7%	46.1%	5.8%	39.9%	4.4%	27.4%	1.9%	14.8%	<1.0%	29.4%	2.6%
	Yes	49.1%	8.2%	67.3%	16.7%	56.2%	10.0%	43.5%	5.7%	26.2%	3.1%	48.4%	7.7%
Harassed online because trans (past year)	No	31.8%	3.3%	49.0%	7.5%	42.0%	5.1%	28.8%	2.3%	15.0%	<1.0%	31.4%	3.1%
	Yes	49.5%	8.3%	69.3%	17.3%	56.7%	10.2%	44.0%	5.8%	26.9%	3.3%	48.6%	7.9%

Note: Gray cells indicate a statistically significant relationship (p<0.05).

Table A11. Suicide thoughts and attempts in the past 12 months by experiences in educational settings and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Out or perceived as trans in K-12	No	32.2%	3.6%	56.5%	7.8%	44.7%	6.1%	32.5%	3.3%	17.5%	1.3%	32.3%	3.6%
	Yes	47.4%	7.3%	59.0%	12.2%	50.4%	7.9%	41.3%	4.7%	19.2%	1.1%	46.4%	6.9%
Verbally harassed in K-12, because trans	No	44.0%	5.4%	54.4%	7.8%	44.9%	5.7%	39.3%	3.4%	12.9%	<1.0%	42.3%	5.3%
	Yes	50.3%	8.9%	64.2%	17.1%	56.2%	10.1%	42.3%	5.4%	21.6%	1.2%	49.7%	8.3%
Physically attacked in K-12, because trans	No	47.2%	6.7%	57.5%	11.0%	49.1%	6.9%	39.2%	3.7%	16.1%	1.7%	46.0%	6.4%
	Yes	48.1%	9.7%	79.6%	29.1%	62.4%	16.0%	45.7%	6.9%	21.5%	<1.0%	47.8%	9.4%

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Unwanted sexual contact in K-12, because trans	No	46.2%	6.5%	57.6%	11.4%	48.5%	6.7%	39.5%	4.0%	18.3%	1.2%	44.9%	5.9%
	Yes	54.1%	11.6%	76.3%	23.5%	64.6%	16.0%	47.9%	7.2%	20.0%	<1.0%	54.1%	12.5%
Teacher used wrong name/pronouns in K-12	No	42.6%	5.3%	52.6%	9.8%	46.5%	5.8%	38.8%	3.4%	16.3%	1.2%	42.0%	4.9%
	Yes	55.7%	10.8%	67.4%	15.6%	55.9%	10.6%	47.9%	8.3%	26.3%	<1.0%	54.0%	10.5%
Denied restrooms matching GI in K-12	No	45.1%	5.9%	55.5%	10.2%	48.1%	6.3%	40.1%	3.8%	15.9%	1.2%	44.1%	5.5%
	Yes	52.7%	10.5%	68.4%	18.0%	55.6%	11.3%	43.2%	6.7%	25.9%	<1.0%	51.7%	10.2%
Dropped out of K-12 due to mistreatment	No	46.7%	7.1%	58.3%	11.8%	49.4%	7.5%	39.3%	4.2%	18.0%	1.4%	45.2%	6.7%
	Yes	53.2%	8.4%	72.6%	25.7%	66.3%	11.5%	50.4%	6.3%	22.7%	<1.0%	54.8%	8.3%
Ever expelled from school K-12	No	38.4%	4.9%	58.0%	11.0%	47.7%	7.0%	34.3%	3.3%	16.7%	1.1%	37.8%	4.7%
	Yes	41.0%	7.8%	70.4%	35.6%	60.6%	12.1%	42.5%	8.1%	25.5%	2.6%	41.5%	7.6%
Any negative K-12 experience	No	39.5%	4.4%	48.2%	7.4%	39.3%	4.1%	36.9%	3.3%	16.3%	<1.0%	37.5%	3.9%
	Yes	49.6%	8.1%	63.0%	14.0%	54.2%	9.1%	42.1%	5.0%	19.1%	1.3%	48.8%	7.8%
Verbally harassed in college because trans	No	35.3%	3.9%	*	*	41.2%	4.8%	31.6%	3.1%	16.1%	<1.0%	34.7%	3.6%
	Yes	41.1%	5.3%	*	*	54.2%	9.8%	38.7%	4.0%	21.3%	<1.0%	41.1%	5.6%
Dropped out of college due to mistreatment	No	36.1%	4.1%	*	*	42.4%	5.4%	32.7%	3.2%	18.0%	<1.0%	35.6%	3.9%
	Yes	44.0%	6.7%	*	*	69.3%	12.4%	44.7%	6.5%	8.9%	<1.0%	44.5%	6.0%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A12. Suicide thoughts and attempts in the past 12 months by experiences with employment and in the workplace, and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Denied promotion because trans (past year)	No	40.2%	5.6%	*	*	48.4%	7.4%	34.3%	3.3%	18.1%	2.0%	40.1%	5.5%
	Yes	48.7%	10.6%	*	*	61.7%	12.9%	45.5%	9.6%	36.7%	6.8%	49.3%	10.9%
Fired because trans (past year)	No	40.1%	5.6%	*	*	48.3%	7.4%	34.0%	3.3%	18.4%	2.0%	40.0%	5.5%
	Yes	53.8%	12.2%	*	*	63.8%	12.5%	55.1%	12.2%	27.7%	6.5%	54.4%	13.5%

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Not hired beause trans (past year)	No	38.5%	5.3%	59.6%	14.3%	46.5%	6.9%	32.3%	3.2%	17.9%	1.7%	38.3%	5.2%
	Yes	52.3%	8.5%	69.1%	19.9%	61.1%	11.0%	48.2%	5.9%	25.1%	5.9%	52.4%	8.8%
Took steps to avoid discrimination at work (past year)	No	27.5%	3.5%	47.1%	10.3%	38.7%	6.1%	23.3%	1.9%	12.1%	1.3%	27.6%	3.5%
	Yes	43.1%	5.7%	60.8%	15.3%	50.3%	6.8%	37.6%	4.0%	23.1%	3.0%	43.4%	5.9%
Any mistreatment by employer (past year)	No	35.8%	4.2%	57.0%	12.3%	44.7%	5.5%	30.0%	2.6%	15.2%	2.1%	35.9%	4.2%
	Yes	51.2%	8.6%	61.6%	24.6%	61.4%	11.8%	46.1%	6.5%	33.6%	1.2%	52.4%	9.2%
Harassed, attacked, sexual assault at work (past year)	No	36.0%	4.3%	56.0%	12.4%	45.2%	5.9%	30.4%	2.7%	15.8%	1.6%	36.1%	4.4%
	Yes	51.5%	8.6%	68.3%	24.8%	59.4%	10.2%	46.7%	6.8%	32.1%	4.7%	52.7%	9.0%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A13. Suicide thoughts and attempts in the past 12 months by experiences with housing and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Evicted from home/apartment because trans (past year)	No	36.0%	4.3%	*	*	47.0%	6.7%	35.3%	3.6%	*	*	36.5%	4.4%
	Yes	56.7%	13.8%	*	*	72.7%	18.3%	56.2%	14.2%	*	*	55.2%	13.2%
Denied a home/apartment because trans (past year)	No	38.7%	4.7%	*	*	47.6%	7.1%	35.8%	3.4%	21.5%	3.1%	39.2%	5.0%
	Yes	49.6%	9.5%	*	*	70.0%	14.3%	47.9%	8.8%	27.3%	5.5%	50.0%	9.2%
Couch surfing because trans (past year)	No	37.6%	4.7%	58.1%	11.6%	46.9%	6.6%	33.8%	3.2%	17.6%	1.1%	37.0%	4.5%
	Yes	64.1%	16.9%	79.7%	24.3%	71.4%	18.9%	60.7%	14.6%	31.2%	13.0%	63.9%	17.2%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A14. Suicide thoughts and attempts in the past 12 months by experiences in health care settings and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Has health insurance	No	45.9%	6.3%	67.6%	12.8%	54.0%	9.1%	45.3%	5.0%	15.9%	1.2%	46.2%	6.4%
	Yes	37.8%	5.2%	56.7%	12.2%	47.7%	7.1%	33.3%	3.6%	18.1%	1.4%	37.2%	4.9%
Doctor knew trans and treated with respect (past year)	No	42.9%	6.2%	57.1%	11.1%	48.2%	7.4%	36.2%	3.7%	20.0%	1.0%	42.2%	5.8%
	Yes	34.7%	4.6%	56.3%	13.1%	46.9%	7.1%	33.2%	3.6%	17.3%	1.4%	34.3%	4.4%
Doctor refused to give trans-related care (past year)	No	36.4%	4.8%	56.3%	11.5%	46.9%	6.9%	32.7%	3.3%	17.3%	1.3%	35.8%	4.6%
	Yes	48.1%	10.2%	69.1%	29.1%	59.4%	14.4%	50.3%	9.6%	27.1%	2.9%	47.6%	9.5%
Doctor refused to give other care (past year)	No	36.5%	4.8%	56.5%	11.7%	46.9%	7.0%	33.0%	3.4%	17.8%	1.2%	35.9%	4.6%
	Yes	54.7%	12.6%	70.7%	31.7%	68.4%	17.2%	57.6%	10.3%	23.5%	7.8%	55.2%	12.1%
Any negative experience in doctor/health setting (past year)	No	31.5%	3.4%	53.9%	9.2%	43.4%	5.4%	28.1%	2.3%	14.4%	<1.0%	30.8%	3.3%
	Yes	43.1%	6.8%	59.7%	14.7%	51.1%	8.9%	39.5%	5.0%	24.4%	2.7%	42.6%	6.5%

Note: Gray cells indicate a statistically significant relationship (p<0.05).

Table A15. Suicide thoughts and attempts in the past 12 months by experiences in places of public accommodation and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Avoided public accom for fear of mistreatment (past year)	No	35.7%	4.4%	57.0%	10.2%	45.1%	6.3%	31.9%	2.9%	16.4%	1.4%	35.1%	4.2%
	Yes	52.7%	8.6%	65.7%	19.6%	60.3%	10.4%	48.2%	6.6%	32.0%	1.3%	52.6%	8.2%
Denied equal treatment in public accom (past year)	No	38.0%	5.3%	58.4%	14.1%	49.4%	7.6%	35.4%	4.1%	18.7%	1.7%	38.1%	5.2%
	Yes	52.2%	9.2%	68.3%	23.7%	62.7%	15.5%	50.1%	7.7%	42.4%	3.1%	51.5%	9.3%
Verbally harassed in public accom (past year)	No	37.4%	5.0%	57.6%	13.5%	48.5%	7.4%	34.7%	3.7%	20.0%	1.6%	37.4%	4.9%
	Yes	52.6%	10.5%	69.8%	23.8%	64.5%	13.5%	51.5%	9.5%	27.3%	3.4%	53.0%	10.7%
Physically attacked in public accom (past year)	No	39.1%	5.6%	*	*	50.1%	8.1%	36.8%	4.4%	*	*	39.1%	5.5%
	Yes	48.9%	13.1%	*	*	68.7%	16.8%	50.3%	13.9%	*	*	50.2%	13.5%

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Any negative experience in public accom (past year)	No	36.7%	4.9%	57.4%	13.1%	48.1%	7.2%	33.7%	3.6%	18.4%	1.5%	36.8%	4.8%
	Yes	51.2%	9.3%	69.2%	24.7%	62.5%	13.5%	49.5%	7.8%	33.7%	3.4%	51.1%	9.4%
Any negative experience with TSA (past year)	No	30.2%	3.6%	49.4%	8.4%	42.5%	6.4%	25.7%	1.6%	11.2%	1.2%	29.8%	3.5%
	Yes	39.9%	5.2%	58.6%	12.6%	46.5%	6.3%	34.2%	3.4%	20.1%	2.1%	39.0%	4.9%
Told that you were in wrong restroom (past year)	No	37.0%	4.6%	57.1%	10.6%	46.8%	6.5%	33.8%	3.4%	16.6%	1.2%	36.5%	4.4%
	Yes	48.8%	9.0%	63.0%	16.5%	56.3%	11.8%	42.2%	5.5%	30.0%	3.7%	48.3%	8.8%
Denied access to a restroom (past year)	No	37.9%	4.9%	57.2%	11.0%	47.4%	6.9%	34.4%	3.4%	17.5%	1.2%	37.4%	4.7%
	Yes	54.1%	13.0%	70.1%	21.1%	64.1%	15.5%	47.0%	9.2%	28.3%	8.7%	53.5%	12.5%
Harassed, attacked, sexual assault in restroom (past year)	No	37.7%	4.8%	57.9%	10.9%	47.3%	6.7%	33.9%	3.4%	16.9%	1.2%	37.1%	4.5%
	Yes	53.6%	11.9%	67.3%	23.0%	63.4%	16.3%	48.8%	8.3%	36.1%	4.8%	53.9%	12.0%
Any negative experience in restroom (past year)	No	36.7%	4.5%	56.6%	10.2%	46.4%	6.3%	33.6%	3.4%	16.6%	1.2%	36.3%	4.3%
	Yes	49.0%	9.2%	63.5%	16.7%	57.1%	12.1%	42.5%	5.6%	28.3%	3.3%	48.6%	9.0%
Avoided restrooms (past year)	I never avoided them	29.6%	3.0%	51.5%	8.7%	40.5%	4.5%	28.7%	2.4%	14.2%	1.2%	29.3%	2.8%
	I sometimes avoided them	41.9%	5.7%	59.5%	12.1%	49.5%	7.5%	37.3%	4.0%	21.3%	1.7%	41.0%	5.4%
	I always avoided them	53.9%	10.2%	63.2%	14.7%	59.5%	12.0%	46.3%	7.2%	32.1%	1.8%	54.0%	10.2%
	Not listed above	37.2%	3.4%	43.4%	3.3%	39.6%	4.0%	36.9%	3.5%	30.3%	1.9%	37.3%	3.7%

Note: Gray cells indicate a statistically significant relationship (p<0.05). *Insufficient sample size to report (n<30).

Table A16. Suicide thoughts and attempts in the past 12 months by experiences with law enforcement and age (row percentages)

Experience	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
How comfortable are you seeking help from the police?	Very comfortable	17.5%	2.4%	55.9%	12.0%	46.2%	8.7%	22.1%	4.1%	11.6%	<1.0%	17.4%	2.6%
	Somewhat comfortable	25.1%	3.5%	54.4%	10.9%	36.8%	5.6%	25.0%	3.1%	14.5%	1.7%	23.7%	3.1%
	Neutral	32.4%	4.1%	52.9%	9.2%	42.5%	8.0%	28.5%	2.2%	19.7%	<1.0%	31.0%	3.7%
	Somewhat uncomfortable	38.7%	4.8%	53.6%	12.1%	43.5%	5.8%	31.7%	2.5%	29.1%	1.5%	38.1%	4.3%
	Very uncomfortable	47.0%	6.7%	65.1%	12.7%	53.0%	8.1%	41.0%	4.8%	23.5%	2.6%	46.4%	6.5%
Police treated you with respect (past year)	Never treated with respect	54.8%	10.8%	70.6%	20.9%	64.3%	12.4%	51.2%	9.8%	18.7%	1.3%	54.2%	10.3%
	Sometimes treated with respect	49.9%	9.1%	72.8%	18.5%	57.4%	11.0%	43.5%	6.7%	29.1%	5.0%	49.1%	9.0%
	Always treated with respect	34.5%	6.0%	64.3%	19.4%	45.9%	8.3%	32.0%	4.3%	17.8%	2.4%	34.1%	5.7%
Any mistreatment by police (past year)	No	40.1%	6.2%	66.1%	17.1%	50.9%	8.1%	36.0%	4.6%	17.7%	2.1%	39.5%	6.0%
	Yes	54.3%	12.9%	76.2%	24.8%	63.2%	17.0%	49.8%	9.9%	33.5%	6.6%	53.9%	12.8%

Note: Gray cells indicate a statistically significant relationship (p<0.05).

Table A17. Suicide thoughts and attempts in the past 12 months by other potential risk factors and age (row percentages)

Risk Factor	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Nonbinary respondents: When someone assumes wrong gender	Rarely or never tell them I'm NB	43.5%	5.4%	55.9%	10.3%	47.0%	6.2%	37.9%	3.6%	22.6%	<1.0%	42.2%	4.8%
	Sometimes tell them I'm NB	40.3%	5.1%	56.1%	9.2%	45.9%	6.7%	34.6%	3.2%	14.0%	<1.0%	39.9%	5.1%
	Often tell them I'm NB	38.2%	4.8%	48.8%	13.9%	45.2%	6.1%	34.2%	3.0%	11.8%	<1.0%	37.8%	4.8%
	Always tell them I'm NB	43.6%	4.9%	64.3%	29.5%	49.3%	4.3%	43.6%	3.4%	22.5%	1.5%	42.6%	4.1%
Ever engaged in sex work	No	37.7%	4.7%	57.1%	11.1%	46.9%	6.4%	33.1%	3.2%	17.5%	1.2%	37.1%	4.5%
	Yes	45.6%	8.7%	84.7%	46.8%	60.8%	15.0%	44.1%	6.4%	19.9%	2.8%	45.6%	8.5%
Engaged in sex work (past year)	No	38.0%	4.9%	57.3%	11.4%	47.4%	6.6%	34.2%	3.4%	17.6%	1.3%	37.5%	4.6%
	Yes	51.5%	12.2%	86.5%	53.0%	63.1%	16.8%	47.2%	8.9%	23.8%	3.3%	51.4%	11.5%

Risk Factor	Response	16+		16 to 17		18 to 24		25 to 49		50+		All Adults (18+)	
		Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts	Thoughts	Attempts
Drug sales/underground economy (ever)	No	38.0%	5.0%	57.0%	11.1%	47.5%	6.9%	33.6%	3.5%	17.4%	1.2%	37.4%	4.7%
	Yes	46.0%	7.8%	77.0%	40.2%	59.6%	11.7%	44.6%	5.6%	22.9%	3.2%	46.1%	7.6%
Drug sales/underground economy (past year)	No	38.3%	5.1%	57.3%	11.5%	47.9%	7.0%	34.8%	3.7%	17.6%	1.3%	37.8%	4.8%
	Yes	53.7%	12.7%	77.6%	43.1%	62.2%	14.4%	45.6%	7.6%	33.0%	9.6%	54.5%	12.5%
Someone like me can't influence government decisions	Strongly agree	49.0%	7.3%	71.7%	14.0%	56.2%	9.4%	46.0%	5.8%	26.8%	2.8%	48.7%	7.2%
	Agree	41.9%	5.2%	58.8%	11.5%	49.6%	6.9%	35.9%	3.2%	21.8%	<1.0%	41.6%	5.0%
	Neither agree nor disagree	35.3%	4.7%	54.2%	10.5%	44.3%	6.6%	31.6%	3.5%	17.1%	<1.0%	34.6%	4.3%
	Disagree	31.8%	3.7%	53.3%	8.6%	42.7%	5.6%	28.0%	2.5%	14.5%	1.3%	31.2%	3.7%
	Strongly disagree	33.6%	4.9%	55.9%	17.7%	49.4%	8.4%	32.2%	2.8%	13.4%	1.1%	33.0%	4.5%
Civic or political activity (past year)	No	35.2%	5.1%	56.3%	10.1%	46.2%	6.9%	32.5%	4.6%	17.6%	1.7%	34.4%	4.9%
	Yes	39.1%	5.0%	58.7%	11.6%	48.3%	7.1%	35.4%	3.4%	17.7%	1.2%	38.7%	4.9%
Attended political protest or rally (past year)	No	38.2%	4.7%	58.3%	10.3%	47.8%	6.6%	34.9%	3.6%	17.3%	1.2%	37.6%	4.5%
	Yes	39.0%	5.9%	58.0%	15.1%	48.6%	8.5%	34.7%	3.7%	19.0%	1.8%	38.8%	5.9%

Note: Gray cells indicate a statistically significant relationship (p<0.05).