

legally as their chosen gender (Fernández Rodríguez, & García-Vega, 2012; Gómez Gil, Esteva, & Bergero, 2006).

There is little information available about suicidal behaviours in people with GD, (Jiménez Zarazúa, Rodríguez Salinas, Motilla, & Mascareñas, 2015; Mathy, 2002) but various studies have found that they have a higher risk of death by suicide and suicidal behaviour than the general population, although the data are quite variable (Asscheman et al., 2011; Dhejne et al., 2011; Sánchez, Casquero, Chávez, & Liendo, 2014).

With respect to suicidal ideation, the research suggest between 37% and 74% of those with GD reported suicidal ideation (see table 1), very different to the results from Miret et al (2014) reporting 3,67% of the general population.

Miret et al. (2014) carried out research in which they used an adapted version of the Composite International Diagnostic Interview (CIDI), an interview which allows the diagnosis of the principal mental disorders. In that research they found that, of the 4,583 people interviewed, 3,67% had had suicidal thoughts, and 1,46% had attempted suicide at some point.

In non-random interviews with transsexuals it was found that up to a third of those interviewed had attempted suicide one or more times in their lives (Dixen, Maddever, Maasdam, & Edwards, 1984). A more recent study by Haas, Rodgers, & Herman (2014), showed that rates of suicide attempts in transsexual people reached 44%, an extremely high percentage compared to the 1.6% rate found in the general population (see table 2)

Finally, the relationship between psychiatric disorders and suicide has been the focus of much research, and has provoked significant debate, leading them to be generally established as significant risk factors in suicidal behavior (Gómez-Duran et al., 2006). We assume

the non-pathologization of gender dysphoria (Mas-Grau, 2017), and consider that it is possible that suicide attempts may be more related to a psychiatric disorder than to gender dysphoria.

Based on this, the aim of this research is to analyse the prevalence of suicidal ideation and suicide attempts in a sample of 151 users of the Gender Identity Treatment Unit (UTIGPA), and to examine whether there are significantly significant differences in terms of sex/gender or psychiatric morbidity. The following hypotheses are proposed: 1) People with GD will exhibit rates of suicidal ideation and suicide attempts that are in line with similar research, and higher than those of the general population; 2) No significant differences are expected in suicidal ideation and suicide attempts in terms of sex/gender; and 3) Psychiatric morbidity will be an influential variable both in suicidal ideation and suicide attempts.

Method

Participants

The sample was made up of $N=151$ people with a mean age of 35.3 years old ($SD=12.27$) who had had consultations with the UTIGPA in the time since it opened ten years ago (2007-2017).

The UTIGPA clients were in varying stages of their transsexual processes. Some had not yet started feminising or masculinising hormone treatments, whereas others were on courses of hormone treatment, or had already had some facial or other surgery, and a small number were on the waiting list for genitoplasty.

Out of the 151 people making up the sample, 97 were FT and 54 MT. The gender ratio is 1.8:1 in favour of FT.

The age of the person in the sample when they first attended the UTIGPA ranged between 12 and 79 years old ($M= 30.32$; $SD= 11.49$) (see table 3).

Instruments

Each person completed a semistructured interview, carried out in the aforementioned unit in accordance with the criteria in the

Table 1
Studies that refer to the percentage of people with GD who have attempted suicide

Authors (year)	FT (%)	MT (%)	Total (%)
Mathy, (2002)	–	–	23.3
Bockting et al., (2005)	–	–	47
Kenagy, (2005)	–	–	30.1
Xavier et al., (2005)	–	–	16
Clements-Nolle, Marx & Katz, (2006)	32	32	32
Grossman & D'Augelli, (2007)	–	–	26
Scanlon et al., (2010)	–	–	43
Grant et al., (2011)	–	–	41
Spack et al., (2012)	–	–	9.3
Haas, Rodgers & Herman, (2014)	42	46	44
Holt, Skagerberg & Dunsford, (2014)	12.3	13.9	13.3
Guzmán-Parra, et al., (2016)	21.8	24	22.8

Table 2
Studies that refer to the percentage of people with GD who have had suicidal ideation

Authors (year)	FT %	MT %	Total %
Mathy, (2002)	–	–	37
Xavier et al., (2005)	52	33	42.5
Hoshiai et al., (2010)	76.1	71.9	74
Holt, Skagerberg & Dunsford, (2014)	38.3	32.8	35.5
Guzmán-Parra et al., (2016)	46.5	58.3	52.4

Table 3
Sociodemographic data

	FT n (%)	MT n (%)	Total N (%)	
Age consultation UTIGPA	M= 36,4 DT= 12,67	M= 33,41 DT= 11,39	M= 35,3 DT= 12,76	F₍₁₄₃₎ =0,109
Origin				
Spain	73 (75,3)	46 (85,2)	119 (78,81)	$\chi^2_{(1)} = 10,29^*$
Latin america	19 (19,6)	4 (7,4)	23 (15,23)	
Europe	2 (5,1)	4 (7,4)	6 (6,2)	
Level of education				
Primary	61 (63,2)	27 (50,0)	87 (57,6)	$\chi^2_{(1)} = 2,004$
Secondary	30 (31,6)	15 (28,6)	45 (30,3)	
University	5 (5,1)	11 (21,4)	18 (12,1)	
Psychiatric morbidity				
No history	42 (43,3)	23 (42,6)	65 (43)	
Depression	18 (18,6)	11 (20,4)	29 (19,2)	$\chi^2_{(1)} = 0,374$
Anxiety	5 (5,2)	3 (5,6)	8 (5,3)	
Substance use disorders	10 (10,3)	5 (9,3)	15 (9,9)	
Other pathologies	9 (9,3)	6 (11,1)	15 (9,9)	
Depression and anxiety	13 (13,4)	6 (11,1)	19 (12,6)	

* $p < 0,05$