

## The facts about:

# Gender-distressed youth and suicide risk

The possibility of suicide can be a concern for parents with a child experiencing distress about their sex, and for the professionals working with that family, as well as for officials and politicians setting policy. This factsheet summarises research and addresses myths, misunderstandings and scaremongering.

### Key facts

Having suicidal thoughts is common in people referred to mental-health services. This does not necessarily mean an intention to complete suicide.

Children and young people with gender-related distress have suicidal thoughts in similar numbers to those who share mental-health conditions, but evidence shows that deaths by suicide are rare.

Evidence does not show that social transition, puberty blockers or hormone treatments reduce suicide risk in young people with gender-related distress.

For more than a decade, lobby groups have promoted the false claim that gender-distressed young people have a high risk of dying by suicide, and that this risk is reduced by giving them puberty blockers and cross-sex hormones.

Exaggerated claims about suicide increase the risk of suicide contagion for young people, and divert medical approaches for them away from evidence-based treatment.

## What do we know about suicide and young people?

**Suicidality covers a wide range of thoughts and actions**, from passive thoughts of death through to suicidal thoughts, suicide planning, suicide attempt and completed suicide. Thoughts about suicide as a means of escape are common.

**Suicidality is linked to many factors**, says the [Royal College of Paediatrics and Child Health](#), including mental-health conditions, self-harm, academic pressures or worries, bullying, social isolation, family environment and bereavement, relationship problems, substance misuse or neglect.

**Suicidal feelings should be treated as a child-protection issue** and trigger a similar level of response to children at risk of harm from others. The [National Society for the Prevention of Cruelty to Children's learning from case reviews](#) says that every warning sign of suicide should be taken seriously and acted on accordingly. Suicide threats should be routinely assessed for motivation and level of intent.

**Young people are especially at risk of suicide contagion**, [Samaritans](#) says, because they:

- are more likely to behave spontaneously
- respond more emotionally to life experiences
- are less likely to have the emotional maturity to see a way through life problems
- are less likely to grasp the permanence of suicide
- are at increased risk if affected by a death at their school or university or in a group they identify with.

Samaritans warns against media and other communications that exaggerate the prevalence of suicide by young people or presents it in a sensational and emotive way using romanticised language, lots of images, outpourings of grief or speculation about possible causes.

## Are gender-questioning children at particular risk of suicide?

Gender-distressed teenagers referred for mental-health assessment have a higher rate of suicidality than others. But adjusted for risk factors, youth referred with gender issues are not at higher risk of dying by suicide than others seeking mental-health support.

“The risk of suicide mortality has been hugely exaggerated in public discussions.”

[Professor Riittakerttu Kaltiala](#)

Professor of Adolescent Psychiatry at Tampere University



- [A large study across gender clinics in Canada, UK and the Netherlands](#) found that **rates of suicidality (27–55%) were significantly higher than for the general adolescent population** but similar to rates for others referred to child and adolescent mental-health services.
- [A study of data from NHS England’s Gender Identity Development Service](#) found that **dying by suicide was rare**. Over ten years, there were four suicides in the 15,000 young people in its patient group: **0.03%**. Two of those patients were on the waiting list and two were being treated. This rate was similar to that of young people referred to child and adolescent mental-health services.
- [The Cass Review](#) investigated deaths by suicide of children and young people who were patients at GIDS between 2018 and 2023. They were described as presenting with **multiple comorbidities and complex backgrounds**.
- [The National Confidential Inquiry into Suicide and Safety in Mental Health](#) found 13 deaths by suicide between 2016 and 2020 of patients under 25 “within a trans group” in the UK. **Self-harm and personality disorders were common and several had experienced childhood abuse**.
- [A study of adolescent deaths from 1996 to 2019 in Finland](#) found that **when psychiatric treatment history is accounted for, gender dysphoria does not appear to be predictive of suicide mortality**, and 20–80% of young people seeking gender-identity services present with psychiatric morbidities. This was a study of 2,081 patients who had been referred to a gender clinic before the age of 23, followed over many years and compared with a matched control group.

## Does “gender-affirming” treatment reduce suicide risk?

Evidence does not show that puberty blockers and hormone treatment improve mental health or reduce suicide.

“It has been suggested that hormone treatment reduces the elevated risk of death by suicide in this population but the evidence found did not support this conclusion.”

[Dr Hilary Cass](#)

lead author of the independent review of paediatric gender-identity services



- [The study of the National Health Service’s GIDS data](#) finds “these data shed no light on the question of whether counselling or endocrinological interventions... affect the risk of suicide”.
- [The Finnish study](#) found that suicide mortality of neither those who had hormone treatment nor those who did not did not significantly differ from that of controls. It concluded: “**This does not support the claims that [hormone treatment] is necessary in order to prevent suicide.**”
- [The Cass Review](#) examined the full range of published evidence for a link between suicide-related outcomes and hormone treatment. It found major methodological problems with many of the studies that claimed positive results, such as failure to adequately control for the presence of psychiatric comorbidity or treatment. It concluded: “**The evidence does not adequately support the claim that gender affirming treatment reduces suicide risk.**”

## Where have exaggerated claims of suicide risk come from?

Lobby groups have promoted false claims: that gender-distressed young people have a high risk of dying by suicide, and that this risk is reduced by puberty blockers and cross-sex hormones.

**“I have my daughter, whole and alive, but if I had refused to listen then it's very likely that I would have a dead son.”**

[Susie Green \(was CEO of Mermaids\), 2015](#)

**“I always say I'd rather have a live daughter than a dead son.”**

[Jeanette Jennings \(Mother of Jazz Jennings\), 2016](#)

**“Suddenly Michael who has been presenting as Sarah is being forced to go through puberty... That's where you see half of young people commit suicide.”**

[Ruth Hunt \(was CEO of Stonewall\), 2019](#)

**“They used a phrase that really stayed with me, ‘We prefer to have a living son than a dead daughter.’ I knew I had to help.”**

[Paediatrician, 2018](#)

**“‘Do you want a happy little girl or a dead little boy?’ This was the question, posed by a therapist who specialized in the transgender community, that would change everything for our family.”**

[Mother, 2017](#)

**“Our only choice was to have a dead son or a living daughter.”**

[Mother, 2021](#)

**“ We need to see an end to that line about choosing a living daughter or dead son. It is not based on evidence. May add to distress in young people and mislead worried parents.”**

[Professor Louis Appleby](#)

National Suicide Prevention Strategy Advisory Group Chair



One often-quoted figure is that 48% of trans young people “have attempted suicide in the past year”. This comes from a report in *The Guardian* in November 2014, based on a claim by a now-defunct charity PACE and released in advance of Transgender Day of Remembrance. It reported: “A survey found that 48% of trans people under 26 said they had attempted suicide.”

But this figure came from a self-reported survey with answers from just 27 individuals which did not control for comorbidities or corroborate the answers.

[Transgender Trend published an analysis in 2016](#) of why the “statistic” is not reliable, but it has been frequently quoted.

**FALSE**

**“The self-harm and suicide rate among transgender teens is extremely high so offering blockers saves lives. It’s quite simple.”**

[Mermaids CEO Susie Green, 2014](#)

**FALSE**

**“Mermaids said there was a significant risk of self-harm or suicide where hormone treatment is not yet being given.”**

[Women and Equalities Committee report, 2015](#)

**FALSE**

**“A 2014 survey found that 48% of trans people under the age of 26 had attempted suicide, and that 59% had at least considered doing so.”**

[Gender GP \(private prescriber of puberty blockers\), 2016](#)

## Why is exaggerating suicide risk harmful?

“Children with gender distress may face bullying, isolation and family conflict, reasons to be alert to suicide risk. Empathic support is vital but evidence that puberty blockers reduce risk is weak and unreliable. Invoking suicide in this debate is mistaken and potentially harmful and mislead worried parents.”

[Professor Louis Appleby](#)

National Suicide Prevention Strategy Advisory Group Chair



**Inflated claims about suicide raise the risk of suicide contagion. The Cass Review explains how this harms the overall approach to care for this group:**

- **The focus on puberty blockers has overshadowed other diagnoses and use of evidence-based treatment** for conditions such as depression and anxiety.
- **Strong belief in the efficacy of treatment combined with a long waiting period to be seen may lead to suicidal thoughts and behaviours**, regardless of how effective the treatments may be.
- **Most children who “socially transition” – asking others to treat them as the opposite sex – do so without mental-health assessment** or informed support about the risks. Children living “in stealth” as the opposite sex fear being found out and rejected by friends and dread the onset of puberty. This increases stress and anxiety with resultant behavioural and mental-health problems. Young people are also particularly vulnerable at the time when they transfer from child to adult services.
- **GPs have been put under pressure to continue prescribing puberty blockers and hormones on the NHS** after a patient has obtained a private prescription, on the basis that failing to do so will put young people at risk of suicide.

### FURTHER READING

- [The Cass Review: Final report](#)
- [University of York: Systematic reviews of published evidence](#)
- [Samaritans: Guidance for reporting on youth suicides](#)
- [National Health Service: Every Mind Matters](#)

**Sex Matters** is a human-rights charity.  
We campaign for clarity about sex in law, policy and language.  
[sex-matters.org/factsheets-suicide](https://sex-matters.org/factsheets-suicide)

