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Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors

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Abstract

Data indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth. Using minority stress theory and the interpersonal theory of suicide, this study aims to better understand suicide risk among transgender youth. The present study examines the influence of intervenable risk factors: interpersonal and environmental microaggressions, internalized self-stigma, and adverse childhood experiences (ACEs), and protective factors: school belonging, family support, and peer support on both lifetime suicide attempts and past 6-month suicidality in a sample of transgender youth ($n = 372$). SPSS 22 was utilized to examine the impact of the independent variables on both suicidality and lifetime suicide attempt through two separate logistic regressions. Fifty six percent of youth reported a previous suicide attempt and 86% reported suicidality. Logistic regressions indicated that models for both lifetime suicide attempts and suicidality were significant. Interpersonal microaggressions, made a unique, statistically significant contribution to lifetime suicide attempts and emotional neglect

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by family approached significance. School belonging, emotional neglect by family, and internalized self-stigma made a unique, statistically significant contribution to past 6-month suicidality. Results have significant practice and policy implications. Findings offer guidance for practitioners working with parents and caregivers of trans youth, as well as, for the creation of practices which foster interpersonal belonging for transgender youth.

Keywords
transgender, suicide, minority stress, adverse childhood experiences, gender identity

Background

Transgender is a term used to refer to individuals whose gender identity is not aligned with assigned sex at birth. The terms transgender or trans will be used inclusively in this article to refer to the spectrum of transgender and nonbinary gender identities embraced by youth. Transgender individuals experience disparate rates of serious mental health concerns including depression, anxiety, and suicidality. Data from the U.S. Transgender Survey indicate that 82% of transgender individuals have considered killing themselves and 40% have attempted suicide (James et al., 2016). This lifetime suicide attempt rate of trans people is nearly 9 times greater than the general U.S. population (4.6%; Nock & Kessler, 2006). Within the transgender population, suicidality is highest among young people (James et al., 2016). In fact, mounting evidence suggests that upward of 40% of all trans individuals consider or attempt suicide during adolescence or young adulthood (Bauer et al., 2015; Grossman et al., 2016; James et al., 2016; Tebbe & Moradi, 2016).

A burgeoning body of research supports Meyer's (2003) minority stress model for explaining elevated rates of negative health outcomes, such as suicidality, among transgender individuals (Tebbe & Moradi, 2016). Minority stress theory posits that exposure to identity-based stressors such as prejudice, stigma, discrimination, rejection, bullying, and other forms of violence may be associated with elevated mental health risk among transgender teens and young adults (Hendricks & Testa, 2012). Empirical research has demonstrated associations between minority stressors and suicidality among transgender youth (Veale et al., 2017) and adults (Testa et al., 2017).

To further understand predictors of suicidality among transgender individuals experiencing minority stress, researchers have explored the applicability of the interpersonal theory of suicide (Grossman et al., 2016; Testa et al., 2017). The interpersonal theory of suicide posits that suicidality is caused by

thwarted belongingness and perceived burdensomeness (and hopelessness about these states) (Van Orden et al., 2010). Specific minority stress experienced among trans youth may include emotional, verbal, and physical rejection from parents, extended family, peers, and other important individuals in their community networks (Hendricks & Testa, 2012; Veale et al., 2017). This rejection leads to emotional and often physical disconnection (e.g., being kicked out of the home or running away to avoid abuse) and contributes to a growing sense of not belonging or fitting in anywhere (Grossman et al., 2016). These experiences of stigma and rejection may also contribute to youth's feelings of being a burden to those they love. Experiences of rejection and victimization may lead youth to believe their family, friends, and/or community do not need or want them, or would be better off if they were dead (Grossman et al., 2016; Van Orden et al., 2010).

Better understanding the various sources of identity-based stress which contribute to suicidality among trans youth may be key to effective prevention efforts. In fact, there has been a recent call for research which identifies intervenable risk and protective factors among transgender youth (Bauer et al., 2015). Bauer and colleagues identified several important areas for consideration in research exploring trans youth suicidality, such as factors associated with social inclusion, self-stigma, and access to medical transition. For the purposes of this study, intervenable factors will include interpersonal variables representing specific factors that may be targeted by interventions aimed at increasing a sense of interpersonal connection. Guided by minority stress theory and the interpersonal theory of suicide, this study aims to better understand suicide risk among transgender youth across the United States and Canada. Authors perused the existing literature on minority stress and suicidality among transgender youth to identify potentially relevant factors for inclusion (a detailed review of the relevant literature is offered below). In an effort to both build upon existing literature, as well as add to the knowledge base, authors identified several interpersonal factors relevant to the lives of transgender youths (e.g., school belonging, family connection, and interpersonal microaggressions) that may impact well-being, as well as, be amenable to targeted prevention/intervention efforts during childhood/adolescence. This study examines the following research questions: What is the influence of specific interpersonal risk factors: interpersonal and environmental microaggressions, internalized self-stigma, and adverse childhood experiences (ACEs), and protective factors: school belonging, family support, and peer support on both lifetime suicide attempts and past 6-month suicidality in a sample of transgender youth ($n = 372$). It is hypothesized that each of the risk factors, interpersonal and environmental microaggressions, internalized self-stigma, and key ACEs (verbal abuse within family, emotional abuse within the

family, and emotional neglect within the family), will independently contribute to a greater likelihood of both lifetime suicide attempts and past 6-month suicidality among transgender participants. It is further hypothesized that a greater sense of school belonging, higher levels of family support, as well as peer support, will have a buffering effect on suicidality by decreasing the likelihood of both lifetime suicide attempts and past 6-month suicidality among participants. It is expected that our models will explain a notable amount of variance in lifetime suicide attempts, as well as, past 6-month suicidality.

ACEs

Research examining family rejection and support among transgender individuals unequivocally point to the detrimental impact of family rejection of a youth's transgender identity on their well-being (Klein & Golub, 2016; Mustanski et al., 2016; Simons et al., 2013). Transgender individuals who experience family rejection have been identified as being at significantly greater risk for suicidality (James et al., 2016; Klein & Golub, 2016). Yet, despite knowledge about the potentially traumatic impact of rejection from family on the well-being of trans youth, it may be important to explore the impact of traumatic childhood experiences captured through ACEs scale (Felitti et al., 1998).

To date, there is no published research exploring the impact of ACEs among transgender youth or adults, yet the ACEs scale has been identified as one of the most robust predictors of health disparities among adults (Anda et al., 2010). ACEs research examines the impact of multiple forms of child maltreatment including physical, verbal and sexual abuse, as well as emotional neglect, on subsequent health and mental health outcomes. The original ACEs study, a collaborative research project between the Centers for Disease Control and Prevention (CDC) in the United States and Kaiser Permanente (a network of health care organizations), produced compelling evidence of the pervasive nature of early childhood trauma (CDC, 2013; Felitti et al., 1998). Moreover, subsequent ACEs research has clearly and consistently demonstrated the impact of early trauma on behavioral, medical, and social well-being in adulthood (Anda et al., 2010; Felitti et al., 1998). Recent research with adult populations in the United States and Canada found that ACEs are significantly associated with suicide attempts throughout the lifespan (Choi et al., 2017; Fuller-Thomson et al., 2016). In addition, physical abuse, sexual abuse, and having a family member with a mental illness were associated with a greater likelihood of suicide attempts (Choi et al., 2017; Fuller-Thomson et al., 2016). Given the strong predictive nature of ACEs on suicidality in studies of general population samples, it is important to extend

this research by exploring the impact of specific ACEs items, namely physical abuse, verbal abuse, and emotional neglect on suicidality among transgender youth.

Microaggressions

Microaggressions are "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups" (Nadal, 2008, p. 23). Mounting evidence highlights the incidence and prevalence of gender identity–related microaggressions (Austin et al., 2019), as well as the detrimental impact of microaggressions on well-being (Nadal et al., 2014; Seelman et al., 2017). Nadal and colleagues' (2014) qualitative research revealed that while psychological, behavioral, and cognitive processes for coping with microaggressions varied among transgender participants, all were negatively impacted by the experiences. Seelman and colleagues (2017) found that exposure to sexual or gender minority (SGM) identity–based microaggressions, in particular the absence of safe and inclusive restrooms on college campuses, was associated with higher rates of suicidality among trans college students. In addition, two recent studies of racial microaggressions found that greater exposure to microaggressions had a direct impact on suicidality, as well as an indirect effect via depression (O'Keefe et al., 2015) and perceived burdensomeness (Hollingsworth et al., 2017). These findings have yet to be replicated with other forms of microaggressions (e.g., sexuality and gender identity).

Internalized Self-Stigma

Researchers are increasingly attending to the potentially deleterious impact of internalized self-stigma on mental health among transgender individuals (Austin & Goodman, 2017;; Bockting et al., 2013; Breslow et al., 2015; Mizock & Mueser, 2014; White-Hughto et al., 2015). Several studies suggest that higher levels of internalized self-stigma are associated with poorer coping skills (Mizock & Mueser, 2014), lower self-esteem (Austin & Goodman, 2017), depression (Jaggi et al., 2018; Scandurra et al., 2018), and greater psychological distress (Bockting et al., 2013; Breslow et al., 2015). In addition, research with transgender adults found that higher scores of internalized transphobia were significantly associated with increased odds of suicide attempts in the previous 12 months (Perez-Brumer et al., 2015). Another recent study of study of transgender adults found that internalized transphobia was significantly associated with suicidal ideation (Testa et al., 2017). To

our knowledge, there is no empirical data examining the impact of internalized self-stigma on suicide risk among transgender youth.

School Belonging

School is a place where youth spend a significant amount of time each week. The school context is a primary setting for social interaction during adolescence. For transgender youth, however, school may be an unsafe social context (Goldblum et al., 2012). The high prevalence of school-based anti-transgender harassment and victimization, as well as the corresponding mental health and behavioral health risks, is well documented (Kosciw et al., 2016; Ybarra et al., 2015). Goldblum and colleagues (2012) found that transgender adults who had experienced identity-based victimization in schools when they were younger were significantly more likely to attempt suicide than their transgender counterparts who had not experienced school-based victimization.

School belonging, conceptualized as students' sense of being accepted, respected, included, and supported by others in school (Goodenow, 1993), is recognized as an important interpersonal protective factor contributing to positive development for sexual and gender minority youth (SGMY) (Eisenberg & Resnick, 2006; Hatchel & Marx, 2018; Hatzenbuehler, 2011; Veale et al., 2015). In contrast, youth who do not feel a sense of belonging at school have greater suicide risk. Although less is known about the impact of school belonging among transgender youth specifically, a national Canadian study (Veale et al., 2015) indicated that trans youth generally did not feel very connected to school (average score of school connectedness was 4.9 of 10). However, participants with higher levels of school connectedness were nearly twice as likely to report good or excellent mental health compared with those with lower levels of school connection. Another study of transgender youth in the United States found that school belonging was a key mediator of positive health outcomes (e.g., lower rates of drug use) among transgender youth experiencing victimization (Hatchel & Marx, 2018).

Family and Peer Support

With growing acceptance of transgender identities and experiences, researchers have increasingly been able to document the buffering effects of parent and peer support on trans youth well-being. For instance, in a study of youth receiving transition-related care, parent support of youths' transgender identities was associated with lower rates of depression and higher quality of life scores (Simons et al., 2013). Similarly, the positive impact parental support

on mental health outcomes, including suicide, was illustrated in national sample of transgender Canadian youth (Veale et al., 2015). However, in the face of pervasive minority stressors parental support may not have a buffering impact on outcomes. One study found that while parental support moderated the impact of bullying on suicidality for straight, cisgender youth, it did not moderate the risk for suicidality among SGMY (Poteat et al., 2011).

There are surprisingly few studies exploring the potentially protective impact of social support other than family on the well-being of transgender youth. Existing research conducted with samples of transgender adults does offer compelling insight. Qualitative findings reveal that social support from transgender peers serves key informationally and emotionally supportive roles (Graham et al., 2014). In addition, peer support emerges as a significant protective mechanism in empirical research with trans adults; with higher levels of peer support related to lower rates of psychological distress including depression, anxiety, and suicidality (Bauer et al., 2015; Budge et al., 2013; Pflum et al., 2015).

Taken together data illustrate the notably high risk for suicidality among transgender teens and underscore the importance of research aimed at broadening and deepening our understanding of factors that may exacerbate and/or mitigate trans youths' risk for suicide. A growing research base suggests the potential role of various family and/or environmental factors on youth's risk for suicidality, but there remain several gaps. In particular, there is a need to better understand the impact of specific interpersonal factors that may be especially relevant to the experiences of transgender children and teens. The current study aims to address this gap in the research.

Method

Data for the current study were culled from Project #Queery, an online study of SGMY ($n = 6{,}309$) across the United States and Canada. It employed an online, cross-sectional Qualtrics survey to collect data from SGMY from March to July 2016. The full study protocol is described elsewhere (Craig et al., 2017). The present study utilized data associated with a transgender subsample ($n = 372$) of participants.

Recruitment and Participants

Project #Queery utilized a multipronged, targeted recruitment approach including Web-based, purposive, venue-based strategies in an effort to recruit a diverse, convenience sample of SGMY. Specifically, e-Flyers and participation emails were distributed to over 950 agencies and organizations serving

SGMY in every state in the United States, and every province and territory in Canada. Over 70 Facebook groups were directly messaged encouraging them to ask their members to participate, communities were invited to participate on other social media platforms (e.g., Tumblr and Reddit), and paid posts were employed using Facebook's Ad Manager on Facebook and Instagram. Participants in this study included a subsample of youth ($n = 372$) who (a) were between 14 and 18 years of age; (b) resided in the United States or Canada; (c) identified as transgender; and (d) provided informed consent. See Table 1 for an overview of participant characteristics.

Measures

Dependent variables. Participants' suicidality was assessed using two single-item variables from the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013) Self-Rated Level 1 Cross-Cutting Symptom Measure—Child (American Psychological Association, 2013). The first item explored suicidal ideation using the following 4-point Likert-type scale item: "In the past 6 months I thought about killing myself or committing suicide." Response options included "Never," "Hardly Ever," "Sometimes," "Often." For this study, past 6-month suicidality was recoded into a dichotomous Yes/No variable. Lifetime suicide attempts were assessed using the following Yes/No question: "Have you ever tried to commit suicide?"

Independent variables

Internalized self-stigma. A five-item scale was used to assess participants' internalized lesbian, gay, bisexual, transgender, queer (LGBTQ)-related stigma. Our measure was adapted from the Nungesser Homosexual Attitudes Inventory (NHAI, Nungesser, 1983). Specifically, we utilized the subscale assessing attitudes toward one's own minority sexual identity (self). The measure was modified for youth by simplifying the language, making it more informal, and generalizing the item content to include to transgender identities. Examples of items include "I am glad to be LGBTQ" and "Whenever I think a lot about being LGBTQ I feel depressed." In addition the adapted measure utilized a 5-point response scale ranging from "Strongly Disagree" to "Strongly Agree" rather than the original binary (true/false) format. Adapted versions of the NHAI have been successfully implemented with diverse SGMY in previous studies (Rosario et al., 2006). Reliability analyses revealed acceptable levels of internal consistency for this measure among this transgender sample of youth, $\alpha = .73$.

Table 1. Participant Characteristics.

Variable	*n*	%	*M*	*SD*
Age			15.99	1.232
Gender identities (*Nonmutually exclusive*)				
Trans Man	332	89.2		
Nonbinary/Gender fluid	122	32.8		
Man	43	9.4		
Trans Woman	35	11.6		
Woman	12	3.2		
Demiboy	4	1.1		
Transgender	1	0.3		
Other	3	0.8		
Agender	4	1.1		
Two-Spirit	2	0.5		
Sexual orientations (*Nonmutually exclusive*)				
Pan Umbrella	160	43.0		
Queer	93	25.0		
ACE Umbrella	68	18.3		
Bi Umbrella	60	16.1		
Gay	49	13.2		
Questioning	39	10.5		
Straight	18	4.3		
Lesbian	15	4.0		
Other	8	2.2		
Two-Spirit	3	1.8		
Race/Ethnicity (*Nonmutually exclusive*)				
White/Caucasian	308	82.8		
Hispanic	33	8.9		
Mixed race	27	7.3		
American Indian/Indigenous	21	5.6		
Asian	13	3.5		
Black	15	4.0		
Country				
United States	281	75.5		
Canada	89	23.9		
Other	2	0.5		
Type of community				
City (more than 50,000 people)	123	36.1		
Town (2,500–50,000 people)	154	45.2		
Rural (less than 2,500 people)	59	17.3		
Other	1	0.3		
Not applicable	4	1.2		

Note. ACE = adverse childhood experience.

Interpersonal and environmental LGBTQ microaggressions. Microaggressions were assessed through two subscales, the Interpersonal LGBTQ Microagggressions subscale and the Environmental LGBTQ Microaggressions subscale, adapted from the lesbian, gay, bisexual, queer (LGBQ) Microaggressions On-Campus Scale (Woodford et al., 2015) to capture experiences of both gender and sexual minority youth. The scales capture everyday intentional and unintentional LGBTQ-specific indignations, insults, and invalidations that occur within youths' interpersonal relationships and environmental contexts. Interpersonal microaggressions were documented using a five-item measure; items include "I was told I should act less lesbian, gay, bisexual, transgender or queer"; "Someone told me they were praying for me because of my LGBTQ identity"; "I was told that being LGBTQ is 'just a phase'." Environmental microaggressions were assessed using a four-item subscale: sample item "In my school/workplace/home it was OK to make jokes about LGBTQ people." Responses were rated on a 6-point Likert-type Scale ranging from "Never" to "Very Frequently." Reliability analyses for each subscale were conducted with the transgender subsample of youth. Cronbach's alpha reveals high reliability for the interpersonal microaggressions scale, $\alpha = .81$, while reliability for the environmental microaggressions subscale questionable, $\alpha = .63$.

Family and peer support subscales. Youth perceptions of social support were measured utilizing a nine-item family support subscale and a seven-item peer support subscale (Turner et al., 2007; Turner & Marino, 1994). Items on the family subscale include, "You feel that your family really cares about you and accepts you as you are" and "You feel very close to your family." The peer support subscale included items such as, "When you are with your friends you are able to completely relax and be yourself." Additional items focused on SGMY specific support were included (e.g., "You know your friends accept your sexual orientation and/or gender identity" and "You are completely open with your family about your sexual orientation/gender identity"). Response options ranged from "Strongly Agree" to "Strongly Disagree." These measures were chosen because they had high reliability (Family Support Scale, $\alpha = .88$; Peer Support Scale, $\alpha = .90$) in previous research involving SGMY (Austin & Craig, 2013). Reliability analyses conducted with the transgender sample of youth revealed similarly high levels of reliability for the Family Support Scale, $\alpha = .84$, however, the Cronbach's alpha for the Peer Support Scale was notably lower than in previous research, $\alpha = .67$.

ACEs. Project #Queery utilized the ACEs Scale (CDC, 2013; Felitti et al., 1998), a 10-item dichotomous scale in which participants endorse whether or

not they experienced specific types of maltreatment and household dysfunction prior to 18 years of age: *abuse* (emotional, physical, and sexual), *neglect* (emotional and physical), and *household dysfunction* (domestic violence, divorce, and the presence of a substance-abusing, mentally ill, or incarcerated member of the household). Reliability analyses were conducted with the transgender subsample of youth. Cronbach's alpha suggests acceptable reliability, $\alpha = .76$. Our study utilized the following three ACE items: (a) "Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?" (b) "Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?" and (c) "Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?"

School Belonging

School belonging was assessed using the following single 5-point Likert-type scale survey item: "I feel I belong(ed) at my school." Response options ranged from "Describes me a lot" to "Doesn't describe me at all."

Analyses

Descriptive statistics were generated using SPSS 22 software. Missing data were handled with listwise deletion. Multicollinearity was evaluated utilizing the variance inflation factor and determined not to be a concern. Bivariate analyses, correlations, and chi-square tests, were conducted to explore the impact of each independent variable on both past 6-month suicidality and lifetime suicide attempts. To examine the full models for both past 6-month suicidality and lifetime suicide attempts, two separate logistic regressions were conducted.

Results

Descriptive statistics indicated that slightly over half (56%) of youth in the sample ($n = 372$) reported a previous suicide attempt and a notable majority of the sample (86%) reported suicidal ideation within the past 6 months. Bivariate analyses revealed significant associations ($p < .01$) between each independent variable and both lifetime suicide attempts and past 6-month suicidality. The full model examining all correlates of lifetime suicide

Table 2. Logistic Regression Predicting Likelihood of Reporting Attempted Suicide.

							95% CI for Exp(B)	
Independent Variable	*B*	*SE*	Wald	*df*	*p*	Exp(B)	Lower	Upper
School belonging	.013	.106	0.015	1	.903	1.01	0.823	1.247
Emotional abuse (ACEs)	.351	.292	1.453	1	.228	1.42	0.802	2.517
Physical abuse (ACEs)	.434	.308	1.982	1	.159	1.54	0.843	2.825
Emotional neglect (ACEs)	.518	.287	3.265	1	.071	1.68	0.957	2.943
Family support	−.018	.034	0.284	1	.594	0.98	0.918	1.050
Peer support	−.042	.039	1.115	1	.291	0.96	0.888	1.036
Internalized self-stigma	.001	.037	0.001	1	.979	1.00	0.932	1.075
Interpersonal microagressions	.121	.022	30.759	1	.000	1.13	1.081	1.178
Environmental microagressions	−.008	.036	0.051	1	.821	0.99	0.924	1.064
Constant	−1.013	1.191	0.722	1	.395	0.36		

Note. CI = confidence interval; ACEs = adverse childhood experiences.

attempts was significant, $\chi^2(9, n = 372) = 84.84$, $p < .001$. The model explained 27% (Nagelkerke R^2) of the variance in suicide attempts. In this model, only one interpersonal microaggressions (odds ratio [OR] = 1.1, $p < .001$) made a unique, statistically significant contribution to lifetime suicide attempts; however, emotional neglect by family approached significance (OR = 1.7, $p = .07$); refer to Table 2. Suicidal ideation within the past 6 months: The full model examining all predictors of past 6-month suicidality was also significant $\chi^2(9, n = 372) = 65.32$, $p < .001$. The model explained 29% (Nagelkerke R^2) of the variance in past 6-month suicidal ideation. Three variables, school belonging (OR = .6, $p < .001$), emotional neglect by family (OR = 2.5, $p < .05$), and internalized self-stigma (OR = 1.2, $p < .05$) made a unique, statistically significant contribution to the model of past 6-month suicidality (see Table 3).

Discussion

More than half of transgender young people in our study reported a previous suicide attempt (56%) and they had alarmingly high reported rates of past 6-month suicidality (86%), underscoring the importance of better understanding interpersonal factors contributing to suicide among this vulnerable population. Using the interpersonal theory of suicide as our lens for selecting factors that may be particularly relevant to a lack of belonging and feelings of

Table 3. Logistic Regression Predicting Likelihood of Reporting Suicidal Ideation in the Last 6 Months.

							95% CI for Exp(B)	
Independent Variable	*B*	*SE*	Wald	*df*	*p*	Exp(B)	Lower	Upper
School belonging	−.500	.150	11.184	1	.001	0.606	0.452	0.813
Emotional abuse (ACEs)	.599	.427	1.966	1	.161	1.820	0.788	4.205
Physical abuse (ACEs)	.095	.510	0.034	1	.853	1.099	0.405	2.986
Emotional neglect (ACEs)	.928	.423	4.822	1	.028	2.530	1.105	5.794
Family support	.002	.052	0.002	1	.967	1.002	0.905	1.110
Peer support	.015	.057	0.069	1	.793	1.015	0.908	1.135
Internalized self-stigma	.136	.057	5.776	1	.016	1.145	1.025	1.280
Interpersonal microaggressions	.021	.030	0.468	1	.494	1.021	0.962	1.083
Environmental microaggressions	.039	.049	0.626	1	.429	1.040	0.944	1.145
Constant	−0.405	1.760	.053	1	.818	.667		

Note. CI = confidence interval; ACEs = adverse childhood experiences.

burdensomeness among transgender youth, our study examined the influence of several interpersonal risk and protective factors (interpersonal microaggressions, environmental microaggressions, internalized self-stigma, school belonging, verbal abuse by family, physical abuse by family, emotional neglect by family, family support, and peer support) on lifetime suicide attempts and reports of past 6-month suicidality. Interestingly, in the logistic regression, only one factor, interpersonal microaggressions was significantly associated with suicide attempts. However, emotional neglect by family, school belonging, and internalized self-stigma were significantly related to past 6-month suicidality. A notable amount of variance in each of the dependent variables (27% of the variance in lifetime suicide attempts and 29% of the variance in past 6-month suicidal ideation) were accounted for by the tested models.

Our findings reveal several important points for consideration. Interestingly, the factors associated with lifetime suicide attempts differed from the factors associated with past 6-month suicidality. It was somewhat surprising that feeling disconnected from school was associated with higher past 6-month suicidality (OR = 1.4), but not with lifetime suicide attempts, even among this high school aged sample. Similarly, internalized self-stigma was related to suicidal ideation, but not to suicide attempts. Although this construct has been understudied with trans youth, previous research with transgender adults has linked internalized stigma to suicide attempts (Perez-Brumer et al., 2015), as well as

ideation (Testa et al., 2017). Finally, interpersonal microaggressions were associated with suicide attempts, but not ideation; this is a novel finding which notably contributes to understanding about the impact of these experiences and will be discussed in detail below.

This is the first study to identify a significant association between interpersonal identity-based microaggressions and suicide attempts among transgender youth. These findings are consistent with recent research demonstrating the relationship between exposure to racial microaggressions and suicide attempts among a racial minority individuals (O'Keefe et al., 2015). Interpreting the finding through the lens of the interpersonal theory of suicidality, higher levels of interpersonal microaggressions (e.g., daily negative messages targeting youth's marginalized identity), may contribute to an on overarching sense of not fitting in or "not belonging" within a broad array of interpersonal relationships and contexts (e.g., social, community, and spiritual).

Unfortunately, the relevance of microaggressions and their impact are often minimized. Attempts at minimization include sending messages to marginalized individuals that they should not be sensitive toward subtle intentional and unintentional instances of discrimination and stigma (Sue et al., 2007). In addition, many argue that by attending to microaggressions society is becoming overly and needlessly politically correct and creating a culture of victimhood (Campbell & Manning, 2014). Findings from this study substantiate the importance of attending to microaggressions in studies of suicide risk among transgender youth. Practices and policies across youths' social contexts (e.g., schools, families, and religious institutions) should be aimed at addressing and mitigating implicit forms of transphobic bias, in addition to more explicit forms of victimization and discrimination.

Interestingly, although distal sources of transphobic stigma (e.g., environmental microaggressions) have been linked to poor mental health in previous studies (e.g., White-Hughto et al., 2015), such factors were not significant correlates of lifetime suicide attempts or past 6-month suicidality in the current study. This relationship should be explored in future studies using a measure of environmental microaggressions more specifically tailored to address the issues experienced by transgender youth.

This is the first study to date to examine the impact of ACEs on suicide risk among transgender young people. Our findings indicate that participants who had experienced emotional neglect within the family were 2½ times more likely to report a lifetime suicide attempt. These findings are consistent with general population studies which identified specific ACE items as significant correlates of suicidality (Choi et al., 2017; Fuller-Thomson et al., 2016). Interpreting the findings within the context of the minority stress model and the interpersonal theory of suicidality, emotional neglect (e.g., "Did you often

or very often feel that no one in your family loved you or thought you were important or special?") may potentially be related to, or experienced as rejection. These experiences of rejection may result in a sense of not belonging in one's family (Grossman et al., 2016; Van Orden et al., 2010). In our study, neither family support nor peer support significantly reduced the risk of suicidality or suicide attempts among participants. This is consistent with earlier research that failed to demonstrate the buffering impact of social support in the face of notable minority stressors for SGMY (Craig & Smith, 2014); it should be noted that these measures assess participants' perceptions of support, rather than actual support received.

Finally, findings underscore the important impact of school belonging on suicidality among transgender youth. Specifically, transgender youth who felt like they belonged at school were about half as likely to have attempted suicide. School settings represent critical contexts where youth spend a majority of their waking hours. Moreover, it is within the school context that youth navigate interpersonal relationships with peers and adults, ranging from the mundane (e.g., lunch, asking a question in class, or using the restrooms) to the notable (e.g., prom, homecoming, and team sports), all of which can be agonizing experiences for transgender youth who felt, and perhaps were treated, as if they did not belong. When interpreting findings through the lens of the interpersonal theory of suicide, it is not surprising that reported lifetime suicide attempts were higher among those transgender youth who reported feeling that they did not belong in their school.

Limitations

There are several limitations associated with this study that must be acknowledged. As the online survey used convenience sampling, results may not be representative. The sample's lack of ethno-racial diversity (83% White) and overrepresentation of trans-masculine identified youth (89% selected trans man as one of their gender identities) must be acknowledged. Future suicidality research should aim to oversample racial/ethnic minority youth, as well as trans feminine and nonbinary identified youth. Moreover, because this study did not inquire about sex assigned at birth and/or a "primary" gender identity, it was not possible to explore potential subgroup differences in suicidality within this transgender youth sample. Participants without complete data were deleted. Listwise deletion did reduce the sample size, however, our sample was still fairly robust. This study employed single-item indicators to assess suicidality and suicide attempts. Although research supports the clinical and empirical utility of the *DSM-5* cross-cutting symptom measure (Bravo et al., 2018), multi-item measures may offer more accurate and robust findings

(Millner et al., 2015). In an effort to reduce the length of the full survey, some of the scales were brief, adapted versions of the original scales and validity analyses were not conducted. Future research with these measures may benefit further assessing the validity of each of the measures. Finally, previous research guided by the interpersonal theory of suicide conducted by Grossman and colleagues (2016) sheds light on potential factors that distinguish transgender youth who are likely to attempt suicide from those who experience suicidality but are less likely to attempt. Their research found that an acquired capability of killing oneself which included a capacity for fearlessness about pain, injury, and death was a key distinguishing factor. Including measures which assess this variable in future studies of intervenable risk among transgender youth may further elucidate pathways toward greater, but also less, risk for suicide and uncover important targets for intervention. Nevertheless, given the particularly high risk for suicidality among transgender youth, this study represents an important effort to increase knowledge regarding interpersonal risk and protective factors associated with suicidal ideation and suicide attempts among transgender youth across the United States and Canada.

Conclusion

This study expands understanding about the interpersonal factors contributing to suicidality among transgender youth. Findings underscore the importance of risk factors such as emotional neglect within the family, interpersonal microaggressions, and internalized self-stigma, as well as the potentially important protective role of school belonging, offering potentially important targets for intervention. Importantly, findings from this study further substantiate the long lasting and harmful effects of various forms of interpersonal rejection and disconnection on suicidality and extend ACEs research to include transgender youth. To our knowledge, this is the first study to explore the impact of ACEs with transgender youth and findings point to the potential importance of future research which more comprehensively examines the influence of ACEs among transgender samples.

Considering study findings through the lens of both minority stress and the interpersonal theory of suicide offers important directions for practice and policy. Specifically, findings highlight potential targets for change among participants such as unhelpful thoughts and feelings related to experiences of interpersonal rejection, as well as targets for growth. In particular, linking youth to evidence informed interventions that teach youth effective skills for coping with painful interpersonal experiences, help them build affirmative interpersonal connections in their worlds both online and offline, and fostering feelings of self-compassion may be particularly beneficial (Austin et al., 2018). In addition, findings suggest the need for an increased emphasis on

practices and policies aimed at creating a sense of interpersonal belonging among trans youth in schools. Transgender affirming and inclusive policies in schools which take a firm stance against interpersonal microaggressions (e.g., corrective education and/or consequences for staff or students actively refusing to use youths' preferred name and pronouns), and explicitly support gender diversity (e.g., gender inclusive restrooms, locker rooms, and dress codes), may be critical to staving off and/or mitigating the risk of suicidality among transgender young people. Tangible symbols of gender inclusivity may include the visibility transgender pride flags, the inclusion of books, videos, and media that center the lives of transgender youth, teens, and adults, as well as creating space and resources to host transgender-specific support or advocacy groups in schools. Finally, findings underscore the importance of early intervention with parents and caregivers aimed at increasing affirming attitudes, beliefs, and behaviors toward gender diversity. Parents and caregivers should be provided with the most current evidence regarding the importance of adopting a transgender affirming stance toward their children, what affirmative parenting "looks and sounds like," as well as, evidence regarding the dangers of rejecting, invalidating, and minimizing their child's transgender identity. Existing affirmative parenting interventions (see RFR and Menvielle & Rodnan, 2011) may represent exceptionally useful interventions for reducing interpersonal risk factors within transgender youths' homes and families.

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