When you can't go home: Associations between family environment and suicidality for

transgender youth with histories of homelessness

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Abstract

Transgender youth who are or have been homeless are at an increased risk of suicide. To better understand risk and protective factors for suicide in this population, the present qualitative study analyzed interviews with 30 racially diverse transgender young people (ages 15-26) who had experienced homelessness. Inductive qualitative content analysis revealed that gender-based rejection from family members, other dysfunctional family dynamics (e.g., domestic violence, substance abuse), and mental illness appeared to increase risk of both homelessness and suicide, rather than homelessness itself increasing suicide risk. Results show that although homelessness was a stressor in these young people's lives, conflict and rejection from family members could also be severe stressors. In these instances, participants managed conflictual relationships in ways that allowed them to maintain relationships when safe, and to create distance when relationships were not supportive. Findings suggest that clinicians and other service providers working with homeless transgender youth need to be mindful of the intersectional nature of potential familial stressors, wherein gender-based prejudice can interact with other family dysfunction to make the home unsafe, and to facilitate their clients' agency in establishing appropriate boundaries with family members. Additionally, efforts to support trans youth may need to focus on advocating for the expansion of social safety net programs that provide access to basic necessities in order to proactively reduce harm to transgender people, regardless of their specific family circumstances.

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Introduction

Transgender populations experience high rates of suicidality: consistently across
studies, about 30% of transgender people report attempting suicide at least once in their
lifetimes (for review see Haas et al., 2011). The minority stress model (Meyer, 2003;
Testa, Habarth, Peta, Balsam, & Bockting, 2015) can explain this increased suicide risk.
Specifically, the model demonstrates how the gender-based stigma that transgender
people face is inherently stressful and leads to three additional minority stress processes:
expectations of rejection, internalized transphobia, and identity concealment (Testa et al.,
2015). These chronic stressors then compromise health, including by increasing risk of
suicidality (Testa et al., 2017). Additionally, extant research has identified several
specific factors that increase a transgender person's risk for attempting suicide. Of these
risk factors, past or present homelessness, familial rejection based on gender identity, and
being younger than age 26 are some of the most consistently strong predictors (O'Brien,
Putney, Hebert, Falk, & Aguinaldo, 2016); however, these three risk factors can overlap,
and research has not yet investigated the nuances of how these experiences might
intersect in trans young people's lives to influence suicidality. The present study seeks to
further illuminate how a history of homelessness might interact with familial
relationships to affect suicidality for transgender adolescents and young adults.

Transgender people are overrepresented among homeless youth populations
(James et al., 2016; Shelton, 2016). Although limited research exists that specifically
focuses on the experiences of trans youth (rather than LGBT samples more generally), it
appears that family environment can be a primary driver of trans people's trajectories into

homelessness (Shelton et al., 2018). For example, in their research investigating the family experiences of a general population of trans women of color, Koken, Bimbi, and Parsons (2009) found that many of the women in their study described their familial relationships as hostile, neglectful, or distant. Additionally, it was these unsupportive familial environments that most often led to children being kicked out by parents or deciding to leave home before reaching adulthood, demonstrating that gender-based family rejection can begin a trajectory that ends in homelessness for trans people (Koken et al., 2009).

Shelton and Bond's (2017) study further illuminates why trans youth may be more likely to become homeless by considering the impact of cisgenderism (i.e., both purposeful and inadvertent barriers that limit transgender people's access to resources and supportive relationships). Researchers found that even though not all familial conflict that led to participants' homelessness was directly related to their trans identity, it was often indirectly related. For example, participants described abuse based on nonconforming gender presentation (rather than transgender identity, per se), parents using homophobic or transphobic slurs when any kind of conflict occurred, and being kicked out because of substance use that they began because of fear of rejection and internalized transphobia. Additionally, cisgenderism meant that participants continued to experience instability after a family break, as they were denied access to social institutions (e.g., shelters, foster families) based on their trans identity.

Indeed, access to social capital appears critical to preventing homelessness for trans youth. Although not specifically focused on trans people, Robinson's (2018)

qualitative study sought to further understand why LGBT people from low income, racial minority families are more likely to experience homelessness than white, wealthier trans youth, despite the fact that LGBT people across all backgrounds are rejected by their families. Specifically, the study demonstrated how under-resourced parents' attempts to be good parents by socializing their child to adhere to gender norms could lead parents to reject a gender nonconforming child. Additionally, because these parents were under-resourced, they lacked access to supports that could help them come to terms with their child's identity, and the young people lacked access to a broader network of people who could intervene in the face of family rejection to prevent homelessness.

Shelton (2016) reiterates many of the findings from the studies previously described, but approaches its qualitative analysis from a perspective of resilience. Results interrogate the assumption that homelessness is, by definition, a more negative experience than remaining at home when families are rejecting, by showing how participants described both living on the streets and living at home as equally dangerous. Although participants described the ways in which being homeless was dangerous for them, they also described how leaving a rejecting family environment allowed them to connect with a community of other trans people, and to pursue living as their authentic selves. Ultimately, leaving the home was described as an act of self-preservation by youth in this study, some of whom said that they would have killed themselves, had they remained at home.

The Current Research

The current research used a feminist family framework (Allen & Jaramillo-Sierra, 2015; Few-Demo, Lloyd, & Allen, 2014; Smith & Hamon, 2016) to explore what family factors can contribute to suicidality for trans young people who are or have been homeless. The goals of the current study were 1) to describe participants' family relationship patterns; 2) to explore how participants coped with minority stress perpetrated by family members; and 3) to examine links among family relationship patterns, coping, and suicide attempts.

Feminist family theory was chosen as a lens for the current research for several reasons. First, it centers research on marginalized voices from diverse family types (Allen & Jaramillo-Sierra, 2015). Although a number of papers make suggestions about how to respond to LGBTQ homelessness (e.g., Page, 2017; Ream & Forge, 2014; Tierney & Ward, 2017), few specifically focus on the needs of transgender youth. Second, feminist family theory recognizes the importance of considering individuals in context (Smith & Hamon, 2016), as opposed to studying trans people's mental health in isolation of their family and community experiences. Third, feminist theory considers the implications of intersecting power dynamics and how they can affect one's experiences (Few-Demo et al., 2014). Homeless trans young people find themselves at a disadvantage with regards to several systems of inequality, including their gender, age, and socioeconomic status. Additionally, many homeless trans youth are also people of color, sexual minorities, or disabled. Any research about homeless trans youth that does not consider these axes of inequality in its analyses is likely to fundamentally misconstrue this population's

experiences. Finally, feminist theory expects scholars to do research that supports social justice. The current study has the potential to inform efforts to better support homeless trans people, and to develop interventions to reduce suicidality in this population.

Reflexivity

I am a white, bisexual, nonbinary person who was assigned female at birth. I live in the United States, grew up in a middle-class family, and have never been homeless. Although I am transgender myself, my experiences are clearly privileged in some important ways compared to many of my participants in that I do not experience marginalization because of my race, and I have never had to navigate the vulnerabilities of homelessness. Keeping this in mind, in my work with transgender communities, I do not believe it is my job to "give trans people a voice," but instead to help magnify the diversity of voices I know exist within our community. Related to this goal, I come to all of my work with a desire to highlight the agency of transgender people, particularly in my research about suicide and other coping behaviors that are often labeled as maladaptive. I believe that all behavior is adaptive in some context, and it is important to structure research to better understand those contexts if we want to best support people in finding the coping mechanisms that will bring them to the least harm.

Methods

Participants

The Institutional Review Board (IRB) from Washington State University approved the study and semi-structured interview guide prior to the collection of data. The study received full review of the IRB, and was approved for subject assent with no

parental consent required by minors under age 18. This distinction was especially important in order to be able to recruit and include young people who were homeless or estranged from their families. The ability to include participants based on subject assent was obtained through the argument that the harm to the population of transgender youth caused by not including youth who were estranged from families in the study was greater than the harm of participating in the interview (which was minimal).

The current sample included 30 transgender youth who had affirmed in their interviews that they had been homeless, couch-surfed, or experienced unstable housing at some point in their lives. Interview data came from a larger study of transgender identified young people (N=90), aged 15-26 years (M=21.5, SD=2.9), in 10 cities across 3 countries (United States, Canada, and Ireland); however, all youth with experiences of homelessness lived in the United States. The sample was recruited through community centers, youth group leaders, transgender listservs, and snowball sampling. Researchers used stratified purposeful sampling (Patton, 2001) to ensure representation of three gender categories (transmasculine, transfeminine, and genderqueer) within each ethnic and age subgroup.

The subsample of youth with histories of homelessness was ethnically diverse with 53% reporting an ethnic minority identity: 23% Latino/Hispanic, 10% African American, 10% Native American, 7% Asian, and 3% another ethnic/racial background. Subsample participants primarily identified as genderqueer ($n = 12$; 40%), followed by transgender women ($n = 10$; 33%), and then transgender men ($n = 8$; 27%). When asked to report sexual orientation, the participants utilized 25 unique labels to describe their

sexuality in six major domains: queer ($n = 6$; 20%), straight ($n = 4$; 13%), gay or lesbian, ($n = 10$; 33%), pansexual ($n = 4$; 13%), bisexual ($n = 3$; 10%), and asexual ($n = 3$; 10%). Twenty participants (67%) reported growing up in religious families; almost all ($n=19$) of these families practiced some denomination of Christianity. Three participants had spent time in foster care, and five had ever been sexually assaulted. Twelve participants (40%) had run away from home at some point, and ten (33%) had been kicked out of their home by their parents. An overview of data available in the interviews about participants' homelessness experiences is presented in Table 1.

Interview Guide

Interviews lasted between 90 minutes and two hours, and were conducted by a team of seven researchers: the primary interviewer was an assistant professor and was assisted by three graduate students and three undergraduates. Two interviewers were usually present: one conducting, one taking notes. Each interview was voice recorded and then later transcribed. Participants chose their own pseudonyms, and were compensated 20 US dollars for their time.

Table 1

Overview of Participants' Homelessness Experiences and Family Conflict Patterns

Pseudonym	Family Conflict Pattern	Foster Care	Homeless Before 18	Ran Away	Kicked Out	Homelessness Duration	Current Living Situation
Emma*	Persistent conflict		No	Question not asked		6 months	Stable
Rapheal*	Persistent conflict		Yes	No	Yes - gender conflict	A few times	Stable
Emily	Low conflict		No	No		A few times	Question not asked
Kayla*	Persistent conflict - gendered		Yes	Question not asked	Yes - gender conflict	Question not asked	Stable
Nikki*	Persistent conflict - gendered		Yes	Yes	Yes - gender and other family conflict	A few times	Question not asked
Mseven	Persistent conflict - gendered	Yes	Yes	Yes		1 year	Stable
Zee	Discordant conflict		Yes	No		As a child	Stable
Taylor	Persistent conflict		Yes	Yes		2 years	Unstable/homeless
Rain*	Post-disclosure conflict		Yes	Question not asked	Yes - gender conflict	A few times	Stable
Justin*	Post-disclosure conflict		No	Yes		A few times	Question not asked
Evan*	Persistent conflict	Yes	Yes	Yes	Yes - gender and other family conflict	A few times	Unstable/homeless
Elliot	Persistent conflict - gendered		Yes	Yes		A few times	Question not asked
Aiden	Persistent conflict		No	No	Yes - gender and other family conflict	Recently	Unstable/homeless
Michelle	Discordant conflict		No	No		Recently	Unstable/homeless
Batboy	Post-disclosure conflict		No	Question not asked		Question not asked	Stable
Sam*	Persistent conflict		Yes	Yes		2 years between ages 16-18	Stable
Andrea	Post-disclosure conflict		No	Question not asked		Question not asked	Stable
Reese	Persistent conflict - gendered		No	Question not asked		Question not asked	Question not asked
Thaloneous*	Low conflict		No	Question not asked		Recently	Unstable/homeless
Llyr*	Discordant conflict		No	Question not asked		Question not asked	Question not asked
604*	Low conflict		Yes	Yes		A few times	Question not asked
Jamie*	Post-disclosure conflict		No	Yes		6 months	Question not asked
609	Persistent conflict - gendered		No	Question not asked		Question not asked	Question not asked
Allish	Persistent conflict		No	No		Once	Question not asked
Prada	Persistent conflict	Yes	Yes	Yes		Question not asked	Question not asked
Lo*	Post-disclosure conflict		Yes	Yes	Yes - gender conflict	4.5 months	Stable
Tina	Post-disclosure conflict		Yes	No	Yes - gender conflict	Recently	Question not asked
Allay*	Persistent conflict - gendered		Yes	Question not asked	Yes - gender and other family conflict	Question not asked	Question not asked
Christina	Post-disclosure conflict		Yes	Question not asked	Yes - sexuality conflict	7 years	Unstable/homeless
Jamie*	Discordant conflict		No	Yes		Question not asked	Question not asked

Note. Quoted participants are marked with an *.

Procedure

In semi-structured interviews participants were asked to describe their relationships with their parents/guardians, siblings, and extended family members, including how family members responded after they came out, level of conflict with parental figures, and family supportiveness regarding their gender identity. Additionally, participants were asked if they had ever been homeless or couch surfed, if they had ever run away from home, and about whether or not they had ever considered or attempted suicide, among other topics.

The analysis followed an adaptation of Qualitative Content Analysis (Schreier, 2012), which was based heavily on Grounded Theory (Strauss & Corbin, 1990), to develop inductive themes regarding participants' relationships with their parental figures and other family members over time, and to link those themes with participants' experiences of homelessness and suicide. The analysis occurred in four steps: (1) reading without any notations, (2) inductively reducing to essential concepts, (3) reducing to similar themes, and (4) selective coding. Additionally, the research team specifically coded responses to interview questions about suicidality for presence or absence of suicide ideation or attempt. For participants who described any suicide attempts, the research team further coded for the number of attempts, the timing of each attempt, and any triggers for the attempt (e.g., did the participant state that the attempt was because of a certain environmental stressor or a biological mental health issue).

Trustworthiness

Method and theory triangulation (Carter, Bryant-Lukosius, DiCenso, Blythe, &

Neville, 2014) were employed to increase analysis trustworthiness. Multiple methods

(audio files, transcripts, and researcher memos/journals) were used during the analysis

process. I completed coding individually, and then discussed various interpretations of

participants' reports with the study's primary interviewer. When a difference of opinion

arose between research-team members, a discussion about coding occurred during

weekly research-team meetings to create consensus. Additionally, feedback and support

were solicitated from colleagues with expertise in other fields, including clinicians who

work with trans youth and researchers who study the impact of religion in families with

LGBT children. An experienced qualitative researcher, who did not participate in

research-team meetings, provided comments and feedback on the process to assist the

research team in ensuring trustworthiness.

Results

Family conflict and managing ongoing family relationships emerged as

significant themes throughout participants' interviews during open coding. Subsequent

analyses identified typologies of family conflict, coping mechanisms for managing

ongoing relationships, and connections between family relationship factors,

homelessness, and suicidality. Participants are quoted using their chosen pseudonyms and

pronouns. When describing participants' demographics, I refer to their gender and not

their sex assigned at birth.

Family Conflict Patterns

Descriptions of family conflict, especially with parents or guardians, were

pervasive throughout participants' interviews. Overall, participants described four types

of family conflict patterns based on level of conflict before and after coming out: *post-disclosure conflict*, *persistent conflict*, *discordant conflict*, and *low conflict*. Conflict could be gendered (i.e., related to participants' gender nonconformity or transgender/LGB identity) or general (i.e., any other extreme conflict). Whether or not conflict was "extreme" was somewhat subjective, but included physical abuse, name-calling, any conflict that ended with police or Child Protective Services involvement, or a description of relationship cut-off (e.g., "I don't really have a relationship with my parents").

Post-disclosure conflict. In the *post-disclosure conflict* relationship pattern (*n*=8), participants described having warm and positive relationships with parental figures prior to disclosing their gender identity (or sometimes their sexual identity), which became conflictual at the point of disclosure. In particular, parents' gender expectations for their children appeared to play a role in whether or not a previously-supportive parent-child relationship became conflictual post-disclosure; however, trans youth in this study reported great efforts to conceal their gender nonconformity in childhood from others due to fear of rejection and internalized transphobia, and so parents were not always privy to the entirety of their child's earlier gender exploration. Emma (woman, age 24, White) described how her parents' disbelief of her trans identity lead to conflict:

> "I feel like [my parents have] always known, but they claim that they didn't. In fact, that's the main reason why they wouldn't accept my transition. They would've been okay with me being gay, but they wouldn't accept me as being trans because they didn't see me as being girly when I was younger. But I feel

like from a pretty early age I learned to suppress it as much as possible and hide it."

Some previous research suggests that parents of trans children can be disaffirming when their child first comes out but become more supportive over time (Riley, Sitharthan, Clemson, & Diamond, 2011). For the young people in this study, post-disclosure conflict with parents was not necessarily transitional. For example, Justin (genderqueer, age 26, White) described how his relationship with his family had changed since he had come out:

"I grew up very close to my family, especially [during] elementary school we were a very close family… I went and saw them for the first time in May since I started hormones and my mother called my voice alarming… For the past four years every time my mom looks at me she looks like she is about to cry."

In some cases, participants' extended family members felt disaffirming parents were acting inappropriately and would step in to advocate on the participants' behalf; however, these extended family members did not always have enough power in the family system to fully compensate for the lack of support from parents. For example, Lo (woman, age 22, Latinx) described how her grandmother and her aunt supported her after her mom kicked her out, but were unable to give her a place to stay because her uncle was unsupportive:

"[After my mom kicked me out for being trans] I went to my aunt's [house] and I told her everything that I felt about my mom and how I was so angry with her and stuff. Because even when I had cancer, friends that came here and the staff would

call me Daisy because that's the name I used to went by and [my mom] knew

that, she knew that I identified that way. She just didn't want to accept it, ya

know… And you would think that she'd be more accepting of it because my

grandmother's accepting of it. Like, she's the one actually that talked to my mom

and told her flat out that [she was] stupid for doing that to her granddaughter and

that she really needed to sit down and think about what she is feeling personally

and whether that's so important… verses loving her daughter and accepting her.

So my grandmother stepped in and advocated for me and I told her I was thankful

and I went to go to stay with her but she's living with my uncle and my uncle

doesn't accept it, so."

Persistent conflict. In the *persistent conflict* relationship pattern (*n*=15),

participants' familial relationships were strained or even abusive before identity

disclosure, and participants' trans identities or gender expression intensified existing

conflict and dysfunction. Interestingly, participants in the persistent conflict group were

more likely to be homeless before age 18 (*n*=10; 63%) than after age 18 (*n*=5; 36%),

suggesting that this broader family dysfunction in combination with gender-related

conflict may be a particular risk factor for earlier age of homelessness.

Mental illness or substance abuse in the family could play a role in persistent

conflict. For example, Raphael (man, age 19, White) described a family environment that

was persistently unsafe because of domestic violence and substance abuse:

"Me and my mom, like we kind of have a relationship now, but not really. Like

it's just… hey like you're my mom. That's about it, like we don't really talk that

much or anything and my dad, like he's just completely out of my life... Him and

my mom got divorced because like all of the mental abuse and the physical abuse

that was going on and like he started stalking us or whatever so we moved out of

[state] and like I was just done with it... [My mom and I] used to be really close

but she's became an alcoholic after she divorced my dad and stuff."

However, more recently Raphael's trans identity has also indirectly become a source of

conflict between him and his mother, as Raphael was having a difficult time finding a job

because of his trans identity. Ultimately, this conflict lead to Raphael becoming

homeless: "My mom's kicked me out, quite a few times... Just for not getting a job, and

not doing anything with myself."

A substantial subset of participants in the persistent conflict group (*n*=7)

described parents or guardians reacting negatively to their gender expression prior to

disclosure, which suggests that this subset of trans youth faced stigma from parents for

their gender nonconformity even before coming out. For example, Nikki (woman, age

22, Black) described how her childhood gender nonconformity in combination with

domestic violence in her household created distance in her relationship with her family:

"I've seen my mom get hit once before by my sister's dad and I jumped in and

then she still picked his side and that made me feel real bad ... and that was one

incident that made me kind of back away from her and then I was getting so much

grief from my uncles for being so very flamboyant and not wanting to play sports

and wanting to hang out with my friends and all my friends are females and just

giving me so much grief about nothing."

Importantly, all seven of these participants described their families of origin as being devoutly Christian, suggesting a link between some types of religious ideology and sensitization to gender nonconformity in children. Later in her interview, Nikki talked about her family's attempts to change her gender nonconformity through prayer:

"[My family said] 'Oh you need to pray, you need to pray, you need to pray, get those demons outta here.' I'm like 'Yeah, yeah, yeah, whatever,' but one day it really did get to the point where I was crying in the bathroom praying to God telling Him to 'Please, please change me. Turn me straight or change me into a girl. Start over and change me into a girl.' Yeah, that's how they had me, they were trying to brainwash me, but I, I wasn't going."

Discordant conflict. In the *discordant conflict* relationship pattern (*n*=4), participants had one supportive parent and one disaffirming parent. All participants who described this pattern had parents who had divorced or separated; however, discordant conflict still only described the experiences of a minority of all study participants with divorced parents (*n*=15). Jamie (genderqueer, age 17, Asian) described how differently their mom and their dad have responded to their gender nonconformity and lesbian identity:

"I don't really talk to my father… he knows that I'm a lesbian but he doesn't know anything else beyond that about who I really am and who I feel I am and everything else like that… He's super super Christian… so he really doesn't like it. Like, I kinda think that he's hoping I'll become a girl because he sends me all these girly things like purses, perfume, and necklaces and… I try to say thank

you to him but it's just like, that's not really what I want. I guess it's like I wish he would accept me more but I know he's not going to any time soon…

My mom's very very accepting. Actually the first time I told her I was like, 'Hey mom I'm going out with one of my girlfriends,' and she's like, 'Oh! Okay that's cool.' And so ever since then it's like I can talk about… that kinda stuff… She's actually kind of protective about it too like I have a 'I kiss girls' sticker on the back of my van and she took it off because she's afraid of people at work, that they would fire me or whatever. So she's protective but she's really open about it, like she accepts people as they are… She doesn't care as long as I'm happy."

Having one affirming parent could be protective for participants; however, the disaffirming parent could reduce their child's access to that support, especially when they were the custodial parent. For example, when Llyr (man, age 23, White) wanted to move in with his dad because of the more-supportive environment, his mom convinced him not to:

"I had an opportunity, [my dad] lived next to an art school and I could've gotten in and lived with him and gone to art school and it would have been incredible, but my mom was like, 'Your dad is crazy,' so I didn't go."

Low conflict. The least common relationship pattern was the *low conflict* pattern (*n*=3), in which participants described consistently warm relationships with their parents or guardians, even after disclosure. For example, Thaloneous Hughes (man, age 21,

Native American) described his experience coming out to his mom and discussing his

future plans for having children:

> "We were driving up to [the city] that day so I was going to tell her that morning
>
> and it was interesting. I was telling her about this conference I went to and she
>
> stopped me and said, 'Hey, I was watching Oprah the other day and there was this
>
> trans guy on there who is having a baby, Thomas Beatie.' And she said, 'Is that
>
> anything you've ever considered?' And I said, 'Ya know, as a matter of fact it is.'
>
> And so my mom has been nothing but supportive."

For participants in the low conflict group, homelessness occurred because of other

family factors, such as family economic insecurity. Thaloneous Hughes explained later in

his interview:

> "I am moving out of my place on Friday and I don't have anywhere set up and
>
> that's nerve-racking to me. I think that class issues and poverty have always been
>
> something that I worry about. I mean, I grew up on welfare and food stamps and
>
> the whole thing so it, it bothers me not to know where my housing is coming
>
> from… We have applied for subsidized housing um, but haven't heard whether or
>
> not that's been approved yet so um, pretty much can't afford anything but
>
> subsidized housing so we'll see what happens when I get there."

Managing Ongoing Familial Relationships

As in the National Transgender Discrimination Survey (Grant et al., 2011) which

found that many trans people maintain relationships with family members even when

they have been rejecting, many participants in the present study still had some form of

relationship with their families at the time of interview. Even when participants said they had come to some sort of understanding with disaffirming family members, these relationships were still complicated in that participants had to balance the potential benefits of keeping a family tie with the potential costs of inviting further rejection.

Boundary enforcement as coping. Establishing and maintaining boundaries with parents and guardians was emphasized as being important for wellbeing (n=11), even when maintaining these boundaries resulted in homelessness. These boundaries included refusing to interact with family members who were disaffirming or abusive, sometimes by running away from home, or limiting the degree to which they relied on family members to provide support. Jamie (woman, age 21, White) described her decision to stay in a shelter instead of living with her parents when she was unemployed:

> "I was unemployed from April '08 until mid November '08 and I lived with my aunt and uncle for like four or five months. They were like ok it's time to go… and so I didn't have money, like hardly any money at all… So I decided, I don't know, I didn't want to be a burden on my aunt and uncle and I didn't want to pay for rent and I didn't want to live, you know, at my parents' house so I lived at a homeless shelter on and off for like a month."

Instrumental support. Some participants reported continuing to receive instrumental support (e.g., occasional financial support) from family members; however, many participants were wary of this support because they saw it as a way for generally unsupportive family members to attempt to re-establish control over their lives. For example, Rain (man, age 22, Latinx) described how his parents offered some financial

assistance with the stipulation that he not use it to pay for his transition:

> "I came out to [my parents] and they stopped financially supporting me for quite a while and I lived in my friend's kitchen… They partially reinstituted a bit after that, but then they were convinced that I was saving up for surgery. So any time I would ask for help with rent, they'd be like, 'You're saving up for surgery, we're not gonna give you money…' I'm like, 'Are you fucking kidding me? I'm in massive debt and I can't feed myself. I'm like, stealing food from work here.'"

Therefore, when relationships continued to be strained, some participants decided to refuse instrumental support from family if at all possible, even if that support could help them access necessities. For example, Emma (woman, age 24, White) talked about refusing to reconnect with her parents, even though it could help her access health insurance to pay for her transition:

> "I had a found a place I could get prescribed for very, very little money and I could see a doctor. So I was just buying my hormones. I didn't have insurance, I still don't…. [When asked if she would be willing to go back on her parent's health insurance] No, because that means I have to be willing to talk to them. I can work enough to just pay for it without insurance. That's what most people seem to be doing."

Reconciliation. Even when participants found some sort of reconciliation with family members, they often still described a degree of emotional or physical distance as a form of self-protection, and did not feel that they could turn to parents/guardians as primary support systems. In an exchange with the interviewer, Allay (woman, age 23,

Latinx) described how the birth of her younger brother led to a tentative reconciliation with her mother, despite ongoing tensions in the relationship:

"Interviewer: Would you say you're close to your mom now?

Allay: Yeah.

I: Ok, and how long was the period of not being close?

A: About 7 years.

I: Ok, and for 7 years did you have contact with her at all?

A: Yeah, but it was mostly negative. Anytime I tried to ask for help or reach out to her she shot me down.

I: Ok, and did she support you financially during that time?

A: Never, never.

I: So at the point that you moved out, no financial support.

A: She kicked me out

I: She kicked you out and no more support? What was the stimulus for return contact?

A: [She recently gave birth to] my younger brother.

I: What's your level of conflict with your mom now?

A: None, because I avoid it completely. Because I know that… we are too alike and too stubborn to get over something. Like I said, it's awkward because she'll bring up stuff that to her it's willy-nilly and to me I think you actually abused me and you're laughing about it now. So it's strange still to this day and even now, little comments that she makes, [like] 'Oh, your hair, you like it like that?' or 'Oh

your outfit, is it supposed to look like that?' You know, just little things like that."

Some participants created chosen families to make up for support they lacked from their families of origin. Rain (man, age 22, Latinx) talks about moving away from where he grew up in order to find a more-affirming support system:

"[My parents and I] live 3000 or 4000 miles apart and it works better that way… I had such a hard time, trusting them after that whole experience [of them cutting me off financially] for obvious reasons… I decided that I really didn't ever want to talk to them again. I didn't want to see them; I didn't want to have anything to do with them. Our relationship was not… supportive or good or anything that I wanted from parents. You know, I have a really great and supportive friendship community [here], you know, I have everything I've wanted, and my parents stressed me out more."

Connections to Suicidality

Eleven participants (37%) reported at least one suicide attempt, and eighteen (60%) reported any suicide ideation, which closely matches suicidality estimates from other community-based trans samples (O'Brien et al., 2016).

Reasons for suicide attempts. Participants described a variety of reasons for their suicide attempts, including mental illness ($n = 3$), death of a loved one ($n = 2$), being a victim of sexual assault ($n = 1$), and gender/sexuality-based rejection ($n = 7$) from family members. Often times, two or three of these risk factors would co-occur precipitating the suicide attempt. For example, Evan (man, age 22, Latinx and Greek) described how several family stressors including parental gender disaffirmation came

together to lead him to attempt suicide:

> "There were a lot of things going on… Two of my family members were shipped out to Iraq so I was freaking out about that because I don't agree with that, I don't agree with war. So I was freaking out about that. My parents [were] definitely not supporting my decisions as to how I was dressing, how I was. Like, I was just falling apart."

Timing of suicide attempts. The timing of participants' suicide attempts suggests that homelessness was not a predictor of suicide for the youth in this sample, as the majority of participants had attempted suicide before ever becoming homeless. Eight participants attempted suicide for the first time while still living with their family of origin, and before becoming homeless. Of these participants, seven did not have any additional suicide attempts after permanently leaving their family homes. The timing of one participant's attempt was unclear.

For the three participants who attempted suicide after leaving their family homes, all directly connected their attempts to severe mental illness (two participants had been diagnosed with bipolar disorder and one participant had been diagnosed with obsessive compulsive disorder) that began before their period of homelessness. For example, Sam (genderqueer, age 25, White) described the lifelong nature of their experiences with obsessive compulsive disorder and how the associated intrusive thoughts resulted in their two suicide attempts:

> "I was like 8 and there was a fire at my school and that was really unhappy making and probably prompted the OCD type behaviors for a while. So they took

me to a counselor at that point and I was acting depressed apparently when I was

11 so I started medication on and off and so I had a team. And then in my late

teens it really like exploded with really more distressing OCD symptoms, a lot of

suicide [ideation], in and out of the hospital, tons of different medications and

that's pretty much been my whole life… Sometimes dozens or maybe a hundred

times a day I would be having intrusive thoughts about hurting myself or killing

myself and that would sometimes end up manifesting as like, 'Fine, I'm just

gonna kill myself,' or whatever in a more active sense."

Family Conflict Patterns and Suicide attempts. Because homelessness did not

predate suicide attempts for most of this sample, the research team looked for other

predictive indicators. Analyses identified certain family conflict patterns as largely

overlapping with suicide attempts. Of the 11 participants who attempted suicide, ten

came from unilaterally disaffirming families: eight described family environments of

persistent conflict and two described post-disclosure conflict with their families. Kayla

(woman, age 20, White) discussed how persistent gendered abuse from her father and

feelings of hopelessness about her prospects for living as her authentic gender led to both

of her suicide attempts:

"Several years before [leaving home] I had attempted suicide twice… It was just,

I knew I was different than everyone else. And I couldn't really live the way I

wanted to, I was always told by my dad, 'Are you a man or a mouse?' And so, I

was like, 'I'm a mouse!" and I'd continue to cry and then he'd slap me, or punch

me, or kick me, or whatever. So I attempted suicide twice… [In my early teens] I

took like a whole bottle of ibuprofen tablets and ended up having to go to the hospital for it. And they also put me into the mental hospital, which I was in the youth ward, and I was there for a couple months… Then in my late teens after I had come out, when I was starting to see, 'Hey, I'm never going to be able to live like this… even if I'm not living with my parents.' So I attempted again, and it was with cutting… and then I was put in the hospital and was in there for quite a while."

Importantly, having at least one supportive parent appeared to be protective for suicide among participants: only one of the participants in the low conflict group and none of the participants in the discordant conflict groups reported a suicide attempt. The one participant (604: genderqueer, age 23, White) from the low conflict group who reported an attempt connected their attempt to a combination of bipolar disorder and PTSD from the recent suicide of a friend:

"Bipolar disorder runs in my family… I noticed the onset of symptoms around puberty. And my manic episodes tend to not be the fun kind of mania but the angry kind where I am angry for no reason. So I would say that I go, depending on the cycle I go from severe to moderate depression. And then when I was… 21 something happened to me and for a period of time after that I suffered from a little bit of PTSD… I went with a bunch of my friends and classmates, we drove to Las Vegas and… we got there, checked into our hotel… and at around 5:00 AM or so there was… frantic pounding on the door… and I was like, 'Oh my god the police are here. What's going on?' and they told me that my friend, Devon

had died, had killed himself in the hotel… That happened in November and in early January I tried to kill myself."

Discussion

The purpose of this study was to contextualize the family experiences of trans adolescents and young adults who are or have been homeless as a way to better understand potential risk and protective factors for suicide. Most participants described complex relationships with family members that involved managing conflict and rejection by seeking opportunities for reconciliation when safe, and creating distance when relationships were not supportive. In accordance with extant research (Grant et al., 2011; Koken, Bimbi, & Parsons, 2009; Shelton, 2016; Shelton et al., 2018), rejecting family relationships and participants' efforts to manage those relationships could lead to homelessness, either because the trans young person was kicked out of their household, ran away to protect themselves from violence, or decided to reject potential instrumental support from a disaffirming family.

Although homelessness was undoubtedly a stressor for the participants in this sample, when considering risk and protective factors for suicide, the absence of affirming parental figures and other dysfunctional family dynamics were more likely to be implicated as contributing factors. Specifically, most participants experienced their suicide attempts while still living with disaffirming family members and before becoming homeless, and ceased suicide attempts after leaving the disaffirming environment. For the minority of participants who attempted suicide after becoming homeless or in supportive family homes, participants described their attempts as being primarily related to life-long,

severe mental illness, such as bipolar disorder or obsessive-compulsive disorder. These participants also sometimes implicated other environmental factors, such as death of a loved one or sexual assault, as triggers for the suicide attempt.

Participants' narratives about family reconciliation and boundary maintenance coincide with previous research in general homeless youth populations that found identity protection to be an important consideration for youth when they are deciding whether or not to engage with formal and informal support services (Samuels, Cerven, Curry, & Robinson, 2018). Many of the youth maintained some sort of relationship with their disaffirming relatives, and some even managed to improve their relationship over time; however, this reconciliation usually occurred because of sacrifices on the part of the trans child, and not because parents gave up their transphobic beliefs (at least not completely). For this sample, reconciliation looked like youth deciding the relationship was worth preserving in spite of gender disaffirmation, but that lack of acceptance still created distance and pain in the relationship. For those youth who were unwilling or unable to accept their legal guardians' disaffirmation, forgoing physical necessities, such as stable housing or healthcare, sometimes became the cost of protecting their sense of self. The connection between family rejection and suicide for the youth in the present study suggests that protecting this fundamental sense of self can be just as important as fulfilling more-obvious physical needs. For these youth, homelessness was by no means a *safe* option, but it was still *safer* than remaining with the family of origin.

Implications

These findings call into question conceptualizations of homelessness itself as a

primary risk factor for suicide in trans young people; instead, unsafe family environments may contribute to both risk of suicide and risk of homelessness for trans youth. In accordance with findings in previous research (O'Brien et al., 2016), over half of participants described family gender disaffirmation as a trigger for at least one of their suicide attempts, and disaffirmation did not necessarily give way to more supportive behavior from families over time. Importantly, for the participants who described a persistent family conflict pattern (the most common relationship pattern observed in this study), the family environment was unsafe both because of gender disaffirmation and also because of non-gender specific familial challenges, including domestic violence and substance abuse. In consideration of these findings, clinicians, case workers, and other service providers working with homeless trans youth ought to be cautious when employing interventions based singularly around family reintegration. Although, family reintegration programs, such as the Family Acceptance Project and the Family Preservation Program (Ferguson & Maccio, 2015), provide important and appropriate strategies for some youth, these programs either focus on helping families become more trans-affirming (e.g., Family Acceptance Project), or on helping families manage other more general home stressors (e.g., Family Preservation Program), but not intersections of how trans-specific conflict and other family conflict may interact. Results in the current study suggest that assessing home safety for trans youth requires considering whether or not the home is trans-affirming, and not just whether physical abuse or neglect are present in the home. Service providers need to consider the likelihood that the family environment may be unsafe in intersectional ways that require complex levels of

intervention, and some youth may be better served in alternative placements.

For those trans people who cannot return to their families of origin, the present study reaffirms several suggestions made in extant work to improve support for LGBT homeless youth. First, more trans-affirming shelters, transitional living programs, and alternative home placements are desperately needed (Yu, 2010). Additionally, trauma-sensitive mental health interventions employing harm reduction frameworks may be especially important to scale up in order to meet needs associated with the high rates of mental illness experienced by this population (for examples of programs already being used by some service providers, see Ferguson & Maccio, 2015). In relation to these goals, advocacy efforts seeking to support the trans homeless population should work towards implementing enumerated anti-discrimination policies that include sexual and gender minority people as a protected class to reduce the likelihood that trans people are barred from accessing necessary services.

The United States context of participants in the present study is also important to consider. It is notable that in the broader study from which the present study's sample was derived, only participants from the United States had ever been homeless. Participants in Canada and Ireland were just as likely to have disaffirming families, but when this conflict caused Canadian and Irish young people to live apart from their families, they were able to access government subsidized housing and did not end up becoming homeless. Because subsidized housing programs are currently vastly underfunded by the U.S. federal government, such options were not available to the American youth (Kingsley, 2017). Therefore, for American trans youth, parental rejection

does not only mean a break in an important attachment relationship, but also can lead to a lack of access to basic necessities, such as adequate food and safe housing. This may make the stress of parental rejection (and resulting risk of suicide) even greater for trans youth in cultures that give people under age 18 little agency apart from their parents, because youth realistically recognize that parental rejection can be a survival threat, as well as an emotional one. This suggests that one of the most straight-forward interventions to reduce the harmful effects of parental rejection on trans youth is to expand government-based social safety net programs, such as universal health care, supplemental nutrition programs, and housing-first initiatives. Social safety net programs can insure that regardless of their parents' potential prejudices, trans youth have access to basic necessities, and should receive greater focus in LGBTQ advocacy efforts even though they are not specifically targeted towards addressing the needs of LGBTQ people.

Finally, that none of the participants from the discordant conflict group attempted suicide suggests that having even one affirming parent may buffer the impact of another parent's rejection on suicidality. Homeless trans youth from families with discordant conflict may be especially strong candidates for family reintegration programs if the youth can live with the affirming parent. Service providers may further benefit youth in this situation by providing the supportive parent/guardian with skills and resources to help them manage the influence of an unsupportive parent. Additionally, future research should further investigate the effects of parental divorce in general trans youth populations, as custody placements that allow trans children to live with their more-affirming parent after a divorce may be the most-beneficial living situation for the mental

health of a trans child.

Strengths and Limitations

      The present findings, as well as their implications, must be viewed in light of this study's strengths and limitations. One of the strengths of a qualitative methodology is the opportunity to better understand the complex, contextual factors of a given phenomenon, which can lead researchers to novel understandings of the processes behind well-established findings. Although previous research has found associations between homelessness, family environment, and suicidality for trans youth, research about suicide is still almost always quantitative; fewer than 3% of articles published in the three primary suicidological journals (i.e., *Crisis, Archives of Suicide Research,* and *Suicide and Life-Threatening Behavior*) used qualitative methods (Hjelmeland & Knizek, 2010). The qualitative, in-depth nature of the data and the breadth of the interview protocol of the present study brought to light several important features for ongoing suicide research in trans populations. Specifically, the nuances of participants' relationships with their families both before and after coming out as transgender, and the quantity, timing, and triggers for participants' suicide attempts, including whether the attempts occurred before or after leaving home, captured how various contextual factors related to family environment, homelessness, and suicide can interact in ways not immediately evident in extant research. Additionally, although the present study is not a representative sample of homeless trans youth, efforts were made during data collection to recruit a broad range of identities from within the transgender umbrella, including trans men, trans women, and nonbinary/genderqueer people, as well as a breadth of race/ethnic identities and broad

geographic representation. Moreover, the sample reported rates of suicide ideation and attempts similar to those reported in larger quantitative studies of transgender people, suggesting that the sample was a good representation of suicide patterns within this population.

Despite significant strengths, the present study also has several important limitations. First, although the present study asked participants whether they had ever been homeless, couch-surfed, or were insecurely housed, the purpose of the study was not to interrogate homelessness experiences. Therefore, the interview protocol did not delve into participants' specific experiences with homelessness. In some cases, participants shared information about when they were homeless and for how long, but in other cases they did not. In fact, the prevalence of homelessness in this community sample of trans people surprised the researchers, and suggests that future research about trans populations ought to consider including specific questions about homelessness more often, as it appears to be a fairly common experience for trans people living in the United States. Secondly, the interview protocol primarily included questions about participants' relationships with their parents or guardians. Questions also asked about extended family, siblings, and other trusted adults, but in significantly less depth. Future research still needs to investigate the impact of these important non-parental relationships on the wellbeing of trans youth with histories of homelessness. Finally, the present study was unable to find any patterns related to suicide ideation. It is possible that the threshold for suicide ideation is low enough that most trans people have enough risk factors to consider suicide at some point in their lives, but it is also possible the questions asked by the

present study were not constructed in order to best capture variation in factors related to suicide ideation. Regardless, more research is needed to better understand the mechanisms that can lead suicide ideation to become a suicide attempt.

Opportunities for Future Research and Concluding Thoughts

The findings of the present study raise a number of questions for future research, especially in terms of applying intersectional methodologies when studying trans homeless populations. Although the present study did not include a strong measure of socioeconomic status, previous research has linked lower family socioeconomic status to increased risk for homelessness (Robinson, 2018) and increased risk of suicide attempt (Goldblum et al., 2012) for trans people. Future research should specifically investigate whether family SES is associated with trans youths' experiences of the sorts of family conflict described in the present study, and whether these experiences might explain some of the variance in suicidality based on SES. Additionally, extant research has identified differences based on race in homeless experiences (Shelton et al., 2018), family support (Koken et al., 2009; Robinson, 2018), and suicidality (Goldblum et al., 2012) for LGBTQ people; however, little research has begun to tease apart how race might function in these various areas to cause differences in trans people's experiences of these phenomena. Finally, previous research has identified foster care as a predictor of homelessness for LGBTQ youth (Choi, Wilson, Shelton, & Gates, 2015). Indeed, all the participants in the broader study from which the present sample was derived who had spent time in foster care had also experienced homelessness at some point; however,

research about trans youths' experiences in foster care and long-term outcomes is still almost nonexistent, leaving an important gap for further study.

Participants in the current study often described complex family experiences that were unsafe because of a mix of gender-related and other factors. Although homelessness was undoubtedly a stressor in these trans young people's lives, conflict and rejection from family members could also be severe stressors, and in these instances, participants showed resiliency in managing these relationships by maintaining relationships when safe, and creating distance when relationships were not supportive. For homeless trans youth, factors beyond the stressors of homelessness may contribute to suicidality. Additionally, family reconciliation may not always be appropriate or safe for these young people. Therefore, clinicians and other professionals who work with this population need to be mindful of potential familial stressors, and facilitate their clients' agency in establishing appropriate boundaries with family members. Additionally, efforts to support trans youth may need to focus on advocating for the expansion of social safety net programs that provide access to basic necessities in order to proactively reduce harm to transgender people, regardless of their specific family circumstances.

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