



# Minority Stress Among Transgender Adolescents: The Role of Peer Victimization, School Belonging, and Ethnicity

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## Abstract

Transgender youth peer relations is understudied when compared to lesbian, gay, and bisexual youth (LGB). Likewise, transgender youth of color (YOC) are also understudied given the difficulties associated with accessing the sample. This study examines the relations among peer victimization, school belonging, and mental health with an ethnically diverse sample of transgender adolescents ( $N = 4778$ ). Invariance testing and structural equation modeling were employed to explore these relations as well as the potential moderating role of ethnic minority status. Findings demonstrate that an alarming number of transgender youth were exposed to victimization and that victimization predicted mental health issues like suicidal ideation. Furthermore, analyses showed that peer victimization was associated with diminished school belonging. School belonging was associated with better mental health and appeared to mediate the relation between victimization and mental health issues. Ethnic minority status did not moderate these associations. Implications for research are discussed.

**Keywords** Gender nonconformity · Suicide · Suicidality · Depression · LGBT · Intersectionality

Studies have shown that transgender youth have higher rates of depression and suicidality when compared with their peers (Connolly et al. 2016; Liu and Mustanski 2012; Mustanski and Liu 2013; Veale et al. 2017). Meyer's (2003) minority stress model provides theoretical reasoning to explain high rates of mental health issues among this population. A minority stress perspective posits that transgender individuals are at an increased risk of mental health problems due to having stigmatized gender identities and expressions. Transgender youth may experience unique proximal stressors that occur internally (e.g., internalized transphobia, anticipated stigma, and expectation of victimization) as well as distal stressors that occur externally (e.g., actual discriminatory events such as peer rejection). Schools and peer relations are a major source of stress for transgender youth. Research has documented high rates of

physical victimization, verbal harassment, and cyberbullying perpetrated against transgender youth, as well as victimization based on perceived lesbian, gay, bisexual, and transgender (LGBT) identity (Greytak et al. 2010). Moreover, like the general youth population, a significant proportion of transgender students are ethnic minorities. They may experience additional stress related to racism, thereby placing them at an even greater risk of psychological distress (Singh 2013).

Research organizations in public health and education have called for more studies exploring minority stress among LGBT youth of color (YOC) (Institute of Medicine 2011; Wimberly 2015). Understanding minority stress among transgender YOC has been difficult to achieve in past studies. Researchers have noted the challenge of generating sufficiently large samples of ethnic minority transgender youth (Coulter et al. 2014; Institute of Medicine 2011). This is understandable given that transgender youth represent a relatively small proportion of the overall youth population. It is often labor intensive and costly to recruit a large sample in general population surveys for meaningful analysis of minority stress among transgender youth.

Peer victimization at school is one major source of minority stress experienced by transgender youth. Various studies have documented the elevated rates of school

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victimization reported by transgender students (Clark et al. 2014; Greytak et al. 2010; Huebner et al. 2015; Kosciw et al. 2014; Kosciw et al. 2009b; Reisner et al. 2015; Russell et al. 2011). Biennial National School Climate Surveys have been conducted since 1999 with a nationally representative sample of LGBT youth regarding their experiences with victimization, including exposure to biased language, harassment and assault at school, as well as cyberbullying (Kosciw 2004; Kosciw and Cullen 2002; Kosciw et al. 2012, 2014). Overall, results from these surveys have indicated that most transgender students have experienced some form of victimization at school. For example, about 90% of transgender students heard negative remarks about their gender expression, and more than half reported being physically harassed in the past year because of their gender expression (Greytak et al. 2010). Greytak et al. (2010) also found that when compared to cisgender peers, transgender youth reported a lower level of institutional support in their schools and higher rates of staff perpetrated harassment. Results from one report indicate small, but significant decreases in the prevalence of verbal harassment and physical assault targeting LGBTQ over time (Kosciw et al. 2016). These findings suggest that schools, culture, and peers may be becoming more supportive of LGBTQ youth. However, research also shows that victimization disparities between transgender and cisgender students still persist (De Pedro and Esqueda 2017). A recent study on LGBT youth and victimization, for instance, found that rates of physical and non-physical victimization were almost two times higher among transgender youth, when compared to their peers (De Pedro and Esqueda 2017).

Research has shown that school victimization is associated with elevated rates of negative mental health outcomes among transgender youth, including psychological distress, depression, and suicidal behaviors (Aragon et al. 2014; Greytak et al. 2010; Toomey et al. 2010). In a community sample of transgender youth, Liu and Mustanski (2012) found that peer victimization was significantly associated with a history of attempted suicide, suicidal ideation, and self-harm. In addition, in a qualitative study of gender non-conforming youth in U.S. high schools, study participants attributed current low self-esteem to their experiences of school victimization (Wyss 2004).

Recent research has also explored the extent to which victimization based on LGBT identity is associated with mental health outcomes among gender non-conforming youth. In a retrospective study of 245 LGBT young adults ages 21–25, the findings demonstrated that victimization due to perceived or actual LGBT status was significantly associated with negative psychosocial adjustment (Toomey et al. 2010). In addition, this study found that victimization due to perceived or actual LGBT status mediated the association between gender non-conformity and young

adult psychosocial adjustment (i.e., life satisfaction and depression); however, school victimization for other reasons did not mediate this association. This finding suggests that victimization due to perceived or actual LGBT status may exert a greater influence on mental health outcomes among LGBT youth, than other forms of school victimization not related to LGBT status. However, the study included a relatively small number of transgender participants within an aggregated sample of LGBT youth, and hence, it is unclear if this association can be generalized to all transgender youth. Moreover, it is critical to note that transgender youth may face an added burden. They may experience victimization based not only on a stigmatized gender identity and expression, but also perceived LGB identity. Often, peers may conflate a transgender individual's non-conforming gender expression with LGB identity (Pascoe 2005).

School belonging is a socio-environmental factor that has been appreciated as a protective factor for both all youth and LGBTQ youth (Eisenberg and Resnick 2006; Hatzenbuehler 2011; Ueno 2005). The construct is sprawling in scope, multidimensional, and often labeled in various fashions (i.e., perceptions of school climate, school connectedness, psychological school membership, peer and staff social support, etc.). Goodenow (1993) described school membership as a students' perception of being accepted, included, and respected by others at school. Eisenberg et al. (2003) suggested that a sense of belonging to school is related to better achievement, diminished risky behaviors, and reduced emotional distress. Perhaps more pertinent to the present discussion, others have demonstrated that belonging can buffer the impact of adverse events like exposure to aggression and peer victimization (Flaspohler et al. 2009; Ozer 2005).

The role of school belonging in the lives of LGBTQ youth is well established. Several studies have shown how peer victimization diminishes a sense of belonging and how belonging can be a protective factor (Collier et al. 2013; Denny et al. 2016; Heck et al. 2011; Ioverno et al. 2016; Poteat et al. 2011). One longitudinal study on 404 LGBTQ youth demonstrated that school belonging was protective and may even mediate the relation between victimization and depressive symptoms (Hatchel et al. 2017). A meta-analysis established that programs designed to cultivate belonging, like gay-straight alliances (GSAs), are associated with reduced peer victimization and diminished fear of safety (Marx and Kettrey 2016). However, the research that examined these relations among aggregate samples of LGBTQ youth have not focused on transgender youth. Being perceived as different can be a challenge for any adolescent, including LGBTQ youth, but transgender youth are often required to navigate more visible differences given their expressions and needs to use appropriate facilities at

school. They also struggle with reconciling developing bodies, gender dysphoria, and related interventions. As such it is reasonable to speculate perceptions of belonging could be even more crucial for this population.

From a minority stress perspective, it is possible that transgender YOC may have more minority stress, when compared to their white peers. On one hand, transgender YOC may experience LGB and gender-based victimization at school, but they may also have to deal with racial harassment and exclusion from peers, teachers, and other school staff (Meyer 2003). Elevated levels of stress stemming from homophobia, transphobia, and racism may place transgender YOC at a greater risk for mental health issues (Meyer et al. 2008).

Research assessing minority stress among transgender YOC is in its nascent stages. Findings have suggested that transgender YOC lack connection to peers, adults, and teacher support, while also being exposed to heteronormative, cisnormative, and white European ethnocentric school culture and curriculum (Kosciw et al. 2009; Pascoe 2005). Moreover, transgender YOC may feel uncomfortable seeking support. For instance, qualitative research has found that gender non-conforming YOC may not join LGBT empowerment groups at school (i.e., GSAs), because they may define their gender identities differently from their white peers (Blackburn and McCreedy 2009). In addition, school safety and anti-bullying programs aimed at gender inclusion may fail to address the intersections of a LGBT identity with racial and ethnic identity (Pascoe 2005; Pritchard 2013). Overall, these studies indicate that victimization may exert a greater impact on mental health among transgender YOC, when compared to white peers, because they may lack key protective factors in the school environment. Yet, other studies have demonstrated and posited that ethnic minority status may be a source of resiliency for some LGBT people (Bostwick et al. 2014; Moradi et al. 2010; Purdie-Vaughns and Eibach 2008). As such, more research systematically examining victimization and mental health among transgender YOC and their white peers is needed.

The current study aimed to examine the relations among peer victimization, mental health issues, and school belonging among transgender youth. This study also explored being an ethnic minority as a potential moderator of the described relations. It was hypothesized that peer victimization would be associated with greater mental health issues and diminished school belonging. It was also hypothesized that school belonging would be associated with diminished mental health issues as well as mediate the relation between peer victimization and mental health issues. Although being an ethnic minority was analyzed as a moderator of these relations, there was insufficient empirical literature to formulate a hypothesis.

## Method

### Participants

The present paper uses a subsample of the 2013–2015 California Healthy Kids Survey (CHKS). The CHKS is a state-wide, biannual assessment of school climate and student health in the State of California (California Healthy Kids Survey, n.d). Participants were 4778 youth who identified as transgender. Demographic information included self-reports of sex assigned at birth (female = 40.5%; male = 55.3%, missing = 4.2%), age ( $M = 14.71$  years; range = 10–18 years), ethnicity (American Indian or Alaska Native = 4.6%, Asian = 10.3%, Black or African American = 7.3%, Native Hawaiian or Pacific Islander = 2.6%, Mixed = 36.1%, White = 29.9%, and missing = 9.1%), and whether they were of Hispanic or Latinx origin (yes = 44.9%, no = 51.9%, missing = 3.2%). Person of color status included Latinx youth (transgender YOC = 73.8%; transgender youth not of color (YNOC) = 24.7%).

### Procedures

The California Healthy Kids Survey (CHKS) was developed by WestEd for the California Department of Education (Austin et al. 2013). District level, educational, and state level approvals were obtained. Active parent consent was obtained for grades below 7 and passive consent for grades 7 to 11. Parents were notified of their right to inspect the CHKS and procedures were established to accommodate their access to the survey (Austin et al. 2013). The survey was administered by teachers or by trained staff from WestEd. Participants could withdraw from the survey at any time. A Memorandum of Understanding (MOU) including a Confidentiality Agreement was signed by all authors as part of the data request. This study conducted secondary analyses of an existing publicly available data with no identifiers provided by the California Department of Education. Therefore, this study did not require oversight or review by the Institutional Review Board.

### Measures

#### Perceived Peer Victimization

A total of twelve items were utilized to measure varying forms of peer victimization. Participants were given the following definition of bullying: “You were bullied if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is not bullying when two students of about the same strength quarrel or fight.” Regarding perceptions of victimization due to bias, the two

items were “Perceived LGB Victimization” and “Perceived Gender Victimization.” Participants were asked to indicate how many times during the past 12 months they had experienced harassment or bullying on school property due to LGB victimization (“because you are gay or lesbian or someone thought you were”) or gender victimization (“your gender, being male or female”). Concerning general victimization, ten-items were adopted from the survey measuring violence, safety, harassment, and bullying on school property. The items used were specific to the participant being victimized. Examples include, in the past 12 months, how many times on school property have you... “been pushed, shoved, slapped, hit, or kicked by someone who wasn’t just kidding around?”, “had mean rumors or lies spread about you”, and “been made fun of because of your looks or the way you talk?”. Response options for both forms of victimization included “0 times”, “1 time”, “2 to 3 times”, and “4 or more items.” The Cronbach’s Alpha coefficient was .90. A latent variable was used to account for measurement error.

### Depressive Symptoms, Suicidal Ideation, & Missing School Due to Distress

Three items assessed mental health issues. To assess depressive symptoms, participants were asked “During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more that you stopped doing some usual activities?” To assess suicidal ideation, participants were asked “During the past 12 months, did you ever seriously consider attempting suicide?” To assess distress, participants were asked “In the past 30 days, did you miss a day of school” because you “felt very sad, hopeless, anxious, stressed, or angry.” Response options were either no or yes for the three questions. Higher values indicate worse mental health. The Cronbach’s Alpha coefficient was .68. A latent variable, mental health issues, was used to adjust for measurement error.

### School Belonging

Five items assessed school belonging. Participants were asked “How strongly do you agree or disagree with the following statements?”—“I feel close to people at this school”, “I am happy to be at this school”, “I feel like I am part of this school”, “The teachers at this school treat students fairly”, and “I feel safe in my school”. Response options included “strongly disagree”, “disagree”, “neither disagree nor agree”, “agree”, and “strongly agree”. The Cronbach’s Alpha was .85. A latent variable, school belonging, was utilized to adjust for measurement error.

### Transgender Identity

A one item demographic measure asked participants to self-report their gender and sexual identity. Participants were asked “Which of the following best describes you? (Mark all that apply).” Response options were “heterosexual (straight)”, “gay or lesbian or bisexual”, “transgender”, “not sure”, and “decline to respond.” Only participants whose responses included “transgender” were included in the analysis.

### Data Analyses

The first structural equation model was used to examine relations between peer victimization and mental health issues among transgender youth. The second model examined the relations among peer victimization, school belonging, and mental health issues. To test for moderation, a multi-group confirmatory factor analysis (CFA) framework was used to explore latent differences and invariance (Little et al. 2007). The assumptions of normality were acceptable for all variables. SPSS was used to run all the descriptive analyses, and AMOS was utilized to complete invariance testing and modeling. In exploring model fit, chi-square test ( $\chi^2$ ), root-mean-square error of approximation (RMSEA), comparative fit index (CFI), and non-normed fit index (NFI) were used. Note that a significant  $\chi^2$  could suggest poor model fit but this may be a biased estimate with larger samples (Tabachnick and Fidell 2013). The covariates sex assigned at birth and age were controlled for in both models. The two covariates could covary freely and were added after the CFA invariance testing was completed.

Parcels were established via an item-to-construct balance method for two of the latent constructs of interest—peer victimization and school belonging (Little et al. 2002). An exploratory factor analysis was completed using maximum likelihood estimation, a single fixed factor, and a promax rotation. The factor loadings were utilized to divide the items into three parcels for each latent construct. The items were averaged as opposed to summed so that the original scales were preserved. Some of the benefits of parceling include improved reliability, more communality, and diminished violations of distributions assumptions (Little et al. 2002).

### Missing Data

Missing data ranged from 0–19% depending on the item. Little’s missing completely at random (MCAR) test was not significant suggesting that there may be a pattern in missing data ( $\chi^2 = 463.33$ ,  $p = ns$ ). It is difficult to substantiate whether the data are missing at random (MAR) or missing not at random (MNAR). Schafer and Graham (2002)

**Table 1** Manifest scale bivariate correlations, means, and standard deviations

	<i>M</i>	<i>SD</i>	Peer victimization	Hopelessness	Suicidal ideation	Missing school due to distress	School belonging
Peer victimization	1.82	.88	—				
Hopelessness	1.47	.50	.42	—			
Suicidal ideation	1.39	.49	.43	.52	—		
Missing school due to distress	.19	.40	.24	.33	.30	—	
School belonging	3.16	1.04	-.28	-.20	-.21	-.16	—

All correlations significant at  $p < .01$

suggest that MAR can only be strictly verified by obtaining follow-up data or by offering an unverifiable model.

A closer inspection of the data demonstrated that all the items except for suicide had less than 4% missing data. Missing value analysis proposed that there was a pattern between age and not answering the item concerning suicide. For example, 4% of 6<sup>th</sup> grades, 4% of 7<sup>th</sup> graders, and 14% of 8<sup>th</sup> graders offered data on suicide. The older adolescents were far more likely to respond and this suggests that the data are not missing at random (MNAR). This interpretation is supported by the idea that some schools, communities, and ethical review boards may be hesitant to ask younger students about issues like suicide (Omerov et al. 2014). As such, including age as an auxiliary variable (i.e., covariate) in the model should recover potential biases in parameter estimation (Little et al. 2013). Full information maximum likelihood (FIML) estimation was employed to handle missing data as it has been found to be a less biased and more powerful approach when compared to other options (Enders and Bandalos 2001; Tabachnick and Fidell 2013). FIML utilizes all the available data and produces estimates that account for possible biases that may be found in data that are MAR (Enders 2010).

## Results

### Descriptive Statistics

Bivariate correlations, means, and standard deviations of the manifest variables were examined (Table 1). Forty-one percent of transgender youth reported feeling suicidal in the past year. Forty-seven percent of transgender youth reported feeling sad or hopeless almost every day for 2 weeks or more during the past year. Nineteen percent of transgender youth reported missing school due to feeling very sad, hopeless, anxious, stressed or angry in the past thirty days. Thirty-two percent of transgender youth reported being victimized due to their gender. Thirty-three percent reported being victimized due to their perceived LGB status. Bivariate correlations can also be found in Table 1.

### Measurement Models 1 & 2

Invariance testing was utilized using a multi-group CFA framework with the goal of exploring measurement invariance across transgender YOC and transgender YNOC participants. Effects coding method was employed to test for invariance on three levels—configural invariance (i.e., the pattern of fixed and free parameters is the same), weak factorial invariance (i.e., loadings have the same value in each group), and strong factorial invariance (i.e., measured intercepts have the same value in each group) (Little et al. 2006). Little's (2012) "reasonableness" tests were used to demonstrate invariance by indicating that the change in  $CFI \leq .01$  and that the RMSEA fits in the previous model's RMSEA confidence interval. The results verified that strong factorial invariance held for both groups and all three constructs peer victimization, school belonging, and mental health issues (Tables 2 and 3). This suggests that the measures were psychometrically sound.

### Structural Model 1

Invariance testing was utilized to examine structural invariance across transgender YOC transgender YNOC participants. Three levels were also examined in this model—factor mean invariance (i.e., all factor means are the same across groups), factor variance invariance (i.e., all factor variances are the same across groups), and factor covariance invariance (i.e., all factor covariance are the same across groups). Table 2 shows that the groups were invariant on all three levels suggesting that the groups were not different and therefore being of color status did not moderate the relation between peer victimization and mental health issues. However, each factor was examined more closely to see if any differences emerged. Cohen's  $d$  effect sizes for the mean differences on each latent construct were calculated. For victimization, a small effect size was found ( $d = 0.12$ ) between transgender YOC ( $M = -.106$ ) and transgender YNOC ( $M = 0$ ). Similarly, for mental health issues, a small effect size was found ( $d = 0.16$ ) between transgender YOC ( $M = -.062$ ) and transgender YNOC ( $M = 0$ ).

**Table 2** Fit indices for multigroup invariance comparisons—Model 1

Model	$\chi^2$	<i>df</i>	<i>p</i>	RMSEA	RMSEA 90% CI	NFI	CFI	$\Delta$ CFI	Pass?
Measurement invariance									
Configural	289.29	16	>.05	.06	[.055, .067]	.966	.967		Yes
Weak	314.08	20	>.05	.06	[.051, .062]	.963	.965	.002	Yes
Strong/scalar	367.36	24	>.05	.06	[.051, .061]	.956	.959	.006	Yes
Structural invariance									
Factor means	411.06	32	>.05	.05	[.046, .055]	.951	.955	.004	Yes
Factor variances	417.02	34	>.05	.05	[.045, .054]	.950	.954	.001	Yes
Factor covariance	418.43	35	>.05	.05	[.045, .053]	.950	.954	.001	Yes

$\Delta$  = the change in value compared to previous model. Pass evaluated by  $\Delta$ CFI  $\leq$  .01 and RMSEA falling in the previous model's RMSEA CI

RMSEA root mean square error of approximation; CI confidence interval; NFI non-normed fit index; CFI comparative fit index

**Table 3** Fit indices for multigroup invariance comparisons—Model 2

Model	$\chi^2$	<i>df</i>	<i>p</i>	RMSEA	RMSEA 90% CI	NFI	CFI	$\Delta$ CFI	Pass?
Measurement invariance									
Configural	465.38	48	>.05	.04	[.040, .047]	.968	.971		Yes
Weak	497.21	54	>.05	.04	[.039, .046]	.966	.969	.002	Yes
Strong/scalar	555.82	60	>.05	.04	[.039, .046]	.962	.965	.004	Yes
Structural invariance									
Factor means	634.29	72	>.05	.04	[.038, .044]	.956	.961	.004	Yes
Factor variances	641.05	75	>.05	.04	[.038, .043]	.956	.961	.000	Yes
Factor covariance	648.82	78	>.05	.04	[.037, .043]	.955	.960	.001	Yes

$\Delta$  = the change in value compared to previous model. Pass evaluated by  $\Delta$ CFI  $\leq$  .01 and RMSEA falling in the previous model's RMSEA CI

RMSEA root mean square error of approximation; CI confidence interval; NFI non-normed fit index; CFI comparative fit index

These small mean differences suggest that the transgender YNOC experienced slightly more victimization and distress than their transgender YOC peers.

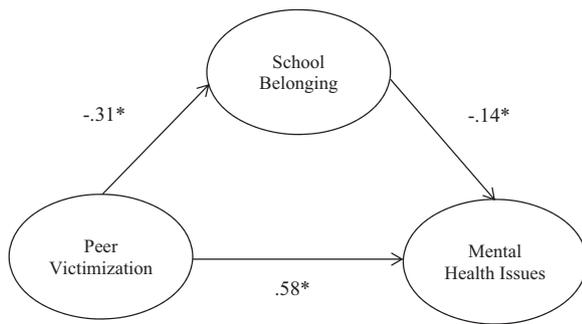
The two groups were combined after invariance testing and the structural model was tested. The model demonstrated good model fit,  $\chi^2$  (8,  $N = 4778$ ) = 272.86,  $p < .01$ , RMSEA = .08 [.075, .092], NFI = .968, CFI = .969. With regards to our hypothesis and research question, peer victimization predicted worse mental health issues, but being of color status did not necessarily moderate the relation.

## Structural Model 2

Table 3 displays that the groups were invariant on all three structural levels suggesting that the groups were not different and therefore being YOC did not moderate the associations among victimization, belonging, and mental health issues. However, each factor was examined more closely to see if any differences emerged. Cohen's  $d$  effect sizes for the mean differences on each latent construct were calculated. For victimization, a small effect size was found

( $d = 0.12$ ) between transgender YOC ( $M = -.108$ ) and transgender YNOC ( $M = 0$ ). Similarly, for mental health issues, a small effect size was found ( $d = 0.16$ ) between transgender YOC ( $M = -.064$ ) and transgender YNOC ( $M = 0$ ). This was also the case for school belonging—a small effect size was found ( $d = 0.19$ ) between transgender YOC ( $M = -.198$ ) and transgender YNOC ( $M = 0$ ). The small mean difference for school belonging suggests that transgender YOC reported slightly less school belonging than YNOC peers.

The two groups were combined after invariance testing and the structural model was tested. Analysis showed that peer victimization had a direct effect on mental health issues ( $b = .58$ ,  $p < .001$ ) and school belonging ( $b = -.31$ ,  $p < .001$ ). School belonging had a direct effect on mental health issues ( $b = -.14$ ,  $p < .001$ ) (Fig. 1). The model demonstrated good model fit,  $\chi^2$  (24,  $N = 4778$ ) = 433.91,  $p < .01$ , RMSEA = .06 [.055, .065], NFI = .971, CFI = .972. Peer victimization and school belonging accounted for 40% of the variance in mental health issues. These findings were also consistent with our hypotheses in that



**Fig. 1** Structural equation model with latent variables and standardized estimates,  $*p < .001$

peer victimization predicted worse mental health and that school belonging was associated better mental health in the presence of victimization.

RMediation was utilized to estimate the indirect effect of peer victimization, through school belonging, on mental health issues. This technique uses a distribution-of-product method to evaluate significance levels of the indirect effects by generating a 95% confidence interval (CI) (MacKinnon et al. 2002; Tofghi and MacKinnon 2011). The indirect effect is deemed significant if the CI does not include zero in the range. The indirect effect of peer victimization through school belonging on mental health issues was significant ( $b = .04$ ,  $SE = .003$ , 95% CI [.031, .049])

## Discussion

The pervasiveness of peer victimization among transgender youth and their mental health concerns are alarming, as 1 in 3 transgender youth experienced victimization and almost half of them presented with depressive symptoms and suicidal ideation in the past year, which supports similar findings from previous research on this population (Connolly et al. 2016; Kosciw et al. 2012, 2014; Veale et al. 2017). The current study represents an important contribution to the extant research as transgender youth are understudied in the peer relations literature when compared to LGB youth (Heck et al. 2016). Consistent with our hypothesis, peer victimization was significantly correlated with greater mental health issues among all transgender youth. The finding also aligns with existing literature which suggests that peer victimization and harassment are associated with diminished mental health well-being among different youth populations (Toomey et al. 2010; Zwierynska et al. 2013). Moreover, also in line with our hypothesis, peer victimization was associated with diminished school belonging, and more school belonging was associated with fewer mental health issues. These findings also appear to be in line with other

belonging research (Collier et al. 2013; Denny et al. 2016; Espelage et al. 2008; Hatchel et al. 2017; Ioverno et al. 2016; Poteat et al. 2011).

Taking intersectionality and minority stress into consideration, ethnic minority status was explored as a possible moderator of the relations among peer victimization, belonging, and mental health. The results revealed that being transgender YOC did not necessarily differentiate the negative impact of peer victimization on mental health and belonging. This may indicate that additional minority statuses do not automatically increase the adverse experiences perceived to be related to the person's identity. Moreover, at a closer examination of group differences on each factor, our data suggest small but significant group differences, for which transgender YNOC experience more distress associated with peer victimization.

The findings on transgender YOC are largely absent from the existing literature. As such we draw from LGB and general peer victimization literature. Researchers have found similar results in which Asian and Black youth reported lower odds of feeling sad, suicidal ideation, planning and attempts compared to white sexual minorities (Bostwick et al. 2014). Moradi et al. (2010) also found a weaker association between perceived heterosexist stigma and internalized homophobia among LGB people of color when compared to white LGB participants. These findings support the resiliency perspective which suggests that having another minority identity may serve as a source of resilience that helps combat minority stress. As proposed by Purdie-Vaughns and Eibach (2008), people with intersectional disadvantaged identities may benefit from intersectional invisibility, which allows them to escape from some active forms of discrimination more easily than the prototypical members in the group, who are more direct targets. LGB individuals of color may be protected against the effect of sexual-minority-related stress benefiting from the strategies they have developed to cope with racism (Moradi et al. 2010).

It is also possible that contexts offer varying perceptions of power and vulnerability within a peer relations sphere. Graham (2006) has demonstrated that greater ethnic diversity in schools and classrooms is associated with diminished feelings of victimization and vulnerability due to the distribution of diversity and therefore perceived power. It is reasonable to conceptualized diversity in a broader sense and could also contribute to how victimized or vulnerable a transgender YOC feels. The data support this notion since transgender YOC reported less perceived victimization and distress among a largely ethnically diverse sample. One could also speculate that an ethnically diverse setting could augment a sense of belonging for the transgender YOC. However, the data did not support this since they reported a slightly worse sense of belonging.

## Limitations and Future Research

There are a few limitations that should be noted in the current study. Although this is a large state-wide sample of transgender youth, it is important to be cautious when generalizing the results to all transgender youth. California is a unique context for exploring LGB, gender-based, and general victimization among transgender youth. First, California is one of the most ethnically, culturally, and socioeconomically diverse states in the U.S. More than half of California public middle and high school students are non-white (“Fingertip Facts on Education in California - CalEdFacts” 2016). Second, leading LGBT youth advocates consider California state educational policies to be supportive of transgender youth in schools, when compared to other states. California state education code, for example, requires all schools to have LGBT inclusive curriculum and to implement anti-bullying policies that specifically address anti-LGBT harassment and violence. These policy requirements may play a role in making school environments safe and supportive for transgender students. Because of California’s cultural diversity and supportive educational policy context, rates of victimization, mental health outcomes, and the role of school belonging may differ from studies conducted in other contexts.

In addition, the measurement of perceived LGBT victimization was based on two items, which may limit the survey’s ability to capture all incidences of victimization. Likewise, the item pertinent to sexuality asked participants if they experienced victimization based on being perceived as gay or lesbian, but did not include bisexuality or other labels. However, the latent variable on peer victimization captured LGBT specific victimization and general peer victimization. It may be worthwhile to compare forms of victimization, but the measures available were not conducive to this approach. It would also be more methodologically robust to measure multiple perspectives on victimization as opposed to simply self-report. Furthermore, the participants were asked about their victimization experience before reporting their mental health status in the survey. This may prime the participants to report more negatively on depression, distress, and suicidal ideation. Another limitation is the study design. The cross-sectional method does not offer insight concerning causal effects or directionality. The extant literature would certainly benefit from experimental or longitudinal designs concerning the well-being of transgender youth in schools. For example, does the potential resiliency among transgender YOC emerge as a function of context and does this change overtime?

**Author Contributions** T.H. conceptualized the paper and completed analyses of the data. A.V. completed and authored the methods

section. K.T.D.P. authored the introduction section. Y.H. authored the discussion section. D.L.E. offered direction and editing of the paper.

## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflict of interest.

**Ethical Approval** There was no IRB approval concerning this study since the data are public and the authors completed secondary analyses (see <http://chks.wested.org/> for more information).

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