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Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

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A B S T R A C T

Purpose: This study aimed to examine the relation between chosen name use, as a proxy for youths' gender affirmation in various contexts, and mental health among transgender youth.
Methods: Data come from a community cohort sample of 129 transgender and gender nonconforming youth from three U.S. cities. We assessed chosen name use across multiple contexts and examined its association with depression, suicidal ideation, and suicidal behavior.
Results: After adjusting for personal characteristics and social support, chosen name use in more contexts was associated with lower depression, suicidal ideation, and suicidal behavior. Depression, suicidal ideation, and suicidal behavior were lowest when chosen names could be used in all four contexts.
Conclusion: For transgender youth who choose a name different from the one given at birth, use of their chosen name in multiple contexts affirms their gender identity and reduces mental health risks known to be high in this group.

IMPLICATIONS AND CONTRIBUTION

It is critical to public health and policy to understand chosen name use among transgender youth, and whether use of a chosen name influences mental health. This study found mental health benefits associated with chosen name use among transgender youth who choose a name different from the one given at birth.

Transgender people (people whose gender identity does not align with their sex assigned at birth) are at higher risk of poor mental health than nontransgender people [1,2]. A recent study on transgender youth from three U.S. cities documented extremely high levels of suicidal ideation and behavior [3], and another new study was the first to document elevated risk for transgender youth for suicidal ideation based on a statewide, representative sample [4].

Because first names are often gender-specific, chosen name use is part of the social transition process to align one's gender presentation with one's gender identity. This gender social transition process, including changing first names, pronouns, hair, and clothing, is associated with better mental health among transgender youth [5]. However, many transgender and gender nonconforming youth are unable to use their chosen name for interpersonal or institutional reasons. For example, families or peers may resist or reject youths' chosen name, and medical

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institutions or schools may require a legal name change before youth can use a chosen name [6].

Transgender youth whose gender expression and names do not appear to match may be vulnerable to unintended disclosure or "outing," and to discrimination or victimization, factors that could lead to mental health problems [1]. The purpose of the current study was to examine the relation between chosen name use, as a proxy for youths' gender affirmation in various contexts, and mental health among transgender youth.

Methods

Data come from a community cohort sample of lesbian, gay, bisexual, transgender, and queer youth, and youth with same-sex attractions, recruited in three U.S. cities (one each in the Northeast, the Southwest, and the West Coast) between November 2011 and October 2012. The sample included 129 transgender and gender nonconforming youth (ages 15–21), 74 of whom reported a chosen name different from their name given at birth (participant characteristics provided in Table 1).

Depressive symptoms

We used the 20-item *Beck Depression Inventory for Youth* scale to measure depressive symptoms ($\alpha = .94$) [7]. Sample items included "I hate myself" and "I think my life will be bad." Higher scores represent higher levels of depressive symptoms.

Suicidal ideation and behavior

We measured suicidal ideation ($\alpha = .83$) and behavior ($\alpha = .96$) using the Self-Harm Behavior Questionnaire [8], a measure of multiple dimensions of suicide (ideation, threat, attempt) and self-harm. Free response items following dichotomous yes/no occurrence items assessed the severity of ideation (method, whether other events precipitated ideation, suicide plan, reactions of others, preparation) and behavior (method, frequency, risk, medical treatment necessity, whether other events precipitated behavior, intent to die) on an ordinal scale from 0 to 22.

Chosen name use

We asked transgender youth whether they had a preferred name different from the name they were given at birth, and, if yes, asked, "are you able to go by your preferred name" at home (n = 54), at school (n = 57), at work (n = 50), or with friends (n = 69).

Social support

We controlled for total social support with the Child and Adolescent Social Support Scale [9]. The Child and Adolescent Social Support Scale consists of 5 scales of 12 items each that assess supportiveness from parents ($\alpha = .96$), close friends ($\alpha = .97$), classmates ($\alpha = .96$), teachers ($\alpha = .97$), and their school ($\alpha = .97$). We computed total scores as the sum of the means on each scale ($\alpha = .96$).

Table 1
Associations between chosen name use and depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth (n = 74), controlling for covariates

	M (SD) or Count (%)	Coefficient (95% CI)	Incident rate ratio (95% CI)	
		Depressive symptoms	Suicidal ideation	Suicidal behavior
Gender identity				
MTF	28 (38)	0 (Reference)	1 (Reference)	1 (Reference)
FTM	28 (38)	−1.61 (−6.67, 3.46)	1.28 (.67, 2.47)	.25 (.07, .91)
MTDG	5 (7)	3.97 (−2.18, 10.11)	1.45 (.54, 3.89)	.37 (.09, 1.49)
FTDG	13 (17)	−1.43 (−9.44, 6.57)	1.39 (.64, 3.02)	1.58 (.49, 5.11)
Race/Ethnicity				
White	18 (24)	0 (Reference)	1 (Reference)	1 (Reference)
Asian	6 (8)	−8.45 (−17.39, .49)	.00 (.00, .00)	.00 (.00, .00)
Black	24 (33)	−1.40 (−9.13, 6.33)	.89 (.48, 1.64)	.53 (.16, 1.76)
Multiracial	21 (28)	1.53 (−5.50, 8.55)	.83 (.49, 1.40)	1.10 (.46, 2.61)
Not reported	5 (7)	−3.54 (−13.35, 6.27)	.85 (.35, 2.06)	2.17 (.47, 10.08)
Sexual identity				
Lesbian/Gay	17 (23)	0 (Reference)	1 (Reference)	1 (Reference)
Bisexual	22 (30)	4.01 (−4.67, 12.68)	1.92 (.82, 4.50)	.99 (.23, 4.20)
Questioning	9 (12)	4.14 (−4.06, 12.35)	1.75 (.71, 4.29)	.70 (.17, 2.86)
Heterosexual	17 (23)	−.87 (−9.02, 7.29)	.50 (.12, 2.03)	.40 (.06, 2.84)
Different	9 (12)	7.90 (−.67, 16.47)	1.47 (.53, 4.06)	1.03 (.31, 3.43)
Age	19.46 (1.76)	−.56 (−1.95, .84)	1.03 (.85, 1.24)	1.20 (.91, 1.58)
Access to free lunch				
No	39 (53)	0 (Reference)	1 (Reference)	1 (Reference)
Yes	32 (43)	−1.53 (−8.74, 5.68)	.79 (.34, 1.85)	.46 (.16, 1.36)
Study site				
Northeast	36 (49)	0 (Reference)	1 (Reference)	1 (Reference)
Southwest	10 (13)	.28 (−6.98, 7.54)	.80 (.29, 2.21)	.23 (.04, 1.30)
West Coast	28 (38)	3.04 (-3.38, 9.47)	1.14 (.51, 2.53)	.82 (.19, 3.48)
Total social support	41.64 (11.60)	−.46 (−.65, −.26)	.99 (.97, 1.01)	.95 (.91, .99)
Chosen name use	3.14 (1.27)	−5.37 (−8.20, −2.55)	.71 (.52, .95)	.44 (.25, .78)

CI = confidence interval; FTDG = female to different gender; FTM = female-to-male (transgender man); MTDG = male to different gender; MTF = male-to-female (transgender woman); SD = standard deviation.

Analysis plan

We predicted *depressive symptoms* with ordinary least squares regression and *suicidal ideation and behavior* with Poisson regression with robust standard error estimation and multiple imputation for missing data in Mplus 7.4 [10]. The Institutional Review Boards at New York University and the University of Arizona approved the study.

Results

There were no differences in depressive symptoms or suicidal behavior by personal characteristics including gender identity, race/ethnicity, sexual identity, age, access to free lunch, or study site. After adjusting for personal characteristics and total social support, chosen name use in more contexts predicted fewer depressive symptoms and less suicidal ideation and suicidal behavior (see Table 1). An increase by one context in which a chosen name could be used predicted a 5.37-unit decrease in depressive symptoms, a 29% decrease in suicidal ideation, and a 56% decrease in suicidal behavior. We observed similar results when we individually tested specific contexts for chosen name use (except that chosen name use with friends did not significantly predict mental health after adjusting for demographics and close friend support). Depressive symptoms, suicidal ideation, and suicidal behavior were at the lowest levels when chosen names could be used in all four contexts.

Discussion

Transgender youth who were able to use their chosen names in multiple contexts reported fewer depressive symptoms and less suicidal ideation and behavior. For transgender youth who choose a name different from the name given at birth, use of their chosen name in multiple contexts appears to affirm their gender identity and lower mental health risks known to be high in this group. Despite the small number of youth in this study, it is one of the largest samples of transgender youth to date. New population-based samples that include much larger numbers of transgender youth show high mental health risk for transgender youth [4], but those studies do not include measures specific to transgender youth and their health, such as ability to use a chosen name.

Results have important implications for a range of social policies. Legal name changes may be onerous or unfeasible for many transgender youth. Yet multiple institutions—schools, community organizations, workplaces, health-care providers, financial institutions—could adjust regulations and information systems to include youths' chosen name in records, rosters, and means of identification (i.e., ID cards). Policies that promote the social transition process of gender affirmation among transgender youth, such as chosen name use or access to restrooms consistent with gender identity or presentation, will likely enhance safety and reduce physical and mental health disparities for transgender populations. Results indicate that peers, parents, teachers, health care providers, and education and medical institutions can support transgender youth and their mental health by referring to them by their chosen names.

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References

[1] Institute of Medicine. The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington (DC): National Academies Press; 2011.
[2] Veale JF, Watson RJ, Peter T, Saewyc EM. Mental health disparities among Canadian transgender youth. J Adolesc Health 2017;60:44–9. http://doi.org/10.1016/j.jadohealth.2016.09.014.
[3] Grossman AH, Park JP, Russell ST. Transgender youth and suicidal behaviors: Applying the interpersonal psychological theory of suicide. J Gay Lesbian Ment Health 2016;20:329–49. http://doi.org/10.1080/19359705.2016.1207581.
[4] Perez-Brumer A, Day JK, Russell ST, Hatzenbuehler ML. Prevalence and correlates of suicidal ideation among transgender youth in California: Findings from a representative, population-based sample of high school students. J Am Acad Child Adolesc Psychiatry 2017;56:739–46. https://doi.org/10.1016/j.jaac.2017.06.010.
[5] Steensma TD, McGuire JK, Kreukels BP, et al. Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. J Am Acad Child Adolesc Psychiatry 2013;52:582–90.
[6] Thaler C, Bermudez F, Sommer S. Legal advocacy on behalf of transgender and gender nonconforming youth. In: Mallon GP, editor. Social work practice with transgender and gender variant youth. 2nd ed. New York: Routledge; 2009. p. 139–62.
[7] Beck JS, Beck AT, Jolly JB. Beck youth inventories. San Antonio (TX): Psychological Corporation Harcourt Brace; 2001.
[8] Gutierrez PM, Osman A. Adolescent suicide: An integrated approach to the assessment of risk and protective factors. DeKalb (IL): Northern Illinois University Press; 2008.
[9] Kerres Malecki C, Kilpatrick Demary M. Measuring perceived social support: Development of the Child and Adolescent Social Support Scale (CASSS). Psychol School 2001;39:1–18. http://doi.org/10.1002/pits.10004.
[10] Muthén LK, Muthén BO. Mplus user's guide. Los Angeles (CA): Muthen & Muthen; 1999–2016.