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Sexual Minority Stress and Suicide Risk: Identifying Resilience Through Personality Profile Analysis

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Suicide is the third leading cause of death among adolescents and young adults within the United States, accounting for approximately 4,600 deaths per year (Centers for Disease Control & Prevention, 2014). However, rates of suicidal ideation and attempt have been shown to be 2–3 times higher among sexual minorities relative to heterosexual individuals (King et al., 2008; Silenzio, Pena, Duberstein, Cerel, & Knox, 2007). According to Meyer's (2003) minority stress model, elevated risk is linked to the fact that sexual minority individuals experience unique distal (e.g., victimization) stressors and associated proximal (e.g., concealment, internalized heterosexism) stress processes, collectively referred to as *minority stress*. Meyer's model also specifies that coping and social support can influence the relationship between minority stress and psychiatric distress. Building on this, Hatzenbuehler (2009) highlighted important psychological and behavioral mechanisms, such as social isolation, emotion regulation (e.g., coping, rumination), and cognitive processes (e.g., hopelessness, pessimism), that mediate the relationship between distal minority stressors and negative outcomes (e.g., suicidal behavior), thereby conferring risk or resilience for sexual minority individuals. More recently, Mustanski and colleagues added to these findings and proposed a syndemic theory of health disparities, which posits that the accumulative effects of victimization, specifically, set in motion a series of negative prognostic indicators (e.g., substance use, psychological distress, and sexual risk-taking) that coalesce into heightened risk for suicide attempt (Mustanski, Andrews, Herrick, Stall, & Schnarrs, 2014).

Although personality characteristics have been linked to key syndemic factors (i.e., drug and alcohol use; Kotov, Gamez, Schmidt, & Watson, 2010), coping (Augustine & Larsen, 2015), and each of the mediating within-person factors proposed by Hatzenbuehler (i.e., rumination [Roelofs, Huibers, Peeters, & Arntz, 2008]; outcome expectancies [Read & O'Connor, 2006]; hopelessness and suicidal ideation [Chioqueta & Stiles, 2005; Velting, 1999]), less is currently known about the effects of victimization experiences in the context of individual personality differences. Thus, research is needed to identify which personality characteristics may contribute to resilience, or adaptation in response to adversity (Luthar, Cicchetti, & Becker, 2000), among sexual minority individuals.

In recent years, researchers have begun to explore personality trait effects in relation to suicide risk among sexual minority populations. Impulsivity, which is a multifaceted trait situated within the Five-Factor Model (FFM) of personality, as measured by neuroticism (i.e., negative urgency), (low) conscientiousness (i.e., lack of premeditation and perseverance), and extraversion (i.e., sensation-seeking; Whiteside & Lynam, 2001), has been shown to predict suicide risk among sexual minority individuals (Liu & Mustanski, 2012; Mustanski & Liu, 2013). Furthermore, two recent studies conducted using lesbian, gay, and bisexual (LGB) participants demonstrate links between neuroticism, extraversion, and agreeableness and suicide proneness (e.g., thoughts of death; Cramer, Stroud, Fraser, Graham, 2014) as well as higher neuroticism and aggression-hostility (i.e., low agreeableness) with past-year suicide attempts (Wang et al., 2014).

In a comprehensive review of the literature, Brezo, Paris, and Turecki (2006) document that within the FFM framework, higher neuroticism and lower extraversion represent the strongest and most reliable risk factors for suicidal ideation and attempt in the general population, whereas neuroticism is the strongest predictor of completed suicide (Draper, Kólves, de Leo, & Snowdon, 2014). Although extraversion represents a potential protective factor via heightened social support-seeking (e.g., Amirkhan, Risinger, & Swickert, 1995), its sensation-seeking facet is a documented risk factor (Liu & Mustanski, 2012). More recent population-level data replicate these associations and document additional, albeit weaker, associations between conscientiousness and openness to experience and suicide risk (Blüml et al., 2013), with higher conscientiousness representing a considerable protective factor at the meta-analytic level (Bogg & Roberts, 2004). Lastly, when agreeableness is conceptualized as being an inverse amalgam of hostility and aggression, an association with suicidal risk exists (Brezo et al., 2006). Overall, these findings are consistent with those of Kerby (2003), who found that higher neuroticism and lower conscientiousness, agreeableness, and extraversion characterize individuals with higher rates of suicidal ideation.

The link between personality traits and suicide risk is apparent; however, researchers differ in regards to their approach to modeling complex person by environment interactions (Donnellan & Robins,

2010). Whereas the variable-centered trait approach emphasizes isolated individual personality trait effects, usually while holding the effects of other traits constant in a model, the person-centered tradition approaches personality from a within-person trait configuration, or profile, perspective (Asendorpf, 2015). The person-centered approach continues to gather momentum in light of findings demonstrating its equivalent-superior predictive validity beyond variable-centered approaches (Donnellan & Robins, 2010). Consistent with this movement, the current study approaches the investigation of personality risk and protective factors in relation to experienced victimization from a person-centered approach to explore differential suicide risk with individual trait profiles (as opposed to single traits) in mind.

We emphasize sexual minority-based victimization in the current study, rather than other minority stress processes, for several reasons. First, victimization, as discussed, is an established predictor of suicidality among sexual minorities, and although discrimination events are also conceptualized as being a (distal) form of minority stress, measures of discrimination often include violence-based mistreatment (victimization) in their operational definition (see House, Van Horn, Coppeans, & Stepleman, 2011; Irwin, Coleman, Fisher, & Marasco, 2014). Furthermore, reported victimization experiences (e.g., physical assault) are arguably less subjective than perceived discrimination, which is consistent with Huebner, Nemeroff, and Davis's (2005) finding that reports of lifetime discrimination, as well as the relationship between discrimination and depression, are confounded by higher levels of neuroticism. With these findings in mind, the present study investigates the potential for personality effects to moderate the relationship between victimization experiences and suicide risk. We hypothesized that (a) greater lifetime victimization would predict elevated suicide risk and (b) that this relationship would be moderated by individual personality profiles, such that *adaptive* individuals would be at decreased risk for suicide attempt relative to their *at-risk* counterparts.

Method

Participants

The participants ($N = 412$) for this study were drawn from a larger dataset ($N = 730$) of sexual and gender minorities individuals who completed a one-time online survey targeting individuals residing in the United States (see Livingston, Oost, Heck, & Cochran, 2014, for a full description). Initial screening items for the parent study were designed to ensure that all participants met the following inclusion criteria: (a) age ≥ 18 years and (b) self-identification as a sexual or gender minority (i.e., lesbian, gay, bisexual, transgender, queer [LGBTQ], etc.) or self-identification as heterosexual with a history of same-sex attraction or same-sex sexual behavior. "Exclusively heterosexual" participants ($n = 18$), who denied any history of same-sex sexual behavior or attraction, and international participants ($n = 8$) were excluded from the parent study. Thus, all participants in the present study self-identify as, or report attractions/behaviors that are consistent with, the operationalization of sexual minority. Of note, 86 transgender and "other" gender-identified participants met the sexual minority inclusion criteria; their inclusion is consistent with similar research (e.g., Cramer et al., 2014) and recent theoretical advances suggesting that minority stress processes generalize to gender minorities (Hendricks & Testa, 2012). We restricted our analytic sample to young adults (18–25 years; M age = 20.77 years, $SD = 2.05$; omitting 292 older adults from the parent study) to focus on this age demographic because approximately one in five deaths among persons in this age range are attributable to suicide (Centers for Disease Control & Prevention, 2012). We also selected 18–25 year-olds to limit potential confounds related to cohort effects (e.g., decreasing levels of societal heterosexism; McCormack & Anderson, 2014) and the cumulative effect of other stressors experienced over the life span (see Table 1 for demographic information).

Table 1
Demographic Characteristics of the Sample Regarding Gender, Sexual Orientation, and Ethnicity

Characteristic	<i>n</i>	%
Gender		
Male	120	29.0
Female	206	50.0
Transgender	28	6.7
Other	58	14.0
Sexual orientation		
Gay	101	24.5
Lesbian	77	18.6
Bisexual	122	29.6
Other	125	30.3
Ethnicity		
White/Caucasian	344	83.5
African American	8	1.9
Asian	9	2.1
Hispanic	14	3.3
Native American/Alaskan Native	5	1.2
Multiple ethnicities	19	4.6

Note. Participants under “other” gender were those who did not select male, female, or transgender. In an open-ended response option, most of these individuals identified as “gender queer.” Sexual minority participants who did not identify with a particular label were provided the option of selecting “other” (e.g., “queer”). Each denied being “exclusively heterosexual.”

Demographic Characteristics of the Sample Regarding Gender, Sexual Orientation, and Ethnicity

Procedure

Data were collected between March and December 2013; the Institutional Review Board at the University of Montana approved the study procedures. Participants were recruited nationally from university-based LGBTQ groups and community organizations (i.e.,

PFLAG [Parents, Families, and Friends of Lesbians and Gays] groups and LGBTQ community centers) via hardcopy recruitment flyers and online recruitment messages posted to organizations' Facebook walls. Recruitment messages asked for help with an "online survey designed to answer some important questions regarding the LGBTQ experience," outlined inclusion criteria and incentives for participating (raffle to win 1 of 10 \$20 gift cards), and provided a link to the survey.

Measures

Participants first responded to questions about their age, ethnicity, gender, and sexual orientation categorically (e.g., lesbian, gay, bisexual) and continuously on a 1 (*exclusively heterosexual*) to 7 (*exclusively homosexual*) scale. *Personality* traits were measured using the 44-item Big-Five Inventory (BFI; John & Srivastava, 1999). This widely used five-factor inventory measures neuroticism (e.g., "can be moody"; Cronbach's $\alpha = .87$), extraversion (e.g., "is outgoing, sociable"; $\alpha = .90$), conscientiousness (e.g., "makes plans and follows through with them"; $\alpha = .84$), agreeableness (e.g., "is considerate and kind to almost everyone"; $\alpha = .77$), and openness to experience (e.g., "is curious about many different things"; $\alpha = .76$) on a 1 (*disagree strongly*) to 5 (*agree strongly*) scale (α for BFI overall was $.75$). *Discrimination* was measured using the Schedule for Heterosexist Events (e.g., "been treated unfairly by your family because of your sexual orientation"), which has been used successfully in prior lesbian, gay, bisexual, and transgender (LGBT) research (Selvige, 2000). Item responses ranged from 1 (*never*) to 5 (*very often*), with higher scores indicating greater frequency of lifetime discrimination ($\alpha = .93$). *Victimization* was measured using a 10-item measure adapted from Herek and Berrill (1992), which was designed specifically for the measurement of victimization with LGBT populations. This measure inquired about the number of times respondents experienced any of the items listed (e.g., "In your *lifetime* have you . . . been punched, hit, kicked, or beaten?"). Item responses ranged from 0 (*not applicable/never*) to 5 (*more than 20 times*). Cronbach's α for the current study was $.85$. The *internalized heterosexism* measure used in the current study was structured after the *Diagnostic and Statistical Manual for Mental Disorders* (third edition, revised; *DSM-III-R*) diagnostic criteria for ego-dystonic homosexuality (Herek, Gillis, &

Cogan, 2009) and was used in the current study to index negative self-perception in relation to sexual orientation. Participants were asked to respond to five items (e.g., "I feel that being lesbian/bisexual/gay is a personal shortcoming for me") on a 1 (*strongly disagree*) to 5 (*strongly agree*) scale ($\alpha = .77$). *Concealment* was calculated by reverse scoring items from the 11-item Outness Inventory (Mohr & Fassinger, 2000; α for the current study = .86), which measures the extent to which one's sexual minority status is known and openly talked about among friends, family (e.g., parents, siblings), and/or work and religious affiliates on a scale ranging from 1 (*person definitely does NOT know about your sexual orientation status*) to 7 (*person definitely knows about your sexual orientation status and it is openly talked about*). Finally, respondents were asked, "Have you ever attempted suicide?" If "yes," then participants were asked, "How many times have you attempted suicide in your lifetime?" This variable was dichotomized into a lifetime suicide attempt (yes/no) variable to overcome limitations inherent with estimating the number of lifetime suicide attempts via single-item self-report (Savin-Williams, 2001).

Analytic Strategy

A two-stage cluster analytic approach was used (see Asendorpf, Borkenau, Ostendorf, & Van Aken, 2001) to empirically derive adaptive and at-risk personality profiles from participants' FFM personality trait scores. Ward's hierarchical method was used first (using shortest squared Euclidian distance criteria) to establish optimal starting values for *k*-means classification. Each centroid from the two- to five-cluster hierarchical solutions was entered as the initial values in the nonhierarchical *k*-mean cluster analysis, which evaluates cluster membership iteratively until reclassification stops and optimal solutions are obtained. The validity and reliability of our obtained cluster solutions were evaluated through a double cross-validation procedure (Asendorpf et al., 2001), which quantifies split-half cluster agreement using Cohen's κ . Once clusters were derived, χ^2 , independent-sample *t* tests, and logistic regression were used to determine if there were existing differences between groups on demographic, minority stress variables, and reported suicide attempt. We also tested for a personality profile-based measurement effect

(i.e., confound) regarding the link between lifetime victimization and the likelihood of attempting suicide.

To test our primary hypotheses, we constructed our logistic regression model hierarchically, first testing main effects (age, gender, ethnicity, internalized heterosexism, concealment, discrimination, victimization, and personality profile) and then including the personality profile by victimization interaction in the model to test for moderation. The logistic regression analysis was performed in R (3.0.3) using "MASS" (Venables & Ripley, 2002); the logistic plot was produced using "visreg" (Breheny & Burchett, 2013). All other analyses were performed using SPSS Version 21.0 (IBM Corporation, 2013).

Results

Personality Profiles

Cross-validation results only supported the two-cluster personality profile solution ($\kappa = .85, p < .001$), reflecting near-"perfect" split-half agreement (i.e., $\kappa = .80-1.0$; Landis & Koch, 1977). This solution was used to create the contrast-coded (at-risk = $-.5$; adaptive = $+.5$) personality profile variable. Personality profile means are reported in Table 2. As evidenced by the means, people classified as adaptive evidence lower scores on neuroticism and higher scores on extraversion, agreeableness, conscientiousness, and openness to experience relative to at-risk individuals, who display an inverse trait profile. These profiles suggest that at-risk respondents are more prone to experiencing psychological distress (neuroticism) and are less equipped to access social support or utilize adaptive coping strategies (extraversion, agreeableness, conscientiousness) relative to adaptive respondents (Cramer et al., 2014; Kerby, 2003; Wang et al., 2014).

Table 2
Personality Trait Means for Individuals Classified As At-Risk and Adaptive

Trait	At-risk trait means ($n = 212$)	Adaptive trait means ($n = 184$)
Neuroticism	3.76	2.62
Extroversion	2.52	3.68
Agreeableness	3.54	4.13
Conscientiousness	3.29	3.75
Openness to experience	3.83	4.03

Note. Each trait was measured on a 1 to 5 scale; higher values represent higher trait scores.

Personality Trait Means for Individuals Classified As At-Risk and Adaptive

No significant differences emerged in χ^2 analyses examining differences in gender, sexual orientation, and ethnic representation across personality groups. Adaptive respondents were slightly older ($M = 20.52$ years vs. 21.03 years), $t(394) = -2.45$, $p = .01$, and reported less identity concealment, $t(390) = 3.12$, $p = .002$. No other differences emerged (see Table 3). Thus, the results reported below are not likely the result of lifetime victimization or discrimination differences between personality groups. Individuals with an adaptive personality profile were less likely to report a previous suicide attempt, odds ratio (OR) = .62, 95% confidence interval (CI) = .40, .97. Lastly, we tested whether personality confounds the hypothesized relationship between victimization and suicide attempt (see Huebner et al., 2005) using a method developed by Mackinnon, Krull, and Lockwood (2000), which has been used in prior sexual minority health research (Huebner et al., 2005). This method is statistically identical to mediation but differs in the sense that the "mediator," in this case the suspected confounding effect of personality profile, accounts for the direct relationship between victimization and a suicide attempt, which would indicate a personality-based reporting bias in this case. We found no evidence for the confounding effect of personality type on suicide attempt reporting, $a\beta = -.29$, $SEa\beta = .79$, $p = .76$.

Table 3
Means and Standard Deviations Regarding Sexual Minority Stress Variables and t Test Results Comparing Mean Differences Between Individuals Classified As Adaptive and At-Risk

Minority stress variables	Overall <i>M</i> (<i>SD</i>)	Adaptive <i>M</i> (<i>SD</i>)	At risk <i>M</i> (<i>SD</i>)	<i>t</i> _{diff}	<i>P</i>
Internalized heterosexism	1.79 (0.83)	1.71 (0.80)	1.87 (0.85)	1.86 [†]	.063
Concealment	3.85 (1.37)	3.61 (1.33)	4.04 (1.37)	3.12 ^{**}	.002
Discrimination	2.14 (0.79)	2.17 (0.83)	2.12 (0.76)	-1.64	.522
Victimization	1.64 (0.68)	1.65 (0.65)	1.63 (0.70)	-1.29	.769

Note. *t*_{diff} values represent independent-sample test statistics; *p* values represent the probability of the test statistic under the null hypothesis.

[†] *p* < .10. * *p* < .05. ** *p* < .01. *** *p* < .001.

Means and Standard Deviations Regarding Sexual Minority Stress Variables and t Test Results Comparing Mean Differences Between Individuals Classified As Adaptive and At-Risk

Of 412 respondents, 29.6% (*n* = 122) reported a prior suicide attempt. To test the hypotheses, we hierarchically built the model to evaluate model fit statistics as predictors were subsequently entered. The main-effects model demonstrated significantly greater fit relative to the intercept-only model, $\chi^2(11, N = 360) = 69.68, p < .001$, and the full model (with the personality profile by victimization interaction term included) fit the data better than the main-effects model, $\chi^2(12, N = 360) = 4.41, p = .035$. Thus, we found statistical support for a moderated personality profile effect on the relation between victimization and the probability of attempting suicide.

Logistic Regression Model

As expected, personality profile moderated the relationship between victimization and the probability of attempting suicide. That is, for a one-unit increase in reported lifetime victimization, the expected odds of attempting suicide increased by 2.92. However, the contrast between at-risk and adaptive respondents is a substantial decrease in the odds of an initial suicide attempt for adaptive individuals (see Table 4 and Figure 1). Furthermore, internalized heterosexism was found to be positively associated with greater odds of an initial suicide attempt after accounting for other variables in the model.

Table 4
Logistic Regression Output for Main Effects and Interaction Models

Characteristics	Main-effects model				Interaction model			
	B	SE B	OR	[95% CI]	B	SE B	OR	[95% CI]
Demographics								
Age	-.16*	.06	0.85	[0.74, 0.96]	-.15*	.06	0.85	[0.75, 0.96]
Male gender	-.01	.28	0.98	[0.56, 1.70]	-.03	.28	0.96	[0.55, 1.68]
Transgender	.11	.47	1.12	[0.42, 2.84]	0.13	.48	1.14	[0.43, 2.89]
"Other" gender	-.09	.38	0.91	[0.41, 1.92]	-.12	.39	0.88	[0.39, 1.89]
Ethnic minority	-.27	.36	0.76	[0.36, 1.53]	-.31	.37	0.73	[0.34, 1.49]
Sexual minority stress								
Discrimination	.16	.21	1.18	[0.77, 1.79]	0.21	.21	1.24	[0.80, 1.91]
Internalized heterosexism	.29	.15	1.34	[0.99, 1.82]	0.31*	.15	1.37	[1.01, 1.86]
Concealment	-.01	.10	0.98	[0.80, 1.21]	0.00	.10	1.00	[0.81, 1.23]
Victimization	.67**	.23	1.95	[1.24, 3.19]	1.07**	.33	2.92	[1.58, 5.99]
Personality effects								
PP (at-risk ref.)	-.40	.24	0.66	[0.41, 1.08]	-.38	.24	0.68	[0.41, 1.10]
PP × Victimization	—	—	—	—	-.81*	.39	0.44	[0.19, 0.94]

Note. Female and White/Caucasian categories, each coded as 0, served as references (ref.). B = unstandardized regression coefficients; PP = personality profile (at-risk reference). * $p < .05$. ** $p < .01$. *** $p < .001$.

Logistic Regression Output for Main Effects and Interaction Models

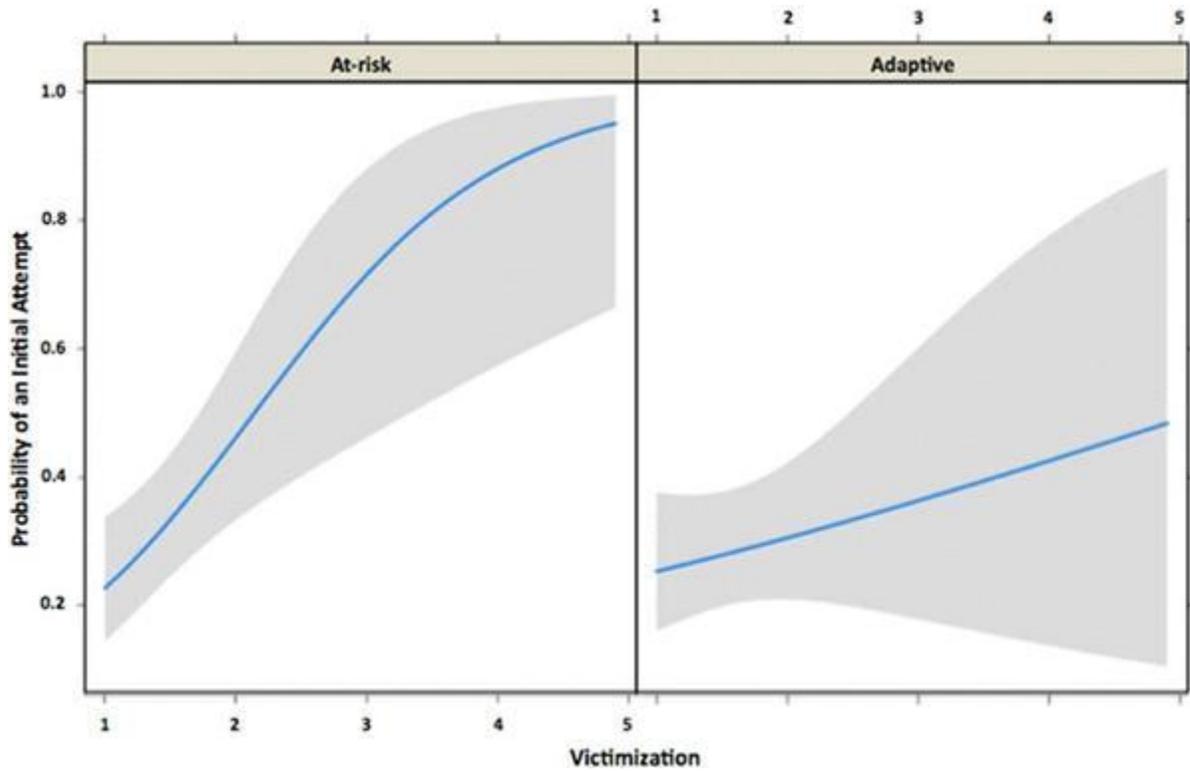


Figure 1. Fitted logistic regression plot displaying the probability of a lifetime suicide attempt for at-risk and adaptive individuals. Slopes indicate the odds of attempting suicide across levels of accumulated lifetime victimization. Shaded areas represent Wald 95% CIs. See the online article for the color version of this figure.

Discussion

Prior research links FFM personality characteristics to suicide outcomes in the general population (e.g., Blüml et al., 2013; Kerby, 2003) and among sexual minority individuals (Cramer et al., 2014; Wang et al., 2014). The unique contribution of the current study is the examination of personality profile effects and minority stress processes in relation to suicide risk among sexual minority individuals. The results indicate that sexual minority individuals identified as possessing an adaptive personality profile were more resilient in the face of victimization as it relates to the likelihood of attempting suicide. These findings complement minority health and suicide research by demonstrating the potentially countervailing effects of protective personality characteristics in the face of sexual minority-based victimization.

These findings are consistent with prior work, which has shown that "adaptiveness" (i.e., hardiness, ego strength, adjustment) shares a positive association with agreeableness and conscientiousness, and an inverse relationship with neuroticism. This work also demonstrated a positive relationship between extraversion and "self confidence" (i.e., global self-esteem, optimism, and self-efficacy; Bernard, Hutchison, Lavin, & Pennington, 1996). Research has also demonstrated that resilience (e.g., flexibility and social aptitude) among adolescents and young adults is associated with lower neuroticism and higher agreeableness, conscientiousness, extraversion, and openness to experience (Waaktaar & Torgersen, 2010). Waaktaar and Torgersen (2010) also went on to demonstrate that FFM traits perform at least as well or better than resiliency measures regarding the prediction of adaptation, adjustment/maladjustment, life satisfaction, interpersonal relationship quality, and academic performance among adolescents and young adults.

Relating the current findings back to the sexual minority stress framework, McCrae and Costa's (2008) FFM posits that personality factors give rise to the kinds of cognitions, emotions, and behaviors that may link minority stress with negative outcomes (e.g., suicidal behavior; Hatzenbuehler, 2009). For example, at-risk individuals (i.e., "ego over-/under-controlled") have been shown to experience greater

cortisol elevations in response to stress and are more likely to make hostile attributions in ambiguous situations relative to adaptive individuals (i.e., "ego resilient"; Hart, Burock, London, Atkins, & Bonilla-Santiago, 2005). Adding to a hostile attributional style, higher neuroticism is also associated with *rumination*, which is an important cognitive process shown to mediate the relationship between neuroticism and depression (Roelofs et al., 2008). Neuroticism also shares positive links with hopelessness, alcohol expectancies, and suicidal ideation, whereas the reverse appears true regarding extraversion and conscientiousness (Chioqueta & Stiles, 2005; Read & O'Connor, 2006; Velting, 1999). Personality factors also share links with coping responses; higher extraversion and conscientiousness predict adaptive/problem-focused coping and cognitive restructuring, whereas higher neuroticism predicts greater utilization of maladaptive coping strategies (Augustine & Larsen, 2015).

When it comes to securing social support, people lower on extraversion and higher on neuroticism may be prone to self-isolate in response to or in anticipation of stigma (Swickert, 2009). Consistent with these findings, Cramer and colleagues (2014) found that higher neuroticism and lower extraversion were associated with perceiving oneself as a burden to others, which, in turn, predicted suicide proneness (thoughts of death and suicidal ideation) among LGB individuals. Cramer and colleagues also found that a thwarted sense of interpersonal belonging (e.g., social isolation, rejection) mediated the relationship between low extraversion and agreeableness and elevated suicide proneness. Thus, lower neuroticism and higher extraversion and agreeableness might protect against suicide risk to the degree that each facilitate countervailing social support utilization via heightened socializing tendencies, greater sense of interpersonal belonging, and less perceived burdensomeness (Augustine & Larsen, 2015; Cramer et al., 2014). Finally, conscientiousness and agreeableness also be associated with decreased risk for suicide attempt via heightened impulse control (in the case of conscientiousness; Whiteside & Lynam, 2001), promotion of a positive world view, or may deter suicidal behavior via concern for loved ones.

Limitations

The reliance on online, self-report data and convenience sampling may limit the generalizability of these results. We were also limited in that we could not account for certain suicide risk factors, such as lifetime social support, mental health, or substance use. The fact that we did not assess suicide ideation, intent, plan, lethality, or hospitalization is another notable limitation (Savin-Williams, 2001). Future research should investigate the interplay of personality and minority stressors as they relate to these additional elements of suicide. Lastly, given the inclusion of sexual minority-identified gender minorities and the focus on sexual minority stress measurement, it is likely that these results underestimate rates of minority stress among sexual minority individuals who also identify as a gender minority.

Conclusion

These findings illustrate that victimization might affect people differently on the basis of their underlying personality profile and highlight the importance of studying unique underlying personality characteristics that give rise to the cognitive, emotional, and social/behavioral mechanisms linking minority stressors with suicide risk (Hatzenbuehler, 2009). Further inquiries in this domain could give rise to a better integration of the personality and minority stress research and assist with the development of targeted intervention. For instance, utilizing trait-based measurements in clinical settings may improve estimates of individual risk and inform provider recommendations and practices aimed at preventing suicidality based on individuals' unique personality profile. For some, this might include improving self-regulation strategies (in the case of elevated neuroticism; Roelofs et al., 2008), managing impulsive tendencies (high neuroticism or extraversion or low conscientiousness; Whiteside & Lynam, 2001), or securing countervailing social support (in the case of higher neuroticism and lower extraversion and/or agreeableness; Cramer et al., 2014) in the face of victimization.

In closing, the current study adds to an existing body of research on sexual minority health by integrating personality trait psychology within the sexual minority stress framework. Further

strengths of the current investigation include consideration of personality profile, rather than trait effects, which is important for understanding individual (as opposed to trait) risk processes in the face of sexual minority stress experiences. Furthermore, unlike variable- or resiliency measure-centered approaches, the study of resilience from a personality profile perspective may confer added benefit to researchers invested in understanding within-person trait configurations that give rise to risk and resiliency processes. At a minimum, these findings support the existence of latent classes of sexual minority individuals, distinguishable both in terms of their personality trait configurations and their risk for attempted suicide in the context of experience victimization. Accordingly, additional research is needed to better understand the conditional effects of personality on the relationship between sexual minority stress and suicide risk.

Footnotes

¹ At-risk individuals are classified as such on the basis of their personality trait configuration relative to adaptive respondents. These labels are consistent with our intent to identify personality factors that confer risk or resilience among sexual minority populations. They are not intended to suggest the absence of risk among adaptive individuals, infer the existence of maladjustment or pathology among respondents classified as at risk, or undermine the importance of addressing the ongoing issue of interpersonal and institutional oppression of sexual minorities.

² "Sexual minority" is operationalized in the current study as anyone who identifies as lesbian, gay, bisexual/pansexual, queer, questioning, or heterosexual with a history of same-sex attraction or same-sex sexual behavior, regardless of gender identity.

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