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Gender Dysphoria and Social Anxiety: An Exploratory Study in Spain

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ABSTRACT

Introduction: Social anxiety in gender dysphoria is still under investigation.

Aim: To determine the prevalence and associated factors of social anxiety in a sample of individuals with gender dysphoria.

Methods: A cross-sectional design was used in a clinical sample attending a public gender identity unit in Spain. The sample consisted of 210 individuals (48% trans female and 52% trans male).

Main outcome measures: Mini-International Neuropsychiatric Interview (MINI) for diagnosis of social anxiety disorder, Structured Clinical Interview, Exposure to Violence Questionnaire (EVQ), Beck Depression Inventory (BDI-II), and Functional Social Support Questionnaire (Duke-UNC-11).

Results: Of the total sample, 31.4% had social anxiety disorder. Social anxiety disorder was highly correlated with age (r = −0.181; CI = 0.061−0.264; P = .009) and depression (r = 0.345; CI = 0.213−0.468; P < .001); it is strongly associated to current cannabis use (relative risk [RR] = 1.251; CI = 1.070−1.463; P = .001) and lifetime suicidal ideation (RR = 1.902; CI 1.286−2.814; P < .001). Moreover, it is significantly associated to lifetime nonsuicidal self-injury (RR = 1.188; CI 1.018−1.386; P = .011), nationality (RR = 7.792; CI 1.059−57.392; P = .013), perceived violence at school during childhood and adolescence (r = 0.169; CI = 0.036−0.303; P = .014), unemployment (RR = 1.333; CI 1.02−1.742; P = .021), and hospitalization of parents in childhood (RR = 1.146; CI = 1.003−4.419; P = .046). Using multivariable analysis, the highly significant variables within the model were depression score (odds ratio [OR] = 1.083; CI = 1.045−1.123; P < .001) and current cannabis use (OR = 3.873; CI = 1.534−9.779, P = .004), also age (OR = 0.948; CI = 0.909−0.989; P = .012), hospitalization of parents during childhood (OR = 2.618; CI = 1.107−6.189; P = .028), and nationality (OR = 9.427; CI = 1.065−83.457; P = .044) were associated with social anxiety disorder.

Conclusion: This study highlights the necessity of implementing actions to prevent and treat social anxiety in this high-risk population.

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Key Words: Social Anxiety; Social Phobia; Transsexuals; Transgender; Victimization

INTRODUCTION

People with gender dysphoria feel a persistent discomfort with their own biological sex and assigned role.[1] Gender dysphoria was considered a mental disorder until just a few years ago; however, this idea is being questioned strongly.[2] As a result of this questioning, classification systems for mental disorders such as the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-V) have replaced the name

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gender identity disorder with gender dysphoria (GD).[1] Furthermore, the binary concept of gender is widely being questioned and we see a shift from pathologizing to a spectrum identity approach.[3]

The transgender minority population frequently receives manifestations of prejudice, victimization, and social stigma.[4] Likewise, there are a number of studies that have indicated how gender nonconformity increases the risk of victimization to a greater extent than sexual orientation.[5,6] Furthermore, it has been observed that suffering from abuse and victimization increase the risk of mental disorders.[7,8] Consequently, on the basis of minority stress theory,[9,10] the GD population is at higher risk of developing mental disorders than the general population. However, previous reports regarding the prevalence of mental disorders have revealed contradictory findings. Some studies report that mental disorders are more common,[11–13] but other studies do not show significant differences.[14–16] Studies in the GD population seeking sex reassignment showed that the most prevalent disorders are affective and anxiety disorders.[11,12,17] Moreover, other studies report that hormonal treatment seems to improve this psychiatric morbidity[18–20] and also reduces perceived stress and cortisol response.[21]

Regarding the prevalence of current social anxiety disorder (SAD) (last 30 days) in studies of primary care patients within the general population, a prevalence between 2%–4.2% has been reported.[22,23] Epidemiological studies estimate a current prevalence of SAD (last 12 months) at around 5% (range 1.3%–9.1%).[24–27] SAD has been associated with different variable types in the general population: (1) socio-demographic variables such as being female, young age, employment status, low income, nationality, etc.[23–25]; (2) psychiatric comorbidity, especially different anxiety disorders, affective disorders, and drug and alcohol abuse/dependence[23,27]; (3) victimization and/or abuse, violence experienced at home, sexual abuse, and sibling victimization[28–30]; and (4) stressful and traumatic events, such as separation and hospitalization of parents, birth risk factors, history of parental mental disorders, unfavorable parental rearing styles, rejection and lack of emotional warmth, lack of perceived social support, etc.[30–32]

In other minority populations, such as identified gay males, prevalence of SAD in the last 12 months is high, ranging between 7.3%–8%.[33,34] Similarly, in the LGB population, victimization has been associated with depression and SAD.[35] And gender nonconformity independent of sexual orientation has been associated with increased social anxiety.[36,37]

Although a reduced number of studies have been performed in the clinical population with GD, there is another study indicating that SAD was the most prevalent anxiety disorder, reaching 9.1% (trans male 11.3% and 8.2% trans female) in this GD Spanish population.[17] A feasible hypothesis is that dissatisfaction with the biological sex at birth and the presence of an increase in discrimination and victimization events could further hinder social relationships with respect to other minority populations.[38,39] On the other hand, to our knowledge, victimization experiences in different environments and traumatic and stressful experiences that may have influenced SAD in persons with GD have not been studied.

AIMS

The objectives of this study were, primarily, to determine the prevalence of SAD in a group of patients with GD attending the Transsexual and Gender Identity Unit (TGIU) of the Regional University Hospital in Malaga. This study also considered whether violence suffered during childhood and adolescence, stressful and traumatic events, perceived social support, and other sociodemographic and clinical variables were associated with SAD in this population. The hypothesis raised was that SAD could be more prevalent in the studied population than in the general population and environmental factors such as victimization and stressful events are associated with the development of SAD.

METHOD

Participants and Settings

In total, 242 patients were eligible for the study, all of whom attended a clinical psychology consultation at the TGIU between 2011 and 2013. Of these, 18 individuals (7.4%) did not meet the inclusion criteria, 13 individuals (5.4%) did not compete all assessment measures and 1 patient (0.4%) refused to participate in the study, leaving 210 subjects participating in this study. Of these, 52% were trans female and 48% trans male. The average age was 27.86 (SD = 9.53) with a range between 14 and 59 years. The TGIU is the only public entity in Andalusia that provides free health assistance for multidisciplinary treatment of GD. The Andalusian health care service allows for hormonal treatment, psychological attention, and surgery for those who would benefit from the intervention, and was the first region in Spain to include this service in the public health system. The standard of care guidelines of the World Professional Association for Transgender Health were followed at the unit. At the time of the study, the sixth version of the protocol was followed and the TGIU was in the process of adopting the seventh version.

Procedure

Each participant was interviewed individually, in various sessions of approximately 1 hour. Consecutive participants attending the TGIU were invited to participate in this study during the recruitment period. The selection criteria: (1) having a diagnosis of transsexualism in accordance with *International Classification of Diseases, 10 edition* (ICD-10)[40] evaluated by a clinical psychologist was an inclusion criterion; (2) having an active psychotic disorder or severe personality disorder were the exclusion criteria, and these patients were also excluded from the TGIU treatment. All participants signed informed consent to participate in the study and parents signed for participants under

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