

Perceived Discrimination, Social Support, and Quality of Life in Gender Dysphoria



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ABSTRACT

Introduction: Transgender individuals experience discrimination in all domains of their personal and social life. Discrimination is believed to be associated with worse quality of life (QoL).

Aim: To investigate the relation between QoL and perceived levels of discrimination and social support in individuals with gender dysphoria (GD).

Methods: Individuals with GD who attended a psychiatry clinic from January 2012 through December 2014 were recruited. Demographic, social, and medical transition features were collected with standardized forms.

Main Outcome Measures: Self-report measurements of QoL (Turkish version of the World Health Organization's Quality of Life-BREF) that included physical, psychological, social, and environmental domains, perceived discrimination with personal and group subscales (Perceived Discrimination Scale [PDS]), and social support (Multidimensional Scale of Perceived Social Support) were completed.

Results: Ninety-four participants (76.6% trans men) adequately completed the study measurements. Regression models with each QoL domain score as a dependent variable indicated a significant predictor value of personal PDS in social and environmental QoL. Social support from family was associated with better QoL in psychological QoL, whereas perceived support from friends significantly predicted all other domains of QoL. There was a tendency for group PDS to be rated higher than personal PDS, suggesting personal vs group discrimination discrepancy. However, group PDS was not found to be a predictor of QoL in the multivariate model.

Conclusion: Perceived personal discrimination and social support from different sources predicted domains of QoL with a non-uniform pattern in individuals with GD. Social support and discrimination were found to have opposing contributions to QoL in GD. The present findings emphasize the necessity of addressing discrimination and social support in clinical work with GD. Moreover, strategies to improve and strengthen friend and family support for individuals with GD should be explored by clinicians. Further research with larger and community-based samples is required.

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Key Words: Gender Dysphoria; Transgender Individuals; Quality of Life; Discrimination; Social Support

INTRODUCTION

Transgender individuals are more likely to experience discrimination in their personal and social life than non-transgender individuals and their siblings.^{1,2} Discrimination and stigma-

related stress have been shown to contribute to disparities in physical, mental, and sexual health in sexual minorities.^{3–6} According to the minority stress model, stressors act through external processes, such as actual experiences of rejection and discrimination, and internal processes, such as perceived rejection or the anticipation of being stereotyped or discriminated against and the pressure for concealment.⁷ For actual experiences, the personal appraisal of discriminatory experiences and the attribution of an attitude or event to discrimination are considered processes that involve personal and situational components.⁸ Therefore, discrimination is expected to exert its effects through overt acts of discrimination and the expectation of discrimination.

In an online survey, actual and perceived forms of social stigma were positively associated with psychological distress in transgender individuals in the United States.⁹ The association of

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experiences of discrimination with poor indices of mental health, which likely contributes to the relatively higher rates of psychiatric morbidity in transgender individuals, also was reported.^{10–12} Quality of life (QoL), as a subjective evaluation involving various domains of life, is another indicator of health that can be useful in determining the magnitude and degree of pervasiveness of the effects of perceived discrimination. QoL is a broad, multifaceted concept defined by the World Health Organization (WHO) as individuals' perception of their position in life in the context in which they live in relation to their goals, expectations, standards, and concerns.¹³ The relation between perceived discrimination and QoL in transgender individuals has not been directly investigated. Previous research on QoL of transgender individuals has focused predominantly on outcomes of sex-reassignment procedures.^{14–23}

Social support has been proposed as assisting in the coping and management of stress effects in individuals under stress.²⁴ Therefore, social support could serve as a buffer against the negative consequences of discrimination and stigma.^{25,26} Perceived social support often has been associated with indices of QoL and psychological well-being in transgender individuals.^{27–31} QoL was significantly predicted by the presence of family support in a Spanish sample,²⁸ whereas peer support was significantly associated with measurements of QoL in a U.K. sample.²⁹ It is reasonable to suggest that different sources of social support vary in their contribution to QoL and psychological well-being. Stigmatization based on race and ethnic origin is usually shared by all family members, whereas the stigma of being transgender is experienced solely by the individual. Therefore, support from friends might acquire greater significance. In Turkey, the attitude of family toward transgender individual is frequently far from supportive.³² Rather, the family is often considered a major source of stress.³³

AIMS

The aim of this study was to evaluate the relation between QoL and perceived levels of discrimination and social support in individuals with gender dysphoria (GD). The global objective was to test whether perceived levels of discrimination and social support were significant predictors of QoL in GD when demographic and gender transition-related features were included in the analyses. The perceived discrimination was assessed at personal and group levels to evaluate a distinguishable predictor value of each dimension. Similarly, perceived social support was evaluated with an instrument that explores different sources of support, such as families and friends.

According to our hypothesis, high levels of perceived social support should predict better QoL, whereas perceived discrimination should predict worse QoL. Furthermore, we hypothesized that personal and group discrimination would show distinct patterns of association with domains of QoL. Similarly, we hypothesized that perceived social support from different sources

would have a non-uniform predictor value in the determination of the diverse domains of QoL.

METHODS

Participants

Individuals with GD who attended Hacettepe University Hospitals Adult Psychiatry Clinic from January 2012 through December 2014 were recruited. All individuals were assessed with clinical interviews performed by at least two experienced psychiatrists, in line with the current protocol of the management of GD in Hacettepe University Hospitals. After excluding individuals with any coexisting current Axis I diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, study participation was offered to each consecutive patient who fulfilled the criteria for gender identity disorder.³⁴ The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, which was published during the course of the study, replaced this diagnostic category with “gender dysphoria.” GD refers to the distress and discomfort experienced by the individual owing to incongruence between natal sex and experienced gender. *Transgender* is an umbrella term reflecting diverse forms of incongruence between assigned sex and experienced gender, but not all individuals self-identifying as transgender experience dysphoria. Therefore, we referred to the participants of this study as “individuals with gender dysphoria,” declining to use gender identity disorder, which increasingly has been considered derogatory. However, the term *transgender* was used while referring to the identity of the individual or group and when studies recruiting participants through their transgender identity were cited. Only three patients declined to participate, and 100 patients who provided written informed consent were included. Six individuals did not complete the scales required for assessment; therefore, the study sample included 94 individuals. The study was conducted in accord to ethical guidelines and approval obtained was from the ethical committee for non-invasive clinical studies of Hacettepe University, Ankara, Turkey.

Procedure

Participants were asked to fill out a demographic form, which included information about age, sex at birth, highest educational attainment, and occupational status. We prepared a transition questionnaire, which included items with yes-or-no responses. In the questionnaire, participants were asked to report the disclosure of transgender identity, the use of a name, and the choice of clothes congruent with the experienced gender in three contexts: family, friends, and school or work. The congruence of name and clothing were judged by the individual. Thorough fulfillment of the disclosure, gender identity-congruent clothing, and name in all three contexts was considered the accomplishment of social transition. The questionnaire also explored current or previous use of cross-sex hormones and a history of any surgical interventions the patient underwent with the aim of gaining the appearance of the experienced gender.

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