
ORIGINAL RESEARCH—LGBT

Non-Suicidal Self-Injury in Trans People: Associations with Psychological Symptoms, Victimization, Interpersonal Functioning, and Perceived Social Support

Laurence Claes, PhD,* Walter Pierre Bouman, MD, FRCPsych,[†] Gemma Witcomb, PhD,^{†‡} Megan Thurston, PhD,^{†§} Fernando Fernandez-Aranda, PhD,^{¶**} and Jon Arcelus, MD, FRCPsych, PhD^{†‡}

*Faculty of Psychology and Educational Sciences, KU Leuven, Leuven, Belgium; [†]Nottingham Gender Clinic, Mandala Centre, Nottingham, UK; [‡]School of Sport, Exercise, and Health Sciences, Loughborough University, Loughborough, UK; [§]Clinical Psychology, University of Leicester, Leicester, UK; [¶]Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain; ^{**}CIBER Fisiopatología Obesidad y Nutrición (CIBERObn), ISCIII, Barcelona, Spain

DOI: 10.1111/jsm.12711

ABSTRACT

Introduction. There is a paucity of systematic research in the area of non-suicidal self-injury (NSSI) in trans people. **Aim.** The aim of this study was to investigate the prevalence of NSSI in trans people and the associations with intra- and interpersonal problems.

Methods. Participants were 155 untreated individuals with a diagnosis of transsexualism (according to International Classification of Disease-10 criteria) attending a national gender identity clinic.

Main Outcome Measures. All participants completed the Self-Injury Questionnaire, the Symptom Checklist-90-Revised, the Rosenberg Self-Esteem Scale, the Hamburg Body Drawing Scale, the Experiences of Transphobia Scale, the Inventory of Interpersonal Problems-32, and the Multidimensional Scale of Perceived Social Support.

Results. The sample consisted of 66.5% trans women and 33.5% trans men and 36.8% of them had a history of engaging in NSSI. The prevalence of NSSI was significantly higher in trans men (57.7%) compared with trans women (26.2%). Trans individuals with NSSI reported more psychological and interpersonal problems and perceived less social support compared with trans individuals without NSSI. Moreover, the probability of having experienced physical harassment related to being trans was highest in trans women with NSSI (compared with those without NSSI). The study found that with respect to psychological symptoms, trans women reported significantly more intrapersonal and interpersonal symptoms compared with trans men. Finally, the results of the regression analysis showed that the probability of engaging in NSSI by trans individuals was significantly positively related to a younger age, being trans male, and reporting more psychological symptoms.

Conclusions. The high levels of NSSI behavior and its association with interpersonal and interpersonal difficulties and lack of social support need to be taken into consideration when assessing trans individuals. The effect of cross-sex hormones and sex reassignment surgery on psychological functioning, including NSSI behavior, as part of the transitional journey of trans individuals should be explored in future studies. **Claes L, Bouman WP, Witcomb G, Thurston M, Fernandez-Aranda F, and Arcelus J. Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimization, interpersonal functioning, and perceived social support. J Sex Med 2015;12:168–179.**

Key Words. Trans; Transsexualism; Gender Dysphoria; NSSI; Victimization; Interpersonal Functioning; Social Support

Introduction

This study aimed to investigate the association between non-suicidal self-injury (NSSI) and psychological symptoms, victimization, interpersonal problems, and perceived social support in individuals with a diagnosis of transsexualism. Transsexualism is a formal diagnosis of the International Classification of Disease-10 (ICD-10) [1], which describes individuals who present with discomfort or distress caused by the discrepancy between a person's gender identity (their psychological sense of themselves as men or women) and the sex they were assigned at birth (with the accompanying primary/secondary sexual characteristics and/or expected social gender role). Sometimes, the distress is sufficiently intense that individuals undergo transition from one point on a notional gender continuum to another—most commonly from male to female (people known as trans women or trans female [TF]) or female to male (people known as trans men or trans male [TM]). This typically involves changes to social role and presentation and may necessitate their taking cross-sex hormones and/or having sex reassignment surgery (SRS) [2,3]. Cisgender people (as a complement to trans people) are individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity.

The ICD-10 diagnosis for transsexualism is under review. It is proposed that the ICD-11 recognizes individuals who do not identify as either male or female and are therefore not part of the gender binary (such as gender queer) [4]. This has been acknowledged in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), where the diagnosis of gender dysphoria incorporates all individuals on the gender spectrum [5].

NSSI refers to the direct and intentional injury of one's own body tissue without suicidal intent, such as cutting, burning, and hitting oneself [6], and has been found to function as a way to regulate emotions and self-punishment [7–9]. NSSI was recently included as a Non-Suicidal Self-Injury Syndrome in Section III of the DSM-5 [5]. While in adolescents, the prevalence rates of NSSI range between 14 and 39% in the community and between 40 and 61% in psychiatric samples [10,11], for adults, the prevalence rates of NSSI are estimated to be around 4% in the community and around 21% in psychiatric units [11], indicating a decrease in NSSI behavior with age. In the

general population, the prevalence of NSSI in women and men is rather similar, whereas in the psychiatric population NSSI is more prevalent in females compared with males [12,13].

Recent research suggests that lesbian, gay, bisexual, and transgender (LGBT) individuals are at greater risk for mental health problems, including suicidal and NSSI [14–17]. Mustanski and Liu [17] investigated a sample of 237 LGBT youths (age range 16–20 years; 8.8% self-identified as trans) and reported that 11 (52.4%) out of 21 trans individuals engaged in a suicide attempt during their lifetime and 4 (19%) during the past year. Factors that were related to a lifetime history of attempted suicide were hopelessness, depression, conduct disorder symptoms, impulsivity, victimization, age of first same-sex attraction, and low family support [17].

Concerning NSSI, Walls et al. [18] investigated a sample of 265 LGBT youths (age range 13–22 years; 4.9% self-identified as trans) and reported that 6 (47.2%) out of 13 trans individuals in their study of 265 LGBT youths stated that they had engaged in self-cutting behavior during the past year, with younger participants more likely to have engaged in NSSI than older adults (56.5% vs. 40.8%). Additionally, NSSI was found to be more common in trans men than trans women, with cutting as the most common type of NSSI found, particularly in the arms and wrists [19]. Nickels et al. [20] investigated the functionality of self-cutting in LGBT individuals and found that, similar to non-trans people, emotional release, stimulation, and self-punishment were the most common functions of NSSI in trans individuals.

Factors that are known to increase the risk of engaging in NSSI in the general and psychiatric populations are childhood traumatic experiences, psychological symptoms (such as anxiety, depression), body dissatisfaction, identity problems, and interpersonal dysfunction [21–23]. Traumatic experiences and the subsequent psychological reaction can cause stress, causing emotions such as anxiety and depression, and behaviors like NSSI and suicidal behaviors (i.e., stress model) [24]. Protective factors that appear to prevent individuals from engaging in NSSI are social support from parents and friends (i.e., buffering hypothesis of social support) [24], as well as good coping skills [25,26].

Similar findings were reported in a sample of LGBT youth. For example, Walls et al. [18] showed that peer victimization, homelessness, and

Download English Version:

<https://daneshyari.com/en/article/4269559>

Download Persian Version:

<https://daneshyari.com/article/4269559>

[Daneshyari.com](https://daneshyari.com)