



Review article

Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions



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ABSTRACT

Rationale: Transgender people in the United States experience widespread prejudice, discrimination, violence, and other forms of stigma.

Objective: This critical review aims to integrate the literature on stigma towards transgender people in the US.

Results: This review demonstrates that transgender stigma limits opportunities and access to resources in a number of critical domains (e.g., employment, healthcare), persistently affecting the physical and mental health of transgender people. The applied social ecological model employed here elucidates that transgender stigma operates at multiple levels (i.e., individual, interpersonal, structural) to impact health. Stigma prevention and coping interventions hold promise for reducing stigma and its adverse health-related effects in transgender populations.

Conclusion: Additional research is needed to document the causal relationship between stigma and adverse health as well as the mediators and moderators of stigma in US transgender populations. Multi-level interventions to prevent stigma towards transgender people are warranted.

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Transgender is as an umbrella term used to define individuals whose gender identity or expression differs from the culturally-bound gender associated with one's assigned birth sex (i.e., male or female) (Davidson, 2007; Valentine, 2007). While there is considerable variability in who falls under the transgender umbrella, it is estimated that 0.03–0.05% of the population are transgender (Conron et al., 2012; Gates, 2011; Reisner et al., 2014a). Transgender individuals define their gender identity (e.g., man, woman, transgender man, transgender woman, genderqueer, bigender, butch queen, femme queen) and express their gender in a variety of ways, which may vary according to racial/ethnic background, socio-economic status, and place of residence (Valentine, 2007). Some transgender individuals choose to socially transition (e.g., change their name, pronoun, gender expression) and/or medically transition (e.g., cross-sex hormones, surgery) to align their gender expression with their gender identity, while others

choose to have a gender expression or identity outside of the traditional gender binary (e.g. gender nonconforming people) (Davidson, 2007). In the US, transgender individuals are considered deviant for having a gender identity or expression that is discordant with the gender typically associated with their assigned birth sex and experience widespread stigma as a result (Bockting et al., 2013; Grant et al., 2011; Lombardi et al., 2002).

Stigma is the social process of labeling, stereotyping, and rejecting human difference as a form of social control (Link and Phelan, 2001; Phelan et al., 2008). Given that stigma is a complex and dynamic process, the measurement of stigma is inherently thwarted by challenges including concerns regarding the level (e.g., interpersonal, structural) and perspective (e.g., objective versus subjective experiences) at which to operationalize stigma and measure its severity and frequency (e.g., hate crimes versus everyday discrimination) (Meyer, 2003a). Here we draw on sociological and public health theory (socio-ecological model; Baral et al., 2013; Link and Phelan, 2006), operationalizing stigma according to the levels and means through which it is experienced—*structural*, *interpersonal*, and *individual* (Fig. 1). *Structural* stigma refers to the societal norms and institutional policies that

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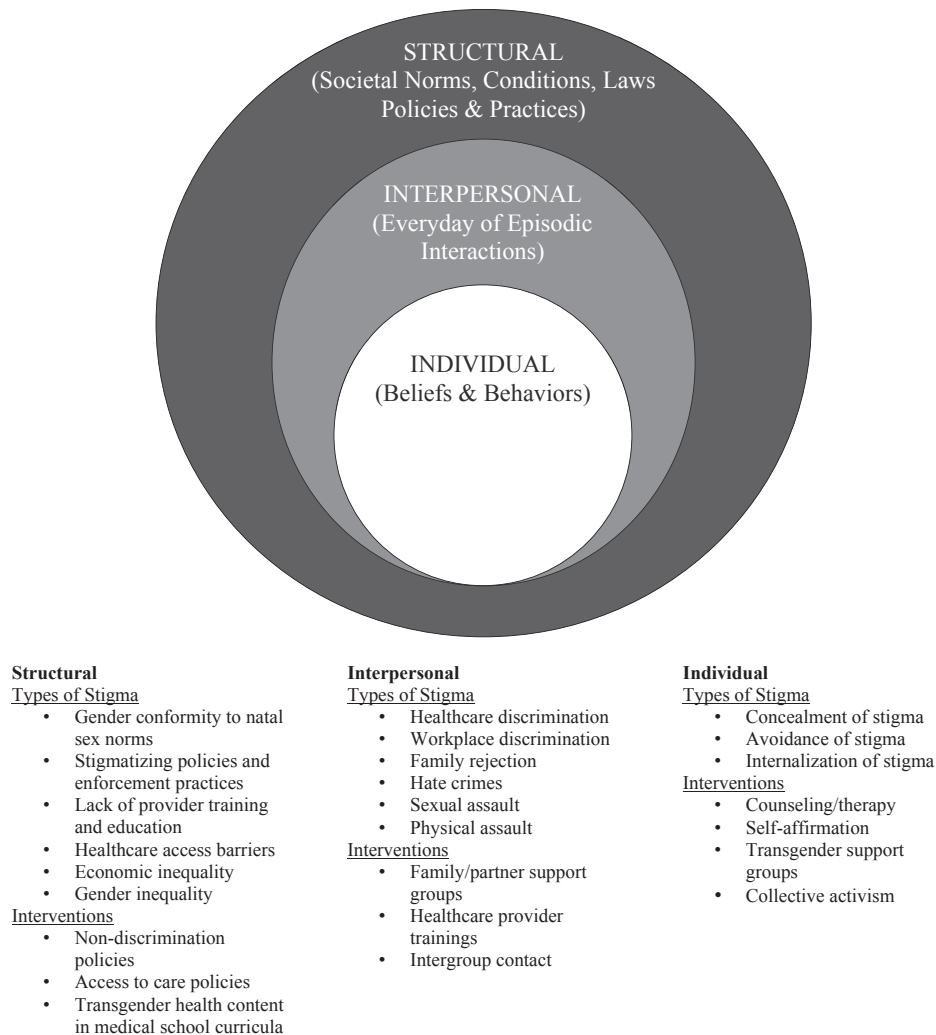


Fig. 1. Modified Social-ecological model of transgender stigma & stigma interventions.

constrain access to resources, while *interpersonal* stigma refers to direct or enacted forms of stigma such as verbal harassment, physical violence, and sexual assault due to one's gender identity or expression. At the *individual* level, stigma includes the feelings people hold about themselves or the beliefs they perceive others to hold about them that may shape future behavior such as the anticipation and avoidance of discrimination. Structural, interpersonal, and individual forms of stigma are highly prevalent among transgender people and have been linked to adverse health outcomes including depression, anxiety, suicidality, substance abuse, and HIV (Clements-Nolle et al., 2006; Grant et al., 2011; Nemoto et al., 2011; Reisner et al., 2014b; Sevelius, 2013).

Stigma is a fundamental cause of adverse health in transgender populations as it works directly to induce stress (a key driver of morbidity and mortality) and indirectly by restricting access to health protective resources (e.g. knowledge, money, power) (Hatzenbuehler et al., 2013; Link and Phelan, 1995). Transgender stigma works through multiple risk factors to impact multiple health outcomes. Indeed, interpersonal and structural stigma are associated with inequities in employment, healthcare, and housing for transgender people compared to cisgender (non-transgender) people—fundamental resources that when restricted are associated with poor health in transgender communities (e.g., depression, suicidality, conditions requiring emergency care) (Clements-Nolle et al., 2006; Nemoto et al., 2011; Reisner et al., 2015b).

Consistent with fundamental cause theory, transgender stigma occurs across place and time, such that even when one form of stigma is eliminated (e.g., policies are passed that prevent insurers from denying healthcare coverage on the basis of gender identity), other forms of stigma impede access to gender affirming care (e.g., healthcare providers lack the cultural and medical competence to care for transgender patients) will continue to ensure adverse health outcomes for transgender individuals.

While emerging evidence suggests that stigma makes transgender persons vulnerable to stress and subsequent mental and physical health problems (Bockting et al., 2013; Gamarel et al., 2014; Operario et al., 2014; Reisner et al., 2015b; Xavier et al., 2013), to our knowledge, synthesized findings on the health consequences of transgender stigma and interventions to reduce stigma towards transgender people remain absent from the literature. This article aims to fill the gap in the literature by reviewing transgender stigma at the multiple levels it operates to influence the health of transgender people. This review then summarizes interventions targeting transgender stigma at multiple levels and concludes by outlining a research agenda to understand and reduce stigma toward this marginalized segment of the US population.

1. Stigma at multiple levels

Stigma has the ability to affect transgender health at multiple

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