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# PSYCHOLOGICAL ABUSE AND MENTAL HEALTH OF TRANSGENDERS: A REVIEW

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## ABSTRACT:

In recent years, there has been increasing recognition of the prevalence of abuse and discrimination faced by transgender individuals and those who defy traditional gender norms. Abuse can be verbal and physical mistreatment from various sources such as family, friends, co-workers, teachers, mental health professionals, strangers, and authorities such as police. Research has shown that gender-related abuse significantly negatively impacts the mental health and overall well-being of transgender individuals. Studies have revealed a strong correlation between psychological and physical gender abuse and the experience of psychological distress, depression, and even suicidal thoughts among transgender individuals. The socioeconomic position of transgender individuals, including their employment and education, plays a crucial role in their mental health outcomes. Transgender individuals engaged in underground labour markets, such as sex work, often face a higher risk of depression due to the associated risks and abuse within such occupations. Evidence suggests that self-affirmation and gender-affirming interventions like hormone therapy and sex-change surgery can potentially alleviate symptoms of depression and improve mental well-being among transgender individuals. Family acceptance and support are also pivotal factors in the mental health of transgender individuals, yet many parents struggle to accept their children's gender identity, resulting in rejection and abuse. Family rejection has been found to predict self-harm and suicide attempts among transgender and gender-nonconforming individuals, highlighting the critical need for familial support. Furthermore, studies have consistently shown that sexual minorities, including gay, lesbian, and bisexual individuals, are at a higher risk of mental health issues than their heterosexual counterparts. Discrimination, prejudice, and violence based on sexual orientation contribute to lower self-worth, increased suicide risk, and mental health problems among sexual minorities, particularly during adolescence.

**Keywords:** *Transgender, psychological and physical abuse, Gender sensitivity, minority stress theory.*

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## Introduction:

Recent studies and reports have shown that abuse towards those who defy gender norms is common in society [1,2]. Particularly, the identity of a transman or transwoman gender nonconformity has been related to verbal abuse that is both psychological and physical from relatives, friends, co-workers, teachers, mental health professionals, drug rehab centres, strangers, and the police. There have been demands for gender-sensitive training for certain law enforcement officers and service providers, anti-bullying measures in schools, and improved implementation of hate crime laws that apply to gender nonconformity. The public's increased knowledge of gender-related violence and incidents reported these demands had been motivated by the impact on suicidal and mental health attributes of transgender and a wide non-gender-confirming population. Gender-related abuse may have a negative impact on transgender people's mental health, according to a growing but still scant body of empirical research. Numerous qualitative, cross-sectional, and conservative studies on groups of people who identify as gender nonconforming have shown an association between victimization-related factors (including gender abuse) and disturbing agony and deprived mental well-being functioning. These non-prospective studies have received criticism for using psychological distress measures with little encouraging extrapolative diagnostic psychopathological values of the non-clinical population, despite their significance and methodologically flawed in establishing a fundamental relationship between victimisation and mental health outcomes. Since the cultural stereotype of gender identity has been established, transgender children usually face significant challenges and suffering when they changeover from their biological sex to their genuine gender expression [3]. According to the minority stress theory [4,27], transgender teenagers who are

transitioning endure proximal pressures because their true gender presentation varies from what is expected of them sex-wise. As per the minority stress model, transgender people may feel significant psychological discomfort because of the proximal stressors, which may harm their ability to lead fulfilling personal, social, and professional lives [5]. Parents manage and correct children's gender expression more than their sexual behaviour, as gender roles are frequently openly articulated in public settings [6]. Parents with children who identify as transgender and gender non-conforming may find it difficult to accept their children's gender fluidity because of this ingrained gender binary norm [7,28]. In the process of embracing their kid's transgender identity, parents have expressed sentiments of sadness and loss [8], and some have even described experiencing "traumatic shock" when their child inside is conscious [9]. More than 59 % of transgender kids in the United States of America originally had unfavourable reactions from their parents throughout their gender transition, according to a prior study [10]. Furthermore, parents severely verbally and physically abused their transgender children for engaging in gender non-conforming behaviours [11]. The anticipation of rejection by the person is well-documented to be a factor in a bad reaction from parent's proximity to minority stressors that can increase the likelihood of mental illnesses such as anxiety and depression [12,29]. Additionally, research has demonstrated that family rejection has a substantial role in predicting self-harm and attempts at suicide among transgender and gender-nonconforming individuals [13].

**Focus of review:** the focus of the review is on the prevalence and impact of abuse, discrimination, and bullying experienced by individuals who define gender norms, particularly transgender individuals and gender non-conforming individuals. The review examines the various contacts in

which abuse occurs, including family, friends, co-workers, teachers, mental health professionals, and law enforcement. It highlights dial negative consequences of gender-related abuse on mental health, including increased risk of depression, anxiety, self-harm, and suicidal ideation. The review also discusses the challenges play said by transgender children and their parents in accepting and affirming their gender identity. Additionally, the review explores the intersectionality of Gender identity with other factors such as race/ethnicity and socio-economic status. The review emphasises the need for gender-sensitive training, anti-bullying measures, and improved implementation of hate crime laws to address the issues faced by gender non-conforming individuals and reduce the negative impact on their mental well-being.

#### **Literature review:**

One of the studies used the methods of conducting a study on 230 transgender women from the New York City Metropolitan Area during a three-year period (2004–2007), ranging in age from 19 to 59 years, to look at transgender abuse in social and interpersonal contexts and how it affects the DSM-V and other mental health diagnostic criteria. Generalised estimating equations, such as logistic regression, were used in the statistical approaches. During follow-up, the data showed a strong correlation between psychological and physical gender ill-treatment and serious sadness. Abuse of any kind, whether new or ongoing, was linked to a seven times increase in incidences of mental diseases. In younger transgender women than in older transgender women, there was a higher correlation between psychological mistreatment and depression. The study found that attempts to reinforce gender identity and vocational success can lead to psychological and bodily gender violence, which is pervasive in this community. Major depression is a devastating side

effect of both sorts of abuse on mental health. It seems that older transgender women have become more resilient to psychological gender abuse.

Indicators of socioeconomic position, including employment, money, and higher education, have frequently been related to reduced prevalence of depressed symptoms in the populace. 30 People who identify as gender non-conforming, however, might not benefit from such accepted standards of success in the legal economy.

For instance, employees may verbally harass transgender women in government service authority positions, mentally suppressing them [14, 32]. Depression may be exacerbated in various ways by involvement in the underground labour market through sex work. Depression may be brought on by sex work or closely linked lifestyle factors on their own [15]. Employment in the sex industry may also be related to abuse, which creates dependency [16, 30]. However, given the therapeutic advantages of self-affirmation, expressions of transgender personality, which are primarily defined to include presenting transgender identity to others, hormone therapy, and sex-change surgery, should be linked to reducing depression. Hormone therapy has been linked explicitly to increased depression in some pharmacological studies [17]. A paradigm of impact mediation is also conceivable, according to which the presentation of transgender identity raises the risk of abuse and sadness. Some research suggests that as transgender women become older, the link between their mistreatment and depression may change substantially. Recent Institute of Medicine studies show transgender people age [18]. Gender abuse was significantly linked to main depression during teenage years and the early years of adulthood, waning but generally outstanding statistically significant through near the beginning of

middle age and beyond, according to the Diagnostic and Statistical Manual of Mental Disorders. This connection was discovered using the life chart interview. After reaching initial maturity, early transgender can suppress sexual violence because there are fewer adults and young women than adolescents. We have promising sexual violence, serious depression, and serious evaluation (except category, hormonal therapy). A limited assessment of the literature served as our guide. In the current study, a sample of people with gender dysphoria was evaluated for representations of difficult trauma and attachment. The psychological well-being of people of different genders has been demonstrated to be significantly influenced by family acceptance and support, but little is known about how these people interact with their parents. The research had 95 participants in total. 27 per cent of the attachments were secure, 27 per cent were unsecured, and 46 percent were disordered. People who experienced early traumas in 56 percent of cases did so in four or more distinct ways. Additionally, compared to controls, gender dysphoric people showed considerably greater affection disorganization and poly victimization levels. Comparisons of subgroups based on sex at birth found that, compared to control men, Trans women were more involved with their fathers and suffered more physical and psychological abuse. Tran's men were more maternally involved and often isolated and ignored by their fathers than by their female controls. The research affects treatment, occupational health psychology, family breakdown, and education.

One of the objectives of various researchers' investigations was to identify the racial/ethnic gaps in social support, exposure to violence, and transphobia. They investigated the reasons why transgender women who had previously worked as sex workers were depressed.

Utilizing street outreach and referrals, a total of 573 THSW who lived or worked in San Francisco or Oakland, California, were contacted. They then participated in one-on-one interviews using a standardised questionnaire. According to the Centre for epidemiologic research depression scale data, over half of the Latina and White individuals had depression. Three-quarters of white participants said they had considered suicide, and 64% said they had tried it. 38 percent of participants who were under the age of 18 reported being raped or sexually attacked, while 50% of participants reported being physically abused. Individuals who were white and African American were more likely to report transphobia incidents than other participants. Levels of wealth and education, transphobia, suicidal thoughts, and social support were strongly and independently linked with depression. THSW's conclusion is that initiatives for health promotion that are specially catered to racial/ethnic groups must address psychological susceptibility.

Recent studies indicate that GLBT individuals are more likely than heterosexuals to experience psychological health issues, including both suicide and other types of self-harm. However, just a few research has looked into potential risk-related variables. In this study, a sample of sexual minorities will be examined to see whether traumatic pressure and prejudiced experiences are potential predictors of both suicidal and non-suicidal self-injury (i.e., a GLBT sample). Research on mental health indicators has shown that sexual minorities are further likely than heterosexuals to understand mental health issues. Adolescence is when the danger is first beginning to climb. For instance, research indicated that, compared to their heterosexual classmates, GLB adolescents were more likely to experience sadness, hopelessness, and suicidality [20]. Similar findings showed that GLB adolescents had a higher risk of severe depression,



generalised anxiety turmoil, conduct disorder, drug misuse or dependency, suicidal thoughts, and suicide attempts than heterosexual children in longitudinal research [21]. Furthermore, a 2007 poll [22, 32, 33] of 55 transgender teenagers revealed that half had seriously considered suicide and that 25% had already tried it. Adolescent sexual minorities tend to be at heightened risk well into adulthood. Research on mental health indicators has shown that sexual minorities are further likely than heterosexuals to experience mental health issues.

Adolescence is when the danger is first beginning to climb. For instance, research indicated that, compared to their heterosexual classmates, GLB adolescents were more likely to experience sadness, hopelessness, and suicidality [23]. Similar findings showed that GLB adolescents had a higher risk of severe depression, generalised anxiety disorder, conduct disorder, drug misuse or dependency, suicidal thoughts, and suicide attempts than heterosexual children in longitudinal research [24]. Furthermore, a 2007 poll [25] of 55 transgender teenagers revealed that half had critically considered suicide and that 25% had already tried it. As an illustration, [26, 34,35] looked at the incidence rate of anti-gay annoyance, favouritism, and brutality among 1,248 gay and bisexual men from three Southwest cities over 6 months and discovered that 37% reported verbal annoyance, 11.2 percent reported favouritism, and 4.8 percent reported physical aggression. Reports of all three categories of anti-gay incidents were linked to lower self-worth and a higher risk of considering suicide. Further study has identified an association between mental health trouble and experiences of discrimination as a member of a sexual minority. Notably, one study evaluated 73 participants who identified as homosexual or bisexual and 2,844 respondents who identified as heterosexual from a nationally symbolic sample of people ages

25 to 74. When asked why they experienced bias in everyday life, 42% of gay and bisexual persons said it was because of their sexual orientation. Gay men and bisexual people were further likely to situations where discernment made life difficult and stopped them from living full and productive lives than heterosexual people. More investigation has found relationships between mental health issues and experiences of discrimination as a member of a sexual minority. Notably, a study that examined 2,844 respondents who identified as straight and 73 subjects who identified as homosexual or bisexual from a nationally representative model of persons aged 25 to 74 was evaluated. 42 percent of homosexuals and bisexuals who acknowledged dealing with discrimination everyday said it was due to their sexual orientation. In comparison to heterosexuals, homosexuals and bisexuals were further likely to say that discrimination made life difficult and prevented them from living full and productive lives. Examining the probable unequal consequences of favouritism on sexual minorities who are also racial or ethnic minorities is crucial.

Among Chinese transgender and gender nonconforming youth, abuse, neglect, and bullying by family, classmates, or teachers were shown to be common, as well as risk factors for poor mental health in this population.

This study aims to estimate the occurrence of abuse, neglect, and bullying among Chinese transgender and gender-nonconforming teenagers as well as how these factors relate to poor mental health. An online self-selecting survey was utilised for the design, setting, and participants; it was carried out in China between January 1st to September 29th, 2017. eligibility requirements included identifying as transgender or gender nonconforming and between the ages of 12 and 18. In 2019, data analysis was done

from 25 to 28 March. The main results and assessments were self-reported poor mental health, including depression symptoms, anxiety symptoms, and suicidal thoughts. The 9-item depression scale developed by the Centre for Epidemiological Studies was used to assess depressive symptoms. The general anxiety disorder scale, which has seven items, was used to gauge anxiety symptoms. Utilizing standardised questions modified from earlier Chinese studies, suicidal ideation was evaluated. Specifically, crafted questions were used to gauge abuse, neglect, and bullying. Following the collection of 564 replies, 385 respondents with a mean age of 16.7 years meet the criterion for inclusion, including 109 transgender teenage males, 167 transgender adolescent girls, and 109 gender non-conforming adolescent boys. 296 (92.8%) of the 319 respondents who said their parents knew about their gender identity said they had endured parental abuse or neglect. Within the entire cohort, 295 respondents, i.e. (76.6%) stated that they had been the target of harassment or abuse at school from peers or instructors because they identified as transgender or gender nonconforming. There were 173 responders, i.e. (44.9%) who had depression, according to the Centre for Epidemiological Studies. 148 respondents, i.e. (38.1%) had scores on the 7-item General Anxiety Disorder scale, suggesting they were at risk of an anxiety disorder, while 9-item scale scores indicated they were at risk of major depressive disorder. Reporting incidents of bullying from a classmate or teacher was shown to be substantially correlated with suicidal thoughts in univariate analysis. After accounting for the degree of education, resistance to assigned sex, and low mood at the start of puberty, the connection was no longer statistically significant. However, to remove the stigma and discrimination targeted at gender minorities, larger societal change may be necessary.

### Research Gaps:

The severity and length of the abuse and the victim's relationship with the perpetrators were not mentioned in the measures of gender abuse [9]. Many of the participants' attachment narratives displayed a dearth of autobiographical coherence and integration, making it clear that they had trouble drawing connections between the past and present aspects of their histories, painting fair portraits of caregivers, and emphasising attachment experiences [13]. Because the current study focused on THSW and participants were chosen by purposive selection, it is not practical to extrapolate study results to transgender women in the general community. Response biases brought on by social desirability and retrospective memory must also be taken into account. Studies on public health frequently overemphasise risk factors and health inequalities among transgender people, just like this one did. In order to depict and comprehend the lives of transgender people who have historically been ignored and vilified, population-based research studies are required [19]. Our use of non-probability sampling methods additionally constrains the generalizability of our findings. Traditional random sampling methods, however, would probably be useless given the population's concealed nature. It is also difficult to assess our outcome variable, attempted suicide. Instead of just asking about "suicide attempts," we specifically asked participants if they had ever tried to kill themselves. However, we did not follow up with questions on how serious the attempt was, such as if it resulted in harm or the need for medical attention [28].

Specific themes and ideas:

1. Transgender Abuse and Mental Health: The study examines the correlation between transgender abuse (both psychological and physical) and its impact on mental

- health, particularly depression. It suggests that abuse significantly increases the incidence of mental diseases, and attempts to reinforce gender identity and vocational success can also result in psychological and physical gender violence.
2. **Socioeconomic Factors:** The study explores the role of socioeconomic factors, such as employment, money, and higher education, in reducing the prevalence of depressed symptoms. However, it notes that gender non-conforming individuals may not benefit from these conventional measures of success in the legal economy.
  3. **Intersectionality:** The research emphasizes considering intersecting identities and experiences. It mentions the racial/ethnic gaps in social support, exposure to violence, and transphobia. It suggests that initiatives for health promotion tailored to racial/ethnic groups are necessary to address psychological vulnerability.
  4. **Traumatic Experiences and Self-Harm:** The content highlights the elevated risk of psychological health issues, including suicide and self-harm, among LGBTQ+ individuals. It discusses the potential predictors of self-injury, such as traumatic pressure and prejudiced experiences, particularly among sexual minorities.
  5. **Family Dynamics and Support:** The research acknowledges the significant influence of family acceptance and support on the psychological well-being of transgender individuals. It mentions the evaluation of family attachments and traumatic experiences, indicating that secure attachments positively impact mental health outcomes.
  6. **Bullying and Discrimination:** Bullying, transphobia, and experiences of discrimination are recurring themes throughout the content. They are identified as risk factors for poor mental health among transgender and gender nonconforming individuals. The content emphasizes the need for societal change to combat stigma and discrimination targeted at gender minorities.
  7. **Cultural Context:** The study focusing on Chinese transgender and gender nonconforming youth sheds light on abuse, neglect, and bullying within that specific cultural context. It highlights the prevalence of these issues and their association with poor mental health outcomes.

### Conclusion

The conclusion that trans genders are vulnerable to psychological and bodily gender mistreatment should be modified in one crucial way: as they age, transgender women seem to be better able to handle only psychological but not physical gender abuse. In this study, the relationship between gender-based psychological violence and major depression was three times higher in young transgender women aged 19 to 30 years than in older transgender women aged 31 to 59 years. There is still room for research into the factors that make older people more vulnerable to psychological, rather than physical, gender-based violence. Examining the effects of different background traits on violence and depression provided a more comprehensive picture of the relationship between gender-based violence and depression in this group. Hormone therapy, sex work, occupation and the transgender aspect predicted psychological violence, while the last two factors

predicted physical violence. In terms of the interpersonal and social contexts of gender-based violence, these findings highlight how pervasive and destructive violence is in the lives and choices of transgender. It is possible to achieve success in the legal and financial system, as measured by employment, at the expense of increasing introduction to psychological trauma. Participation in the underground economy, i.e. sex work, may lead to despair as well as abuse on a mental and physical level. The possibility of gender abuse may be despair when attempting to make a living, whether legally or illegally, complicates the lives of transgenders. Hormone therapy affirmation of gender identity was associated with despair and both psychological and physical gender abuse. The possibility of gender abuse and eventual despair while expressing gender identity through hormone therapy may make the lives of transgender even more difficult. The study's shortcomings should be taken into consideration when evaluating the research's conclusions. The measures of gender mistreatment did not contain information on the sufferer's connection to the perpetrators, the harshness of the abuse, or how long it had been ongoing. A substantial fraction of the research participants were not monitored throughout all evaluation sites. Despite this, there are significant implications for social policy, mental health therapy, and further research in the findings. Future studies on the mental health of transgender should quantify and examine many elements of gender abuse. When working with demographic, mental health practitioners should frequently screen for recent gender abuse experiences and carefully analyse any potential depression-related impacts. Advocates for transgender people should promote anti-bullying laws. In comparison to men, women and transgender people reported greater rates of suicide attempts and self-harming behaviour. It is now a well-established

study result that there is a gender difference in the incidence of suicidal and non-suicidal self-injury in men and women.

However, a deeper look is warranted given that there was no distinction between transgender and female individuals on these characteristics. Eighty-two per cent of the 164 transgender participants were male at birth, suggesting that most of our transgender individuals were transgender men. One theory is that, rather than biological sex, the association with the feminine gender gives a higher risk of self-harm.

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