Multiple Minority Stress in Transgender/Gender Nonconforming Individuals with CID Conditions

Briar Tarbert & Ian M. MacFarlane

Elizabethtown College

Introduction

Research involving gender nonconforming (GNC) and transgender individuals has only recently begun to appear in the academic realm, and the majority of research done on multiple minorities in the past has focused on the intersections of race, sexual orientation, and women (Harley, Nowak, Gassaway & Savage, 2002). This is further compounded by the lack of research including the recently developing and growing population of individuals who identify as nonbinary, or some gender identity not fitting in the binary of "man" and "woman." Along with multiple minority populations, intersectionality must be considered, the theory that states a person's identities are interlocking, and affect how the person views their own experiences as well as their environment (Fredrikson-Goldson et al., 2014; Walby, Armstrong, & Strid, 2012).

The study was conducted as a means to analyze the stress levels of people whose gender identity does not match their assigned sex who also have a chronic illness or disability (CID) as compared to these individuals' perceptions of their single minority peers. Participants were also asked about the various coping strategies they used and how effective they found those strategies to be, if they felt their gender identity had affected the quality of medical care received, and if their CID condition had affect their medical gender transition.

Hypotheses
1. Participants would report having one of their minority statuses interfere with or be used to discount the other in the context of medical care.
2. Participants would perceive individuals who identified as only being in one of these minority statuses as having less stress
3. Participants would report moderate levels of effectiveness for coping strategies

Method

Participants
We received 191 total responses, 26 of which were incomplete, and 13 more did not meet inclusion criteria. Participants reported a wide variety of gender labels, the majority identifying as "nonbinary" (n = 105) and "transgender" (n = 55), and were allowed to choose multiple labels to best describe their identity (see Figure 1). The sample ranged from 18 to 67 years of age (M = 24.2). The majority of the sample self identified as Caucasian (92%), the next closest being Hispanic/Latinx (3%), and other (3%).

Instruments
The LGBT Minority Stress Measure (Outland, 2016) was used in a modified form to specifically target gender identity rather than sexuality, which contains 7 subscales: Community Connectedness, Prejudice Events, Victimization Events, Identity Concealment, Internalized Stigma, Anticipation of Rejection, and Everyday Discrimination and Microaggressions. The modified scale demonstrated good internal consistency reliability in the present sample (α = .85; compared to .91 for the original measure, Outland, 2016).

Procedure
The participants completed a survey via SurveyMonkey which opened with an informed consent form confirming that the participants were 18 years of age or older, giving them basic information about the study, and providing a download link for a copy of the informed consent form. After confirming that all participants live within the United States, identify as some gender other than that assigned at birth, and have some CID, the participants were asked to rate the perceived stress level of (1) a non-disabled transgender person and (2) a person with a CID condition who is not transgender, compared to someone who is both. Participants then completed the LGBT Minority Stress Measure, and were asked to provide their 3 most used coping mechanisms, along with a rating of their effectiveness on a 1-10 scale.
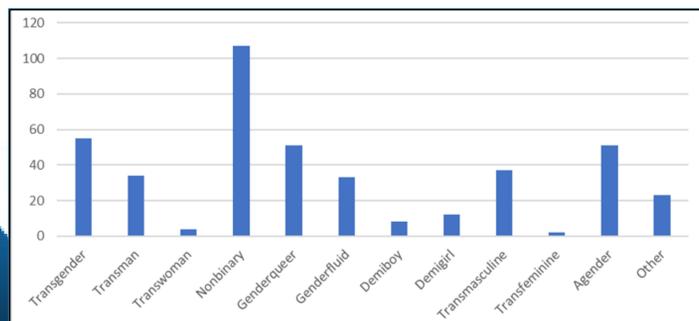

Figure 1. Frequency of gender labels chosen (participants could select as many as needed to capture their gender identity).

Results

Minority Stress and Self-Reports
When asked if being transgender/gender nonconforming influenced the quality of medical care they have received, 38.2% responded yes. Of those who has sought gender transition related medical care (n = 95), 31.6% reported believing their chronic illness/disability affected their care.

Participants rated their stress levels on average as 4.28 (SD = 0.78), which was significantly higher than their perceptions of an individual who identifies as only transgender/gender nonconforming (M = 3.58, SD = 0.69; p < .001; d = 0.95; see Figure 2) or only having a chronic illness or disability condition (M = 3.49, SD = 0.74; p < .001; d = 1.04). There was no significant difference between perceptions of stress for either of the single minority groups (p = .27; d = 0.13).
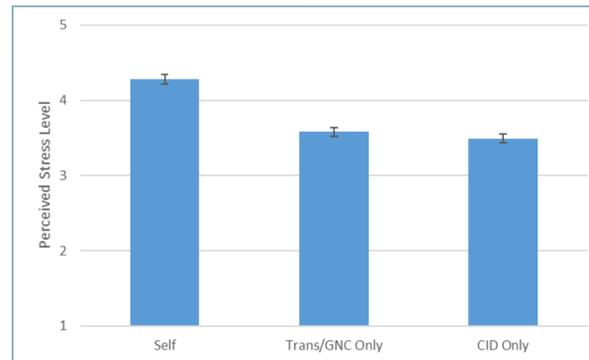

Figure 2. Participants' perceived stress levels for themselves as well as a person who only identifies with one of the minority statuses (transgender/gender non-conforming or chronically ill/disabled).

The only subscale of the LGBT-MSM that significantly predicted participants' stress levels in a multiple regression analysis was Identity Concealment (p = .03), though Everyday Discrimination was close (p = .06; see Table 1).

Table 1. *Regression Analysis Predicting Self-Reported Stress Levels from LGBT Minority Stress Measure Subscales for People Who Identify as Gender Non-Conforming and Chronically Ill/Disabled (N = 162)*

Source	B	SE	B	t	p
Constant	3.34	0.65		5.11	< .001
Community Connectedness	-0.02	0.02	-0.10	-1.07	.29
Victimization Events	-0.02	0.02	-0.11	-1.24	.22
Internalized Stigma	-0.03	0.02	-0.22	-1.58	.12
Prejudice Events	0.02	0.02	0.13	0.93	.35
Identity Concealment	0.04	0.02	0.26	2.24	.03*
Everyday Discrimination	0.02	0.01	0.24	1.94	.06

Coping Mechanisms
The overall average rating of the helpfulness of coping mechanisms was 5.86 (SD = 2.58). Participants' most frequently used coping strategies were rated as being more effective (M = 6.66, SD = 2.15) than their second (M = 5.85, SD = 2.54; p = .007; d = 0.35) or third (M = 5.85, SD = 2.28; p = .005; d = 0.37) most frequently used strategies. There was no significant difference between the effectiveness of the second and third most frequently used strategies (p = .98; d = 0.003).

The overall average rating of the helpfulness of coping mechanisms was 5.86 (SD = 2.58). The types of coping mechanisms reported were organized into the following categories:

- Entertainment/Distraction (n = 119)
- Creative (n = 56)
- Social (n = 48)
- Avoidance (n = 40)
- Potentially Harmful (n = 21)
- Healthy Stress Management (n = 14)
- Religious/Spiritual (n = 4)
- Other (n = 44)
- None/Don't Know/Unsure (n = 12)

Discussion

Findings
Our first hypothesis was partially supported, with roughly a third of participants reporting impacts of one of their minority statuses on the other in terms of medical care. While we expected a higher proportion of participants to endorse this statement, it is encouraging to see the majority of participants did not perceive themselves as experiencing complications. Whether or not these individuals are actually being treated differently, however, was not able to be assessed with the current study.

Our second hypothesis was supported, with effect sizes indicating a large perceived difference in participants' stress levels compared to people who identify in only one of the identity statuses. The only significant predictor of participants' stress levels was identity concealment, which may be particularly important to this population given concerns about being targeted for harassment and/or abuse.

Our third hypothesis was also supported, with the overall effectiveness ratings of coping strategies falling into the middle range of the scale. There was a large standard deviation, however, indicating a broad range in effectiveness among different strategies.

Limitations
- There were flaws in the writing of some of the questions which may have influenced the results, in that one yes or no question asked is participants had a diagnosed chronic illness or disability, rather than if they had a CID condition in general – this is an issue due to the prevalence of transgender individuals avoiding medical care for fear of discrimination (James et al., 2015).
- The study is limited in that the majority of participants were young adults, and identified as nonbinary, leaving a gap for older individuals and more binary identified individuals.
- There was no comparison sample of individuals who identify as being part of only one of these minority groups or neither of these groups, so definitive conclusions about whether this population actually experiences more stress cannot yet be made
- There was also a lack of data concerning transgender women and transfeminine people (6 responses reported either of those labels).
- Data collection was done online, which may have limited the ability of people with certain types of disabilities to access the survey.
- Finally, while the present analyses focused on two minority statuses, people have many more domains of identity which were not included at this time (e.g., race, religion).

Recommendations
Future studies should aim for greater diversity in the gender identities of participants, as well as looking into various age groups other than young adults. A more in depth look into the stress levels of these individuals and what support systems should be made available to further help them is also recommended.

References

Fredriksen-Goldson, K., Simoni, J., Kim, H., Lehavot, K., Walters, K., Yang, J., … Muraco, A. (2014). The health equity promotion model: reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsyhchiatry*, *84*, 653-663.

Harley, D. A., Nowak, T. M., Gassaway, L. J., & Savage, T. A. (2002). Lesbian, gay, bisexual, and transgender college students with disabilities: A look at multiple cultural minorities. *Psychology in the Schools*, *39*, 525-538.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive summary of the Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

Outland, P. (2016). *Developing the LGBT minority stress measure* (Master's Thesis). Colorado State University, Fort Collins.

Walby, S., Armstrong, J., & Strid, S. (2012). Intersectionality: Multiple inequalities in social theory. *Sociology*, *46*, 224-240.