



Stigma and Transgender Resilience Intervention Model (TRIM): A Review

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Abstract

The review talks about Stigma either being external-comprising of genuine encounters of dismissal and discrimination (enacted stigma) and, as a result of these, internal (depreciation of identity, in light of gender identity or sexual orientation), for example, seen dismissal and assumptions for being generalized or victimized (felt stigma) and concealing minority status and character because of a paranoid fear of harm (concealment). Social help, self-acknowledgment, and integration of minority character can improve minority stress. Individual's resilience factors help in dealing or coping with the stigma and discrimination that they have to face on an everyday basis. Furthermore, the current review suggests a resilience model based on TRIM, an extension of Minority Stress Model (MSM), with the purpose of supporting psychologist in developing comprehensive resilience models.

Keyword: TRIM, Stigma, Resilience, Discrimination, Coping.

Introduction

An individual who wishes to express their gender identity or expression in a manner other than their assigned sex (i.e., male or female) comes under the umbrella term of transgender. The percentage of transgender in the population is estimated at 0.03 to 0.05%, although there is wide variation in who belongs to this group. Depending on their racial/ethnic backgrounds, socioeconomic status, and place of residence, men, women, transgender people, gender queers, bigenders, butch queens, and femme queens express their gender differently in the transgender community. Either through the use of medical transition methods (such as transgender hormones or surgery) or through the use of social transition methods (such as altering names, pronouns, gender expression), some transgender individuals choose to ally their gender expressions with their gender identities, while others remain nonconforming. In the US, for instance, transgender individuals are stigmatized because they express their gender differently than their assigned birth sex. (Hughto et al., 2015)

As a form of social control, stigma involves stereotyping, labelling, and dismissing human difference. Since stigma is a dynamic and intricate cycle, it is intrinsically difficult to estimate

stigma due to concerns about the level (structural, interpersonal) and point of view (objective versus subjective encounters) at which stigma can be operationalized and quantified (for example, discrimination on a daily basis versus hate crimes). (Hughto et al., 2015)

The stigma surrounding transgender people is a major cause of negative health outcomes, both directly and indirectly by creating stress (a critical driver of mortality and morbidity). In transgender patients, stigma works through various risk aspects to influence several health results. Despite the fact that transgender individuals have access to fewer jobs, medical services, and housing because of structural and interpersonal stigma, there are inequalities in these resources compared to non-transgender individuals. Because these opportunities and resources are confined, it leads to chronic mental health concerns among transgender networks (e.g., suicidal thoughts, conditions requiring emergency treatment, depression etc.).

Stigma amongst transgender individuals occurs across time and place, to such a level that in any episode, While one structure of discrimination is being eliminated (for example, medical services are being passed that prevent health insurers from refusing coverage to transgender people because of their gender identification), other forms of stigma continue to keep. Other results of stigma, such as the inability of medical services to socially and clinically concentrate on transgender patients, continue to keep transgender persons from receiving treatment that is appropriate for their gender structure, which may have a negative impact on their social health. Therefore, stigma affects the mental health of transgender people at many degrees using this ecological model representation. (Hughto, et al., 2015)

Methodology

Searching Strategy

Our review included all publications on transgender-related topics after the year 2014. The literature was searched using stigma subject heading and keyword terms from titles and abstracts. Our search included the following Stigma subject terms: transgender persons, transsexuals, effect on health, transphobic stigma, and transgender health services. Among the keywords that we searched were transgender, transsexual, LGBT, interventions, gender queer, gender nonconforming, gender confirmation, sex change, intersex, and gender change. We depended on a thematic review of literature within which every theme was explained in depth. The review was determined by different literature sources like book chapters, online articles from databases comprising JSTOR, Google Scholar, PubMed, Springer, Mainstream weekly, Economic and Political weekly, various newspaper articles of The Hindu, Hindustan Times and Times of India were also taken into consideration.

Selection

Our initial review of the literature was narrowed by excluding non-English articles from our search. Among the remaining articles matching our search criteria, all discussion, findings and abstracts were reviewed for content analysis. Transgender-focused papers or studies, i.e., papers focusing primarily on transgender-related topics, were selected for final inclusion only.

Three Domains of Stigma and their impact on health care facilities

In terms of stigma, three domains can be distinguished:-

- In case of future discrimination, **Anticipated Stigma** (concern) is likely to be raised.
- In terms of gender identity or sexual orientation, **Internalized Stigma** refers to an undervaluing of oneself.
- Discrimination that has actually occurred **Enacted Stigma**

Health related conduct is affected differently by each type of stigma. A patient may delay or stay away from a clinical care setting because of possible discrimination, for example. Low self-esteem is associated with internalized stigma, which increases the likelihood of negative health behaviour. It is difficult for patients to access health care settings when stigma is enacted, resulting in poor mental health conditions. In medical care experiences, transgender patients are more likely to report maltreatment, such as denial of treatment, than other patients, which has been noted across the LGBT population. All of these types of stigma have been recorded. This leaves transgender patients vulnerable to future providers who may be unable to adequately treat them. There is an increase in stigma associated with a decrease in disclosure of sexual orientation to medical care providers. According to earlier research, lesbians in non-metropolitan areas reveal 50% of their information to medical care providers, gay men in metropolitan areas reveal 90% of their information, and transgender individuals reveal 43% of their information to medical providers. As with hepatitis A and B immunizations, in gay and bisexual men, HIV screening leads to increased prevention and disclosure. (Whitehead, J., Shaver, J., Stephenson, R., 2016)

It is not uncommon for transgender people to receive treatment that differs greatly from what is expected of the medical care providers, even when they are able to access medical facilities. Virginia state-wide survey evaluations found that 46% of transgender respondents needed to explain their medical needs to their doctors. More than 6000 gender non-confirming and transgender Americans participated in the “National Transgender Discrimination Survey (NTDS)”, which indicated that 50% of respondents taught their health care providers about transgender issues. As a result of their experiences, many transgender people are careful when it comes to medical care. According to Lambda Legal (2010), 90% of transgender people agree that there are insufficient medical professionals trained to provide transgender care, and 52% feel that they are unable to receive clinical benefits.(Poteat, T., German, D., & Kerrigan, D., 2013)

Internalised Transphobic Stigma

Minority stress coupled with stigmatization of an individual blocks or complicates the pathways to self-acceptance and well-being among transgender people. Stigma is internalized when it is exposed to public or external stigma, such as victimization, rejections, or discrimination. According to Herek, Gillis, and Cogan's perspective, internalizing stigma entails making one's stigmatized self a fundamental part of one's moral value. According to their argument, identity-based stigma entails altering one's sense of self to suit societal stigma. The term internalized transphobic stigma or internalized transphobia refers to this self-stigmatization for transgender individuals. It has been suggested that poor coping mechanisms and psychological distress are

associated with increased levels of internalized stigma among transgender people, despite the lack of studies investigating this topic. Researchers found that internalizing negative sentiments against one's trans-character was closely connected to low prosperity scores for transgender adults in a study by Sa'nchez and Vilain (2009). As a result, respondents felt more positive about the transgender community as their psychological distress scores decreased. (Austin and Goodman, 2016)

Self-esteem can be defined as a steady feeling of individual worth or value just as the skill to adapt to life stressors. Several studies have proven the connection between “self-esteem and well-being”, as well as the connection between “low self-esteem and mental health difficulties” such as depression, loneliness, and a sense of shame, among both the general population and persons who identify as transgender. It is crucial to understand the elements that enhance or promote self-esteem. Studies show that inescapable encounters with internalized and externalized stigma and discrimination may cause lower levels of self-esteem in sexual and gender minorities.

To keep one's self-esteem intact, a person has to have a steady sense of their own value and the ability to adjust to the pressures that are present in everyday life. In light of the abundance of research that demonstrates how well-being is related to self-esteem as well as the link between “low self-esteem and mental health issues” such as depression, shame, and isolation among transgender people as well as the general public, it is important to note that low self-esteem can have a negative impact on both well-being and mental health, it is imperative that we understand what promotes or enhances self-esteem. Researchers indicate that sexual and gender minorities might suffer from low self-esteem due to the inescapable encounters with internalized and externalized stigma and discrimination associated with their identities. (Austin and Goodman, 2016)

The health effects of stigma

Becoming vigilant- Health can be impacted by experiences of stigma and minority stressors. Numerous research studies have shown that people who experience stigma become vigilant about their social environments in the hopes of avoiding encounters that are stigmatizing. Researchers have shown systolic and diastolic blood pressures are elevated in those who pay attention to negativity, because perceptual vigilance is linked to cardiovascular function. Stigma increases an individual's awareness of threats in the social environment, which can lead to anxiety or depression.

Contemplation- Using conscious and unconscious strategies, people manage their emotions by maintaining, increasing, or decreasing one or more components. Consciousness can become a maladaptive emotion regulation strategy when confronted with stigma and minority stressors repeatedly. According to some studies, stress increases people's tendency to contemplate. According to Hatzenbuehler and colleagues, heterosexuals contemplate less than homosexuals do. The tendency to contemplate has also been associated with minority stress. Psychological distress is linked to contemplating stigmatizing stressors associated with stigmatizing their sexual orientation among people who describe themselves as sexual minorities.

Loneliness- LGBT people may experience loneliness as a result of stigma and minority stressors, resulting in strained relationships. Sexual and gender minorities, whose families and friends often reject them, may feel especially lonely when they belong to stigmatized groups. Those with a hidden stigma (like homosexuality) fear rejection and negative evaluation, and avoid establishing close relationships for fear of others finding out about them. As a result, they become increasingly isolated, introverted, psychologically distressed, and anxious about their relationships.

Physiologic Responses- Physiologic factors can also affect health as a result of stigma and minority stressors. In recent years, some physiologic mechanisms have been identified that link minority stressors with LGBT physiologic functioning. The hypothalamus-pituitary-adrenal (HPA) axis releases the steroid hormone cortisol in response to social stress. Stress may cause dysregulation of the HPA axis, leading to cardiovascular disease and diabetes, among other detrimental health outcomes. Studies of the relationship between social stress, HPA functioning, and health in the general population have been extensive, but preliminary evidence indicates that stigma may adversely affect HPA axis function in sexual minorities. (Hatzenbuehler et al., 2016)

Interventions to eradicate Stigma

By encouraging affirmative interactions with sexual and gender minorities, parents, educators, and mental health providers can intervene in interpersonal interactions. Therefore, individual-level interventions are crucial to overcoming stigmas for LGBT people. A cognitive behaviour therapy intervention was put through its paces in a randomized controlled trial with the purpose of redesigning negative cognitive, emotional, and behavioural tendencies that were affected by stigma. Among young homosexual and bisexual males, there was a significant reduction in the rates of depression, alcohol use, and HIV risk behaviours, according to the findings of a wait-list controlled trial. People with greater minority stress benefited the most from the intervention. (Hatzenbuehler et al., 2016)

Collective activism can also combat stigma. The sense of unity created by a shared cause can empower individuals against stigma. Transgender individuals who are active in the community need to open up about their identities. Out activists resist efforts to conceal stigmatized aspects of themselves while also evading the psychiatric distress that results from hiding stigmatized aspects of themselves. People who are transgender may find activism particularly empowering since it simultaneously fulfils them and fights oppressive systems at the same time. (Hughto, et al., 2015)

Transgender people experience difficulties when seeking healthcare providers' assistance due to the stigma associated with their status. Patients are harassed, and care may be withheld in some instances due to a lack of transgender-specific providers. Transgender women face many obstacles when seeking healthcare, according to a study by Socas et al. (2014). As a result of the study, at least 40% of the participants stated that the lack of healthcare is because of their transgender identity. A number of factors were identified as contributing to the behaviour, such as internalized stigma, discrimination from healthcare workers and patients, and previous experience of police abuse. The issue of avoidance can also be impacted by other factors, such as

the presence of extended health insurance, adding an economic dimension. Nevertheless, it cannot be dismissed since the mentioned detail indicates that transgender patients have limited access to healthcare (Study Corgi, 2021). Healthcare providers can improve their understanding of transgender patients by learning about “transgender cultural competency” (e.g., “Transgender 101” trainings). By understanding the barriers that transgender people face to health care, they are better able to provide care for them (Hughto, et al., 2015).

Transgender Resilience Intervention Model (TRIM)

To help psychologists develop an inclusive model of resilience-based intervention, Matsuno and Israel developed this extended version of Minority Stress Model. Furthermore, the model emphasizes expanding resilience not only at group and individual levels, but also by decreasing the adverse effects of minority stressors. Transgender resilience factors identified in TRIM provide additional resilience factors not addressed by minority stress models for individuals and groups who are transgender. To help transgender people achieve well-being, psychologists can use this model to develop evidence-based treatments and interventions.

There are several additional resilience factors categorized as individual or group resilience factors based on the literature available on transgender people. The impact of distal minority stressors is supposedly supported by community or group resilience factors, which can change an individual's current circumstances:-

- i. Preventing the development of proximal stressors
- ii. Enhancing mental health by reducing the negative effects of distal stressors.

Resilience variables operate as a buffer against the effects of proximal as well as distal stressors. The model is further refined by adding intervention methods and classifying them into one of three categories: "individual intervention, community intervention, or group intervention". As a final point, the model suggests that individual resilience is affected by social and community resilience factors. An individual's self-appreciation worth or pride in their identity is probably affected by family acknowledgement. Individual resilience factors are likely to be affected by group level supports in a similar way as distal stressors are likely to affect proximal stressors. This model can help psychologists understand how to target explicit resilience factors with different kinds of interventions.

- **Community level Interventions-** This type of intervention primarily focuses on changing the environment, laws, practices, and societal norms that propagate anti-transgender stigma at the community level. Community intervention strategies are positioned by the TRIM as the most effective way to raise group resilience factors, so that individual resilience factors may also be raised. Social advocacy and education are typically utilized community interventions aimed at supporting marginalized sections. Schools are progressively establishing affirming conditions for transgender students through educational interventions. In numerous schools and colleges, educators, staff members and students participating in Safe Zone projects. Members can gain a deeper understanding of transgender issues through programs designed to enhance their awareness, improve their abilities in ally ship, and eventually work to improve conditions for transgender students on campus.

As well as educational intervention, psychologists can also advocate for transgender rights on a broader scale through social advocacy. Researchers and scientists with expertise and values in social justice might make good advocates for social justice. Researchers can present the defence for advancing trans-affirming administrative action by studying the effects of legislative arrangements, both defensive (e.g., non-discrimination at work) as well as prohibitive (e.g., expecting individuals to use bathrooms according to their assigned gender).

- **Group level intervention-** Several individuals and their interpersonal relationships are the focus of this intervention. Group interventions within the TRIM target resilience factors at the group level, such as social assistance, family recognition, belonging in a community and positive role modelling. It is likely that these interventions affect individual resilience factors as well, in addition to group resilience factors. Group interventions are divided into three types in the model:-
 - i. Support groups and group therapies
 - ii. Mentoring programmes
 - iii. Couple or family therapy
- **Individual level intervention-** Mediations tailored to the individual may help clients who don't want to reveal their identities; these may involve activities in individual therapy sessions, online resources, or workbooks. According to the TRIM, the most significant impact that can be had on personal resilience characteristics, such as self-acceptance, expectations, and self-definition, comes from the interventions of an individual. Besides individual treatment interventions aimed at targeting resilience, clinicians can also alter other treatment interventions. It is possible to tailor trust-based or positive psychology interventions to meet the needs of transgender persons, for instance. Transgender clients may benefit from self-compassion interventions, for instance, to increase self-esteem and self-acknowledgement. Although, it is important to note that negative social messages may contribute to feelings of worthlessness among transgender clients. Interventions should acknowledge the impact of minority stressors and cultural stigma.

Individuals with intersecting social identities may have different access to resilience resources depending on how they intersect with their intersecting social identities (e.g., transgender individuals of low social status). Transgender people of colour have been marginalized in most studies exploring transgender minority stress and resilience. Minority stressors are additional to these individuals' racial characteristics, and they may need to try to overcome societal shame by using additional resilience variables. In order to work with transgender individuals with other marginalized identities, this model may need to be adapted to fit the needs of each individual transgender. Additionally, research is lacking on how non-binary populations cope with stress and resilience. (Matsuno and Israel, 2018)

Findings

Stigma against transgender individuals limits opportunities and resources in important spheres, such as work and healthcare, this harms transgender people's mental and physical health. It is possible for transgender people to improve their health and well-being if there is a reduction in both the stigma they face and the negative effects that stigma has on their health.

Additionally, the review discusses the TRIM model, which psychologists can use to study and employ interventions that increase resilience in transgender persons. Both groups and individuals are identified with numerous resilience factors in the TRIM. A psychologist can devise psychological interventions in a transgender-specific context that target particular transgender resilience factors and minority stressors. Studies have tended to concentrate on a couple of explicit factors as opposed to give a thorough assessment of psychosocial and demographic factors. Evaluating the general effect of these variables by leading investigations within a single sample is expected to appraise the development of tailored mental health interventions. Moreover, there is a need to recognize the elements that impact mental health, yet in addition resilience, as a generalised ability to positively adjust subsequent to encountering adversity.

Conclusion

Throughout the review, we explore how stigma is intimately related to the resilience factor of transgender communities. Transgender people have been treated differently in the past few decades. It is prevalent for transgender populations to have health disparities due to the societal stigma connected with gender nonconforming identities and manifestations, as well as the negative health outcomes plagued to this stigma. Individual, interpersonal, and structural stigmas towards transgender people must be reduced in order for them to survive with dignity.

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