

DISCRIMINATION VIOLENCE & SUICIDE IN TRANSGENDER

Discrimination, Violence, and Suicide in Transgender Women in Iran

Abstract

Discrimination, violence, and suicidal thoughts are the most common problems of transgender people that should be considered. In this cross-sectional study we investigated the rates of discrimination, violence, and suicidal behaviors in transgender women. The participants were selected through convenient sampling from August 2019 to March 2020 in Iran. Our results indicated that a significant percentage of participants were subjected to discrimination, physical violence, verbal or emotional violence, sexual violence, suicidal thoughts, and suicide attempts. We concluded that legalizing the process of gender reassignment alone is not enough and without adequate family, social, and health support, these individuals are subject to a variety of threats.

Key Words : Physical Abuse, Sexual Abuse, Verbal violence, Attempted Suicide, Discrimination.

Background

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Women have special health needs that are occasionally neglected by the health systems around the world (WHO, 2009). Despite many efforts to achieve gender equality, women remain vulnerable and unable to enjoy their human rights (Davidson et al., 2011). Women's health and well-being are strongly influenced by social conditions, cultural norms, and gender roles (Morgan, Glass, & Davidson, 2016).

Transgender women are one of the social groups in need of special attention, considering the significant challenges and problems they face in their everyday lives. Such challenges can be physiological (facing unwanted secondary sexual characteristics), psychological (such as anxiety, depression, low self-esteem, suicide attempt, etc.) and social (lack of social support, rejection by the society, being subjected to discrimination, rape, fear of being transgender, etc.) (Budge et al., 2013; Sadock et al., 2015).

Researchers in a review study revealed that violence against transgender people is very common and begins at an early age. These individuals are at risk of all forms of violence throughout their lives, especially sexual violence (Stotzer, 2009). Sexual violence can occur in childhood or adulthood and may include a range of sexual experiences such as unwanted sexual intercourse, coercion, and rape (Hequembourg et al., 2011). In a meta-analysis of 80 studies in United States in 2016, authors reported that the mean prevalence of violence against transgender people was 44%, including physical violence (17%), psychological violence (7%), verbal violence (4%), sexual violence (34%), and type not-specified (38%) (Reisner et al., 2016). Xavier et al in Richmond in 2007 showed that among Virginian transgender people, 40% had experienced physical violence from the age of 13 (Xavier et al., 2007).

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The high prevalence of violence among transgender people also predisposes them to mental health problems such as increased risk of suicide (Cogan et al., 2020). The prevalence of suicide attempt in the United States in 2014 was 46% for transgender men and 42% for transgender women, which is approximately 4.6 times higher than the general population. This prevalence increased in cases where the transgender people were rejected by family or friends or were victims of rape, discrimination, and violence (Haas et al., 2014).

In 2008, following Thailand, most gender reassignment operations were performed in Iran (Shayestehkhou et al., 2008). Iran is one of the few Islamic countries to have legalized gender reassignment surgery (Hejazi et al., 2009). Ahmadzad-Asl et al found that in Iran between 2002 and 2009, 1 in every 145,000 were transgender women and 1 in every 136,000 were transgender men (Ahmadzad-Asl et al., 2010). Transgender women in Iran are a minority group who can live legally as women after gender reassignment (Jafari, 2014). Despite the legalization of the gender reassignment process in Iran, transgender women experience many problems due to social stigma and discrimination. Mohammadi in a qualitative study of transgender people in Iran showed that most of them were victims of street violence and sexual abuse and had suicidal thoughts since adolescence (Mohammadi, 2018).

Despite the prevalence of violence, discrimination, and suicide in transgender people, few studies have dealt with this issue. Obviously, in order to resolve the stigma and improve the health in this community, we need accurate information about the situation. This article is part of a larger project on health and reproductive needs of transgender women. Sexual behaviors of transgender women (Nematollahi et al., 2021), as well as their quality of life, anxiety, depression, and stress

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(Nematollahi, Farnam, & Gharibzadeh, 2020) are discussed in separate articles. In this paper we explore the rates of discrimination, violence, and suicide behaviors in transgender women.

Methods

Design

This was a cross-sectional study conducted mainly in Tehran and partly in Shiraz city using convenience sampling. Permission to conduct this study was obtained from the Ethics Committee of Tehran University of Medical Sciences on 24th June 2019 with Ethics number of IR.TUMS.FNM.REC.1398.052.

Participants

We selected study participants from NGOs named "Support center for Iranian Transgender" and "Shiraz Forensic Medicine Organization". The participants were selected from a completely heterogeneous population since a great number of transgender people from other cities immigrate to big cities such as Shiraz and Tehran for better living conditions.

All Participants were invited to participate in the study via a telephone call and a total of 127 transgender women were enrolled. A written consent was obtained from eligible individuals who were willing to participate in the study after explaining the research objectives. All questionnaires were completed in the presence of a researcher dominant on the research subject in dedicated centers. The inclusion criteria were transgender women who were registered in one of the above two centers and had begun the treatment (hormonal or surgical).

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Research tools

The instrument used in this study was a researcher-made questionnaire, including 1 item about discrimination, 9 items about physical, verbal or emotional and sexual violence, and 2 items on suicide. Some of the items were in the form of Yes/No questions and some as multiple choice.

Confirmation of the validity of the questionnaire was performed by calculating the content validity index (CVI) and content validity ratio (CVR) using 11 experts (a psychiatrist, a forensic medicine specialist, 8 Assistant Professor PhD in Reproductive Health and a sexual health counselor). In the final questionnaire, the CVR obtained for each question was between 0.63 and 1 and the amount of CVI obtained for each question was above 0.79, which was considered appropriate. The reliability was assessed through test/re-test in 25 transgender women after approximately 3 weeks using the Interclass Correlation Coefficient (ICC). This coefficient for all questions of the questionnaire was between 0.78 and 1. Moreover, for all questions, the Cronbach's alpha was between 0.78 and 0.82, and Cronbach's total alpha was calculated at 0.8, which indicates the good reliability of the questionnaire

Analysis

Continuous variables were reported as mean and SD, question data were represented by numbers (%) for each question. The statistical analysis was performed in STATA (StataCorp. 2015. Stata Statistical Software: Release 14. College Station, TX: StataCorp LP.)

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Results

We analyzed the data of 127 study participants. The mean and standard deviation of participant age was 27.6 ± 7.3 (min=18, max=48). The majority had high school education (77.2%), were unemployed (62.2%), single (92.1%), and reported their economic status as poor (56.7%) (Table 1).

In response to the question of discrimination, 86.6% of the participants reported being discriminated in families. Also, 70.9% had experienced physical violence, 92% verbal or emotional violence, 76.4% were subjected to violence in public places and 72.4% at home, and 44% reported violence to their friend. The main reason for not reporting in 71.9% was the belief that reporting was useless.

Finally, 63% of the participants experienced sexual violence and 61.3% of them were forced into sexual intercourse by strangers; 60% did not report sexual violence and in 64.3% of these cases, belief in the uselessness of reporting was stated; 71.7% thought of suicide because of their transgender identity and 50.4% had attempted suicide (Table 2).

Discussion

In our study, nearly 87% of the participants reported experiencing discrimination for being transgender. This discrimination occurs not only in family but also at school, at work, and even in healthcare services.

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Many researchers have reported high rates of physical violence and beatings against transgender people. In this study, physical violence was reported in nearly 71% of the participants, which is significantly higher than in similar studies. The prevalence of physical violence among transgender people was reported to be 36% in San Francisco in 2006 (Clements-Nolle et al, 2006), 43% in Washington DC in 2005 (Xavier et al., 2005), 46% in India in 2019 (Thompson et al., 2019), and 47% in Los Angeles in 2004 (Reback & Simon, 2004). The high level of physical violence in Iran can mainly be attributed to low cultural and social acceptance of transgender women in the society. Moreover, the announcement of a child's transgender identity to the parents by the health care providers in Iran is often done hastily without prior preparation and future support. However, according to the standards of care for the health of transgender people (Published by World Professional Association for Transgender Health (WPATH)), extensive counseling support is required for parents of transgender people so that they can cope with this anxiety and worry (Coleman et al., 2012). Another reason for this high rate of physical violence may be the young age of the participants in the present study (mean age of 27 years). In support of this assumption, Bowen in the United States in 1995 showed that the rate of assault on transgender fluctuated significant with age variations, with 21% of the adults and 71% of those under the age of 21 being subjected to physical violence (Bowen, 1995). The third reason for the high rate of physical violence in the present study could be studying violence only in transgender women. Due to the patriarchal culture in Iran, there is more resistance to male-to-female (MTF) transition than female-to-male (FTM). Consistent with our results, Kenagy in Philadelphia in 2005 reported that there is a significant difference between physical violence against transgender women (65.3%) and transgender men (29%) (Kenagy, 2005).

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In this study, assaults mostly occurred in public places (76.4%) followed by at homes (72.4%). In Iran, transgender women are not allowed to wear women's clothing until they have undergone gender reassignment surgery, and therefore are targeted by law enforcement. They may also be verbally abused by people in public places. Kenagy & Bostwick in Chicago in 2005 reported that 66% of transgender people experienced violence in their homes and 56% felt insecure in the community (Kenagy & Bostwick, 2005). These results suggest that in addition to the fact that transgender people are exposed to violence in their community because of their gender identity, they do not feel secure in their homes either. Indeed, the culture of preventing violence against these women should be established in the society and families should also be educated.

The prevalence of verbal or emotional violence in the present study was 92%, which is significantly higher than similar studies conducted by Witten in Richmond in 2004, Clement in San Francisco in 2006, and Dang in Asian and Pacific Islander in 2007, in which 67%, 63%, and 69% of the transgender people had experience of abuse and psychological violence, respectively (Clements-Nolle et al., 2006; Dang & Vianney, 2007; Witten, 2004). Reback and Simon in Los Angeles in 2004 reported that 80% of the transgender people were verbally abused because of their gender identity (Reback & Simon, 2004). The most important reason for the higher prevalence of verbal or emotional violence in the present study seems to be the traditional lifestyle of the Iranian society, lack of awareness, and the difficult acceptance of families.

The prevalence of sexual violence in this study was 63%, which is consistent with other studies. In studies conducted by Clement in San Francisco in 2006 and Garfalo in Chicago in 2006, 59% and 52% of the transgender people experienced sexual violence, respectively (Clements-Nolle et al., 2006; Garofalo et al., 2006; Kenagy, 2005). On the other hand, in the our research,

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non-consensual sexual intercourse was mostly performed by strangers (61.3%). In contrast to the our study, Stotzer in a review study in Los Angeles in 2002-2009 showed that only about one-third of transgender women were forced to have sex by strangers and other cases of sexual abuse were performed by family members (Stotzer, 2009). This difference can be attributed to the cultural and religious differences; in Iran, a greater attention is paid to the protection of family privacy for religious reasons. Further, 60% of the transgender people in our study did not report sexual violence to the authorities, and attributed it to its uselessness. Some also did not dare to file a complaint in view of the cases of sexual threat or abuse by police, judicial, or health professionals. In this regard, Xavier et al in Richmond in 2007 revealed that 83% of the victims did not report the violence to the police (Xavier et al., 2007). In 2002-2009, Stotzer found that the reason why the victims did not report the crime to the authorities in Los Angeles was fear, as 5.9% of cases of sexual violence against transgender people was committed by the police and 4.9% by social services and healthcare providers; the motivation of these people for sexual violence was negative attitude towards the transgender people and their gender identity (Stotzer, 2009).

Opting not to report sexual violence exposes these people to repeated sexual abuse, sexually transmitted diseases such as AIDS, and psychological effects such as depression and suicide. This decision also seems to be driven by the legal vacuum in the support of these individuals, which itself requires a change in attitudes and supervision in the judicial and health systems.

In our study, 71.7% of the participants had suicidal thoughts and more than 50% had attempted suicide. The high prevalence of suicide in the study population stems from the high rates of violence and lack of family and community support. A researcher in Iran in 2012 found that the prevalence of suicide attempt among 69 transgender people was 26% (Aghabikloo et al., 2012). In

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another survey of 40 transgender people in Iran in 2010, 65% had suicidal thoughts, 55% attempted suicide, and 78% were discriminated for being transgender (Javaheri, 2010). Suicide in transgender people is a serious challenge to their health. A number of researchers explored that from 2001 to 2019, about 25 to 43% of transgender people attempted suicide during their lifetime (Clements-Nolle et al., 2001; Clements-Nolle et al., 2006; Grant et al., 2011; Haas et al., 2014; Ireland, 2012; Kenagy, 2005; Maguen & Shipherd, 2010; Whittle, 2008; Whittle et al., 2007; Xavier et al., 2007; Xavier et al., 2005). Adams & Vincent in a systematic review in Toronto between 1997 and 2017 showed that the mean suicidal thoughts in transgender adults was 46.5% and the mean suicide rate 27.1% (Adams & Vincent, 2019). Having a history of suicide is the strongest risk factor for suicide attempts in the future as these individuals are 10 times more at risk than others (Mustanski & Liu, 2013). These findings suggest the need for suicide prevention services dedicated to transgender people.

Some of the limitations of our study were lack of a comparison group and lack of outcome measurement with a standard questionnaire. However, the present study is one of the first studies in Iran to address the problems of this sexual minority and investigate discrimination, violence, and suicide in transgender individuals using a significant sample size.

Conclusion

The high rate of violence, discrimination, and suicide among transgender women in this study may be due to the low cultural and social acceptance of transgender women in society, the patriarchal view of the Iranian society whereby transgender women experience more problems than transgender men, and also the low age of these individuals. Since researchers show that family support can reduce violence against transgender people in the society, parental education should

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be considered as the first line of prevention. On the other hand, in spite of the high prevalence of violence against transgender people which is mostly seen in public places and homes, most people do not report this violence to the authorities and believe that reporting is useless. This is derived from a legal vacuum and lack of support and follow up by the judicial system. Neglecting the legal issues of this gender minority and ignoring these people in society can lead to frustration and the emergence of other risky behaviors, including suicide. The results of our research show that legalizing the process of gender reassignment alone is not enough and without adequate family, social, and health support, these individuals are subject to a variety of threats.

Conflicts of Interest:

The authors report no conflicts of interest.

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