LETTER TO THE EDITORS

Association between victimization, mental disorders, and quality of life among Brazilian transgender persons: preliminary findings

Transgender individuals are defined as those whose assigned sex at birth differs from their current gender expression or identity. It has been established that multiple physiological, social, and psychological factors have a direct negative impact on the quality of life (QoL) of transgender persons. Moreover, traumatic and victimization experiences might be associated with the frequency and severity of psychiatric symptoms in the transgender population.[1,2] Few studies have examined how sociodemographic traits, victimization, and/or mental illness affect the QoL of transgender persons.

The present study consisted of a cross-sectional analysis of data collected between September and December 2021 through individual interviews during psychiatric consultations at a specialized psychiatric outpatient clinic. This study was approved by the respective Institutional Review Board, and all participants provided informed consent prior to inclusion. The respondents (70 transgender participants aged 18-75 years) completed a sociodemographic questionnaire, and the Brazilian version of the Mini International Neuropsychiatric Interview (MINI)[3] was used for the assessment of mental disorders. The World Health Organization Quality of Life Abbreviated Version (WHOQOL-BREF) in Portuguese and the Questionnaire on Victimization of LGBT Individuals by Anthony D'Augelli were applied to investigate QoL and victimization experiences, respectively.[4,5]

The Shapiro-Wilk test was used to assess normality of data. The Friedman test was applied to compare QoL scores between the ranges defined by the scale, followed by the Wilcoxon test for pairwise multiple comparisons. To assess which factors were associated with the presence of mental disorders, a contingency table was created and the chi-square test for independence was applied. To determine which factors significantly influenced the QoL scores of the patients studied, the mean and standard deviation of the scores were calculated and

the Student's t-test or analysis of variance (ANOVA) were used as appropriate to compare the mean QoL scores and the different sociodemographic and victimization variables. For all statistical tests, significance was accepted at a p-value of 5%.

Most patients were transgender men (97.7%), aged between 18 and 30 years (84.3%), white (60%), and single (61.4%), had at least some secondary education (62.9%), were formally or informally employed (50%), had a monthly household income of one to two times the federal minimum wage (37.1%), and were not religious (74.2%).

The group aged $\geqslant$ 31 years had higher mean QoL scores in the physical ($p = 0.024$), psychological ($p = 0.013$), and general ($p = 0.002$) domains (Table 1). A higher mean QoL score was observed in all domains evaluated for the group of patients who were divorced/separated/widowed; however, the mean comparison test was significant only for the general QoL score domain ($p = 0.006$). Living arrangements had a significant influence on the patients' overall QoL score ($p = 0.014$) and in the physical ($p = 0.033$) and social ($p = 0.004$) domains, with the group of patients living alone having the highest mean QoL score. Living alone is thought to result in higher social and overall QoL scores as these individuals would be less vulnerable to intra-family violence due to their gender identities. Occupational or employment status was significantly associated with physical-domain ($p = 0.015$) and overall QoL scores ($p = 0.015$), with the highest mean scores for those participants with a job or occupation. We also observed that individuals earning three times or more the minimum wage had lower overall QoL scores when compared to the group earning only two to three times the minimum wage ($p = 0.032$). One possible explanation is that transgender persons in a more favorable financial situation may experience higher levels of self-demand and feelings of worthlessness, both of which are connected to self-stigmatization.

Most patients had a history of abuse in childhood (52.2%), exhibited violent behavior in the past (30%, $p = 0.001$), had been victims of some type of violent behavior (66.7%, $p = 0.008$), and had a relationship with the perpetrator thereof (93%, $p < 0.001$). Having experienced abuse in childhood significantly influenced QoL scores in the psychological ($p = 0.028$) and social ($p = 0.002$) domains and overall ($p = 0.026$), with the highest mean scores observed in the group that did not experience abuse in childhood.

Additionally, we observed that the most prevalent mental disorders in this group were generalized anxiety disorder (47.1%), major depressive episodes (35.7%), and panic disorder (30%). Although we found a high percentage of exposure to traumatic events, only 1.4% of patients formally met the diagnostic criteria for posttraumatic stress disorder (PTSD). The group of patients who did not have a psychiatric disorder had higher QoL scores in all the assessed domains. Moreover, there was a higher prevalence of mental disorders in the group of patients who had experienced recurrent victimization (87.1%).

Table 1 Means and standard deviations of QoL scores according to personal profile, recurrence of victimization, and number of mental disorders, followed by the distribution of mental disorders according to recurrent victimization, in a sample of transgender persons (n=70) recruited from an outpatient psychiatric clinic.

Assessed factor	Assessed domain				
	Physical	Psychological	Social	Environment	General
Age					
18 to 30 years	69.79±15.29	53.32±21.36	67.66±21.94	57.57±14.92	62.08±20.23
31 or older	81.17±12.89	70.45±12.97	80.30±15.49	65.34±19.29	82.95±14.00
p-value[†]	**0.024**	**0.013**	0.073	0.13	**0.002**
Ethnicity					
White	72.70±17.12	54.86±21.85	71.23±22.33	60.42±18.16	65.48±24.20
Black	73.21±10.29	63.19±21.96	61.11±24.53	57.29±13.50	68.75±13.11
Brown	68.99±13.20	56.25±20.12	68.94±19.28	56.11±10.85	64.20±15.09
p-value[‡]	0.64	0.67	0.55	0.57	0.89
Marital status					
Single	69.27±16.29	54.75±22.13	70.16±21.99	57.49±15.55	60.76±21.75
Married (incl. common-law)	75.15±12.48	56.25±19.70	67.01±21.21	58.72±15.50	69.79±15.60
Divorced/separated/widowed	76.19±23.24	72.22±15.77	83.33±14.43	78.13±12.50	95.83±7.22
p-value[†]	0.28	0.38	0.45	0.09	**0.006**
Living arrangements					
With family	66.31±16.51	50.56±21.90	61.94±20.26	55.21±13.81	58.75±23.71
With spouse	75.41±12.01	58.17±20.09	69.55±22.23	59.86±15.90	69.71±15.07
Alone	85.71±10.51	78.12±10.42	89.58±12.50	76.56±16.44	90.62±11.97
Other	71.79±16.87	57.92±19.78	85.00±12.30	59.69±17.77	63.75±18.11
p-value[‡]	**0.033**	0.078	**0.004**	0.076	**0.014**
Educational attainment					
Any secondary	72.40±15.00	57.01±19.29	69.32±20.39	57.32±15.86	66.19±18.98
Any higher	70.19±16.32	54.33±24.28	70.19±23.59	61.30±15.64	63.94±23.80
p-value[†]	0.56	0.61	0.87	0.31	0.66
Occupation/employment status					
Employed/occupied	73.88±14.20	59.76±22.62	70.00±23.24	63.12±14.34	71.07±19.12
Student	64.12±16.84	48.67±21.65	70.08±21.77	55.40±17.09	55.11±23.99
Unemployed	78.02±11.74	58.33±12.50	67.95±16.96	52.88±15.01	67.31±12.01
p-value[‡]	**0.015**	0.14	0.95	0.063	**0.015**
Household income					
Up to 1 × MW	79.50±14.85	59.06±22.84	80.80±17.12	58.02±18.12	70.11±21.23
1-2 × MW	65.66±14.54	53.37±18.33	59.29±19.34	53.61±14.62	58.65±17.60
2-3 × MW	75.00±10.56	64.81±15.18	75.00±15.59	65.28±11.84	79.17±17.68
> 3 × MW	66.67±15.48	49.31±26.10	66.67±27.06	66.67±12.31	60.42±23.13
p-value[‡]	**0.007**	0.3	**0.003**	0.057	**0.032**
Religion					
Catholicism	76.19±16.24	61.11±12.27	69.44±22.15	58.33±15.01	85.42±14.61
Evangelical	70.24±23.78	48.61±38.71	58.33±38.19	66.67±13.01	54.17±26.02
No religion	70.67±14.87	54.97±20.84	68.27±20.88	57.09±15.46	62.26±19.88
Other	74.21±17.48	61.11±23.29	81.48±17.57	66.32±18.34	73.61±20.20
p-value[‡]	0.8	0.72	0.29	0.33	**0.025**
Recurrent in victimization practices					
Yes	66.13±15.48	49.87±21.82	64.78±21.59	54.54±13.99	60.89±21.10
No	72.62±15.92	60.42±24.84	68.75±21.94	60.42±19.14	64.58±17.54
p-value[§]	0.22	0.17	0.59	0.27	0.59
Number of disorders					
None	83.65±9.27	69.55±14.23	79.49±15.32	64.78±14.91	77.88±11.89
1 to 2	72.02±12.45	62.73±14.47	68.98±23.19	60.07±18.49	69.44±18.30
3 or more	59.20±12.42	37.82±17.95	60.26±21.90	51.92±12.06	50.00±20.00
p-value[§]	**< 0.001**	**< 0.001**	**0.004**	**0.01**	**< 0.001**
	With mental disorder		Without mental disorder		General
Recurrent in victimization practices					0.017[†]
Yes	27 (87.1%)		4 (12.9%)		
No	6 (50%)		6 (50%)		

WHOQOL-BREF = World Health Organization Quality of Life Abbreviated Version; MW = Brazilian minimum wage. Bold type indicates statistical significance at p = 0.05. [†] Student's t-test p-value for independent samples. [‡] p-value of ANOVA. [§] p-value of Fisher's exact test.

The independence test was significant ($p < 0.05$), indicating recurrent victimization is a determining factor that increases the risk of mental disorders.

Our findings suggest that victimization experiences affect the QoL of transgender individuals. Additional analysis of clinical, social, and psychological aspects may lead to a better understanding of QoL and mental health outcomes. For professionals working with transgender persons' mental health, considering victimization appears important to providing tailored interventions and improving the overall QoL.

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Disclosure

The authors report no conflicts of interest.

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