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Reducing Stigma Toward the Transgender Community: An Evaluation of a Humanizing and Perspective-Taking Intervention

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Introduction & Hypotheses

Introduction

- Transgender (TG) individuals are an understudied group at high risk of experiencing discrimination and associated adverse mental health outcomes (IOM, 2011)
- Although many studies demonstrate that contact reduces negative attitudes toward out-groups, few studies have examined the link between contact and attitudes toward the TG community (Hill & Willoughby, 2005; Walch et al., 2012)

Hypothesis 1: Participants who viewed a humanizing documentary and wrote a coming out letter from the perspective of a TG person would show a significant change in negative attitudes across time relative to participants in the education-only condition

Hypothesis 2: In accordance with recent work highlighting the importance of individual differences on effects of intergroup contact (Hodson, 2011), we predicted several factors such as religiosity, gender, and prior contact would be associated with negative attitudes toward TG individuals and potentially moderate intervention outcomes

Method

Participants

- 100 undergraduate students in the Pacific NW
- Females: 53 Males: 45 Non-binary: 2
- Mean age: 19.24 years ($SD = 1.49$)
- Predominantly Caucasian (78.4%), Asian-Pacific Islander (13.4%), Hispanic (4.1%), Other (4.1%)
- Predominantly Heterosexual (93%), Bisexual (4%), Pansexual (2%), Homosexual (1%)

Method

Procedures

- Participants were randomly assigned to either the *education-only condition* or the *humanizing and perspective-taking condition*
- After completing baseline study measures, they watched a brief 15-minute video:
 - Families with a TG child discussing their experiences (humanizing)
 - Expert discussing DSM-IV criteria for Gender Identity Disorder (GID) (education-only)
- Participants then completed a writing task
 - Writing a letter to their parents “coming out” as transgender (humanizing)
 - Recalling as much information as possible about GID and its diagnostic criteria (education-only)

Measures

Genderism & Transphobia Scale (GTS; Hill & Willoughby, 2005); $\alpha = .95$

- 32 items (1 = *Strongly agree* to 7 = *Strongly disagree*)
- e.g., “People are either men or women”
 - e.g., “It is all right to make fun of people who cross-dress”
 - Higher scores indicate higher levels of prejudice

Social Distance Scale (SDS; adapted from Marie & Miles, 2007); $\alpha = .93$

- 10 items (1 = *Very unwilling* to 7 = *Very willing*)
- e.g., “How willing would you be to have a TG individual as a close friend?”
 - e.g., “How willing would you be to have a TG individual as a neighbor?”
 - Higher scores reflect greater willingness to associate with TG individuals

Religious Orientation Scale (ROS; Gorsuch & McPherson, 1989); $\alpha = .80$

- 14 items (1 = *Strongly disagree* to 5 = *Strongly agree*)
- e.g., “I go to church because it helps me to make friends”
 - e.g., “My whole approach to life is based on my religion”
 - Higher scores indicate greater religiosity

Results

Intervention Effects

- As expected, the intervention decreased stigma. Specifically, participants in the humanizing condition showed a greater increase across time, relative to the education-only group, in terms of their willingness to engage socially with TG individuals (see Fig. 1)

Fig. 1. Change in desired social contact over time by condition.

^aSignificant increase in desired social distance from baseline to post-test, $t(50) = -5.03, p < .001$

^bNo significant increase in desired social distance from baseline to post-test, $t(48) = 0.12, p > .05$

- Similarly, the humanizing group expressed decreasing genderist and transphobic attitudes across time. However, the education-only group reported stronger agreement with transprejudicial statements at post-test (see Fig. 2)

Fig. 2. Change in genderism and transphobia over time by condition.

^aSignificant decrease in GTS scores from baseline to post-test, $t(50) = 3.90, p < .001$, with lower scores reflecting lowered transprejudice across time

^bSignificant increase in GTS scores from baseline to post-test, $t(48) = -2.33, p < .05$, with higher scores reflecting increased transprejudice across time

Results

Moderators

- Greater religiosity is related to more gendered and transphobic attitudes, $r = .24, p < .05$ and greater desired social distance, $r = -.23, p < .05$
- Women ($M = 66.76, SD = 22.40$) reported significantly lower levels of transprejudice relative to men ($M = 94.46, SD = 31.79$), $t(96) = 5.04, p < .001$. Similarly, women ($M = 4.76, SD = 1.10$) reported a greater willingness to associate with a TG person relative to men ($M = 4.17, SD = 1.18$), $t(96) = -2.57, p < .05$
- People with prior contact with LGBTQIA individuals ($M = 72.06, SD = 24.81$) reported less transprejudice relative to those with no prior contact ($M = 99.75, SD = 37.39$), $t(98) = 4.18, p < .001$. Similarly, those with prior contact ($M = 4.75, SD = 1.07$) reported greater willingness to associate with a TG person relative to people with no prior contact ($M = 3.82, SD = 1.28$), $t(98) = -3.55, p < .001$
- Although transprejudice and social distance varied as a function of religiosity, gender, and prior contact, none of these variables moderated intervention outcomes

Conclusion

- This study represents one of the first attempts to understand how to effectively reduce stigma toward the TG community
- Results indicate that education alone is not enough to change attitudes; in fact, there is some evidence that associating transgenderism with psychopathology may heighten stigma
- Consistent with prior research on stigma towards the mentally ill, the current study suggests that both exposure to intimate media depictions of the “other” (Reinke et al., 2004) and perspective-taking (Mann & Himelein, 2008) could strengthen educational campaigns designed to combat stigma
- Future research should investigate:
 - The relative benefits of narrative contact versus perspective-taking strategies
 - The longevity of intervention outcomes
 - Whether changing attitudes translates to changed behavior toward the TG community

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tinyurl.com/reducingTGstigma