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

Kimberly Hillman, Tanya L. Tompkins, & Fatemeh Ordoubadi, Linfield College

Introduction & Hypotheses

Introduction

o Transgender (TG) individuals are an understudied but high risk group in terms of experienced discrimination and associated adverse mental health outcomes (IOM, 2011)

o While a wealth of research suggests that contact changes negative attitudes toward out-groups, there have been a limited number of studies evaluating the associations between contact and attitudes toward the TG community (Hill & Willoughby, 2005)

<u>Hypothesis 1</u>: Participants who viewed a documentary and wrote a first-person narrative of TG experiences would show a significant change in negative attitudes across time relative to those who received factual information about TG

<u>Hypothesis 2</u>: In line with recent work encouraging the importance of individual differences on effects of intergroup contact (Hodson, 2011), we explored whether religiosity was associated with negative attitudes toward TG individuals and whether it served to moderate intervention outcomes

Method

Participants

45 undergraduate students in the Pacific NW
  o Females: 37 Males: 6 TG:1 Queer:1
  o Mean age: 19.43 years (*SD* = 1.25)
  o Predominantly Caucasian (68.1%)
  o Heterosexual: 88.4%, bisexual: 11.7%, homosexual: 4.7%

Procedures

o Participants were randomly assigned to either the *education-only condition* or the *humanizing and perspective-taking condition*.
o After completing baseline study measures, they watched a brief 15-minute video:
  o families with a TG child talking about their experiences (humanizing)
  o expert discussing DSM criteria for Gender Identity Disorder (education-only).

Method

Procedures

o Participants then completed a writing task
  o writing a "coming out as a TG individual" letter to their parents (humanizing)
  o recording any information they learned from the video (education-only)

Measures

Genderism & Transphobia Scale (GTS; Hill & Willoughby, 2005); α = .95

o 32-items (1 = *Strongly agree* to 7 = *Strongly disagree*)
o 2 factors:

  Genderism & Transphobia (GTS-GT); α = .94
  o 25 items assessing genderism (i.e., a belief that gender non-conforming individuals are disordered) and transphobia (i.e., emotional disgust towards gender non-conforming individuals)
    o e.g., "People are either men or women"
    o e.g., "Feminine men make me feel uncomfortable"

  Gender Bashing (GTS-GB); α =. 86
  o 7 items assessing harassment/assault of gender non-conforming individuals
    o e.g., "I have teased a woman because of her masculine appearance or behavior"

Social Distance Scale (SDS; adapted from Marie & Miles, 2007); α = .92

o 10 items (1 = *Very unwilling* to 7 = *Very willing*)
o e.g., "How willing would you be to have a TG individual as a close friend?"

Religious Orientation Scale (ROS; Gorsuch & McPherson, 1989); (α = .83)

o 14 items (1 = *Strongly disagree* to 5 = *Strongly agree*)
o 2 factors:

  o ***Extrinsic (ROS-E)***; 6 items; α = .88
  o e.g., "I go to church because it helps me to make friends"

  o ***Intrinsic (ROS-I)***; 8 items; α = .70
  o e.g., "My whole approach to life is based on my religion"

Results

Intervention Effects

o 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)
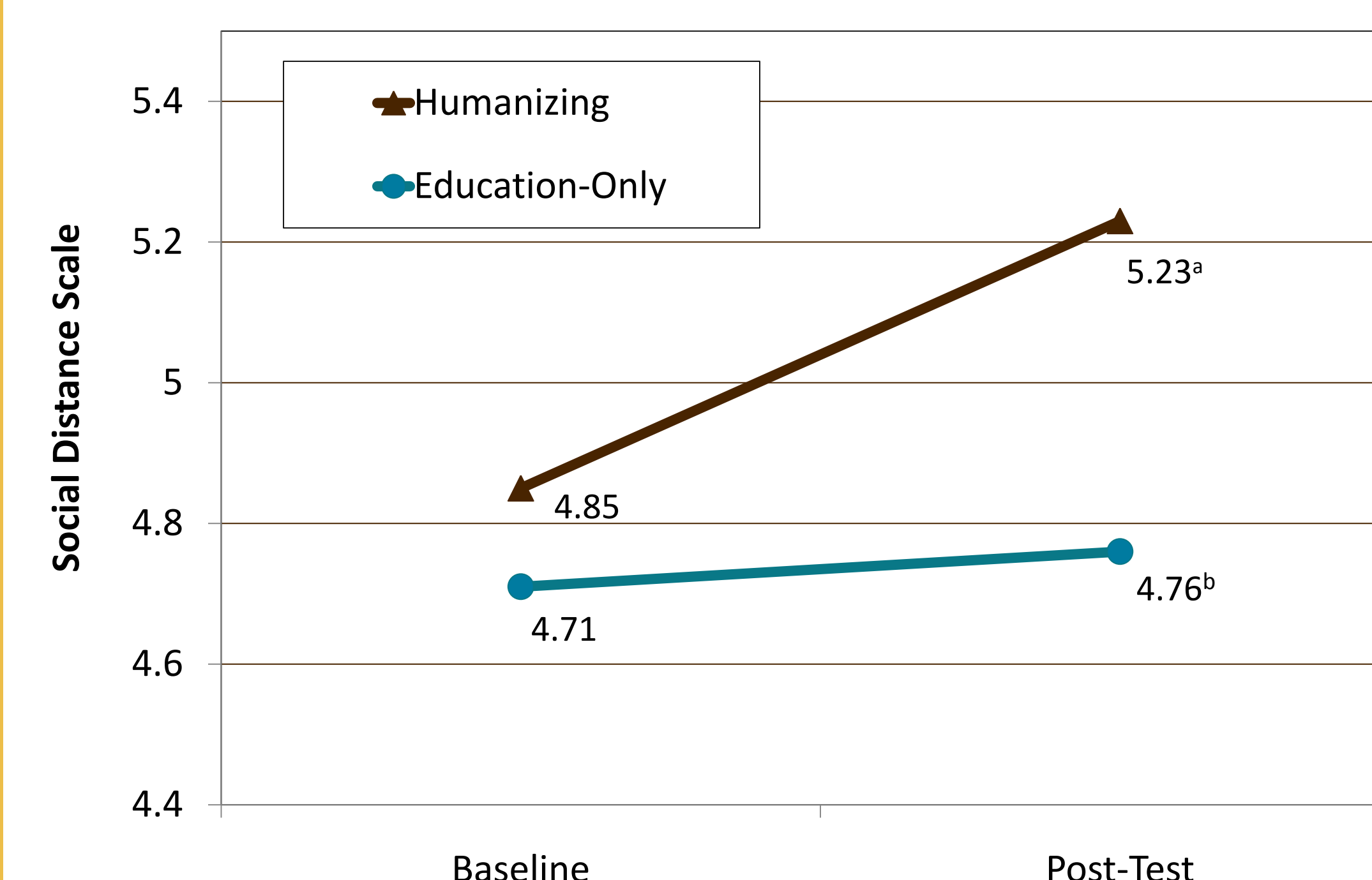

Fig. 1. Change in desired social contact over time by condition.
[a]Significant increase in desired social distance from baseline to post-test, $t(22) = -3.53$, $p < .01$.
[b]No significant increase in desired social distance from baseline to post-test, $t(20) = -0.75$., $p > .05$.

o Similarly, participants who took part in proximity and perspective-taking activities showed increasing disagreement with genderist and transphobic attitudes across time. The education-only group showed no significant change across time (see Fig. 2)
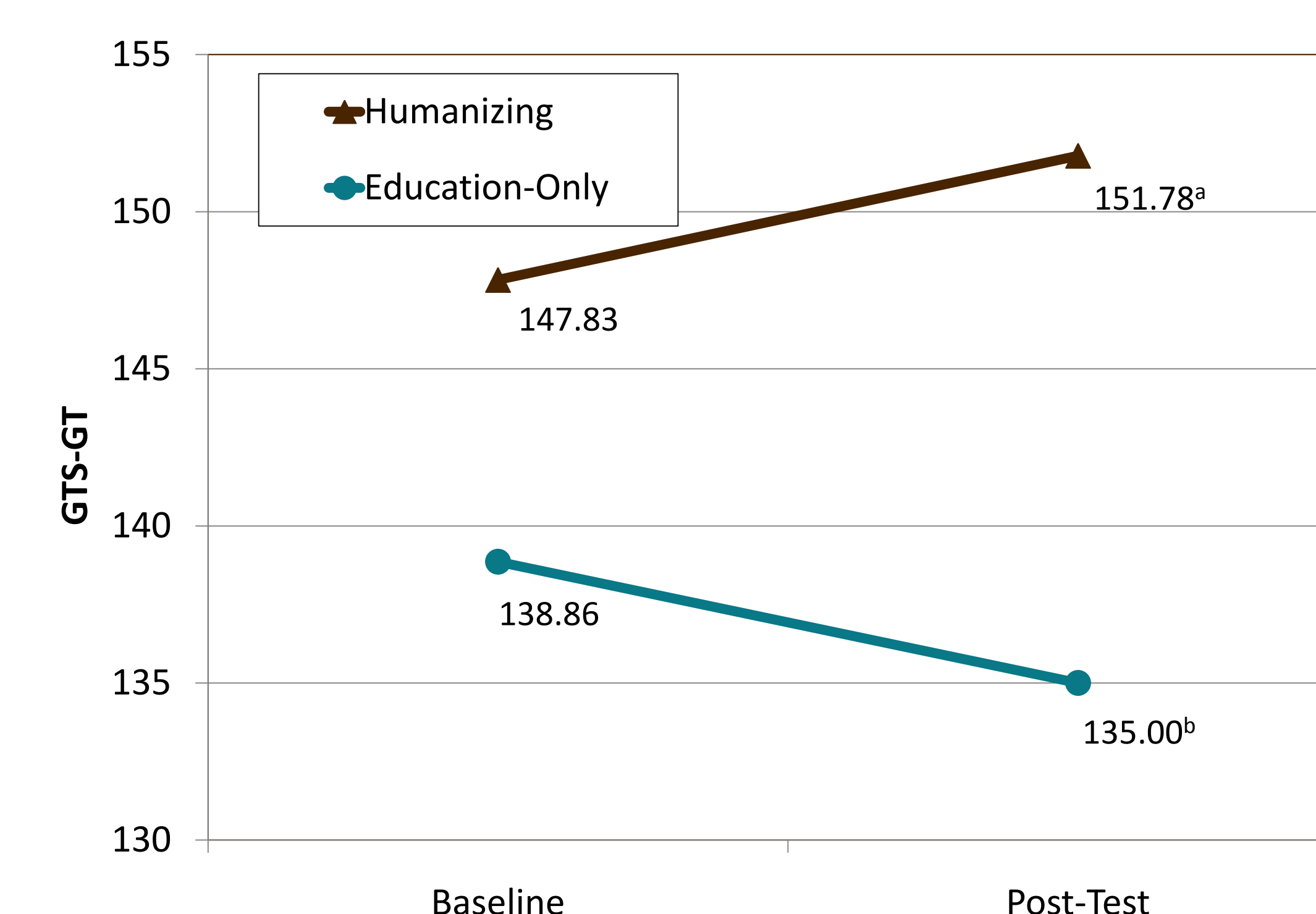

Fig. 2. Change in genderism and transphobia over time by condition.
[a]Significant increase in GTS scores from baseline to post-test, $t(22) = -2.61$, $p < .05$, with higher scores reflecting less genderist and transphobic attitudes.
[b]No significant change in GTS-GT scores from baseline to post-test, $t(20) = 1.79$, $p = .09$.

Results

Moderators

o Greater religiosity is related to more gendered and transphobic attitudes, $r = -.31$, $p < .05$ and greater desired social distance, $r = -.24$, $p > .05$

o Religiosity did not moderate GTS outcomes but did moderate intervention effects for social distance. Those who were high in religiosity showed significant increases across time in social distance scores, relative to those low in religiosity (see Fig. 3)
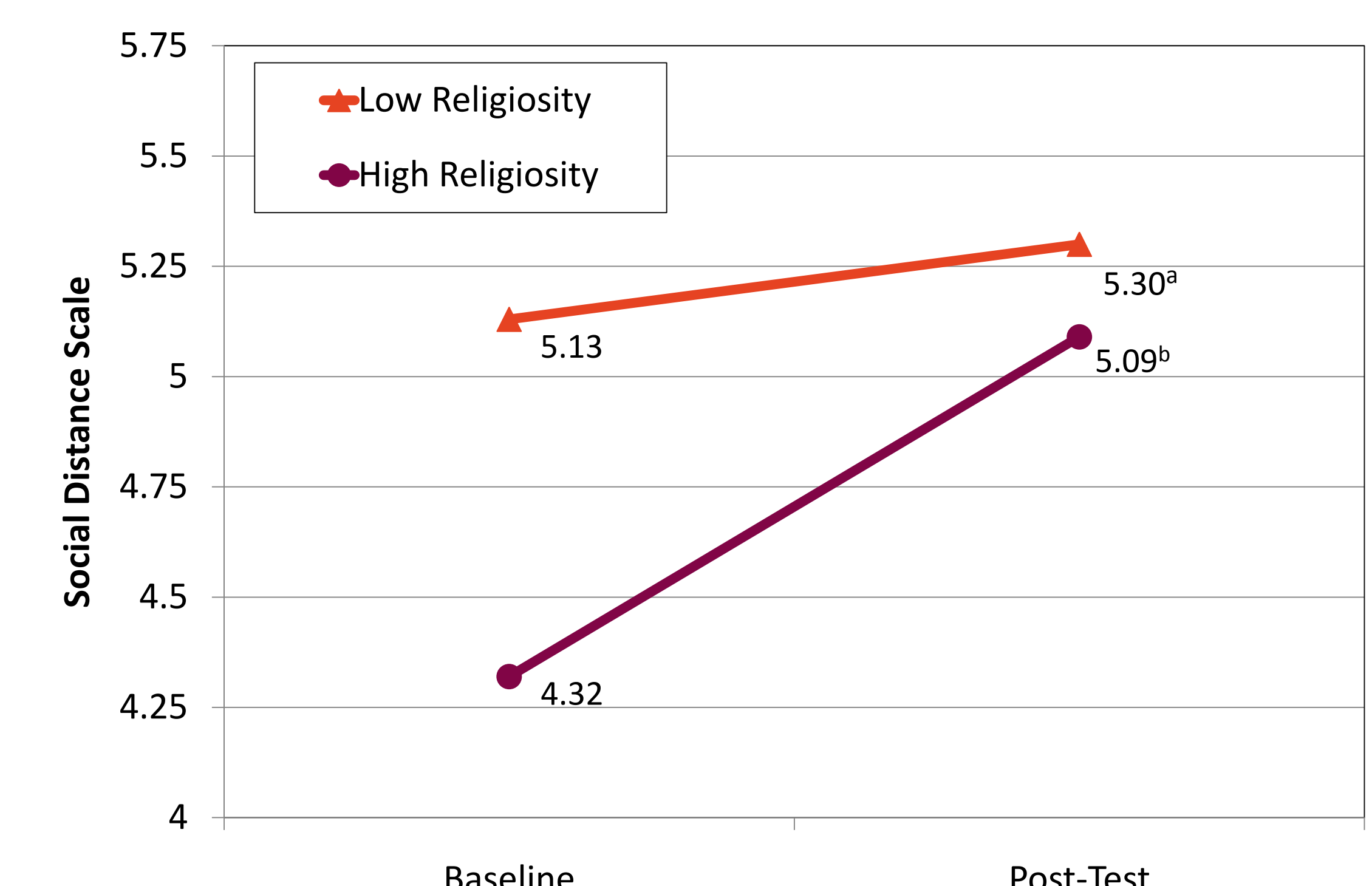

Fig. 3. Change in desired social contact over time by religiosity.
[a]No significant increase in desired social distance from baseline to post-test, $t(14) = -2.08$, $p < .06$
[b]Significant increase in desired social distance from baseline to post-test, $t(7) = -3.65$., $p < .01$.

Conclusion

o This study represents a first attempt to investigate anti-stigma efforts toward the TG community

o Results indicate that education alone is not enough to change attitudes

o Consistent with prior research on stigma towards the mentally ill, the current study suggests that both exposure to realistic and intimate media depictions of the "other" (Reinke et al., 2004), and perspective-taking (Mann & Himelein, 2008) could strengthen educational campaigns designed to combat stigma

o Emerging research suggests that contact is particularly effective with prejudice-prone individuals (Hodson, 2011); humanizing contact worked best for highly religious participants

o Future research should investigate the relative efficacy of media exposure and perspective-taking