

PERCEIVED DISCRIMINATION,
PSYCHOLOGICAL DISTRESS AND COPING
STYLES AMONG WORKING AND NON-
WORKING TRANSGENDERS: A COMPARATIVE
STUDY



by

Saman Tariq
BSP191045

A Research Thesis submitted to the
DEPARTMENT OF PSYCHOLOGY
in partial fulfillment of the requirements for the degree of
BACHELOR OF SCIENCE IN PSYCHOLOGY

Faculty of Management and Social Sciences
Capital University of Science & Technology,
Islamabad
March, 2023

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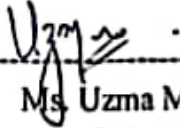
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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Perceived Discrimination, Psychological Distress and Coping Styles among Working and Non-working Transgenders: a Comparative Study" carried out by Saman Tariq, Reg. No. BSP191045, under the supervision of Ms. Uzma Mushtaq, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

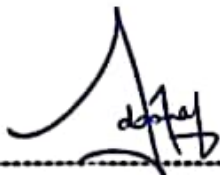
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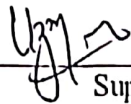
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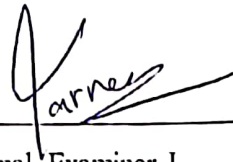
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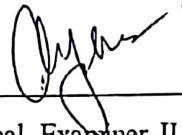
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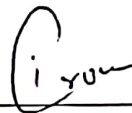
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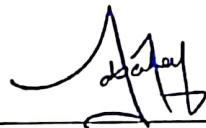
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Dedicated to my parents who supported me, believed in my abilities and struggled constantly so that I could complete my bachelor's degree and be able to sail efficiently through my research journey.

DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.



Saman Tariq

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March, 2023

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I really enjoyed working on my research and learned a lot through practical exposure.

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Abstract

Discrimination is potential factor that can alleviate mental illnesses especially psychological distress among transgenders which leads them to seek communal support. But unfortunately, seeking support experiences is usually negative and requires transgenders to use coping styles. The current research attempted to examine the relationship between perceived discrimination, psychological distress, and coping styles among transgenders. The level of perceived discrimination among different age groups of transgenders and differences in coping styles used by working and non-working transgenders have also been explored. The sample consisted of 94 transgenders (N = 94), including working (N = 48) and non-working (N = 46) transgenders from different cities of Pakistan using convenient and snowball sampling. Data was collected through self-reported questionnaires; Everyday Discrimination Scale, Kessler Psychological Distress Scale and Brief Cope Inventory.

Descriptive and inferential statistics along with independent sample t-tests, and correlation analysis were used. Results revealed a significant positive correlation between perceived discrimination and psychological distress ($r = .43$, $p < .01$), also significant positive relationship was found between psychological distress and avoidance coping ($r = .02$, $p < .05$). The level of perceived discrimination was not found different among young and middle adult transgenders ($p > .05$). The study also reveals that working transgenders use more problem-focused coping ($p < .05$) and emotion-focused coping ($p < .05$) than non-working transgenders. This study provides a baseline for future research studies to develop interventions to treat mental health issues.

Key words: Perceived discrimination, Psychological distress, Coping styles

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List of Abbreviations

LGBT	Lesbian Gay Bisexual Transgenders
CNIC	Computerized National Identity Card
EDS	Everyday Discrimination Scale
K10+	Kessler Distress Scale 10
BCI	Brief Cope Inventory
PFC	Problem Focused Coping
AC	Avoidance Coping
EFC	Emotion Focused Coping
SPSS	Statistical Package for Social Sciences
α	Cronbach's alpha
P	Level of significance
APA	American Psychological Association

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Chapter 1 - Introduction

Transgender is usually a term that is challenging and hard to define (Buck, 2016). It is a term that refers to a group of diversified individuals who go beyond the limits of cultural categorization of gender (Graham et al., 2011). Transgender is a very broad term and mostly it is been called a term like umbrella which includes individuals who have gender identity and roles very different from the gender they have been known from at birth (National Resource Center on LGBT Aging, 2012, p.27). This definition includes all the people who have variances in gender characteristics (Norton & Herek, 2013).

Usually, people who have been called the third gender are mostly the people identified as transgenders other than gays and lesbians, most transgenders are showing their identity as women, and are referred to as transsexual women and also called female to male (FTM) (Siddique et al., 2017). Transgender individuals may put themselves into the categories of binary and non-binary; binary means identifying themselves as either men or women while non-binary means dismissing the duality of gender (Coleman et al., 2012). A research study conducted in the US has identified that transgenders have been divided into three groups; people who have been assigned to the category of men at birth but feel themselves like a woman or show characteristics and behaviors like a woman, the second group includes people who are born as females but feel themselves like a male and lastly, the third group which includes people who do not put themselves in categories of either male or female (Factor & Rothblum, 2008).

In Pakistan, terms that are used instead of transgender include Khusra, Hijra, and Khawaja Sara (Nazir & Yasir, 2016). Once transgenders are forced to leave their house, they start living in community arrangements with five or more disciples (Chelas) and all

of these are supervised by Gurus in Pakistan (Shah et al., 2018). A recent synthesis of global data has shown that there are 25 million transgenders present around the world (Winter et al., 2016). A task was given by the Supreme Court of Pakistan to Federal Government to survey the population of the third gender in Pakistan, and until now no such information is being found on the progress related to this work (Siddique et al., 2017).

Transgender community has acquired some visibility in Pakistani society as people are taught only strict binaries of gender, which is male and female gender, society considers them as taboo usually distancing them, humiliates them without understanding their problems (Shah et al., 2018). People usually have trans-phobia, which then allow them to have negative beliefs and discriminatory attitude towards transgender people and have some illogical fear of transsexual individuals (Hill & Willoughby, 2005). Discrimination has been defined as expression of behavioral oppression towards other people (Hall & Carter, 2006). Discrimination is formally defined as acting distinctively against a person or in favor of him (Orbe & Camara, 2010). Another definition of discrimination is an unfavorable treatment imposed by individuals on other people on the basis of their sexual orientation and gender identity (Göçmen, 2016).

Essed (1990, 1991) has distinguished discrimination into two types: everyday discrimination which is faced on a routine and repetitive basis, and second is lifetime discrimination which only occurs during major events and occurs not on regular basis in life. Everyday discrimination is not covert but instead is assumed to be overt and indirect (Sellers & Shelton, 2003). Pincus (2019) has also distinguished between several forms of discrimination which are individual discrimination and institutional discrimination.

Individual discrimination is damaging behaviors adopted by a person towards other people or destructive actions performed between two people, while institutional discrimination refers to the rules and policies made by the people who are in power and who maintain the institutions and this type of discrimination can bring certain disadvantages to other people. Now, research studies aim to find discrimination based on age (Hajek & Giles, 2002), sexual orientation (Muraco, 2005), and disability (Ryan et al., 2006). A research study conducted by Alvarez-Galvez and Salvador-Carulla (2013) has shown three types of perceived discrimination which are age discrimination, disability discrimination, and sexual discrimination, and all of these contribute towards predicting poor health among people experiencing them.

Perceived discrimination is the indistinctive form of discrimination in the interpersonal realm; it is the subjective review of societal rejection, which can be chronic and maintain health inequities (Todorova et al., 2010; Williams et al., 2003). Perceived discrimination includes experiences of obstacles faced by people, which are subjective and can be self-assessed, and includes not getting access to social aspects of life which people usually attribute as discriminatory actions and behaviors (Schmitt & Branscombe, 2002). Perceived discrimination is the perception of the minority and underprivileged people that they are kept marginalized and can't get access to their basic human rights (Lee et al., 2007). Bergman et al (2008) have described two primary concepts related to perceived discrimination and the status of the minority; the first one is that people who belong to a minority group are more prone to perceive discrimination based upon institutional prejudice or discrimination. Disparities in getting resources like employment, health and not getting access to the criminal justice system based on racial and gender

differences results in minorities developing feelings of everyday discrimination (Schultz et al., 2000). This means that people who belong to minority groups perceive more personal discrimination than other majority groups (Orbe & Camara, 2010).

The second concept is an alternative to the first one and has the view that people who occupy the privileged position in society are more prone to attribute their incidents of failure to personal discrimination (Ruggiero & Major, 1998). But transgender individuals usually report perceived direct and indirect discrimination in getting access to employment, health care, and education than other majority groups (Göçmen et al., 2016).

Mental health illnesses have mostly been experienced by transgender individuals (Chodzen et al., 2019) usually, they experience minority stress which results from discrimination, violence and victimization (Trujillo et al., 2016). A research study has indicated a strong relationship between minority stress, and psychological distress among transgenders (Timmins et al., 2017). In one of the research studies, psychological distress has been defined as an emotional suffering state characterized by showing up of symptoms of anxiety, and depression (Mirowsky & Ross, 2002). Psychological distress is also known as psychological discomfort and includes feelings of sadness, anxiety, distraction, and sometimes psychotic symptoms can also be considered (Bayram & Bilgel, 2008). Variable such as psychological distress has mostly been found in research studies of nursing, medical, psychological, and social science (Bruch et al., 2000). Psychological distress in many research studies has been operationalized as defective psychological functioning when faced with stressful events (Abeloff et al., 2004). Based on sexual orientation, lesbians, gays, and bisexuals are more likely to experience depression,

emotional or psychological distress, and are more involved in making suicidal attempts (Russell & Joyner 2001).

To mitigate the effect of stressors and to cope with stigma, transgenders use specific ways of coping (Testa et al., 2015). The ways people use to cope (coping behaviors/styles) with stressors may have positive and negative influences on their well-being (Puckett et al., 2020). Noorbakhsh and Besharat (2010) have defined coping styles as specialized kind of efforts an individual make both behaviorally and psychologically, that allows a person to tolerate, reduce and minimize the effects of a stressful event. It is an adoptive effort that can reduce problems and deal with conflicts with the help of self and social relationships (Weiten & Lloyd, 2008). Lazarus and Folkman (1984) have defined coping in terms of function as either emotion-focused or problem-focused. Another research study has suggested that there are two different modes of coping which include approach-avoidance coping in which the person tries to reduce, eliminate or manage the problem, and another mode of coping is disengaged coping in which a person ignores or avoids the problem and its stressful consequences (Nes & Segerstrom, 2006).

In another research study, three main types of coping styles have been identified (Afshar et al., 2015) include problem-focused coping which refers to fluctuation and managing the problem that is leading towards stress and this type is more action-oriented (Lazarus & Folkman, 1984). Problem-focused coping aims at resolving stressful situations and limiting the effects of stressors (Carroll, 2020). Another type is avoidant coping which means that a person uses cognitive and behavioral efforts to minimize, deny, and ignore the stress-leading situation (Holahan et al., 2005). Avoidant or avoidance coping may be considered an unhealthy way of managing stress in which the

person tries to avoid the situation through cognition, distractions, binge eating, and by involving in substance abuse (Budge et al., 2013). The third type of coping is emotion-focused coping which is also action-oriented and it tries to reduce the emotions that are in link with the stressor (Admiraal et al., 2010; Lazarus & Folkman, 1980) by venting out emotions, seeking social support, distracting oneself by engaging in other activities, and by using drugs to eliminate aversive emotional arousal (Baker et al., 2007).

Coping resources can sometimes refer to both voluntary and involuntary (Miller & Kaiser, 2001). The voluntary coping styles refer to dealing with the stressor or stressful event by engaging with it, whereas involuntary coping style refers to disengagement from the stressor (Compas et al., 2001). Voluntary coping style involves cognitive restructuring, regaining and maintaining control over a stressor and accepting it (Compas et al., 2001), while disengagement with the stressor (involuntary coping) involves responses such as denial, and avoidance (Miller & Kaiser, 2001). Coping is a dynamic process and it can change over time according to the demands and considerations of the situation (Moos & Holahan, 2003).

Literature Review

Research on Transgenders

Research studies related to different genders have grown tremendously after the 1940's and include client case studies along with their treatment for gender nonconformity as pathology (Beemyn, 2013). Especially in psychology, research studies on transgenders have gradually increased over the last two decades (Singh et al., 2013). In Pakistan, in the last few years, the transgender population has gained some attention with the remarkable increase in awareness regarding their issues and interests, researchers have

shifted their attention to transgenders to know their experiences being transgender and their psychological problems (Fatima et al., 2017).

Discrimination Faced by Transgenders

In one research study, it has been shown that transgender people are mostly exposed to mistreatment because of a strict dichotomous gender paradigm; even families do not provide them with a safe place to live in and try to perpetuate societal oppression (Burdge, 2007). Basic opportunities are not provided to transgenders such as they are kept away from accessing enough educational opportunities, and they are more prone to being unemployed and facing homelessness (Grant et al., 2011). In one cross-sectional research study conducted in Pakistan on 189 transgenders, it has been found that transgenders are more likely to face physical abuse, and usually have more experiences involving discriminatory behavior (especially institutional discrimination) by the society which makes them vulnerable to adopting risky behaviors including begging, drug abuse, suicide ideation and eventually suicide (Shah et al., 2018).

Discrimination in Health Care Facilities

One research study has explored that the transgender population has difficulty in getting healthcare facilities, is not good at seeking healthcare behaviors, and has low health literacy because of the discrimination they face from society (Pandya & Redcay, 2021). A research study was conducted in the U.S by recruiting 43,570 lesbian, gay, bisexual, and transgender individuals using non-probability sampling, a questionnaire was designed and according to the analyses conducted, it was found that the LGBT community faces barriers in getting access to the health care system, are more likely to

face lack of health insurances, and health care providers often show neglectful attitude towards them and abuses them verbally and physically (Kcomt, 2019).

Even in Pakistan, transgender faces the same discrimination, as according to one research study conducted in Lahore, by recruitment of 214 transgenders to examine the health problems of transgenders and barriers to it, it was concluded that common health problems transgenders face include depression, anxiety, and genital tract ulcers. 70% transgenders have reported receiving poor quality healthcare facilities and the barriers they face while seeking healthcare guidance include non-affordability, non-acceptance, non-availability of CNIC, and feeling ashamed because of the fear of judgment by society (Manzoor et al., 2022). LGBT community is more likely to report their experiences of incidents of discrimination than heterosexual individuals (Burgess et al., 2008).

Discrimination in Working Opportunities

Transgender face discrimination in terms of employment as well, a national survey was conducted on over 600 transgender participants in the U.S and it was found that 44% of transgenders are unemployed and over a quarter of participants responded that they had lost their job due to trans-phobia (Grant et al., 2010). A qualitative research study conducted in Pakistan using 8 in-depth interviews with transgenders has analyzed that transgenders are being excluded from accessing occupational opportunities, even if they get some sort of job, they had to leave it early because of the being ridiculed or getting harassed at the workplace, leaving them with no other choice of adopting commercial sex work to fulfill their basic needs (Abdullah et al., 2012).

Another research study has shown consistent findings that transgenders face discrimination as unemployment twice as the general population (Leppel., 2016), while

among the transgender population who gets a job, over 90% of transgenders experience discrimination and mistreatment at the workplace (Mizock et al., 2017).

Discrimination in Educational Opportunities

Transgender who are unemployed are uneducated as well (Nazir & Yasir, 2016). In an online survey aimed at finding experiences of transgenders related to education, it has been found that out of 91 participants who had taken part, most of them had concerns regarding their physical and emotional safety, and calling them by the term that does not align with their gender identity, which would later become a stressor for them (Goldberg et al., 2019). In another research study, it was found that trans-men and trans-women face harassment and bullying not only from their classmates and friends but also from their school staff as well as teachers(Whittle et al., 2007). A research study conducted in Pakistan by Mehmud, and Idris (2019) has shown that transgenders face hurdles in getting access to education and the main reason behind this is the lack of knowledge regarding the rights of transgenders in the Islamic Republic State of Pakistan.

One research study was conducted to show the barriers transgenders face while getting education. Interviews were done with stakeholders including transgenders and their parents, and with some advocates who support the transgender community. Some themes as barriers have emerged out of the study analysis, which includes stereotyping of gender in school, lack of guidance and awareness regarding transgender population issues, exclusion, not appropriate facilities, and difficult process of enrollment and it also includes the transgender population excluding themselves because of feeling that they will not be accepted in society (Burns et al., 2016).

Perceived Discrimination and Age

In some research studies, the age of transgender individuals have found to have an impact on the level of perceived discrimination, i.e., young transgenders or people who transitioned their gender at young ages perceive a greater level of discrimination and stress associated with it (Lombardi, 2009). A research study conducted by recruiting 402 transgender participants has shown that there exist differences among the problems and levels of violence transgenders faces and the study has also reported that young transgenders are more prone to attempt suicide, involving in substance abuse, being homeless, dropping out of school and experiencing a greater level of distress (Lombardi et al., 2002). Falak et al (2020) elaborated in a research study findings that young adult transgenders perceived greater discrimination than middle-aged adults and so report higher distress levels which might be since with increasing age, transgender leave their profession of begging and dancing and become gurus who are respected enough by other transgenders (Ayub, 2016).

Another research study has found somewhat same results that young transgenders have reported high perceived discrimination than older adults (Falak et al., 2020). But some opposing evidence from past research studies has suggested that increasing age has been positively related to suicidal ideation as they have been facing discrimination in their whole life in the form of unemployment, medical issues, and family and peer support issues, which leads them to develop mental health disorders as well (Yüksel et al., 2017).

Discrimination Faced by Transgenders in Pakistan

A myth exists about transgenders especially in Pakistan that they are the product of their parent's sins (Jami & Kamal, 2017) and their community is being kept marginalized, abused, and neglected in almost every part of the part and in every society

(Ahmad, 2018). In Pakistan, Supreme Court has directed all federal and provincial governments to give transgenders the same rights as given to others under articles 4 and 9 of the constitution of Pakistan 1973 (Saddique et al., 2017) in terms of employment, education, and inheritance (Akhtar & Bilour, 2019) but still, social hatred has kept them away from accessing basic educational opportunities (Nazir & Yasir, 2016), which implies low employment status (Tabassum & Jamil, 2014), even they are not been accepted to the level that they have not been given the right to vote or to contest in elections (Jami, 2011).

Discrimination and Health

Institutional oppression, discriminatory oppression, harassment, forced sex, no support from family, friends, and society, and abuse are other discriminatory attitudes and behaviors transgenders perceive from the society that can lead to suicide ideation, drug abuse, and even suicidal attempt (Ahmed et al., 2014). Research studies related to transgender individuals' health have grown tremendously after the 2011 publication of the institute of medicine report on the health of the LGBT community, to better understand their physical, emotional, and mental health (Connolly et al., 2016). In one of the research studies, it has been shown that perceived discrimination can predict the poor quality of life among people, especially among transgenders with gender dysphoria (Hasan et al., 2017), and social discrimination is also associated with increased mental health problems (Scandurra et al., 2017).

Discrimination and Mental Health

Some research studies have shown that transgenders usually report high incidences of depression and anxiety (McCann et al., 2017). A cross-sectional survey was

done to examine the association between experiences related to discrimination, quality of relationships and psychological health of transgenders, and findings have revealed that mental distress is associated with discrimination and was high among trans-women along with the comorbidity of other mental disorders like depression (Gamarel et al., 2014).

One of the research studies conducted in Pakistan by Azeem et al (2019) regarding suicide ideation prevalence and its relationship with different mental health disorders, findings has shown that transgenders usually face different mental health disorders which lead them to commit suicide. A research study has suggested that perceived discrimination is linked to rejection expectations which are further linked to increased levels of aggression and low self-compassion bringing about psychological distress (Liao et al., 2015). In one research study, it has been shown that individuals who have gender identity issues often have been diagnosed with mental health illnesses and some psychotic symptoms can also be predicted (Mizock & Fleming, 2011).

Perceived Discrimination and Psychological Distress

One research study was conducted in Europe America on 410 transgenders to investigate the transgender experiences with misgendering and misclassification of their gender identity and minority stress, the findings have discovered that misclassification of gender identity predicts stress among minorities or transgenders (McLemore & K.A., 2018). A research study conducted with 169 transgender men and women has revealed that most of them display high or very high levels of psychological distress and the experiences of victimization and discrimination are associated with the high level of psychological distress (Bariola et al., 2015). Transgender youth are at higher risk of reporting self-harm, suicide, major depressive episodes, and psychological distress (Veale

et al., 2017) because of societal-biased attitude which doesn't allow them to assess basic rights (Hoffman, 2014). Transgenders who experience employment discrimination are more likely to get exposed to negative psychosocial outcomes such as anxiety, depression, substance abuse, unmet mental health needs, and psychological distress (Kattari et al., 2016).

Perceived Discrimination, Psychological Distress and Coping Styles

A correlational study was conducted in Lahore, Pakistan to estimate the relationship between perceived discrimination, psychological distress, and social support by recruiting 111 TIs (transgender individuals) and the findings showed that there is a positive relationship between perceived discrimination and psychological distress (Falak et al., 2020). The minority stress model has been used in many research studies to understand the importance of social stigma leading to mental health disparities among transgenders, and this model has suggested that everyday discrimination and trans-phobia are positively correlated with mental health problems (Scandurra et al., 2017).

Positive responses to coping with any discrimination and stressful situations are found more in transgender individuals (McCann et al., 2017). The effects of stigma and discrimination on the mental health of transgenders can be lessened through social support, community connectedness, and effective coping strategies (Valentine & Shipherd, 2018). Sanchez and colleagues 2018 have found a relationship between perceived discrimination, coping styles, and mental wellbeing outcomes. In some research studies, coping styles would be considered mediator between perceived discrimination and discrimination-related stress (Liang et al., 2009). Another research study has also

explored that coping styles can mediate the relationship between perceived discrimination and psychological problems (Borders et al., 2011).

One research study was conducted on 226 transgender men and 125 transgender women to study the role of social support and coping in reducing depression and anxiety, the finding was that coping serves as a mediator between transition status and distress-related variables and it has been suggested that interventions should be designed to educate transgenders so that they can use avoidant-coping strategies as less as possible and should seek social support more (Budge et al., 2013).

Psychological Distress and Different Coping Styles

Rood et al (2016) conducted a longitudinal study of one year by taking 30 transgenders and gender non-conforming individuals and it was found that transgenders usually have the expectation of rejection which they can reduce by using coping styles such as avoidance or escape which is avoiding the threatening and potentially dangerous situations. Secondly, they go towards substance abuse like alcohol, cigarettes, prescribed medicines, and other unspecified drugs or medicines which they thought can reduce the distress associated with expectations of rejection. The third coping strategy used by them is cognitive and emotional in which rumination about the stressful event and some emotional responses like anger are displayed. A research study has suggested that practitioners need to design intervention so as to reduce the use of avoidant coping strategies as these might serve as a mediator between transition status and distress related variables' depression and anxiety (Budge et al., 2013). Transgenders use coping strategies to deal with transphobia and these strategies are divided into two factors that are individual factors (preventive-preparation coping, social-relational coping, disengagement

coping), and systematic factors (spiritual coping, religious coping, access to resources coping, and political-empowerment coping) (Mizock et al., 2014).

In some research studies, coping strategies have been identified as adaptive and maladaptive. Adaptive coping strategies include positive reframing, problem-solving, adopting relaxation techniques to reduce the effects of stress, and seeking social support while maladaptive coping strategies include avoidance coping, denial, self-blaming, aggression, substance abuse, withdrawal, and escape (Kabbash et al., 2008). Coping behaviors helps an individual to manage stressful situations or to manage the emotional stress related to certain situations (Batoool & Rowland, 2021).

The previous literature has depicted that there is a need to identify the association between perceived discrimination, psychological distress, and coping styles among transgenders in Pakistan. Furthermore, research studies should be conducted to find out different coping styles that transgenders use to deal with psychological distress.

Theoretical Framework

The Lazarus Stress Coping Model describes two central concepts; appraisal which is the evaluation of the happenings related to the wellbeing of an individual and coping which reflects an individual's effort to manage demands. In this theory, psychological stress is an individual's relationship with the environment that is appraised for being significant for his well-being and in which there happens exceeding demands above the coping resources, where coping works as a mediator and reduces the effect of stressors (Krohne, 2002).

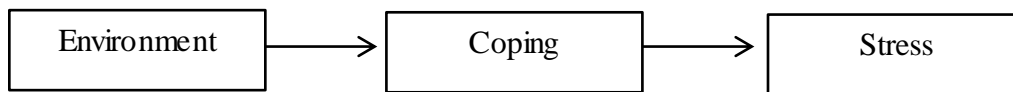


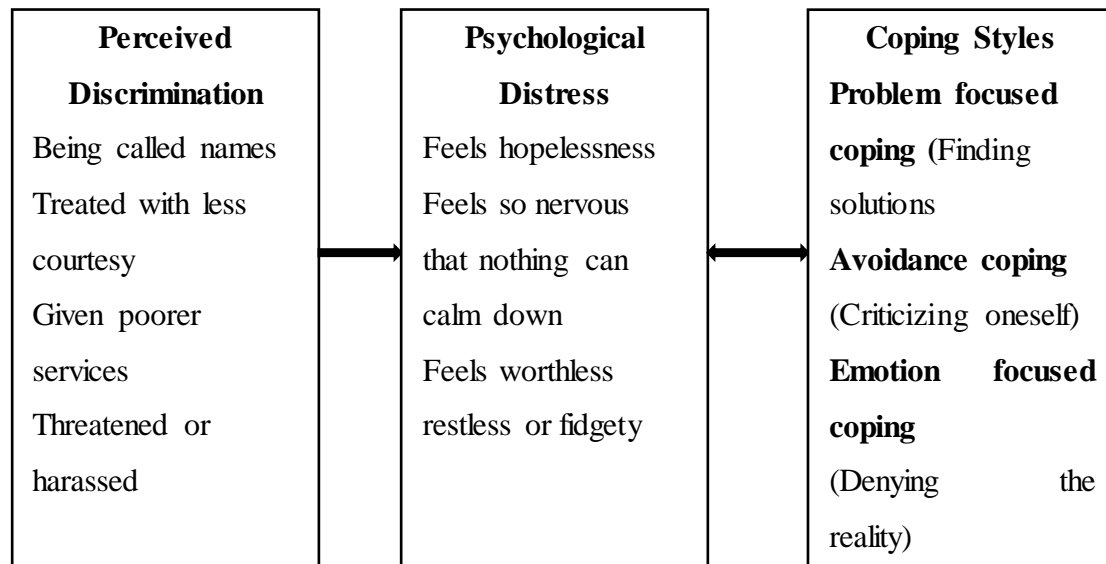
Figure no. 1

Theoretical model describing relationship between environment, stress and the coping styles as a mediator

The present study is guided by Lazarus Stress Coping Model in that psychological distress results as transgenders interact with the environment and experiences or perceive discrimination due to exceeding of demands that they are unable to handle, and coping styles can help to minimize the psychological distress that transgender population is experiencing. In this research study, specific coping styles like avoidance coping, problem focused coping, and emotion focused coping would be considered to influence the effect of psychological distress.

Figure no. 2

Theoretical model describing relationship between perceived discrimination, psychological distress and coping styles



In figure no. 2, perceived discrimination has been associated with psychological distress, i.e., both are correlated to each other, and coping styles including problem focused coping, avoidance coping, and emotion focused coping is correlated to psychological distress.

Rationale

Research among transgenders has received extensive attention over the past decade. There has been some research studies related to violence against transgenders and protecting their physical health. The race and ethnicity of transgenders along with their experiences of living in society have also been examined in many research studies. But the transgender population is the most under-researched area in South Asia and studies that are conducted focus on the medical and physical aspects of transgenders (Abbas et al., 2014). There is little research regarding the mental state of transgenders (Akhtar & Bliour, 2019) and their correlates in Pakistan. Transgenders have been exposed to high

levels of discrimination, with a negative influence on their psychosocial well-being (McCann, 2017) so; there is a need to include remedial/ intervention-based studies. The present study will explore and suggest the coping styles used by transgenders and the differences that exist between two categories of transgenders (working and non-working) in using these styles.

Objectives

1. To find out the relationship between perceived discrimination and psychological distress among transgenders.
2. To find out the relationship between psychological distress and different coping styles (problem-focused coping, avoidance coping, and emotion-focused coping).
3. To find differences in the levels of perceived discrimination among young and middle adult transgenders.
4. To find differences between working and non-working transgenders in using coping styles.

Hypotheses

H1: There will be a positive correlation between perceived discrimination and psychological distress.

H2: There will be a positive correlation between psychological distress and problem-focused coping.

H3: There will be a negative correlation between psychological distress and avoidance coping.

H4: There will be a negative correlation between psychological distress and emotion-focused coping.

H5: There will be significant differences in using coping styles between working and non-working transgenders.

H6: There will be a significant difference in the levels of perceived discrimination among young and middle adult transgenders.

Chapter 2 - Methods

Research Design

Cross-sectional correlational design is used to test the association between the independent and dependent variables. So, in this study, a cross-sectional correlational research design was used to test the relationship between perceived discrimination, psychological distress, and coping styles among working and non-working transgenders.

Sample

Recruiting transgenders in Pakistan for a research study is challenging, as this population is marginalized and may have no stable living arrangement, and most of the transgenders show reluctance to participate in the study (Batool & Rowland, 2021). Due to these challenges, a total of 94 participants including 48 working ($n = 48$) and 46 non-working ($n = 46$) transgenders were recruited for the current purpose of the study and included in the analyses. The size of the sample was based on previous research studies on transgenders (Falak et al., 2020). The age range of recruited transgender individuals was 16-65 ($M = 36.49$, $SD = 10.65$). Transgender individuals who participated in the current research study were from different cities in Pakistan including Karachi, Lahore, Islamabad, and Rawalpindi. Some participants assessed the online surveys through a Google form link while some participated in the face-to-face survey.

Sampling Technique

The sample was selected based on non-probability sampling techniques; convenience and snowball sampling as these techniques are considered important in minority health research studies (Turban et al., 2022). In convenience sampling, the sample is recruited based on the convenience of the researcher, while in snow-ball

sampling at the initial stage, participants are selected based on probability or non-probability methods and then more participants are recruited based upon the information provided by the initial participants (Acharya et al., 2013).

Sampling Selection Criteria

Inclusion Criteria

Any transgender individual within the age range of 16-65 was included in this research study.

Educated (formally and informally), and uneducated transgender population, were included in the research study.

Both working and non-working transgenders were included.

Exclusion Criteria

Individuals who are living with their biological families were not included.

Individuals who are transgenders by choice were excluded.

Transgenders with any physical and cognitive impairment which hindered their ability to participate in this research study were excluded.

Instruments

Demographic questionnaire

Participants were asked to indicate their age, education, working, and inhabitation status (living with families or not), and physical and mental disabilities. They were also asked that either they have adopted identity of transgenders after their birth by their own choice or not.

Everyday Discrimination Scale EDS (William et al., 1997)

The everyday discrimination scale is originally developed by William et al (1997) and translated into Urdu by Sadiq and Bashir (2014) is a nine-item self-reported instrument. The responses are on Likert type scale ranging from 1 to 6 and it measures the perception of discrimination by individuals from everyday life. Reliability for this scale was found to be $\alpha = .91$ (Shahida & Aneeza, 2014).

Kessler Psychological Distress Scale K10+ (Kessler, 2002)

This scale is developed by Kessler (2002) and its Urdu translation was done by Hussain and Kausar (2010) which consists of 10 items and the responses are on 5 point Likert type scale. It is used to measure psychological distress. Internal consistency was found to be $\alpha = .90$ and $.92$ (Falak et al, 2020).

Brief Cope Inventory (BCI) (Carver, 1997)

Carver (1997) has developed a brief cope scale and is a brief form of the Cope Inventory. It has 28 items with 14 subscales which are venting, humor, active coping, self-distraction, behavioral disengagement, denial, use of instrumental support, use of emotional support, positive reframing, planning, religion, substance use, acceptance, and self-blame. Its Urdu translation was done by Nisa & Siddiqui (2020) and it has 25 items with 3 of the subscales named problem-focused coping, avoidance coping and emotion-focused coping. Problem-focused coping includes 8 items from planning, positive reframing, active coping, and acceptance. Avoidance coping has 9 items from domains of behavioral disengagement, self-blame, denial, humor, and self-distraction. Emotion-focused coping includes 7 items from domains of venting, religion, and emotional support. The responses are on 4 point Likert type scale. Internal consistency for Urdu version of subscale problem-focused coping was $\alpha = .77$, for avoidance

coping; internal consistency found was $\alpha = .67$, while for emotion-focused coping; internal consistency was found to be $\alpha = .66$ (Nisa & Siddiqui, 2020).

Procedure

Initially, permission to conduct the research was sought by the Department of Psychology, Capital University of Science and Technology. Participants were approached at their place of residence and work. Participants were provided with the informed consent and were ensured that their data will be kept confidential and only be used for research purpose. Based on their willingness; the next step was data collection. Participants were debriefed about the nature, purpose, and their rights in the research study. After this, participants were provided instructions related to questionnaires of the study variables. Then Everyday Discrimination Scale, Kessler Psychological Distress Scale, and Brief Cope Scale were administered on participants having the demographic sheet attached to it to obtain the required data related to the study variables. On average, each participant took 15-20 minutes to fill out questionnaires. Participants were asked that if they had any question regarding the study or its findings, they can contact the researcher. The data then obtained was used for analysis.

Ethical Considerations

Abiding by the guidelines provided by American Psychological Association (APA), informed consent was taken from participants to ensure their participation in research study. Participants were debriefed about the nature, purpose and their rights in the research study. Data obtained from participants was used for research purposes and their information was kept confidential by anonymizing and coding their responses in SPSS.

Analyses

The data was analyzed using the Statistical Package for Social Sciences (SPSS version 25.0). Descriptive statistics were used to calculate the distribution and variance of data. For categorical variables, frequency and percentages were calculated. Mean, standard deviation, skewness, kurtosis were computed for continuous variables and histogram predicted the normal distribution of data. Pearson correlation analyses was used to find out the relationship between perceived discrimination and psychological distress, and between psychological distress and different coping styles as correlation helps to understand the relationship of the independent variable with dependent variable. Independent t-test was computed to explore differences between working and non-working transgenders in using coping styles, and between young and middle adult transgenders on experiencing different levels of perceived discrimination

Chapter 3 - Results

The results of quantitative data are presented in the form of graphs and tables. The quantitative data was collected using closed ended questionnaires which were given to participants of the study. The percentages and frequencies were computed using the responses of the participants. Alpha reliabilities along with descriptive statistics of data were also computed and demonstrated in form of tables along with the normality distribution of data on each study variable from the total sample.

To find out the correlation between study variables and between scales and subscales, bivariate correlation was computed and the results are indicated in the form of table. Independent t test was computed to find differences in the study variables and the results are expressed in the form of tables.

Descriptive Statistics

Sample Characteristics

The following table summarized the demographic characteristics of sample.

Table 1

Frequencies (f) and Percentages (%) for the Demographic Characteristics of Study Sample (N = 94)

Variables	<i>F</i>	%
Age		
Young adults 19y-40y	62	66.0
Middle adults 41y-45y	32	34.0
Education		
Educated	44	46.8
Uneducated	50	53.2
Working status		
Working	48	51.1
Non-working	46	48.9

Note: f = frequency, % = percentage

Table 1 exhibits the demographic variables along with their frequencies and percentages. The variables include age, education, and working status. The sample consisted of 94 transgenders with age in years ranging from 16-65. It reveals that greater number of young adult participants aged 18y-40y participated in the study than middle adults' aged 41y-45y. Greater number of participants was uneducated as compared to educated. Table also shows that majority of the people were working as compared to non-working.

Reliabilities of scales in terms of cronbach's Alpha Reliability (α)

Table 2 summarized the descriptive statistics and reliabilities of the Urdu versions of scales along with their subscales used in the present study.

Table 2

Alpha Coefficients and Descriptive Statistics for Everyday Discrimination Scale, Kessler Psychological Distress Scale, and Problem Focused Coping Subscale, Avoidance Coping Subscale, and Emotion Focused Coping Subscale of Brief Cope Inventory (N = 94)

Measures	Items	N	α	M	SD	Range		Skew	Kurt
						Potential	Actual		
EDS	09	94	.70	40.04	10.67	9-63	9-54	-.15	1.84
K10+	10	94	.85	30.20	8.60	10-50	10-47	-.26	-.28
PFC	08	94	.75	15.48	4.47	0-24	3-24	-.50	.20
AC	10	94	.52	15.45	4.64	0-30	0-24	-.44	.19
EFC	07	94	.56	12.88	3.75	0-21	0-19	-.87	.69

Note: N = number of participants, α = alpha reliability, M = mean, SD = standard deviation, Range = maximum-minimum, Skew = skewness, Kurt = kurtosis,

Table 2 shows number of items, sample size, alpha reliabilities, means, standard deviations, range, skewness and kurtosis of all the scales used in the study. The cronbach's alpha value for everyday discrimination scale is .69 which indicated satisfactory internal consistency, for psychological distress scale cronbach's alpha value is .85 which indicated high internal consistency. The cronbach's alpha value for coping subscales like problem focused coping was .75 which indicates high internal consistency, for subscale avoidance coping, internal consistency is .52 which is low and for subscale

emotion focused coping cronbach's alpha value is .56 which is also a low internal consistency. The reason reported by TAN, 2009 for scales having low internal validity is because of the lesser number of items. Some research studies have reported that cronbach's alpha value of $\geq .70$ or $>.70$ is good internal consistency while some have reported that 0.7 or 0.6 is also considered normal internal consistencies (Griethuijzen et al., 2014).

The skewness value of perceived discrimination scale is -.15 indicating that distribution is slightly left skewed and the kurtosis value is 1.84 indicating that the distribution has less extremes and that the data is slightly normally distributed. The skewness and kurtosis value of psychological distress scale is -.26 and -.28 demonstrating that data is normally distributed. For brief cope scale, the skewness value is -.87 indicating that distribution is little left skewed and kurtosis value is 3.47 revealing that data is normally distributed. In one research study, it has been shown that the formal normality tests including Shapiro-Wilk test and Kolmogorov-Smirnov test to test normal distribution may be used for small to medium sample size but is unreliable in case of large sample size. To resolve this problem, another method to check normal distribution is using the values of skewness and kurtosis which is considered reliable in case of both large and small sample size (Kim, 2013).

Figure no. 3

Distribution of scores across scale “Everyday Discrimination”

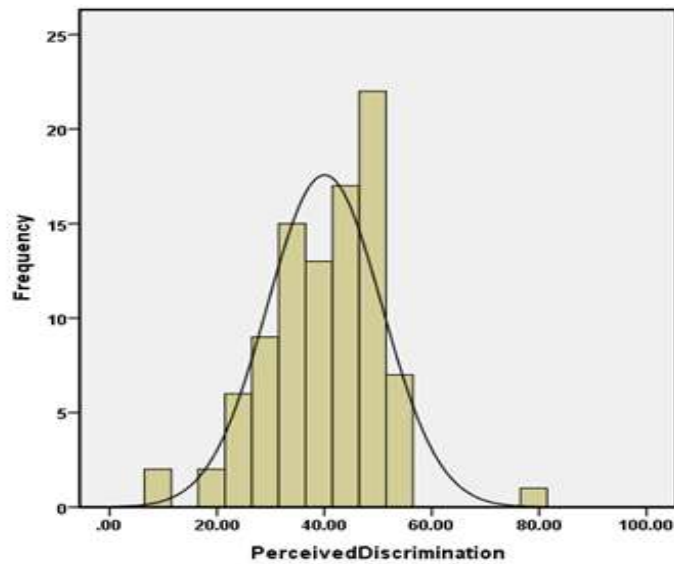


Figure 3 shows the distribution of the scores of perceived discrimination which indicates that data is normally distributed. (N = 94)

Figure no. 4

Distribution of scores across scale “Kessler Psychological Distress”

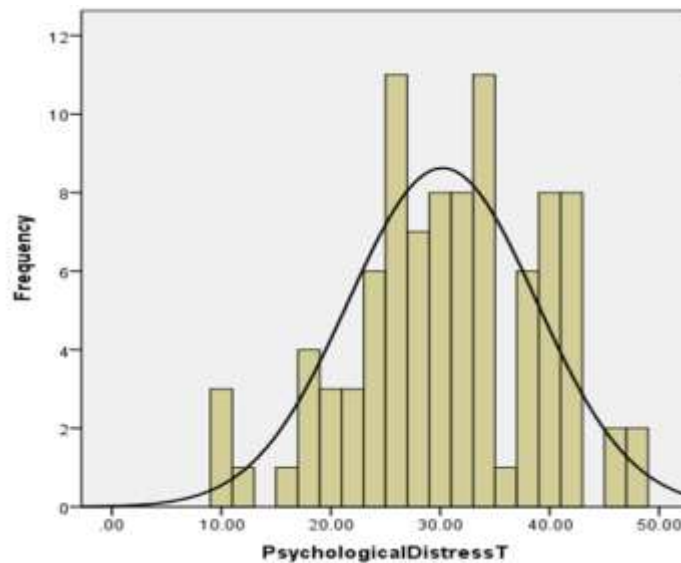


Figure 4 shows the distribution of scores of psychological distress through Kessler Psychological Distress scale K10+ (N = 94). The normality curve is indicating that data is normally distributed.

Figure no. 5

Distribution of scores across subscale “Problem Focused Coping”

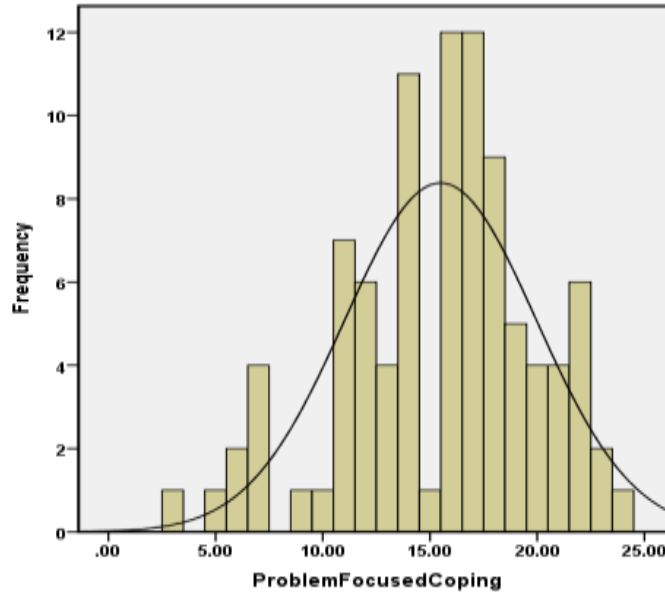


Figure 5 demonstrates the distribution of average scores on problem focused coping (N = 94) and the normality curve indicates that the data is normally distributed.

Figure no. 6

Distribution of scores across subscale “Avoidance Coping”

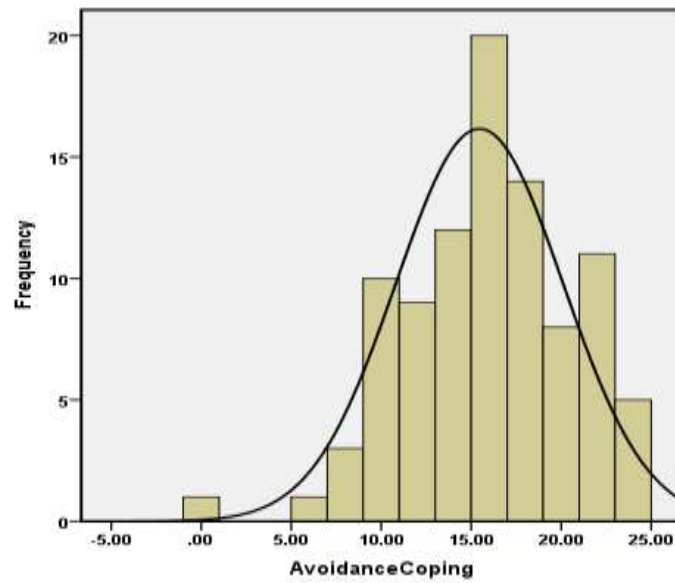


Figure 6 shows the distribution of the scores on avoidance coping which indicates that data is normally distributed. (N = 94)

Figure no. 7

Distribution of scores across subscale “Emotion Focused Coping”

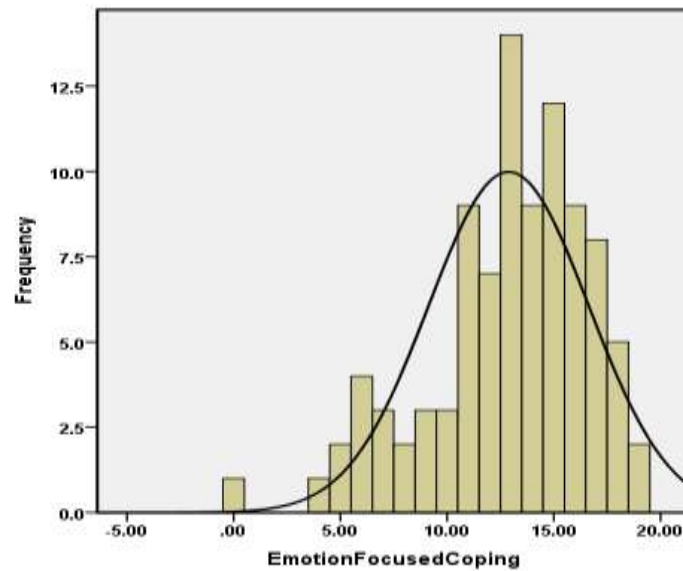


Figure 7 demonstrates the distribution of average scores on emotion focused coping (N = 94) and the normality curve indicates that the data is normally distributed.

Inferential Statistics

Test of relationship among study variables

Pearson product moment correlation was computed to examine how the variables of the study are related to each other. Table 3 demonstrates the correlations between variables.

Table 3

Correlations among study variables (N = 94)

Association between Perceived Discrimination, Psychological Distress and Coping Styles as Measured by Everyday Discrimination Scale, Kessler Psychological Distress Scale and Brief Cope Inventory Respectively

Scale	N	1	2	3	4	5
EDS	94	—				
K10+	94	.43**	—			
PFC	94	-.16	.07	—		
AC	94	.15	.02	-.04	—	
EFC	94	.05	.11	.56**	.19	—

*Note: PDS = Everyday Discrimination Scale, K10+ = Kessler Distress Scale, PFC = Problem Focused Coping, AC = Avoidance Coping, EFC = Emotion Focused Coping, *p < .05, **p < .01*

Table 3 demonstrates the Pearson product-moment correlation coefficient which was calculated to test the association between perceived discrimination and psychological distress. The result reveals a statistically significant positive relationship between

perceived discrimination and psychological distress in the total sample ($r = .43, p < .01$), which means that psychological distress increases with increase in perceived discrimination and vice versa. Also, results from table 3 reveals the correlation between psychological distress and problem focused coping, and the results are that there exist no significant relationship between psychological distress and problem focused coping ($r = .07, p > .05$).

Table 3 also reveals the association between avoidance coping and psychological distress. The results showed that there exists significant positive relationship between avoidance coping and psychological distress ($r = .02, p < .05$), meaning that psychological distress increases as transgenders use more avoidance coping and decreases as they do not use avoidance coping. The results from table 3 has demonstrated the results of correlation between psychological distress and emotion focused coping and reveals that there exist no significant relationship between psychological distress and emotion focused coping ($r = .19, p > .05$).

Test to find differences in coping styles among working and non-working transgenders

Independent t-test was computed to examine the differences between working status of transgenders on different coping styles and table 4 demonstrates these differences.

Table 4

Independent Sample t-test for Differences in Coping Styles between Working and Non-working Transgenders

Variables	Working Transgenders		Non-working Transgenders		t (df)	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
	PFC	16.73	3.56	14.19			4.97	2.82 (81)	
AC	14.27	4.41	16.69	4.59	-2.60 (91)	.01	-4.27	-.57	.53
EFC	12.97	2.99	12.78	4.44	.25 (78)	.80	-1.36	1.75	.05

Note: PFC = Problem Focused Coping, AC = Avoidance Coping, EFC = Emotion Focused Coping, df = degree of freedom, $p < .05$

There exist significant differences between working and non-working transgenders in using problem focused coping, $t(81) = 2.82$, $p = .00$, $d = .58$. The value of d indicates that the effect size is moderate, meaning that the differences between employed and unemployed group on problem focused coping are neither too high nor too low. The results from table 4 also reveals significant differences with respect to avoidance coping, $t(91) = -2.60$, $p = .01$, $d = .53$, between working transgenders and non-working

transgenders. However, no significant differences are found with respect to emotion focused coping, $t(78) = .25$, $p = .80$, $d = .05$, being used by working transgenders and non-working transgenders.

Test to find differences in levels of perceived discrimination based on age of transgenders

Independent t-test was computed to examine the differences between age groups of transgenders on perceived discrimination and table 5 given below demonstrates these differences.

Table 5

Independent Sample t-test for Differences in Levels of Perceived Discrimination between Young and Middle Adult Transgenders

Variables	Young adult		Middle adult		t (df)	P	95% CI		Cohen's d
	Transgenders		Transgenders				LL	UL	
	M	SD	M	SD					
EDS	39.79	8.87	41.19	11.42	-1.12 (92)	.26	-6.63	1.84	.13

Note: EDS = Everyday Discrimination Scale, M = Mean, SD = Standard Deviation, p = significance value, d = effect size, df = degree of freedom, $p > .05$

Results from table 5 indicates that there exist no significant differences between young adult transgenders and middle adult transgenders on perceiving discrimination, $t(92) = -1.12$, $p = .26$, $d = .13$, meaning that transgenders irrespective of their age experience and perceive the same levels of discrimination as also indicated by the value of d that effect size between two groups is very small and hence is non-significant.

Chapter 4 - Discussion

This research study which was cross-sectional correlational aimed to explore association between perceived discrimination and psychological distress among transgenders. It has also explored the coping styles used by transgenders and the differences between working and non-working transgenders in using the coping styles. Differences in the levels of perceived discrimination among different age groups of transgenders have also been found in this research study. This chapter will demonstrate the discussion on the reliability of scales used in the study which were Everyday Discrimination Scale, Kessler Psychological Distress Scale and Brief Cope Scale, demographic information of participants and the results of quantitative data analysis. The study uses non-probability sampling techniques such as convenience and snow-ball sampling to recruit 94 transgenders of age 16 to 65 years. Both working and non-working transgenders, as well as educated and uneducated transgenders were part of this study.

Reliability of scales

The Cronbach's alpha reliability value of Everyday Discrimination Scale (EDS), obtained in the present study was .70 which is quite good. In a research study ,conducted by Falak et al (2020) in Pakistan on 111 transgender participants using the Urdu translated version of the scale, the Cronbach's alpha reliability value was .89. The probable difference that came out in Cronbach's alpha reliability values of the scale might be due to the less number of participants recruited in this study or may be due to the inability of transgender population to read out the questionnaire. In Pakistan, people especially transgenders are not ready to share their personal traumatic experiences which might be the cause of low cronbach's alpha reliability value that came out in this study.

Transgenders are also of the view that there is nothing been done for them at the government level, although the government asks them to fill out some surveys related to their needs and problems, but still no improvement is seen and they are living life as a marginalized and stigmatized society as also reported in a study conducted by Rashid & Rashid, 2022.

The Cronbach's alpha reliability value of Kessler Psychological Distress Scale (K10+) was .85 in the present study which is somewhat consistent with the findings of a research study conducted in Pakistan by using the same Urdu translated version of the scale having 10 items. In a research study conducted by Faiz et al (2017) in Lahore, Pakistan by recruiting 113 transgenders, it has been shown that Cronbach's alpha reliability value of the same scale was .95. The slight difference between the reliability values of the previous studies and the current study might be due to the recruitment of less number of participants in this research study. Also, in Pakistan, mostly people are reluctant to share that they have any mental health disorder as it is considered a taboo and transgenders do not have enough awareness regarding mental health illnesses and the causes behind this. Also, they perceived that they are being discriminated in the society so they predict that if people would get to know that they have some mental health disorder, it will affect them more by being bullied and harassed by the society that they are living in. But the overall reliability found out in this study was good on Pakistani transgender population.

Brief Cope Scale with three subscales was used in the present study, so the Cronbach's alpha reliability value of first subscale problem focused coping was .75 while the original value of reliability for this subscale reported after the process of translation,

by recruiting 20 young adults from Islamabad, Pakistan was .77 (Nisa & Siddiqui, 2020) which is very close to the value obtained in the present study. This possibly suggests good reliability of the scale among transgender population of Pakistan.

The value of Cronbach's alpha reliability for second subscale named as avoidance coping was .52 in the present study while the original value of reliability for this subscale reported while translating it was .67 (Nisa & Siddiqui, 2020), which indicates a notable difference between the two reliabilities. The difference may be due to the fact that original translated version of the scale was assessed on different population which were young male and female adults. Also, the possible reason for this difference might be the inability of uneducated transgenders to read out and interpret the items of the questionnaire.

The Cronbach's alpha reliability value for third subscale emotion focused coping was .56 in the present study while the reliability reported in its translation and adaptation as reported by Nisa & Siddiqui, (2020) was .66, which also indicates a difference between the two reliabilities. The probable reason for this difference might be due to inability to read out questionnaire as reported above or may be due to less number of participants being recruited for the current study.

Demographic characteristics of transgender population

Among the 94 transgenders being recruited for participation in the research study, 62 (66.0%) were young adults aged between 19 to 40 years while 32 (34.0%) were middle adults aged between 41 to 65 years. As the sampling techniques used in the research study were convenient and snowball, so the number of young adult participants and middle adult participants were not equal. In Pakistan, it is hard to find transgender population,

and if found they are reluctant to share their information, so this could be the factor that there is a difference in recruitment of transgenders of different age ranges.

There were 89 (94.7%) transgenders who were not living with their families while only 5 (5.3%) transgenders reported being living with their biological families. In a research study conducted by Farooq, (2020) by recruiting transgenders from Karachi, it was concluded that among all the transgenders in Pakistan, 85% of transgenders are being disowned by their families as they believe that to be a transgender is a shameful thing to a person himself and to his family as well. Another research study has shown consistent results that transgenders faces homelessness in Pakistan (Shahzad et al., 2021).

Transgenders faces discrimination not just in terms of homelessness but also in terms of education. Among all the recruited transgenders 44 (46.8%) were educated while 50 (53.2%) were uneducated. A research study reported that transgenders in Pakistan faces difficulties seeking education (Sani et al., 2023). Greater numbers of participants taken were working transgenders (51.1%) while lesser number of participants being recruited was non-working transgenders (48.9%). Participants reported difficulties in seeking jobs as also concluded in a research study conducted by Sani et al., (2023). Those who were working stated their job status as working for the mental and physical health of transgender community.

There were 15 (16%) transgenders reported having a physical disability/ illness while 79 participants (84%) reported having no physical disability/ illness. Among the recruited participants, 11 (11.7%) transgenders reported having a mental disability while 83 (88.3%) stated having no mental disability. The reason of lesser number of transgenders reporting physical disability might be due to the fact that they anticipate fear

of societal rejection and discrimination with this, and so are least interested in a medical checkup (Azeem et al., 2021). While less reporting of mental disability might be due to lack of knowledge from the providers regarding mental health issues and the fear of discriminatory attitude from the health care provider (Ferreira et al., 2019).

Hypotheses of the Study

Perceived Discrimination and Psychological Distress

In the light of literature, it was hypothesized that perceived discrimination has a significant positive relationship with psychological distress ($r = .43, p < .01$). The results of the present study supported this hypothesis. This finding is consistent with a research study conducted by Falak et al (2020) in Pakistan on transgenders, which has reported that perceived discrimination increases the likelihood of developing mental health disorders in transgenders and among these disorders, one is psychological distress.

In Pakistan, mental health is still not considered a priority as also reported in research finding of Javed et al (2020). Transgenders face discrimination in getting access to basic resources so they are unable and unaware of seeking help regarding their mental health issues resulting as a result of societal biased attitude. Finding from this study indicates that transgenders are facing discrimination even after their right being assigned to them by the government and in legal terms, people are not accepting them as part of a society but instead bully them and make fun of them as also described by some of the recruited transgenders. Transgenders are not provided with the enough money to fulfill their rights which is why they start begging, dancing and adopting commercial sex work so that they can fulfill their basic needs as also reported in results of a qualitative research study conducted by Abdullah et al (2012). Because of all these inadequacies, transgenders

develops symptoms of psychological distress which is one the finding of this research study.

Psychological Distress and Problem Focused Coping

It was hypothesized that there will be a positive relationship between psychological distress and problem focused coping. The results of the current research study has not supported this hypothesis and indicated a non-significant relationship between psychological distress and problem focused coping ($r = .07, p > .05$). This result is contradictory with the findings of the research study conducted by de Vries et al (2022) in Ireland on transgender community, that problem focused coping has a significant low negative relationship with mental distress. While another research study has revealed that facilitative coping which includes attending to the problem by solving it is negatively correlated to mental health problems which is by concentrating on the problems and finding ways to minimize it diminishes the probability of developing mental health disorder especially psychological distress (Budge et al., 2014). But the results of the current research study suggests that although problem focused coping helps resolving conflict but it has no impact on psychological distress i.e. it will not increase or decrease it. This inconsistency might be due to the influence of culture as these two studies are conducted in different cultures and the way of defining construct like psychological distress and experiencing the levels may be different in different cultures. Future research studies can focus on comparisons between the two cultures on experiencing psychological distress.

Psychological Distress and Avoidance Coping

The present research study hypothesized that there will be a negative relationship between psychological distress and avoidance coping and the results have supported this hypothesis. The present research study has found that psychological distress has a significant negative relationship with avoidance coping ($r = .02, p < .05$). Literature has also supported this view, as in a research study conducted by Budge et al (2014), it is concluded that psychological distress is positively correlated with avoidance coping i.e., transgender individuals who report less use of avoidant coping experience low level of psychological distress. In another research study conducted on 412 transgender adults, it was found that there exists positive association between avoidance coping and depressive symptomology that is with the avoidance of stressors or a stressful situation, symptoms related to depression and other mental health disorders start developing (Hughto et al., 2017).

Findings from this study indicate that middle and young adult transgenders who usually avoids experiences of discrimination are even more prone to develop symptoms of mental health disorder including psychological distress.

Psychological Distress and Emotion Focused Coping

It was hypothesized that there will be a negative relationship between psychological distress and emotion focused coping and the results have not supported this hypothesis. The present research study demonstrates that psychological distress has no significant relationship with emotion focused coping ($r = .19, p > .05$). This finding is not consistent with the findings of one research study which has concluded that there exist indirect association between minority stress and negative affect through emotion focused coping (Mason & Lewis, 2015). Another research study has suggested that emotion

focused coping predicted negative mental health outcomes among transgenders (Grossman et al., 2011).

No significant direct association was found between emotion focused coping and psychological distress in past research studies. While the current research study findings indicate that transgender population who uses emotion focused coping including recognition and management of the emotions does not help them deal with the mental health issues including experiencing psychological distress. There is neither positive nor negative relationship exists between the two. However, there is a need to conduct further research by taking specifically these two study variables and should explore the relationships by using a different or the same research design and by recruiting more transgenders compared to the inclusion of transgenders in this research study.

In Pakistan, mostly people are unable to describe that in which emotional state they are in and are also unaware of the expression and regulation of the emotional states. They are also ignorant of the fact of how they can regulate and vent out emotions in a manner that helps them to deal with the stressors in environment. But instead of this, they engage in problematic behaviors which then leads them to develop symptoms of major mental health disorders and they usually do not seek help to cope with it.

Perceived Discrimination and Age

It was hypothesized that there will be a difference in the level of perceived discrimination among different age groups of transgenders. The finding of the present study has not supported this hypothesis by revealing that young adult and middle adult transgenders irrespective of their age, perceives equal level of discrimination ($t = -.72, p = .47$). Young adult transgenders face the discriminatory attitude in getting access to

resources and they are threatened and harassed as equal as middle adult transgenders faces this discrimination. This finding is not consistent with the literature with suggests that young age groups of transgenders who are below 35 years of age experiences greater discrimination in terms of getting health care services and by getting harassed and victimized, while transgenders above the age of 35 reported decreased discrimination and stated second highest levels of harassment and victimization (Kattari & Hasche, 2015).

Another research study has reported contradictory findings that older adult transgenders experiences more discrimination in terms of getting health care services and social support (Choi & Meyer, 2016). These non-significant differences might be due to the reason that transgenders' definition of the experiences of discrimination and its recognition and discussion is not accurate or the difference might be due to influence of culture specifications in defining and recognizing discrimination. Future research studies may help explore how discrimination concepts and its expression may vary across time and across transgender population from different cultures.

Working Status and Coping Styles

The present study has hypothesized that there will be significant differences between working and non-working transgenders in using coping styles and the results have accepted this hypothesis. It was concluded that there exist differences between working and non-working transgenders in using problem focused coping ($t = 2.82, p = .00$). There also exist significant differences between working and non-working transgenders in using avoidance coping ($t = .01, p = .01$). But there was found no significant differences in using emotion focused coping by working and non-working transgenders ($t = .25, p = .80$).

The literature has supported this view to some extent that transgenders use resource utilization which can be problem focused coping in their workplace so as to deal with transphobia resulting due to discrimination (Mizock et., 2017). Maladaptive coping strategies are usually preferred to be adopted by transgenders but unfortunately, in Pakistan, there are enough non-working transgenders which is why they do not have access to resources and they avoid using coping styles (Batool & Rowland, 2021).

The present study has highlighted the discrimination faced by transgenders and its consequences which can be psychological distress. It also highlights the coping styles that are effective in reducing experiences of stress, finds out differences that exists between different working and non-working transgenders in using coping styles.

Limitations

1. Due to unavailability of enough cost and resources, sample size taken was very small and because of this limitation, the results cannot be generalized to the whole population of transgenders in Pakistan.
2. This was cross sectional correlational study which only covers snapshot of the current state of transgenders.
3. As measures are self-reported, so this creates possibility of response bias and tendency of responding according to social desirability.
4. The present study sought to explore psychological distress based on perceived discrimination, whereas other confounding factors can also predict psychological distress among the transgender population.
5. Furthermore, the troubles that were inherent in this research study are recognition of transgenders and making them compliant to participate in the study.

Recommendations

1. Longitudinal research can be conducted to explore long term experiences of discrimination and mental health issues that transgenders are facing.
2. Also, qualitative studies can help explore multiple predictors of perceived discrimination and psychological distress.
3. Further research should be conducted to know the causes resulting in discrimination among transgenders that either this is due to the unawareness or lack of proper managements of the institutions.

4. Future research studies can also use coping styles as a mediator between perceived discrimination and psychological distress.

Implications

1. The present study will be helpful to design interventions for working and non-working transgenders according to specific coping styles used by them.
2. This study will psycho-educate general public to treat transgenders fairly by giving them basic human rights, and accepting them as part of a society.
3. Transgenders will get some information in the form of successive coping mechanisms to deal with mental health and related problems.
4. This research provides the base to develop policies so that transgenders' situation in a society can be improved.

Conclusion

The present study was designed to test the relationship between perceived discrimination, psychological distress and coping styles among working and non-working transgenders. It has concluded that a high level of perceived discrimination predicts high level of psychological distress. Psychological distress further is related to the use of avoidance coping as transgenders who are being discriminated by the society experiences psychological distress which in turns leads them to adopt ways of avoiding the stressors. Also, the use of avoidance coping can also predict psychological distress among transgenders.

Working and non-working transgenders use different coping styles to deal with the distress. Working transgenders use more problem-focused coping styles while non-working transgenders use more avoidance coping styles, as they face different types of discriminatory attitude and so utilize adaptive or maladaptive coping styles accordingly. But the levels of perceived discrimination do not differ among two of the categories of transgenders.

These findings helps future researchers and mental health professionals to design interventions to minimize psychological distress among transgenders and can train transgenders not to use maladaptive coping styles including avoidance coping. Further, this research in order to reduce the mental health problems among transgenders helps to develop policies so that discriminatory attitude by society can be reduced.

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Appendices

Appendix I
Informed Consent (Urdu)



کمپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی، شعبہ نفسیات تحقیق میں شمولیت کے لیے اجازت نامے کا فارم

میں محقق، "ثمن طارق" کمپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی کے شعبہ نفسیات میں بی ایس سائیکولوجی کی طالب علم ہوں۔ کمپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی کا شعبہ نفسیات ایک ایسا مرکز ہے جو تعلیم و تدریس فراہم کرنے کے علاوہ نفسیات کے مختلف موضوعات پر تحقیق کرتا ہے، اور نفسیات سے متعلق مسائل کا حل بھی تلاش کرتا ہے۔ موجودہ تحقیق کا بنیادی مقصد "خواجہ سراؤں کے ساتھ امتیازی سلوک کی وجہ سے درپیش نفسیاتی پریشانیوں کا پتہ لگانا ہے اور ان نفسیاتی اثرات کو کم کرنے کے لیے کون سے طریقہ کار کو استعمال کیا جاسکتا ہے"۔ اس مقصد کے لیے محقق کو آپ کی رائے طلب کرنے کی ضرورت ہے۔ اس سروے میں آپ کے لیے کوئی متوقع تکلیف یا خطرات نہیں ہیں۔

یہ سروے خواجہ سرا کیونٹی کو درپیش ذہنی صحت کے مسائل اور ان کو کیسے کم کیا جاسکتا ہے، اس کے بارے میں ہمارے علم میں اضافہ کرے گا۔ سروے میں شرکت بیس منٹ سے زیادہ نہیں ہوگی۔ تمام ریکارڈ خفیہ رکھا جائے گا اور صرف محقق اور یونیورسٹی کے عملے کو اس تک رسائی حاصل ہوگی۔ اگر اس سروے کے نتائج شائع کیے جاتے ہیں، تو اعداد و شمار گروپ کی شکل میں پیش کیا جائے گا اور الگ الگ فرد کی شناخت نہیں کی جائے گی۔ آپ کی شرکت رضا کارانہ ہے۔ سروے کے دوران، اگر آپ کچھ پوچھنا چاہتے ہیں تو آپ محقق سے یقینی طور پر پوچھ سکتے ہیں۔ آپ کسی بھی وقت مطالعہ سے دستبردار ہو سکتے ہیں۔ اگر آپ سروے کے نتائج کے بارے میں معلومات حاصل کرنا چاہتے ہیں تو اس ایڈریس پر رابطہ کریں۔

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میں [جواب دہندہ کا نام] ————— اس طرح محقق کو تحقیق کے لیے خود سوانامہ پُر کرنے میں حصہ لینے کی اجازت دیتا/ دیتی ہوں۔ میں نے تحقیقی مطالعہ کی شرائط، مقصد اور اپنے حقوق کو سمجھ لیا ہے۔ میں سمجھتا/ سمجھتی ہوں کہ ان کا کام تعلیمی مقاصد کے لیے ہے۔ میں یہ بھی سمجھتا/ سمجھتی ہوں کہ ثمن طارق نامی یہ محقق سواناموں پر میرے جوابات کے حوالے سے میرا نام اور ڈیٹا مخفی رکھیں گی۔ لہذا میں اپنے دستخط کی شکل میں اپنی اجازت دیتا/ دیتی ہوں۔

محقق کے دستخط

شرکاء کے دستخط

اپنا قیمتی وقت نکال کر اس رضامندی فارم کو پڑھنے اور بھرنے کے لیے آپ کا شکریہ۔

Appendix II
Demographic Questionnaire (Urdu)



کیپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی، شعبہ نفسیات
ذاتی معلومات کا فارم

یہ سروے آپ سے آپ کی ذاتی معلومات کے بارے میں پوچھتا ہے۔ اس کا اہتمام کیپیٹل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی کے محقق ثمن طارق نے کیا ہے۔ اس سروے سے محقق کو موثر انداز میں تحقیق کرنے میں مدد ملے گی۔
براہ کرم مندرجہ ذیل سوالات میں سے ہر ایک کا جواب فراہم کریں۔

آپ کی عمر کتنی ہے؟

تعلیم کی حیثیت: 1- تعلیم یافتہ 2- ان پڑھ

پیشے کی حیثیت: 1- ملازم 2- بے روزگار

کیا آپ اپنے حیاتیاتی (حقیقی والدین) یا گود لیے ہوئے خاندان کے ساتھ رہ رہے ہیں یا وہ آپ کو سپورٹ کر رہے ہیں؟

1- ہاں 2- نہیں

کیا آپ پیدا نشی طور پر ٹرانسجینڈر ہیں؟

1- ہاں 2- نہیں

کیا آپ کو ڈاکٹر نے کبھی بھی کسی قسم کا صحت کا کوئی مسئلہ یا بیماری بتائی ہے؟

1- ہاں 2- نہیں

اگر ہاں تو کونسی؟

کیا آپ نے کبھی کوئی نفسیاتی مدد حاصل کی؟

1- ہاں 2- نہیں

اگر ہاں تو کس قسم کی؟

Appendix III
Everyday Discrimination Scale (Urdu)

Everyday Discrimination Scale

ہدایات:

روزمرہ زندگی میں مندرجہ ذیل باتیں کتنی بار / زیادہ آپ کے ساتھ وقوع پذیر ہوتی ہیں۔

نمبر شمار	فقرات	کبھی نہیں	سال میں ایک بار	سال میں کئی بار	مہینے میں کئی بار	ہفتے میں ایک بار	ہر روز
1-	دوسرے لوگوں کی نسبت آپ سے کم مہذبانہ رویہ رکھا جاتا ہے۔	1	2	3	4	5	6
2-	رے لوگوں کی نسبت آپ کو کم عزت دی جاتی ہے۔	1	2	3	4	5	6
3-	دوسرے لوگوں کی نسبت آپ کو ریسٹوران اور دکانوں میں کم تر خدمات دی جاتی ہے	1	2	3	4	5	6
4-	لوگ اس طرح برتاؤ کرتے ہیں جیسا کہ وہ سوچتے ہوں کہ آپ ہوشیار نہیں ہیں۔	1	2	3	4	5	6
5-	لوگ اس طرح برتاؤ کرتے ہیں جیسا کہ وہ آپ سے خوفزدہ ہوں۔	1	2	3	4	5	6
6-	لوگ اس طرح برتاؤ کرتے ہیں جیسا کہ وہ سوچتے ہوں کہ آپ بددیانت / بے ایمان ہیں۔	1	2	3	4	5	6
7-	لوگ اس طرح برتاؤ کرتے ہیں جیسا کہ وہ سوچتے ہوں کہ وہ آپ سے بہتر ہیں۔	1	2	3	4	5	6
8-	آپ کو بڑے القابات سے پکارا / بے عزت کیا جاتا ہے۔	1	2	3	4	5	6
9-	آپ کو دھمکایا یا خوفزدہ کیا جاتا ہے۔	1	2	3	4	5	6

سو النامہ مکمل کرنے کے لیے شکریہ!

Appendix IV
Kessler Psychological Distress Scale (K10+)

Kessler Psychological Distress Scale (K10+)

کیسلر نفسیاتی دباؤ کا پیمانہ

نیچے دیئے گئے سوالات میں آپ سے پوچھا گیا ہے کہ آپ پچھلے 30 دنوں میں کیسا محسوس کرتے رہے ہیں۔ برائے مہربانی ہر سوال کے لیے، اس نمبر کے گرد دائرہ لگائیں جو اس بات کی بہترین وضاحت کرتا ہو کہ آپ نے اس کیفیت کو کتنی مرتبہ محسوس کیا۔

Q1. پچھلے مہینے میں آپ نے کتنا محسوس کیا؟	ہر وقت	زیادہ تر	کبھی کبھار	بہت کم وقت	کبھی بھی نہیں
	1	2	3	4	5
a- بغیر معقول وجہ کے تھک جانا؟					
b- گھبراہٹ؟					
c- اتنی گھبراہٹ کہ کوئی چیز بھی آپ کو سکون نہ دے سکی؟					
d- ناامید؟					
e- بے آرام یا بے چین؟					
f- اتنے بے چین کہ آپ کو سکون سے نہ بیٹھ سکتے تھے؟					
g- اُداس / افسردہ؟					
h- اتنے اُداس کہ کوئی چیز آپ کو خوش نہ کر سکتی تھی؟					
i- یہ کہ ہر چیز ایک کوشش تھی؟					
j- بے وقعت؟					

سو النامہ مکمل کرنے کے لیے شکریہ!

Appendix V
Brief Cope Inventory (Urdu)

Brief Cope Inventory

درج ذیل بیانات ان طریقوں کے متعلق ہیں جو آپ اپنی زندگی میں ذہنی دباؤ سے نمٹنے کے لیے استعمال کرتے ہیں۔ ہر بیان ذہنی دباؤ سے نمٹنے کے ایک خاص طریقے کی نشاندہی کرنا ہے۔ میں یہ جاننا چاہتی ہوں کہ ہر بیان جس طریقے کی نشاندہی کرتا ہے آپ اس کو اپنی زندگی میں پیش آنے والے ذہنی دباؤ سے نمٹنے کے لیے کس حد تک استعمال کرتے ہیں (کتنا زیادہ یا کتنی دفعہ)۔ اس بنیاد پر جوابات نہ دیں کہ طریقہ مفید ہے کہ نہیں۔ صرف اس بنیاد پر جواب دیں کہ آپ نے وہ طریقہ اختیار کیا یا نہیں۔ ہر بیان کے سامنے متبادل جوابی صورتوں میں سے کسی ایک کا انتخاب اس خانے میں (✓) نشان لگا کر کریں۔

نمبر شمار	بیانات	کبھی نہیں	بہت کم	کبھی کبھی	بہت زیادہ
1	میں اپنے مسائل سے دھیان ہٹانے کے لیے خود کو کسی کام یا دوسری سرگرمیوں کی طرف مائل کرتا/کرتی ہوں۔				
2	میں موجودہ صورتحال سے نمٹنے کے لئے اپنی تمام تر کوششیں کرتا/کرتی ہوں۔				
3	میں اپنے آپ کو یہ کہتا/کہتی ہوں، ”یہ حقیقت“ نہیں ہے۔				
4	میں حالات سے نمٹنے کی کوششوں میں ہمت ہار جاتا/ہار جاتی ہوں۔				
5	میں حالات کو بہتر بنانے کی کوشش میں عملی اقدام اٹھاتا/اٹھاتی ہوں۔				
6	میں یہ ماننے سے انکار کرتا/کرتی ہوں کہ ایسا ہو چکا ہے۔				
7	میں اپنے ناخوشگوار احساسات سے پیچھا چھڑانے کے لئے کچھ نہ کچھ بولتا/بولتی ہوں۔				
8	میں دوسرے لوگوں سے مدد اور مشورہ لیتا/لیتی ہوں۔				
9	میں حالات کو مثبت انداز میں دیکھنے کے لئے میں اس کو مختلف زاویوں سے دیکھنے کی کوشش کرتا/کرتی ہوں۔				
10	میں اپنے آپ پر تنقید کرتا/کرتی ہوں۔				

نمبر شمار	بیانات	کبھی نہیں	بہت کم	کبھی کبھی	بہت زیادہ
11	میں اس صورت حال سے نکلنے کے لئے کوئی طریقہ نکالنے کی کوشش کرتا/کرتی ہوں۔				
12	مجھے کسی سے تسلی اور سکون ملتا ہے۔				
13	میں حالات سے نمٹنے کی کوشش ترک کرتا/کرتی ہوں۔				
14	جو کچھ ہوتا ہے میں اس میں کچھ اچھا تلاش کرنے کی کوشش کرتا/کرتی ہوں۔				
15	میں صورتحال کے بارے میں مذاق کرتا/کرتی ہوں۔				
16	میں کچھ نہ کچھ ایسا کرتا/کرتی ہوں کہ اس صورتحال کے بارے میں کم سوچوں جب دیکھنا، مطالعہ کرنا، خیالی پلاؤ بنانا، سوچنا یا خریداری وغیرہ۔				
17	میں جو کچھ ہوا اس حقیقت کو تسلیم کرتا/کرتی ہوں۔				
18	میں اپنے منفی احساسات کا اظہار کرتا/کرتی ہوں۔				
19	میں اپنے مذہب اور روحانی عقائد میں سکون تلاش کرنے کی کوشش کرتا/کرتی ہوں۔				
20	میں دوسرے لوگوں سے اس بارے میں مشورہ اور مدد طلب کرتا/کرتی ہوں کہ کیا کیا جائے۔				
21	میں اس صورت حال کے ساتھ جینا سیکھتا/سیکھتی ہوں۔				
22	میں اس بارے میں بہت زیادہ سوچتا/سوچتی ہوں کہ کیا اقدام اٹھائے جائیں۔				
23	جو ہوا، میں خود کو اس کا قصور وار ٹھہراتا/ٹھہراتی ہوں۔				
24	میں دعا کن امر اقبہ کرتا/کرتی ہوں۔				
25	میں صورت حال کو مذاق میں اڑاتا/اڑاتی ہوں۔				

Appendix VI
Approval Letter for Data Collection



C.U.S.T.

Capital University of Science & Technology
Islamabad

Islamabad Expressway, Kahuta Road,
Zone - V, Islamabad, Pakistan
Telephone : +92-51-111-555-666
 : +92-51-4486700
Fax : +92-51-4486705
Email : info@cust.edu.pk
Website : www.cust.edu.pk

Ref. CUST/IBD/PSY/Thesis-179
October 6, 2022

TO WHOM IT MAY CONCERN

Capital University of Science and Technology (CUST) is a federally chartered university. The university is authorized by the Federal Government to award degrees at Bachelor's, Master's and Doctorate level for a wide variety of programs.

Ms. Saman Tariq, registration number **BSP191045** is a bona fide student in BS Psychology program at this University from Spring 2019 till date. In partial fulfillment of the degree, she is conducting research on "Association between perceived discrimination and psychological distress among transgenders; mediating role of coping styles". She is required to collect data from your institute.

Your cooperation is highly appreciated. Please feel free to contact undersigned, if you have any query in this regard.

Best Wishes,

Dr. Sabahat Haqqani
Head, Department of Psychology
Ph no. 111-555-666 Ext: 178
sabahat.haqqani@cust.edu.pk

Appendix VII
Permissions of Scales

M Maryam Khan/Psychology <maryam.khan@cust.edu.pk> Wed, 17 Aug 2022, 11:46
to me

Asslam-O-Alikum,

The author has sent on research gate. Find attached!

Thank!
Warmly,
Maryam Khan
Lecturer/Program Manager
Department of Psychology
Faculty of Management & Social Sciences
Capital University of Science & Technology (CUST)

From: Saman Tariq <tsaman306@gmail.com>
Sent: 14 August 2022 13:02
To: aneeza bashir <aneeza16@gmail.com>; Maryam Khan/Psychology <maryam.khan@cust.edu.pk>
Subject: Request to get access to Urdu version of Everyday Discrimination Scale

From: Ahmad Chaudhary <ahmadtullib@hotmail.com>
Sent: 08 June 2022 22:22
To: Maryam Khan/PMSS <maryam.khan@cust.edu.pk>
Subject: Re: Request for the Urdu Version of Kessler Psychological Distress scale

Salam!
Dear Khan,
I am attaching here a PDF of the K-10 Urdu version. You may also download it from [https://www.healthtranslations.org.au/ibhr/2/bhcht.nsf/PressDetail?Open&s=Kessler_10_\(K10\)_Assessment_Form](https://www.healthtranslations.org.au/ibhr/2/bhcht.nsf/PressDetail?Open&s=Kessler_10_(K10)_Assessment_Form)

You have to take permission from both authors, as **we do not hold rights** to the Kessler Psychological Distress Scale (K10).

You may ask for permission to use the Urdu version from Dr. Aisha Sitwat (Ph.D) at aishasitwat@wvpi.cuny.edu and the principal author (i.e. Prof. Dr. Ronald C. Kessler Ph.D) at rckedm@hsa.med.harvard.edu for general permission.

I hope this will be helpful.

Best wishes for your research.

Best Regards
H. M. Akmal Abbas (M.Phil)

A Asma Nisa <asma.nisa2@united.edu.pk> Wed, 15 Jun 2022, 11:12
to Saman, me

Dear Saman,

We are glad for your interest in using the Brief COPE-Urdu scale.

Attached, please find the Brief COPE-Urdu scale, along with scale properties including reliability and scoring instructions. We would be interested in learning the findings of your study.

All the best for your research work.

Kind Regards,

*Asma Nisa, MS Clinical Psychology,
Doctoral candidate,
Department of Behavioral Sciences, School of Social Sciences and Humanities,
National University of Sciences and Technology, Islamabad, Pakistan.*

From: Dr. Seema Siddiqui <seemadid@psb.nust.edu.pk>
Sent: Wednesday, June 15, 2022 10:00:06 AM
To: Asma Nisa <asma.nisa2@united.edu.pk>
Cc: tsaman306@gmail.com <tsaman306@gmail.com>
Subject: Fw: Grant of permission to use Brief Cope Scale

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