RESEARCH ARTICLE

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Sociodemographic and Clinical Characteristics of Gender Dysphoria Cases at a University Hospital in the Black Sea Region

ABSTRACT

Objective: Gender dysphoria is a condition defined by distress resulting from the incompatibility between an individual's physical sex and gender identity, accompanied by a desire to belong to the opposite sex. In this study, we aimed to investigate the sociodemographic and clinical characteristics of patients diagnosed with gender dysphoria and followed up at a university hospital in the Black Sea Region, as well as to identify differences between trans women and trans men in terms of these characteristics.

Method: The study included 27 cases who were followed up with a diagnosis of gender dysphoria at a university hospital's Psychiatry Outpatient Clinic between 2015 and 2021. Sociodemographic data and clinical characteristics of the patients with gender dysphoria were analyzed.

Results: It was observed that a higher proportion of trans men (77.8%) sought treatment for gender dysphoria compared to trans women (22.2%). An additional psychiatric illness, mainly depression and anxiety, was present in 55.6% of cases. Statistically significant differences were found in the suicidal ideation during follow-up and past trauma between trans women and trans men. Family and peer support was found to be greater in trans men than in trans women, trans men were more likely to be approved by coworkers at a statistically significant level.

Conclusions: This study revealed that trans women and trans men experience different mental health risks, such as social acceptance, family support, suicide, and trauma history, with trans men showing an advantage over trans women.

Keywords: Gender Dysphoria, Trans Woman, Trans Man, Sociodemographic Features, Clinical Characteristics.

Karadeniz Bölgesinde Bir Üniversite Hastanesinde Cinsiyetinden Hoşnutsuzluk Olgularının Sosyodemografik ve Klinik Özellikleri

ÖZET

Amaç: Cinsiyetinden hoşnutsuzluk, bireyin fiziksel cinsiyeti ile cinsiyet kimliği arasındaki uyumsuzluk ve karşı cinsiyette olma isteği ile tanımlanmıştır. Bu çalışmada Karadeniz Bölgesi'nde bir üniversite hastanesinde cinsiyetinden hoşnutsuzluk ile takip edilen olguların sosyodemografik ve klinik özellikleri, bu özellikler açısından trans kadın ve trans erkekler arasındaki farklılıkların belirlenmesi amaçlanmıştır.

Yöntem: Çalışmaya bir üniversite hastanesi Psikiyatri Polikliniği'nde 2015-2021 yılları arasında cinsiyetinden hoşnutsuzluk tanısı ile takip edilen 27 olgu alınmıştır. Olguların sosyodemografik verileri ve cinsiyetinden hoşnutsuzluk tanısına yönelik klinik özellikleri değerlendirilmiştir.

Bulgular: Çalışmada cinsiyetinden hoşnutsuzluk nedeniyle psikiyatriye başvuran trans erkekler (%77,8) trans kadınlara (%22,2) göre daha çoktur. Olguların %55,6'sında başta depresyon ve anksiyete olacak şekilde ek bir psikiyatrik hastalık vardır. Trans kadınlarda takip sürecinde intihar düşüncesi, geçmiş travma öyküsü trans erkeklere göre istatistiksel açıdan anlamlı şekilde yüksektir. Trans kadınlara göre trans erkeklerde aile ve akran desteği daha yüksek, iş arkadaşları tarafından onaylanma durumu trans erkeklerde trans kadınlardan istatistiksel açıdan anlamlı şekilde yüksek bulunmuştur.

Sonuç: Bu çalışmada trans kadın ve trans erkeklerin toplumsal kabulü, aile destek düzeyi, intihar, travma öyküsü gibi ruh sağlığı riskleri açısından farklı deneyimlere sahip olduğu, trans erkeklerin trans kadınlara göre avantajlı olduğu gösterilmiştir. Bu bağlamda trans bireyler arasındaki cinsiyet farklılıklarını ele alan özelleştirilmiş yaklaşımların geliştirilmesi önerilmektedir.

Anahtar Kelimeler: Cinsiyetinden Hoşnutsuzluk, Trans Kadın, Trans Erkek, Sosyodemografik Özellikler, Klinik Özellikler.

INTRODUCTION

Gender identity is the gender with which a person perceives herself, her body and her identity (1). It is one of the basic parts of identity and is defined as the feeling of knowing the gender (female, male or an alternative gender) to which one belongs (2, 3). The concept of gender identity (4), the basic elements of which are considered to be shaped at the end of the first 2-3 years of life, is a subjective experience of which gender the person identifies with (2).

Distress and stress experienced due to the incompatibility between the person's physical sex at birth, primary and secondary sex characteristics, gender role and gender identity is called gender dysphoria (5, 6). People with gender dysphoria are considered under the diagnosis of 'transsexualism' according to ICD-10. In DSM 5, the diagnostic category of 'gender dysphoria' was defined to correspond to the concept of transgender, which is widely used as an umbrella term to include different degrees of gender identity not matching with physical sex (7). These patients identify themselves as "transgender", "transsexual", "trans", and increasingly as "nonbinary" who are incompatible with binary gender (8, 9). In studies in the literature, it was reported that the prevalence of mental disorders that can be associated with stress, especially major depression and anxiety disorders, in those who are dissatisfied with their gender is higher than the general population (10, 11). Patients who are dissatisfied with their gender feel this distress in all areas of life and want to achieve changes in their bodies in accordance with their gender identity through medical interventions in the form of hormonal treatment and/or various surgical procedures (12). Current medical approach to gender dysphoria is a multidisciplinary process including detailed psychological, physical and social evaluation and gradual adaptation of physical sex characteristics to the individual's gender identity (6, 13).

There are limited number of studies in Turkey in which sociodemographic and clinical characteristics of gender dysphoria are addressed and differences between trans women and trans men are evaluated (14).

In this study, it was aimed to determine the sociodemographic and clinical characteristics of patients with gender dysphoria who were followed up by a university hospital psychiatry clinic in the Black Sea Region, which has a socially traditional structure, as well as the differences between trans women and trans men in terms of these characteristics.

MATERIAL AND METHODS

This is a descriptive study defining the characteristics of the patients with the diagnosis of gender dysphoria. Transsexualism/gender dysphoria expressions were screened among a total of 748 patients who applied to the sexual dysfunctions outpatient clinic at a university hospital's Psychiatry Outpatient Clinic between 2015 and 2021, and retrospective file evaluation of the cases followed up with the diagnosis of gender dysphoria was performed. We included a total of 27 cases with complete data in the file review. Sociodemographic characteristics including age, employment status, educational status, with whom they lived, and clinical data including presence of additional psychiatric illness and treatment, history of suicide attempt, history of past trauma, duration of follow-up with the diagnosis of gender dysphoria, family and social environment attitude, and medical practice records including hormone and surgical treatment were recorded.

For the study, written permission and Ethics Committee approval were obtained.

Statistical Analysis: The data were evaluated using SPSS (Statistical Package for the Social Sciences) 23.0 package program. Number and percentage were used to summarize qualitative data, and mean, standard deviation, minimum and maximum values were used to summarize quantitative data. Chi-Square and Fisher tests were used to compare categorical variables. Quantitative variables were evaluated with Mann-Whitney U, Student t test, Kruskal Wallis test and ANOVA test. The correlation of quantitative variables was evaluated with Pearson and Spearman correlation tests and Type-1 error level was accepted as <0.05.

RESULTS

In this study, 27 patients with a diagnosis of gender dysphoria were included. The mean age at presentation was 25.7 ± 6.9 years (min 18 - max 53), six were trans women (22.2%) and 21 were trans men (77.8%). Of the cases, 55.6% were unemployed and 44.4% were employed. Educational level was high school and below in 63% and university and above in 37%. Of the patients, 66.7% were living with their families, 18.5% were living alone and 14.8% were living with friends. In 55.6% of all cases, there was a comorbid psychiatric disorder, the most common being major depressive disorder (66.7%) and anxiety disorder (13.3%). Among those with comorbid psychiatric illness, 73.3% were followed up with antidepressants, 20% with antidepressants and antipsychotics and 13.3% with psychotherapy. Although 7.4% of the patients had a history of suicide attempt, 25.9% stated that they had suicidal thoughts during the follow-up period. There was a history of abuse in 25.9% of the cases included in the study. Of these, 57.1% were physical abuse and 28.6% were sexual abuse.

There was no family support in 59.3% of all cases. While 81.5% of the cases stated that they were approved by their peers, 60% were approved by their coworkers, 40.7% were approved by their relatives. Among those who evaluated the approach of the workplace in terms of the period of

employment and the process of finding a job, 30% stated that they could not find a job due to the diagnosis of gender dysphoria.

The mean follow-up period in psychiatry outpatient clinic was 20.52 ± 17.09 (min 2 max 82) months. After psychiatric follow-up and hormone approval, 55.6% of the cases were referred to the endocrinology outpatient clinic and hormone treatment was initiated and 25.9% of those applied to judicial processes for identity change and surgery approval after hormone treatment. While 29.6% of the cases underwent surgery for body change in accordance with gender identity, 62.5% of the surgical procedures were illegal. Of all cases, 44.4% discontinued psychiatric follow-up before the process was completed. No significant differences were found between trans women and trans men in terms of age, employment status, educational level, or the presence of comorbid psychiatric diagnoses (Table 1). However, suicidal ideation during follow-up and history of past trauma were significantly higher among trans women compared to trans men. In terms of social support from family, peers, and coworkers, trans men tended to report more favorable outcomes (Table 2). No statistically significant differences were observed between the groups regarding medical follow-up or applications for hormone therapy and surgical procedures (Table 3).

Table 1. Sociodemographic Data of Trans women and Trans men

		Trans women			Trans men			
		Mean±sd	**Min-max**	**Median**	**Mean±sd**	**Min-max**	**Median**	**p**
Age		28.5±12.5	18-53	25	24.9±4.5	18-36	24	0.75
		n	**%***		**n**	**%***		
Working status	Employed	1	16.7		11	52.4		
	Unemployed	5	83.3		10	47.6		0.18
Educational status	High school and below	4	66.7		13	61.9		1.00
	University and above	2	33.3		8	38.1		
Living situation	Lives with family	3	50		15	71.4		
	Lives alone	1	16.7		4	19		
	Lives with friends	2	33.3		2	9.5		
Presence of psychiatric illness	No	2	33.3		10	47.6		
	Yes	4	66.7		11	52.4		0.66
Presence of psychiatric treatment	No	2	33.3		10	47.6		
	Yes	4	66.7		11	52.4		0.66
History of suicide attempt	No	6	100		19	90.5		
	Yes	0	0		2	9.5		1.00
Presence of suicidal thoughts during the process **	No	2	10		18	90		
	Yes	4	57.1		3	42.9		0.02
Past trauma history **	No	2	33.3		18	85.7		
	Yes	4	66.7		3	14.3		0.02

* Table presented as column percentage. ** Presented as a percentage of rows.

Table 2. Family and Social Environment Support of Trans women and Trans men

		Trans women			Trans men			
		Mean±sd	**Min-max**	**Median**	**Mean±sd**	**Min-max**	**Median**	**P**
How many people in the family know?		0.50±0.84	0-2	0	1.48±1.40	0-4	1	
How many people in the family approve?		2.67±1.52	1-4	3	3.48±1.72	1-9	3	0.59
		n	**%***		**n**	**%***		
Family support**	No	2	12.5		14	87.5		0.19
	Yes	4	36.4		7	63.6		
Peers approach	Approved by peers	3	50		19	90.5		0.06
	Not approved by peers	3	50		2	9.5		
Approach of the workplace (period of employment)	Approved by those at work	0	0		12	100		0.01
	Not aproved by those at work	2	100		0	0		
Relatives' approach	Approved by relatives	1	16.7		10	47.6		0.35
	Not approved by relatives	5	83.3		11	52.4		

* Table presented as column percentage. ** Presented as a percentage of rows.

Table 3. Gender Dysphoria Follow-up Process of Trans women and Trans men

		Trans women			Trans men			
		Mean±sd	Min-max	Median	Mean±sd	Min-max	Median	p
Polyclinic follow-up period with the gender dysphoria (months)		23.17±29.57	3-82	13	19.76±12.58	2-45	18	0.55
		n	%*		n	%*		
Endocrinology application for hormone therapy		4	66.7		11	52.4		
Application for surgery and identity change after hormone therapy		1	16.7		6	28.6		
Continuity of the process	Drop out	4	66.7		19	90.5		0.36
	Continues	2	33.3		2	9.5		
Having surgery for a body compatible with sexual identity	No	5	83.3		14	66.7		0.63
	Yes	1	16.7		7	33.3		
Legality of the surgery	Legal	0	0		4	50		
	Illegal	1	100		4	50		

DISCUSSION

In this study, it was aimed to determine the sociodemographic and clinical characteristics of the patients who were followed up in a university hospital psychiatry clinic with gender dysphoria and the differences between trans women and trans men.

The mean age of the cases included in this study was 25.7±6.9 years. The UK data show that the prevalence of gender dysphoria varies significantly between regions, and in regions that provide a more favorable environment for transgender individuals, the prevalence rate per 100,000 people aged 16 years and over is 45 and 43, respectively, compared to the national average of 20. In the same data, the average age of individuals who applied for treatment due to dissatisfaction with their gender was reported as 42 and it was stated that the reason for application at an advanced age may be the social pressure environment in the family and school (15). However, supporting our findings, a large-scale retrospective cohort study conducted in Australia reported that the median age at presentation among transgender individuals was 27 years, with a range from 16 to 74 years (16). In another multicenter study conducted in Türkiye involving 139 individuals, the mean age at presentation was found to be 27.7 years, with no significant age difference between trans women and trans men (17). Although this variation in average age may differ depending on cultural factors and healthcare delivery models, it suggests that most applications for gender-affirming care tend to cluster around the mid-twenties. Our study is also consistent with this pattern and further highlights that young adulthood represents a critical period for intervention and support. Another aspect of the findings of our study that is different from the literature is that the majority of the cases with gender dysphoria were trans men. In the studies investigating gender dysphoria in adults, it was reported that trans women were more common than trans men (18, 19). This difference may be due to the sociocultural male-dominated characteristics of the region where our study was conducted, differences in attitudes towards gender, and the acceptance of male gender being more acceptable than female gender. The cultural characteristics of the region where our study was conducted may lead to the fact that it is easier for trans men to seek treatment at an earlier age, while trans women may not seek treatment or prefer a more acceptable region. As a matter of fact, many studies have shown that transition to female role in the society is not as well received as transition to male role (20, 21).

In the studies conducted with different sampling and assessment methods in the literature, the prevalence of mental disorders that can be associated with stress, especially major depression and anxiety disorders, in individuals with gender dysphoria was found to be higher than the general population (10, 11). In this study, it was observed that 55.6% of transgender individuals had an additional psychiatric illness. Depression (66.7%) and anxiety disorder (13.3%) were the main additional diagnoses. This finding was supported by a cross-sectional study in transgender individuals in which clinical depression was found in 44.1%, anxiety in 33.2%, and high psychological stress level in 40.1% (22). In another study, it was reported that almost 70% of the final sample of 305 participants diagnosed with sexual identity disorder received one or more Axis I diagnoses throughout their lifetime, mainly mood and anxiety disorders (60% and 28%, respectively), and there was no significant difference between trans women and trans men in terms of diagnosis rates (23). Cultural factors and discrimination experienced by this minority group may be explanatory in terms of additional psychiatric disorders seen in this group.

In this study, it was determined that the rate of employment of trans men was higher than that of trans women, although that was not statistically significant. In addition, trans men stated that they were statistically significantly more approved by their coworkers than trans women. In support of

these findings, in a study investigating the sociodemographic characteristics of transgender individuals who applied to psychiatry for sex reassignment surgery, it was shown that unemployment rates were higher in trans women compared to trans men (20). This can be explained by differences in the cultural view of the sexes and the fact that the male gender is more easily visible and more preferred in working life.

Previous trauma history was found to be statistically significantly higher in trans women compared to trans men. In previous studies, it was reported that individuals who were dissatisfied with their gender reported negative experiences in the form of aggression, hostility, verbal harassment and physical violence, and it was stated that especially trans women were met with a more negative attitude in their own environment and suicide rates were found to be higher in trans women than in trans men (24, 25).

The presence of suicidal ideation, which was evaluated in the clinical follow-up process of cases with gender dysphoria, was found to be statistically significantly higher in trans women than in trans men. In addition, it was observed that family support of trans women was lower than trans men, although that was not statistically significant. In the studies, it was reported that family support was very important in terms of healthy self-development and coping with discrimination and other stressor factors in individuals who were dissatisfied with their sexuality, and participants who reported that their families had a strict and restrictive attitude towards sexuality described significantly more suicidal thoughts in the past and during the interview compared to those who reported a positive-supportive attitude (21).

Considering from this point of view, it can be thought that family support, which was found to be lower in trans women compared to trans men, may contribute to suicidal thoughts, which were observed at a higher level in trans women compared to trans men during the follow-up period determined in this study. As a matter of fact, it was reported in many studies that trans individuals were verbally harassed by their families, relatives, coworkers and general public during the transition process (26, 27, 28).

The limitations of our study include retrospective planning, data being based on file information, limited number of cases and low number of trans women. However, based on the findings of this study, which includes current and real data from a university hospital, it may be recommended to develop more customized approaches to the gender differences of transgender individuals with larger-scale studies to be conducted in this field.

CONCLUSION

Although gender dysphoria is seen all over the world, the behavioral manifestations of the cases may differ from country to country and from culture to culture. In this study, cases admitted to a university hospital with gender dysphoria in a region with dominant cultural characteristics and where differences outside the general social acceptance can be difficult to accept were evaluated. Results of this study indicate that trans women and trans men have different experiences in terms of social acceptance, family support level, mental health risks such as suicide and trauma history, which are in favor of trans men. As a matter of fact, it seems that the difficulties related to being a woman in male-dominated societies also apply to the concept of gender dysphoria.

Differences in cultural hostility towards trans men and trans women, and differences in local peer, family and workplace support, may affect their willingness to seek medical help, leading trans women to seek treatment less often or to seek treatment in centers known to be more hospitable. There appear to be significant regional differences in the treatment-seeking processes of trans women and trans men. Further studies are needed to identify the underlying reasons for these differences.

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