

Gay Men and Male-to-Female Transgender Persons in Chile: An Exploratory Quantitative Study on Stigma, Discrimination, Victimization, Happiness and Social Well-Being

Jaime Barrientos, Manuel Cárdenas, Fabiola Gómez, and Mónica Guzmán

1 Introduction

In 2012, Chile passed an antidiscrimination law to protect and guarantee equal treatment by the state for gay men, lesbians, bisexuals, and transgender individuals (LGBT), among others. Despite this law, the LGBT population is still discriminated against in different contexts and situations. Recent studies reveal a high prevalence of events involving violence against the LGBT population (MOVILH 2015a). For example, a recent study conducted by the Homosexual Liberation Movement [MOVILH being the Spanish acronym] (2013) indicates that 74.5 % of the subjects interviewed report experiencing at least one discrimination event due to their sexual orientation or gender identity during their lifetime, and 30.4 % in the past month. The same study reveals that 40.2 % of participants were discriminated against in public places, and 23.4 % at their work place or school. Another study carried out in Santiago in the context of the Chilean LGBT Pride Parade in 2007 indicates that about 80 % of the LGBT subjects interviewed report discrimination and aggression. Mockery, insults, and threats are the most frequent situations reported, and the places most often indicated are their own neighborhood, religious environments, and school. The high levels of discrimination reported are not only found in Chile, as similar data have been reported in questionnaires administered in Brazil (Assis et al. 2006), Colombia (Brigeiro et al. 2009) and Mexico (Brito et al. 2012).

J. Barrientos (✉) • M. Guzmán

Escuela de Psicología, Universidad Católica del Norte, Antofagasta, Chile
e-mail: jbarrien@ucn.cl

M. Cárdenas
Universidad de Valparaíso, Valparaíso, Chile

F. Gómez
Escuela de Psicología, Pontificia Universidad Católica de Chile, Santiago, Chile

In Chile, compared to gay men and lesbians, MtF transgender individuals are the least favored and the most exposed to stigmatization, discrimination, and victimization (Barrientos and Cárdenas 2014; Barrientos et al. 2010). MtF transgender individuals are often socially excluded from neighborhoods, families, and other social structures (Pinto et al. 2008). Their unfavorable social status could be explained by the greater stigmatization to which they are subjected, compared to gay men and lesbians (Barrientos and Cárdenas 2014), given their greater social visibility. MtF transgender individuals are usually characterized by high unemployment rates and scarce access to education and professional training processes (Barrientos et al. 2010; Clements-Nolle et al. 2006). Thus, these subjects are often connected to sexual work as their main economic activity (Barrington et al. 2012). Sexual work has effects on health and results in greater levels of stigmatization, as the profession itself is stigmatized. Considering the violence to which LGBT populations are subjected in the Chilean context, and the need to design policies to resolve the health, education, and work problems of these populations, interest in learning about the demographic and social characteristics of homosexual and transgender individuals is increasing. However, few studies in Chile describe and characterize these populations, and even fewer examine their quality of life (Barrientos et al. 2014).

Specifically, studies on the quality of life of gay men and lesbians reveal a positive association between stigma, discrimination, victimization, and mental health indicators (Barrientos and Cárdenas 2013). Other studies support these results in MtF transgender individuals (Barzagan and Galvan 2012; Bockting et al. 2013; Clements-Nolle et al. 2006), providing evidence of the effects that the perception of a context as threatening can have on people's health (Meyer 1995, 2003).

Although great advances have been made in understanding the negative effects of homophobia and transphobia on victims' physical and mental health (Burgess et al. 2007; Herek et al. 1999; Warner et al. 2004), few studies have documented this association in the Latin American LGBT population (Ghorayeb and Dalgalarondo 2011), and even fewer in the MtF transgender population. Therefore, it is relevant to examine the possible impact of violence against the LGBT population on its physical and mental health, paying attention to positive indicators.

To address the lack of contextualized studies on sexual minorities in Chile and the eventual impact that stigma and discrimination could have on different aspects of their lives (personal, social, and work), this paper examines sociodemographic characteristics, levels of perceived stigma and discrimination, and levels of well-being, in a convenience sample of self-identified cisgender gay men and male-to-female (MtF) transgender individuals.

2 Method

2.1 *Sample and Procedure*

A type of Respondent-Driven Sampling (RDS) was used for gay men. A profile of the target gay men group was defined, and then seeds fulfilling this profile were selected. Three demographically diverse initial participants were non-randomly selected as seeds in each city (Arica, Valparaiso, and Santiago), with input from key informants in each city as the starting point for recruitment. Criteria for seed selection included: gay men with many network connections in each city, city of residence, age (three seeds from three different age ranges: 18–29, 30–44, and 45 or older), and written informed consent. After completing the survey, each seed was instructed to invite three gay men who met the eligibility criteria to participate in the study. If the seed was acquainted with a possible participant, the research team contacted him for the study. This new seed was provided with a brief description of the project. This process was repeated in four waves until the desired sample size was achieved (RDSAT 6.0.1 function “Estimate Number of Waves Required” for equilibrium data, making it possible to approach a sample size that is pseudo-representative of the hidden population).

In the case of the MtF transgender sample, snowball-type sampling was used. Participants were contacted in each city. To do so, the key informants were MtF transgender individuals who belonged to MtF transgender organizations with many network connections in each city. Eligibility criteria included self-identification as a MtF transgender, being over 18 years old, city of residence (Arica, Valparaiso, and Santiago), and written informed consent.

The final sample consists of 437 participants between 18 and 75 years old ($M = 32.22$ and $SD = 10.22$), 325 gay men (74.4 %) and 112 MtF transgender individuals (25.6 %). Gay men’s ages range from 18 to 64 years old ($M = 30.82$ and $SD = 9.81$), while MtF transgender individuals’ ages range from 18 to 75 years old ($M = 36.22$ and $SD = 10.37$). The questionnaires were collected from May to July 2011 in Arica (21.2 %), Valparaiso (33.8 %), and Santiago (45 %).

2.2 *Instrument/Questionnaire*

The instrument consists of three sets of questions designed to: (a) collect sociodemographic data, (b) measure the levels of stigma, discrimination, and victimization, and (c) measure the levels of happiness and social well-being of the sample.

2.2.1 Sociodemographic Measures

The sociodemographic measures include “Age” (later re-categorized into 3 age groups: 18–29, 30–44, and 45 or older), “City of residence” (Santiago, Valparaiso, or Arica), “Educational level” (seven response categories ranging from incomplete primary school to a university degree studies), “Socioeconomic status” (measured with ESOMAR from the World Association of Market Research (Adimark 2014), which combines educational level and the occupational category of the head of the household to which the participant belongs in one matrix), “Religiosity” (measured with the question “Do you consider yourself a religious individual?” and a scale measuring the importance given to religious ideas and one’s religious community). In addition, some questions were asked about testing to detect HIV/AIDS, the diagnosis (positive or negative), and the time the individual had lived with the virus.

2.2.2 Stigma and Discrimination Measures

Victimization events (Barrientos et al. 2010). A 10-item scale examines aggression events experienced by gay men and MtF transgender individuals attributed to their sexual orientation and gender identity. Respondents were asked whether they had ever experienced one or more of ten different victimization events in their lives. The scale includes physical, verbal, and psychological violence events. Response options are dichotomous (yes/no). In addition, the importance given to the situations experienced is examined: How much have you been affected by this event? Likert-type response options range from 1 (almost nothing) to 6 (a lot). A moderately high internal consistency was obtained for this application (Cronbach alpha 0.97).

Discrimination events (Barrientos et al. 2010). A 10-item scale examines aggression events experienced by gay men and MtF transgender individuals attributed to their sexual orientation and gender identity. Respondents were asked whether they had ever experienced one or more of ten different discrimination events in their lives. The scale includes discrimination in the family, at school, and in public places, among others. Response options are dichotomous (yes/no). In addition, the importance given to the situations experienced is examined: How much have you been affected by this event? Likert-type response options range from 1 (very little) to 6 (a lot). High scores on this scale indicate high levels of discrimination. A high internal consistency was obtained for this application (Cronbach alpha 0.97).

Subjective Index of Stigma and Discrimination (or SISD for its acronym in English,) (Barrientos and Cárdenas 2014). A 6-dimension self-administered scale was used that included statements with which the participants had to agree or disagree. The scale consists of 23 Likert-type items, and responses range from 1 (“completely in disagreement”) to 5 (“completely in agreement”), grouped together to represent the 6 indicators that make up this part of the scale. The Cronbach alpha for this application was 0.86.

2.2.3 Happiness and Social Well-Being Measures

Subjective Happiness Scale The Subjective Happiness Scale designed by Lyubomirsky and Lepper (1999) was used. It was adapted and validated for the Chilean population by Vera-Villarroel et al. (2011), with good reliability indicators (Cronbach alpha 0.87). The version used consists of four Likert-type items whose final score is obtained by adding up the scores obtained and dividing them by the total number of items (Lyubomirsky and Lepper 1999). Response options range from 1 (“Unhappy”) to 6 (“Very happy”). A moderate internal consistency index was obtained for this application (Cronbach alpha 0.65).

Social Well-Being The Social Well-Being Scale designed by Keyes (1998) was used. It was translated by Blanco and Díaz (2005) and validated in the national population by Cárdenas and Barrientos (2013), with good reliability indicators (Cronbach alpha 0.87). The version used consists of 33 items distributed in 5 dimensions: Social Integration, Social Acceptance, Social Contribution, Social Actualization, and Social Coherence. Likert-type response options range from 1 (completely disagree) to 6 (completely agree). High scores indicate good social adjustment. Suitable psychometric properties are obtained for the total scale (Cronbach alpha 0.89) and for its dimensions: Social Integration, $\alpha = 0.63$, Social Acceptance, $\alpha = 0.83$, Social Contribution, $\alpha = 0.38$, Social Actualization, $\alpha = 0.64$, and Social Coherence, $\alpha = 0.86$.

2.3 Statistical Analyses

Statistical analyses were conducted by using the software package SPSS 20.0 for Windows. To provide a description of the sample, means and standard deviations were calculated for each variable. Next, several t-tests were conducted to compare the scores of the two samples (gay men and MtF transgender individuals) on measures of stigma and discrimination, levels of victimization, discrimination, happiness, and well-being. Analyses included effect size calculations (Cohen’s d) in G*Power 3.1.6 (Faul et al. 2007, 2009).

3 Results

3.1 Sociodemographic Profile

Differential patterns are observed in the socioeconomic profile of the sample (Table 1), showing that MtF transgender individuals are in a more unfavorable position than gay men. More than 85 % of MtF transgender individuals must be included in the middle-low or low socioeconomic status, compared to 15.7 % of gay

Table 1 Sociodemographic profile of gay men and MtF transgender samples

Variables		Gay men (%) (<i>N</i> = 325)	MtF transgender (%) (<i>N</i> = 112)
Socioeconomic status	Very high (A)	4.0	0.0
	High (BC1)	12.0	0.0
	Medium high (C2)	32.9	6.0
	Medium (C3)	35.5	8.4
	Medium low (D)	13.9	72.3
	Low (E)	1.7	13.3
Educational level	Degree	3.1	0.0
	College	22.2	3.6
	Incomplete college/complete technical	35.5	6.4
	Complete secondary/incomplete technical	30.1	20.0
	Incomplete secondary	4.7	33.6
	Complete primary	0.3	26.4
	Incomplete primary	1.2	10.0
Religiosity	Religious	36.1	69.4
	Non-religious	63.9	30.6
Political self-categorization	Left	48.0	53.2
	Center	31.7	30.6
	Right	20.3	16.2
HIV/AIDS tested	Done	84.7	71.2
	Not done	15.3	28.8
HIV/AIDS diagnose	Positive	18.5	16.5
	Negative	81.5	83.5

MtF Male-to-female

men. In addition, none of the MtF transgender individuals have a high or very high socioeconomic status, while 16 % of gay men belong to these socioeconomic groups.

The educational level of the gay men falls into two main categories: “complete secondary and incomplete technical education” (30.1 %) and “incomplete college education” (38.5 %). By contrast, MtF transgender individuals are categorized as “complete primary education” (26.4 %), “incomplete secondary education” (33.6 %), and “complete secondary and incomplete technical education” (20 %), which reveals the lower educational level of this group. Regarding the main work activities reported, 74.7 % of MtF transgender individuals work in sexual commerce. In the case of gay men, the type of work is much more varied.

Moreover, 36.1 % of gay men and 69.4 % of MtF transgender individuals consider themselves to be religious people. Most of the religious subjects from both groups describe themselves as Catholic (78 % and 83.3 %, respectively). Only 19.5 % of gay men and 13 % of MtF transgender individuals ascribe to Christian

religions other than Catholicism, mainly Evangelical, with 8.1 % and 7.4 %, respectively.

Regarding their political ideas, most participants opt for the left wing (48 % and 53.2 %, respectively), although an important number of them choose the political center (31.7 % of gay men and 30.6 % of MtF transgender individuals).

Some questions were posed to learn about HIV/AIDS detection tests, their diagnosis, and the time spent living with the virus. Most of the sample had taken the test (84.7 % of gay men and 71.2 % of MtF transgender individuals), while 18.5 % of gay men and 16.5 % of MtF transgender individuals had been diagnosed with HIV/AIDS. Of those diagnosed with the virus, 62.5 % are gay men and 50 % are MtF transgender individuals who were informed of their condition more than 3 years ago. Only a small number had found out about their condition recently (four subjects in each group).

3.2 Subjective Index of Stigma and Discrimination

Table 2 shows both groups’ results on the SISD total score and on each dimension of the scale. Statistically significant differences are observed between gay men and MtF transgender individuals ($t_{(435)} = -2.48$; $p < 0.05$; $d = 0.26$) on the SISD scores. Additionally, differences are observed in 3 dimensions: disadvantages in the presence of authorities ($t_{(435)} = -2.83$; $p < 0.005$; $d = 0.31$), discrimination at work ($t_{(435)} = -3.78$; $p < 0.005$; $d = 0.41$), and institutional exclusion ($t_{(434)} = -4.25$; $p < 0.001$; $d = 0.46$). These results confirm that the gap between

Table 2 Means and standard deviation in SISD dimensions for gay men and MtF transgender individuals

Dimension	Gay Men (<i>N</i> = 325)	MtF transgender (<i>N</i> = 112)	<i>t</i>	<i>gl</i>	<i>p</i>	<i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)				
(SISD) Total score	4.11 (1.05)	4.43 (1.40)	-2.17	156	0.03	0.26
Stigma and discrimination experiences	4.79 (1.19)	4.71 (1.62)	0.52	154	0.06	
Disadvantage in presence of authorities	4.21 (1.48)	4.67 (1.53)	-2.83	435	0.005	0.31
Discrimination at work	3.73 (1.41)	4.33 (1.51)	-3.78	435	<0.001	0.41
Expression of sexual or gender identity	3.87 (1.52)	4.18 (1.56)	-1.82	434	0.07	
Institutional exclusion and rights denial	3.58 (1.52)	4.31 (1.65)	-4.08	178	<0.001	0.46
Religious discrimination	4.46 (1.25)	4.30 (1.65)	0.93	155	0.35	

Response options range from 1 to 5. Higher scores indicate more stigma and discrimination
 MtF Male-to-female
 Significance level: $p < 0.05$

the two groups on the total scale and the dimensions mentioned above can be considered significant (even though the mean scores on the SISD (and the mean scores on their dimensions) of both groups must be considered high because values can range from 1 to 5).

3.3 *Relation Between SISD, Victimization Measures, Discrimination and Minority Stress, and Measures of Happiness and Social Well-Being*

Table 3 shows the high percentage of subjects from both groups who report victimization events due to their gay or MtF transgender condition. Events most frequently reported include mockery and insults. Both groups report that they are used to these events, which have occurred in different contexts since school. In the case of MtF transgender individuals, greater public visibility involves greater

Table 3 Percentages of having experienced victimization and discrimination for gay men and MtF transgender individuals

Victimization events	Gay men (%)	MtF transgender (%)
Mockery	73.2	88.1
Insults	55.8	87.4
Threats	26.7	66.7
Physical aggression attempt	21.6	66.7
Physical aggression	16.6	61.3
Sexual aggression attempt	14.7	46.8
Sexual aggression	11.5	40.5
Blackmail	18.9	40.7
Non-violent robbery	22.4	61.3
Violent assault	13.7	53.2
<i>Discrimination events</i>		
Not hired or fired from work	22.3	57.8
Not allowed to enter or stay in a public place	14.2	49.5
Ill-treated by public officials	25.8	59.1
Not accepted or banned from school	9.3	46.8
Not accepted or rejected by a group of friends	19.8	42.3
Disturbed or harassed by neighbors	32.5	52.7
Not accepted or banned from a social group	10.6	34.9
Not accepted or rejected by the family	18.0	48.2
Not accepted or banned from a religious group	16.1	40.0
Verbal or physical aggression or denial of help by the police	19.3	70.0

MtF Male-to-female

vulnerability to these events, but the number of subjects reporting assaults or robbery (61.3 %), physical aggression (61.3 %), and sexual aggression (40.55) is quite surprising, perhaps because most of the subjects in the sample work in sexual commerce on the street.

Regarding the question about the extent to which these events had caused an impact on their lives, subjects give them relative importance, which is an interesting result to analyze (Table 4). For example, for MtF transgender individuals mockery has a more enduring and profound effect on their lives ($M = 4.55$) than other events that could be judged as more violent, e.g., sexual aggression ($M = 3.55$). In comparing the impact reported by the two groups, mockery, insults, threats, sexual aggression attempts, violent robbery and assault are scored significantly higher by MtF transgender individuals, thus producing a greater impact on their lives. No differences are found in the impact of physical aggression attempts, actual physical aggression, sexual aggression, or blackmail, although the MtF transgender sample has experienced them to a greater extent.

Table 3 shows the percentages of each event for both groups, as well as the mean for the life impact reported. Data suggest a differential impact of each discrimination event, regardless of its magnitude. Thus, the event causing the most impact on gay men could belong to the private context (rejection by the family), while for MtF transgender individuals the events given the highest scores are those from the public context (verbal or physical aggression, being denied help from the police, and being rejected or banned from school). Table 4 shows that, although the MtF transgender group reports a higher percentage of these actions, only two differences are statistically significant: “not being accepted or being banned from school” ($t_{(97)} = -3.45$; $p = 0.001$; $d = 0.65$) and “verbal or physical aggression” ($t_{(145)} = -3.56$; $p = 0.001$; $d = 0.59$). These results confirm the greater exposure and vulnerability of MtF-transgender individuals, due to their greater visibility.

The possible impact of perceived stigma and discrimination on happiness and social well-being will be analyzed below. In analyzing the means of both groups, statistically significant differences are found for happiness ($t_{(434)} = 2.53$; $p < 0.05$; $d = 0.25$), social integration ($t_{(435)} = 2.19$; $p < 0.05$; $d = 0.22$), and social coherence on the scale of social well-being ($t_{(434)} = -4.65$; $p < 0.001$; $d = 0.53$).

Results indicate that the gay men report higher levels of happiness (they are happier and assess their lives as such) and a significantly greater degree of social integration (they assess the quality of their relations with society and the community more positively). At the same time, they report significantly lower levels of social coherence; in other words, they assess the quality, organization, and functioning of the social world more negatively and are more concerned about what happens in the world.

In dividing the groups according to the median on the SISD (gay men = 4.13 and MtF transgender individuals = 4.89), a comparison can be made between participants with high and low scores on happiness and the different dimensions of social well-being. These analyses reveal that, at higher levels of perceived stigma and discrimination, effects are observed in the assessment of the levels of happiness and well-being.

Table 4 Impact of victimization and discrimination events on the lives of gay men and MtF transgender individuals

	Gay men (<i>N</i> = 325)	MtF transgender (<i>N</i> = 112)				
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i>	<i>gl</i>	<i>p</i>	<i>d</i>
<i>Victimization events</i>						
Mockery	3.50 (1.56)	4.55 (1.77)	-5.33	337	<0.001	0.63
Insults	3.47 (1.77)	4.25 (1.89)	-3.40	283	0.001	0.43
Threats	3.29 (1.79)	4.14 (2.01)	-2.95	156	0.004	0.61
Physical aggression attempt	3.48 (1.94)	4.41 (1.93)	-2.96	164	0.004	0.48
Physical aggression	3.77 (2.01)	4.27 (1.87)	-1.55	142	0.12	
Sexual aggression attempt	3.11 (1.98)	3.95 (1.99)	-2.40	126	0.02	0.42
Sexual aggression	3.28 (2.09)	3.55 (2.07)	-0.77	112	0.44	
Blackmail	3.39 (2.05)	3.54 (2.11)	-0.41	125	0.68	
Non-violent robbery	3.28 (1.87)	4.01 (1.93)	-2.37	151	0.02	0.38
Violent assault	3.29 (2.01)	4.05 (1.96)	-2.13	123	0.03	0.38
<i>Discrimination events</i>						
Not hired or fired from work	3.61 (1.74)	4.00 (1.95)	-1.32	157	0.19	
Not allowed to enter or stay in a public place	2.87 (1.77)	3.52 (2.08)	-1.83	112	0.07	
Ill-treated by public officials	3.51 (1.81)	3.91 (1.92)	-1.38	161	0.17	
Not accepted or banned from school	2.91 (1.55)	4.11 (1.84)	-3.52	96	0.001	0.65
Not accepted or rejected by a group of friends	3.51 (1.73)	3.87 (1.98)	-1.10	129	0.27	
Disturbed or harassed by neighbors	3.13 (1.58)	3.53 (1.98)	-1.38	108	0.17	
Not accepted or banned from a social group	3.21 (1.73)	3.44 (1.98)	-0.60	94	0.55	
Not accepted or rejected by the family	4.01 (1.84)	3.74 (1.92)	0.84	129	0.40	
Not accepted or banned from a religious group	3.38 (1.77)	3.75 (1.93)	-1.09	114	0.28	
Verbal or physical aggression or denial of help by the police	3.59 (1.82)	4.63 (1.72)	-3.56	145	0.001	0.59

Response options range from 1 to 6. Higher scores indicate greater impact on life
MtF Male-to-female

Significance level: $p < 0.05$

Table 5 Means and statistical values on the SISD for high and low groups of gay men and MtF transgender individuals in happiness and social well-being dimensions

Dimensions	SISD	Gay men	t	MtF transgender	t
Social integration	LOW	4.00	-3.54**	3.33	-6.03**
	HIGH	4.32		4.52	
Social acceptance	LOW	3.36	-4.36**	3.20	-4.25**
	HIGH	3.84		4.04	
Social contribution	LOW	3.52	-4.40**	3.24	-3.85**
	HIGH	3.98		4.06	
Social actualization	LOW	3.15	-6.40**	3.13	-3.91**
	HIGH	3.77		3.95	
Social coherence	LOW	2.67	-3.80**	3.30	-2.45*
	HIGH	3.19		3.79	
Happiness	LOW	4.03	-2.84**	3.20	-6.14**
	HIGH	4.35		4.54	

MtF Male-to-Female

* $p < 0.05$; ** $p < 0.01$

Results from the group of gay men reveal significant differences on all measures, except victimization. A similar pattern is shown by the MtF transgender group, although no differences are observed in the impact attributed to discrimination events in this group. Table 5 shows the means for happiness and social well-being in subjects scoring above or below the SISD mean, and their respective statistical tests.

These results support the idea that subjects who perceive greater stigma and discrimination due to their sexual and gender identity also report more serious effects on their happiness (they report lower levels of happiness) and social well-being (they assess their contribution to society more negatively). All the comparisons are statistically significant, regardless of whether they are for gay men or MtF transgender individuals.

4 Discussion

This paper represents one of the first attempts to describe and characterize the gay men and MtF transgender population in Chile, thus allowing the construction of a baseline to compare with future research, and formulating and proving hypotheses and creating new lines for future studies. Most previous studies have been designed exclusively to examine homophobia (Cárdenas and Barrientos 2008; Caro and Guajardo 1997). To better understand the specific needs of sexual minorities in areas such as health, education, and work, more data are needed about these populations, beginning with sociodemographic data and those related to the main problems they are affected by: stigma and discrimination. Only by learning more about the characteristics of these populations and the way they experience stigma

and discrimination can policies be designed to solve various problems faced by gay men and MtF transgender individuals. This issue is relevant because many studies have shown that the LGBT population is heterogeneous in age, education, or place of residence, and they differ on variables such as violence, health, and access to work (IOM 2011; Kertzner et al. 2009; Meyer 2003).

Results also show that perceived stigma, discrimination, and victimization remain, as reported in previous studies (Barrientos et al. 2010, 2012); MOVILH 2015a), in spite of the fact that studies on the general population reveal that homophobia may be decreasing (MOVILH 2012, 2013). This divergence increases the need to consider the point of view of the victims in order to understand homophobia and its effects (Gómez and Barrientos 2012; Barrientos et al. 2014). In addition, data indicate that MtF transgender individuals are particularly subjected to high levels of stigma and discrimination. Thus, transphobia is a serious problem in Chile. MtF transgender individuals perceive disadvantages in the presence of authorities, discrimination at work, and institutional exclusion, indicating the need to protect the social rights of this population. Moreover, MtF transgender individuals are often poorer and less educated than gay men, lesbians or heterosexual individuals, and MtF transgenders are often involved in sexual work, as shown in this study, so that the discrimination they suffer is multi-layered (De Santis 2009). Therefore, it was very important to include MtF transgender individuals in this study, as empirical data about this population are limited (Barrientos and Cárdenas 2014). As in other studies in the region (Silva-Santisteban et al. 2012), sexual work is the main economic activity of this group, reflecting the lack of opportunities for MtF transgender individuals in Chile. This finding is an indicator of the so-called secondary victimization: forms of discrimination/victimization such as a lack of job opportunities, resulting from victimization processes that are legal or widely condoned.

With regard to the perceived stigma and discrimination, three ambits are noticeable: disadvantages in the presence of authorities, discrimination at work, and institutional exclusion. This study confirms previous findings reported in studies on the LGBT Pride Parade in 2011 (Barrientos and Bozon 2014), particularly those from recent reports on the situation of the country's LGBT population (MOVILH 2015b). For example, violence by police authorities toward the LGBT population in Chile still exists. Although this violence has decreased in recent years, there are still cases of mistreatment by the police and arbitrary detentions. As reported by Barrientos and Bozon (2014), there are security guards in Chile who control the entrances to many public places and are responsible for security in many different contexts (Gobierno Regional Metropolitan de Santiago 2012). They are often retired police officers or young people who recently finished their military service. These men perform a type of hegemonic masculinity (Connell and Messerschmidt 2005) and often act as guardians of this type of masculinity. Therefore, based on previous studies, because gay men and, especially, MtF transgender people would be expected to show a more atypical gender appearance or behavior that does not conform to the gender role expectations for men, they could experience more victimization than lesbians (Katz-Wise and Hyde 2012).

Regarding discrimination at work, MOVILH (2015a) reports that discrimination events at work still exist. This type of discrimination at work is due to sexual orientation and gender identity. Many subjects report that their rights are violated by the arbitrary and unfair use of the Chilean labor legislation. Chilean law still allows firing based on the company's need, thus hiding the actual reasons for it, such as sexual orientation and gender identity. In addition, discrimination perceived at work by the MtF transgender population could be due to their main type of work, i.e., sexual commerce. Discrimination at work due to sexual orientation or gender identity has scarcely been studied in Latin America (ADEIM et al. 2006). Thus, future studies should examine it more in depth.

Regarding victimization and discrimination events, a study related to the national context (Barrientos and Bozon 2014) indicates that mockery is a common way to express violence toward sexual minorities. This finding is very important and might not be understood outside the Chilean context. In our country, verbal violence is frequent and practiced toward anyone who is different; it is a frequently reported form of discrimination perceived by diverse discriminated groups (Merino et al. 2008). Likewise, anti-gay and anti-transgender language is one of many mechanisms through which heterosexism is enacted; it communicates hostility toward gay men and MtF transgender people and contributes to the establishment of an unwelcoming and unsafe environment for them (Burn 2000).

Results also reveal that gay men particularly report lower levels of happiness, compared to the Chilean general population (Vera-Villarroel et al. 2011). However, compared to similar studies in the country, subjects in the present study report higher levels of social well-being (Gómez and Barrientos 2012). In the case of gay men, this could be because the sample mostly has a middle and middle-high socioeconomic status. They would be part of a more protective context in terms of prejudice (higher educational levels, mainly young people), allowing them access to higher quality services, such as healthcare, which in a country like Chile is private and for a fee. Thus, the characteristics of the gay men sample (middle-high socioeconomic status, high educational level, and mainly young people) may influence the results and produce a bias that future studies should address. This is important because studies indicate that the LGBT population faces several barriers that prevent them from having equal access to health services, a fact that could have a strong impact on their quality of life (IOM 2011). In the case of MtF transgender individuals, the results reveal their great vulnerability and the negative effects of discrimination on their well-being.

This study has several limitations. One of them is the use of self-report measures (Greenwald and Banaji 1995). Hence, future studies on the adaptation of indirect (non-reactive) measurements are needed to allow access to people's internal states and attitudes without directly asking about them. These measurement procedures require quicker and less conscious appraisals that make it more difficult to adjust responses to expectations.

Another limitation could be that the SISD is not specifically for gay men or MtF transgender individuals. A recent study recommends the use of specific measures for gay men, lesbians, bisexuals or transgender people, which, in this study, would

involve examining stigma in gay men and MtF transgender individuals as separate constructs (Worthen 2013). This differentiation is relevant and may contribute to increasing our understanding of stigma and discrimination in various populations. Moreover, as gay men and MtF transgender individuals are considered Men who have sex with other Men (MSM) in Latin America and in Chile, they are thought to be similar in terms of some characteristics related to their vulnerability to HIV, which is often the reason for studying these groups in the country and the region (Organización de las Naciones Unidas para la Educación, La Ciencia y la Cultura, Chile, Ministerio de Salud, VIVOPOSITIVO and ASOSIDA 2012). Future studies should separately address the specific needs of these populations.

Moreover, future studies should balance the presence of MtF transgender individuals belonging to a middle-high socioeconomic status because this study could only interview MtF transgender individuals with a low and middle socioeconomic status.

Finally, sampling difficult-to-access populations is a huge challenge for social research. This study used a type of sampling that does not allow the random selection of participants, making it difficult to generalize findings to the whole Chilean gay men and MtF transgender population. Future studies should include other sampling methods for difficult-to-access populations, such as respondent-driven sampling (Mantecón et al. 2008; Cárdenas and Yañez 2012) or sampling based on meeting places and schedules of group members (Salganik and Heckathorn 2004).

Appendix: Subjective Index of Stigma and Discrimination (SISD)

Next, indicate your agreement or disagreement with the statements below. Use the following scale: 1 = “totally in disagreement” and 6 = “totally in agreement”.

1. In our society, many homosexuals are often insulted on the street because of their sexual orientation	1	2	3	4	5	6
2. In our society, many homosexuals have been victims of homophobic aggression	1	2	3	4	5	6
3. In our society, many homosexuals are threatened on the street because of their sexual orientation	1	2	3	4	5	6
4. Mocking homosexuals is a common practice at school	1	2	3	4	5	6
5. Many homosexuals have had to leave home at an early age because of their sexual orientation	1	2	3	4	5	6
6. If a homosexual denounces aggression, his account could be questioned	1	2	3	4	5	6
7. The account given by a homosexual individual could be discredited and ignored by authorities	1	2	3	4	5	6

(continued)

8. If a homosexual individual gets involved in an incident, authorities will always tend to blame him because of his sexual orientation	1	2	3	4	5	6
9. I think I could be fired from a job because of my sexual orientation	1	2	3	4	5	6
10. I think I could be rejected for a job because of my sexual orientation	1	2	3	4	5	6
11. If people knew about my sexual orientation, I could be harassed at work	1	2	3	4	5	6
12. I have felt harassed at work or at school because of my sexual orientation	1	2	3	4	5	6
13. If I compete for a job with a heterosexual individual, he/she will probably get the job despite our similar training and expertise	1	2	3	4	5	6
14. In our society, a homosexual individual does not compete for a job in similar conditions	1	2	3	4	5	6
15. I avoid talking openly about my homosexuality at work	1	2	3	4	5	6
16. I would never dare to say that I am a homosexual at work	1	2	3	4	5	6
17. In a society like ours, a homosexual will never be able to express his ideas freely	1	2	3	4	5	6
18. In our society, a homosexual individual may miss a chance to have social benefits because of his sexual orientation	1	2	3	4	5	6
19. I think I could be banned from an educational institution (high-school, tertiary education center, college, etc.) because of my sexual orientation	1	2	3	4	5	6
20. I could be arbitrarily detained by the police because of my sexual orientation	1	2	3	4	5	6
21. Religious discourse is homophobic	1	2	3	4	5	6
22. I have felt discriminated against in my religious community because of my sexual orientation	1	2	3	4	5	6
23. Extremely religious people discriminate against homosexuals	1	2	3	4	5	6

References

- ADEIM-Simbiosis, Artemisa, Cattrachas, Criola, IGLHRC, & Red Nosotras. (2006). *La invisibilidad aseguraba el puchero, Lesbianas y discriminación laboral en Colombia, Bolivia, Brasil, Honduras y México [Invisibility guaranteed food on the table, Lesbians and job discrimination in Colombia, Bolivia, Brasil, Honduras and Mexico]*. Buenos Aires: Comisión Internacional de Derechos Humanos para Gays y Lesbianas (IGLHRC).
- ADIMARK. (2014). *El nivel socio económico ESOMAR. Manual de Aplicación. Informe Técnico, Chile, 2000 [ESOMAR socioeconomic level. Application manual. Technical report]*. Accessed July 22, 2014, from <http://www.microweb.cl/idm/documentos/ESOMAR.pdf>
- Assis, J., Carrara, S., Facchini, R., & Ramos, C. (2006). *Política, directos, violencia e homosexualidade. Pesquisa 9ª parada do orgulho GLBT-São Paulo 2005*. Rio de Janeiro: CEPESC.
- Barrientos, J., & Bozon, M. V. (2014). Victimization against gay men and lesbians in Chile in the context of the XIII sexual diversity pride parade—Santiago 2011: Two types of discrimination or just one? *Revista Interdisciplinaria*, 31(2), 323–339.
- Barrientos, J., & Cárdenas, M. (2013). Homofobia y Calidad de Vida de Gay y Lesbianas: Una Mirada Psicosocial [Homophobia and quality of life in gay men and lesbians: A psychosocial view]. *Psykhe*, 22(1), 3–14. doi:10.7764/psykhe.22.1.553.

- Barrientos, J., & Cárdenas, M. (2014). Construction and validation of a subjective scale of stigma and discrimination (SISD) for the gay men and transgender women population in Chile (SISD). *Sexuality and Social Policy Research*, 11(3), 187–198.
- Barrientos, J., Cárdenas, M., Díaz, J., & Muñoz, F. (2012). *Derechos, políticas, violencia y diversidad sexual: segunda encuesta marcha por la diversidad sexual—Santiago 2011 [Rights, policies, violence and sexual diversity: Second survey—Santiago 2011]*. Santiago: Universidad Católica del Norte/Movimiento por la Diversidad Sexual.
- Barrientos, J., Cárdenas, M., & Gómez, F. (2014). Características Socio-demográficas, homofobia, VIH y bienestar en una muestra chilena de hombres gay [Socio-demographic characteristics, subjective well-being, and homophobia experienced by a sample of gay men from three cities in Chile]. *Cadernos de Saúde Pública*, 30(6), 1259–1269.
- Barrientos, J., Silva, J., Catalán, S., Gómez, F., & Longueira, J. (2010). Discrimination and victimization: Parade for lesbian, gay, bisexual, and transgender (LGBT) pride, in Chile. *Journal of Homosexuality*, 57, 760–775.
- Barrington, C., Guardado, M. E., Nieto, A., & Bailey, G. P. (2012). Social network characteristics and HIV vulnerability among transgender persons in San Salvador: Identifying opportunities for HIV prevention strategies. *AIDS and Behavior*, 6(1), 214–224.
- Barzagan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health*, 12, 663.
- Blanco, A., & Díaz, D. (2005). El bienestar social: su concepto y medición [Social well-being: Its conception and measurement]. *Psicothema*, 17, 582–589.
- Bockting, W. O., Miner, M. H., Swinburne, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103, 943–951.
- Brigeiro, M., Castillo, E., & Murad, R. (2009). *Encuesta LGBT: Sexualidad y Derechos. Participantes de la Marcha de la Ciudadanía*. Brasil: Instituto de Medicina Social, CLAM.
- Brito, A., Jiménez de Sandi, A., Sívori, H., Lacerda, P., Glockner, N., & De la Garza, L. (2012). *Política, derechos, violencia y sexualidad Encuesta de la Marcha del Orgullo y la Diversidad Sexual de la Ciudad de México—2008*. Rio de Janeiro: CEPESC.
- Burgess, D., Lee, R., Tran, A., & Ryn, M. (2007). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research*, 3, 1–14.
- Burn, S. M. (2000). Heterosexuals' use of "fag" and "queer" to deride one another: A contributor to heterosexism and stigma. *Journal of Homosexuality*, 40(2), 1–11.
- Cárdenas, M., & Barrientos, J. (2008). Actitudes explícitas e implícitas hacia los hombres homosexuales en una muestra de estudiantes universitarios en Chile [Explicit and implicit attitudes toward gay men in a university sample in Chile]. *Psyche*, 17, 17–25.
- Cárdenas, M., & Yañez, S. (2012). Nuevas formas de muestreo para minorías y poblaciones ocultas: muestras por encuestado conducido en una población de inmigrantes sudamericanos [New forms of sampling for minority and hidden populations: Respondent samples conducted in a south American immigrant population]. *Universitas Psychologica*, 11(2), 571–578.
- Cárdenas, M., & Barrientos, J. (2013). *Social well-being scale: Adaptation and validation in an university chilean sample*. Unpublished manuscript.
- Caro, I., & Guajardo, G. (1997). *Homofobia cultural en Santiago de Chile. Un estudio cualitativo [Cultural homophobia in Santiago de Chile. A qualitative study]*. Chile: Flacso.
- Clements-Nolle, K., Mark, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53–69.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender Society*, 19, 829–859.
- De Santis, J. P. (2009). HIV infection risk factors among male-to-female transgender persons: A review of the literature. *Journal of the Association of Nurses in AIDS Care*, 20(5), 362–372. doi:10.1016/j.jana.2009.06.005.

- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, *41*, 1149–1160.
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*, 175–191.
- Ghorayeb, D. B., & Dalgalarondo, P. (2011). Homosexuality: Mental health and quality of life in a Brazilian socio-cultural context. *International Journal of Social Psychiatry*, *57*, 496–500.
- Gobierno Regional Metropolitano de Santiago. (2012). *Estudio de Oferta de Servicios de Seguridad Privada en la Región Metropolitana de Santiago [Study of the offer of private security services in the metropolitan region of Santiago]*. Accessed July 22, 2014, from http://www.gobiernosantiago.cl/Estudio%20Oferta%20Seguridad%20Privada%20RMS/Informe%20Final_Estudio%20Seguridad%20Privada%20RMS.pdf
- Gómez, F., & Barrientos, J. (2012). Efectos del prejuicio sexual en la salud mental de gays y lesbianas, en la ciudad de Antofagasta, Chile [The effects of sexual prejudice on the mental health of gays and lesbians in Antofagasta, Chile]. *Sexualidad, Salud y Sociedad*, *10*, 100–123.
- Greenwald, A. G., & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review*, *102*, 4–27.
- Herek, G. H., Gillis, J. R., & Cogan, J. (1999). Psychological sequelae of hate crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, *67*, 945–951.
- Institute of Medicine [IOM]. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press.
- Katz-Wise, S., & Hyde, J. (2012). Victimization experiences of lesbian, gay, and bisexual individuals: A meta-analysis. *Journal of Sex Research*, *49*(2–3), 142–167.
- Kertzner, R., Meyer, I., Frost, D., & Stirratt, M. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*, *79*, 500–510.
- Keyes, C. (1998). Social well-being. *Social Psychology Quarterly*, *61*, 121–140.
- Lyubomirsky, S., & Lepper, H. A. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, *46*, 137–155.
- Mantecón, A., Juan, M., Calafat, A., Becoña, E., & Román, E. (2008). Respondent-Driven Sampling: un nuevo método de muestreo para el estudio de poblaciones visibles y ocultas [Respondent-driven sampling: A new sampling method for studying visible and hidden populations]. *Adicciones*, *20*, 161–170.
- Merino, M. E., Quilaqueo, D., & Saiz, J. L. (2008). Una tipología del discurso de discriminación percibida en mapuches de Chile [Discursive typology of perceived discrimination against mapuches in Chile]. *Revista Signos*, *41*(67), 279–297. doi:10.4067/S0718-09342008000200011.
- Meyer, I. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*, 38–56.
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–697.
- Movimiento de Integración y Liberación Homosexual. (2012). *X Informe anual de derechos humanos de la diversidad sexual en Chile [X annual report of human right of sexual diversity in Chile]*. Accessed October 22, 2012, from <http://www.movilh.cl/documentacion/informe-ddhh-2011/Informe-ddhh-Movilh-Chile-2011.pdf>
- Movimiento de Integración y Liberación Homosexual. (2013). *XI Informe Anual de Derechos Humanos de la Diversidad Sexual en Chile, Hechos 2012 [XI annual report of human right of sexual diversity in Chile]*. Santiago: Author. Accessed October 10, 2012, from http://www.movilh.cl/documentacion/XI_Informe_de_DHH_Movilh_Hechos_2012.pdf

- Movimiento de Integración y Liberación Homosexual. (2015a). *Primera encuesta nacional. Diversidad sexual, Derechos Humanos y Ley contra la discriminación [Homosexual liberation and integration movement. First national survey. Sexual diversity, human rights and law against discrimination]*. Santiago: Author. Accessed March 10, 2015, from <http://www.movilh.cl/wp-content/uploads/2013/07/Encuesta-Nacional-Diversidad-Sexual.pdf>
- Movimiento de Integración y Liberación Homosexual. (2015b). *XIII Informe Anual de Derechos Humanos de la Diversidad Sexual en Chile, Hechos 2012 [XIII annual report of human right of sexual diversity in Chile]*. Santiago: Author. Accessed March 10, 2015, from <http://www.movilh.cl/documentacion/2014/XIII%20Informe%20de%20DDHH%202014-web.pdf>
- ONUSIDA, Organización de las Naciones Unidas para la Educación, La Ciencia y la Cultura, Chile, Ministerio de Salud, VIVOPOSITIVO, & ASOSIDA. (2012) *Índice compuesto de estigma y discriminación hacia hombres homosexuales, otros HSH y mujeres transgénero en Chile (ICED): síntesis de estudio [Index of stigma and discrimination towards gay men, MSM and women transgender in Chile: A synthesis]*. Santiago: Autores.
- Pinto, R., Melendez, R., & Spector, A. (2008). Male-to-female transgender individuals building social support and capital from within a gender-focused network. *Journal of Gay and Lesbian Social Services*, 20(3), 203–220.
- Salganik, M., & Heckathorn, D. (2004). Sampling and estimation in hidden population using respondent-driven sampling. *Sociological Methodology*, 34(1), 193–239.
- Silva-Santisteban, A., Raymond, H. F., Salazar, X., Villayzan, J., Leon, S., McFarland, W., & Caceres, C. F. (2012). Understanding the HIV/AIDS epidemic in transgender women of Lima, Peru: Results from a sero-epidemiologic study using respondent driven sampling. *AIDS and Behavior*, 16, 872–881.
- Vera-Villaruel, P., Celis, K., & Córdova, N. (2011). Evaluación de la felicidad: análisis psicométrico de la Escala de Felicidad Subjetiva en población chilena [Evaluation of happiness: Psychometric analysis of the subjective happiness scale in Chilean population]. *Terapia Psicológica*, 29, 127–133.
- Warner, J., McKeown, E., Griffin, M., Johnson, K., Ramsay, A., Cort, C., & King, M. (2004). Rates and predictors of mental illness in gay men, lesbians and bisexual men and women. *British Journal of Psychiatry*, 185, 479–485.
- Worthen, M. G. F. (2013). An argument for separate analysis of attitudes toward lesbian, gay, bisexual men, bisexual women, MtF and FtM transgender individuals. *Sex Roles*, 68(11–12), 703–723.