

# DEVELOPMENT AND VALIDATION OF ADVERSE FAMILY DYNAMICS OF TRANSGENDER SCALE (AFDTS)

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## Abstract

**Background.** Transgender people in Pakistan, particularly those legally and socially positioned as belonging to a minor sex, experience complex and culturally embedded family dynamics that remain insufficiently quantified in existing research. The present study aimed to develop and validate an indigenous measure—the *Adverse Family Dynamics of Transgender Scale (AFDTS)*—to assess family-related experiences of transgender adults within the Pakistani sociocultural context.

**Methods.** A mixed-methods research design was employed. In Phase I, a phenomenological approach was used, involving semi-structured interviews with 11 transgender participants from Punjab to explore lived familial experiences. Reflexive thematic analysis informed item generation, expert review, and content validation, resulting in an initial pool of 37 items. In Phase II, quantitative data were collected from 355 transgender individuals to evaluate the psychometric properties of the scale. Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were conducted to establish the factor structure and model fit.

**Findings.** Exploratory factor analysis yielded a final 21-item scale comprising five factors: Neglect, Social Shame, Cultural Masculinity, Financially Conditional Acceptance, and Parental Affection. Confirmatory factor analysis supported the five-factor measurement model, demonstrating satisfactory model fit indices. The scale exhibited good internal consistency, as well as convergent, discriminant, and construct validity.

**Conclusion.** The Adverse Family Dynamics of Transgender Scale (AFDTS) is a psychometrically sound and culturally relevant instrument for assessing family dynamics among transgender individuals in Pakistan. The scale holds significant potential for research, clinical assessment, and policy-oriented interventions aimed at improving the psychosocial well-being of transgender populations.

**Keywords:** transgender individuals, family dynamics, scale development, psychometric validation, indigenous measure, Pakistan

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## INTRODUCTION

Transgender individuals are a marginalized part of the population that also encompasses those who do not conform to their assigned genders at birth and the gender styles they express (APA, 2024b). They are referred to by various names depending on the biological and psychological definitions. In Pakistan, research started to rise following Transgender Act of 2018, which encompasses medical, legal, and psychosocial concerns and case reports of renowned transgender individuals. A lot of this work is devoted to the topic of gender identity, expression, and issues that transgender individuals deal with. The negative attitudes towards them are also focused on being minimized in various studies.

Things have improved over time but transgender individuals continue to experience high degree of discrimination, stigma and social exclusion. Such aspects impact their inner psychological mechanisms and may contribute to their ethical standards and moral choices. The family is another important factor that influences the moral development of the person. The increased awareness and acceptance would make the Pakistani society build a more positive attitude and de-stigmatize.

The relationship between moral disengagement and personality traits of the transgender community in Pakistan has not been studied extensively. The worldwide studies indicate that moral disengagement is linked to narcissism, Machiavellianism, and psychopathy as personality disorders (Fossati et al., 2014; Sijtsema et al., 2019). Nonetheless, a deeper investigation is required in the sociocultural context of Pakistan, particularly on marginalized groups such as the transgender population.

Current literature indicates that moral disengagement may be a psychological process that permits destructive behavior and is determined by the occurrence of personality traits and family relationship (Kuilman et al., 2019; Cakir, 2024). However, it is unclear the way this is executed within the transgender community in Pakistan. Since families play a central role in the development of Pakistan the failure of family relationships would undermine the moral reasoning or behaviour in transgender.

On the whole, the relationships between moral disengagement, family relationships, and personality characteristics of the transgender population in Pakistan are under-researched. These links are pointed out in international studies (Qiao et al., 2021; Sijtsema et al., 2019; Khan, 2023) and it is significant to investigate them in Pakistan where stigma and special issues might likely influence the psychological and social behavior.

As stipulated in the Transgender Persons (Protection of Rights) Act, 2018 of Pakistan, the law recognizes transgender persons as individuals whose gender identity or expression differs from the sex assigned at birth, and this recognition encompasses multiple manifestations of transgender identity as protected under the Act. In line with this legal framework, the present research adopts a broad and inclusive understanding of transgender identity, rather than limiting it to any single biological or medical categorization. While the Act includes individuals born with variations in sex characteristics, as well as those whose gender identity or expression does not conform to societal expectations of binary gender, this study is designed to capture family-related experiences of transgender persons in general, as defined and protected under Pakistani law.

The second group consists of those people who were biologically male but consider themselves as female. Thirdly, there is the opposite, people who were born as females, but as males.

Other local names, which are also used to refer to transgender individuals in Pakistan, include Khawaja Sira, Hijra, Khusra, Chuka, Murat, Eunuchs and the third sex. Varying terms should also be taken into account, such as Tariq et al. (2022) remark that Khawaja Sira can mean a person who cannot reproduce because of biological factors, whereas Hijra can be viewed as a social construct of the midpoint between sexes. It is imperative to know these local words and their cultural meaning since they do not have the same connotation as transgender identities of the world. This is critical as it assists in establishing the basis of the analysis of the dynamics affecting moral disengagement, particularly when compounded with other issues such as family dynamics, personality characteristics, and stressors.

The family is the fundamental unit of human development. Children depend on their parents to fulfill basic needs like support, nurturance, and assistance (Hammen, 2010). For transgender individuals, family dynamics can be both a source of support and a significant challenge. Transgender individuals are born to parents from all backgrounds in society, meaning any person capable of reproduction can be a parent to a transgender child. This makes the role of family dynamics in their lives particularly significant.

## LITERATURE REVIEW

### ***Social Standing of Transgenders***

Globally, transgender individuals experience number of psychosocial issues like harassment, discrimination, violence, inappropriate transgender jokes, least inclusion, social rejection, isolation, invisibility perception, and insufficient support services, discrimination while recruiting for jobs and at the workplace too, poor medical or mental health facilities, simply for being transgender (Beemyn & Rankin, 2011; Meier & Labuski, 2013; Meyer et al., 2011; Wolff et al., 2017). Low social standing (Sultana & Kalyani, 2012), severe marginalization, low public support (Shah et al., 2018) and unacceptance by family (Wijngaarden et al. 2013) are other important psychosocial issue face by transgender in Pakistan.

It would not be wrong to say that transgender have worsened mental health as compared to cisgender (Streed, et al., 2018; Zucchi et al, 2019). Recently, transgender is striving to achieve psychosocial identity worldwide. They are mainly striving to achieve legal gender, freedom, employment, education, health, and social security (Amin & Saeed, 2022).

Typical psychosocial problems experienced by transgender of Pakistan, are classified into six categories by Sadiq and Bashir (2022); discrimination and bullying, family and relationship, housing and community, justice and police, the general public, and psycho-medical problems. Discrimination at different levels (School, workplace, Health Care, and other opportunities), bullying (based on discrimination), harassment, lack of trust and other psychological problems faced by transgender in the slums of Punjab, Pakistan.

Similar issues faced by transgender like physical and verbal violence, discrimination, poor family support, Inadequate health facilities, basic rights violation, and social rejection are also repeatedly reported by other researchers (Batool & Rowland, 2021; Hussain, et al., 2020; Rashid et al., 2022; Shah et al., 2018). Alike is the finding of Saddique et al. (2017) that transgender is a group of people that have the lowest degree of right or honor in Pakistan; even families shamed for having them as a part of family.

### ***Family Dynamics of Transgenders***

Family dynamics refer to the patterns of family and environment, interactions with family members, relationships between family members, overall supportive family environment (Adapted from Tahira, 2020). Family support makes

people able to reduce stress and increase happiness (Bukhari & Afzal, 2017) similarly family conflicts (Barratt, 2011), inappropriate communication between parents and children (Asarnow et al., 2010), poor problem solving (Hammen, 2010), lack of family cohesiveness (Rao & Chen, 2009), and other risk factors reduces mental health of people. Such a link between family support and subjective well-being has been strongly supported by many other studies (Huang & Zhang, 2022; Kareem et al., 2022; Leung et al. 2020).

While considering the life cycle of a transgender, family plays a very significant role. Family situations do affect their mental health, and accordingly, they will cope up. Studies have indicated that supportive family environments can act as protective factors against minority stress, which is the most common stressor faced by transgender populations (Eleazer et al., 2023; Gamarel et al., 2014). Negative family interactions can further enhance feelings of isolation and contribute to moral disengagement. For instance, the feeling of no family support causes pressure and reduces belonging, prompting a disengagement in morality, and to compensate, the person goes around by discarding her/his morals (Etengoff & Rodriguez, 2022; Matsuno & Israel, 2018). This disengagement can be considered a response to stigma and discrimination that trans people have to face, further complicated by their family relationships and well-being (Winiker et al., 2022; Luz et al., 2022).

Alshammari and colleagues (2021) discovered that perceiving family support serves as a protective factor and plays a vital role in enhancing subjective well-being. Additionally, families characterized by insufficient engagement in activities and ineffective communication are at a higher risk of experiencing psychological challenges (King et al., 2016). Connecting with families is vital for the transgender individuals; particularly who are experiencing discrimination and social prejudice (Needham & Austin, 2010). Support from family is most important for mental wellbeing of transgender as compared to other forms of support from peer, friends and significant others (McConnell et al., 2015). Especially, when occurring within familial contexts through stigmatizing exchanges, transgender individuals may encounter mental health difficulties, such as suicidal thoughts and inadequate psychosocial adaptation (Hatzenbuehler, 2017; Toomey et al., 2010). Generally, marginalized populations, such as LGBTQ+ individuals and people of color, may face heightened psychological and emotional strain or mental health issues associated with systemic and interpersonal bias, leading to minority stress (Meyer, 2003, 2010).

#### ***Rationale for Scale Development***

The development of a new scale to measure the Adverse family dynamics of transgender individuals is driven by a critical research gap in existing literature, particularly within the Pakistani context. While family is universally acknowledged as the fundamental unit of human development where children depend on parents for support and nurturance (Hammen, 2010), and while family dynamics defined as patterns of interaction, relationship quality, conflict, cohesion, and communication (Lewandowski et al., 2010) are known to be significant, the tools to assess these dynamics for transgender populations are lacking. Current family functioning scales used are geared towards Western, non-transgender groups of people and do not reflect the realities of transgender people in a collectivist and religiously conservative culture. This knowledge gap has a serious constraint on the empirical research on the effects of particular family interactions on the major outcomes among this marginalized group, including psychological well-being, moral disengagement, and personality development.

Certain cultural and legal peculiarities of Pakistan also precondition the need to have a specific instrument. Family perceptions and responses are directly influenced by local gender identities like the Khawaja Sira and Hijra, with their own social and historical meanings that are not similar to those of transgender people in the rest of the world (Tariq et al., 2022). Moreover, the Transgender Persons (Protection of Rights) Act of 2018 establishes a new legal framework that families have to maneuver, which impacts the relationships around legalization, documentation, and stigma. Pakistan is a collectivist system, and where family is the main social and economic unit, acceptance and conditional support or rejection experiences are particularly strong, which means that a scale that is able to measure these context-specific pressures and supports is needed.

Such a scale has a great practical and interventional value. In the case of research, it would represent a standard culturally based instrument of quantitative research, and eventually enable the in-depth analysis of the role of the family to each of the categories of transgender, including intersex individuals, whose condition is legally accepted but under researched. It may be applied in nuanced assessment to determine family strengths and stressors that may be used by the mental health professionals in informed therapeutic interventions in the clinical practice. To aid policy and advocacy, the data obtained using this scale might be used in the formation of family-focused education initiatives and supportive services, and in promoting the policies that acknowledge and enforce judgmental acceptance of families as a key protective factor of the well-being of transgender individuals.

#### ***Objectives of the Study***

1. To develop indigenous measure to assess adverse family dynamics of transgender.
2. To explore the factor structure of the Family Dynamics of Transgender Scale
3. To establish psychometric properties of the newly developed scale of adverse family dynamics of transgender

#### **Phase I: Development of the Indigenous Measure of Family Dynamics of Transgender**

##### ***Objectives***

The phase I aimed at creating an indigenous and culturally acceptable measure of family dynamics in transgender

adults. The main goals were to examine how transgender people understand the aspects of family work, create scale items based on the lived moments, and investigate the internal structure of factors underlying a new instrument with the help of the exploratory factor analysis.

## METHODOLOGY

The use of a mixed-methods approach and the robust qualitative approach in scale development were achieved. The sample population included transgender adults (Khunsa) of age 18 years and above in Punjab, sampled using purposive and snowball method. The transgender men and women, those below 18 years and with serious psychological conditions were not included. Following informed consent, demographical data were gathered, which was followed by semi-structured face-to-face interview using the Urdu language. The required data saturation was a total of 11 participants. The interviews were recorded on audio, transcribed, translated and analyzed through phenomenological approach and reflexive thematic analysis, which enabled systematic coding, category construction and theme refinement. Emergent themes were reviewed by a committee of subject experts who helped in generating item pools, face validity and content validity indexing. To test the factor structure of the scale, quantitative data were collected using the scale on 155 participants to analyze the data through exploratory factor analysis.

### *Qualitative Data Results*

The qualitative phase revealed both supportive and adverse family dynamics. The most prominent positive elements included acceptance, support, unconditional affection, respect, emotional care, ethical treatment, physical safety, and the role of education and religious teachings in fostering understanding. In contrast, the strongest negative dynamics were characterized by parental rejection, harsh paternal behavior, honor culture, conditional or financially driven acceptance, neglect, low emotional support, social pressure, rigid gender roles, and experiences of physical or sexual abuse. As a result, a pool of 37 items was finalized for exploratory factor analysis.

### *Exploratory Factor Analysis (EFA)*

Exploratory factor analysis revealed 5 factors using the Extraction method of Principal component analysis with Varimax rotation method. The the Kaiser–Meyer–Olkin (KMO) value of 0.776 indicates that the sample is adequate for factor analysis and that the correlations among variables are suitable for identifying underlying factors. Bartlett’s Test of Sphericity is statistically significant,  $\chi^2(210) = 2049.59$ ,  $p < .001$ , showing that the correlation matrix is not an identity matrix. The % of variance explained ranged from 19.962 to 10.775, that was a considerable variance existed among the extracted factors. Table 1 revealed the factor loading of each factor:

**Table 1** Rotated Component Matrix for Principal Component Analysis

| Item  | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 |
|-------|----------|----------|----------|----------|----------|
| FDT17 | .853     | —        | —        | —        | —        |
| FDT13 | .797     | —        | —        | —        | —        |
| FDT30 | .721     | —        | .311     | —        | —        |
| FDT22 | .687     | —        | .372     | —        | —        |
| FDT26 | .657     | —        | —        | .309     | —        |
| FDT15 | .649     | .310     | .355     | —        | —        |
| FDT12 | .602     | —        | .441     | —        | —        |
| FDT3  | —        | .831     | —        | —        | —        |
| FDT2  | —        | .804     | —        | —        | —        |
| FDT5  | —        | .795     | —        | —        | —        |
| FDT4  | —        | .745     | —        | —        | —        |
| FDT19 | —        | —        | .779     | —        | —        |
| FDT33 | .327     | —        | .772     | —        | —        |
| FDT36 | .420     | —        | .670     | —        | —        |
| FDT37 | —        | —        | —        | .857     | —        |
| FDT29 | —        | —        | —        | .791     | —        |
| FDT8  | —        | —        | —        | .783     | —        |
| FDT23 | —        | —        | —        | —        | .793     |
| FDT10 | —        | —        | —        | —        | .746     |

| Item  | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 |
|-------|----------|----------|----------|----------|----------|
| FDT24 | —        | —        | —        | —        | .741     |
| FDT9  | —        | —        | .395     | .357     | .526     |

Note. Values represent factor loadings after varimax rotation with Kaiser normalization. Loadings less than .30 are not shown. The rotation converged in 7 iterations.

Total 21 out of 37 items were retained in the result of Principal Component Analysis with Varimax Rotation method, and there were 5 factors extracted in 7 iterations. Factor 1, is named as Neglect, is represented by FDT17 (.853), FDT13 (.797), FDT30 (.721), FDT22 (.687), FDT26 (.657), FDT15 (.649), and FDT12 (.602), indicating these items measure the same underlying construct. Factor 2, is named as Social Shame, includes FDT3 (.831), FDT2 (.804), FDT5 (.795), and FDT4 (.745). Factor 3, is named as Cultural Masculinity, is primarily measured by FDT19 (.779), FDT33 (.772), FDT36 (.670), and FDT9 (.526). Factor 4, is named as Financially Conditional Acceptance, has strong loadings from FDT37 (.857), FDT29 (.791), and FDT8 (.783), while Factor 5, is named as Parental Affection, is represented by FDT23 (.793), FDT10 (.746), and FDT24 (.741). Details of each factor is given below:

#### Factor 1: Neglect

Factor 1, labeled *Neglect*, represents experiences of emotional and social neglect within the family. It reflects situations where family members fail to provide attention, care, or acceptance. The statement "گھر والے مجھے توجہ نہیں دیتے۔" illustrates a general lack of attention and emotional support from family. "میرے ساتھ ہونے والی جنسی یا جسمانی زیادتی پر اکثر" highlights neglect in terms of protection, where family members remain silent in the face of abuse. The item "گھر والے مجھے تعلیمات کے مطابق بتاؤ نہیں کرتے۔" indicates neglect in providing guidance or teaching according to cultural or religious norms. "گھر والے مجھے دوسرے خواجہ سرا کے ساتھ دوستی کی اجازت نہیں دیتے۔" reflects social neglect and restriction, preventing the individual from forming supportive friendships. Finally, "گھر والے مجھے قبول نہیں کرتے۔" captures the core aspect of neglect as a lack of acceptance and emotional recognition within the family.

#### Factor 2: Social Shame

Factor 2, labeled *Social Shame*, captures experiences of perceived criticism, judgment, and dishonor from family and the broader social environment. The statement "گھر والے مجھے تنقید کرتے ہیں۔" reflects external criticism from relatives and acquaintances. "خاندان کے مرد سمجھتے ہیں کہ میری وجہ سے ان کی سماجی حیثیت خطرے میں ہے۔" indicates a perception that male family members feel their social standing is threatened due to the individual's identity. The item "گھر والے میرے خواجہ سرا ہونے کی وجہ سے والدین کو سماجی مشکلات کا سامنا کرنا پڑتا ہے۔" highlights how parents perceive social challenges arising from their child's identity. Finally, "گھر والے مجھے شرمندگی کا باعث سمجھتے ہیں۔" captures the internalized sense of being considered a source of shame within the household. Collectively, these items define Factor 2 as reflecting social criticism, familial pressure, and experiences of shame associated with societal expectations.

#### Factor 3: Cultural Masculinity

Factor 3, labeled *Cultural Masculinity*, reflects the pressures and harassment individuals face due to societal and familial expectations regarding gender norms. The statement "گھر والے مجھے تنگ کرتے ہیں۔" illustrates general social pressure and harassment from relatives and acquaintances. "خاندان کے مرد مجھے سماجی طور پر نامناسب" highlights the perception that male family members consider the individual socially inappropriate. The item "گھر والے میرے خواجہ سرا ہونے کی وجہ سے والدین کو سماجی مشکلات کا سامنا کرنا پڑتا ہے۔" captures experiences of sexual harassment from relatives and acquaintances, linking it to violations of expected cultural masculinity. Together, these items indicate how societal and familial norms around masculinity contribute to stress, criticism, and harassment.

#### Factor 4: Financially Conditional Acceptance

This factor captures the perception that family acceptance and support are contingent on financial considerations. The first statement, "میرے والد سے" "اگر میں کنبہ/گھر والے بغیر تو گھر والے میرے ساتھ اچھے برتاؤ رہے ہیں۔", reflects the implicit expectation that positive treatment is linked to meeting family financial or material expectations. The second statement, "میرے والد سے" "اگر مجھے محدود مالی مدد ملے ہی۔", shows that even minimal financial support influences the sense of acceptance, emphasizing the conditional nature of care. The third statement, "اگر میں گھر والوں کی مالی مدد کروں تو وہ مجھے قبول کر لیں" "یہ", directly indicates that familial approval or acceptance is granted only when the child contributes financially, highlighting the transactional aspect of relationships. Collectively, these items illustrate how financial obligations shape perceived acceptance within the family.

#### Factor 5: Parental Affection

Factor 5, *Parental Affection*, reflects the warmth, care, and emotional support children perceive from their parents and close family members. The statement "میری والدہ بہت اچھی ہیں۔" indicates a direct recognition of the mother's kindness and nurturing presence, highlighting the emotional bond within the family. The statement "میرے والدین چاہتے ہیں کہ میں" "ان کی نگرانی میں رہوں۔" shows that parental affection is also expressed through guidance and supervision, emphasizing care and protective involvement. "میرے والدین مجھ سے محبت کرتے ہیں اگر میں ان کی توقعات کے مطابق رہوں۔" suggests that affection may be conditional, tied to meeting parental expectations, reflecting a dynamic where love and approval are intertwined with compliance. Finally, "میری والدہ اور بہنیں مجھ سے پیار کرتی ہیں۔" underscores that affection extends beyond parents to other close family members, reinforcing a broader network of familial love and support. Together, these

statements portray Parental Affection as a combination of warmth, guidance, conditional approval, and extended family love.

**Ethical Considerations**

Ethical standards were strictly maintained throughout Phase I, including informed consent, confidentiality, anonymity, the right to withdraw, and respectful engagement with participants, ensuring the protection and dignity of a highly marginalized population.

**Phase II: Establishing Psychometric Properties of Indigenous Measure of Adverse Family**

**Objectives**

In Phase II, the psychometric properties were aimed to establish by using a confirmatory factor analysis of the developed research instrument Adverse Family Dynamics of Transgender.

**Methodology**

At this stage, the data was recollected on the developed scale including the sample that was used in EFA stage and also extended the sample respondents. The total number of samples on this stage was of 355 transgender individuals. The extracted factors structure was confirmed by using the Confirmatory Factor Analysis (CFA) method in AMOS v. 24. The aim of employing CFA was to evaluate the convergent and discriminant validity of the scale measures, and the nature of correlation among scale variables. The hypothesized measurement model as meant to be fit by examining model fit indices. The measurement model fits depend on indices i.e. CMIN/df, CFI, GFI, RMSEA, PClose and NFI). The scale of 21 items, extracted from the EFA analysis was followed to develop the measurement model for the Confirmatory Factor Analysis (CFA). Each of the item was renumbered from FD1 to FD21, in 5 factors. Construct items with minimum outer loading (standardized estimate) value of .40 are considered acceptable to retain in the instrument. After developing the measurement model in AMOS, and getting the first output, there was no need of modification indices, as the model fit indices meet the suggested threshold by Hair, et. al. (2024).

**Model Fit**

The study employed the model-fit indices, including the chi-square statistic ( $\chi^2$ ), the goodness-of-fit index (GFI), the comparative fit index (CFI), the normed fit index (NFI), and the root mean square error of approximation (RMSEA). According to established guidelines, CFI and Tucker–Lewis Index (TLI) values exceeding .90, together with RMSEA values below .08, indicate an acceptable model fit. RMSEA evaluates the degree of correspondence between the hypothesized model and the population, with values of .05 or lower signifying a very close fit after considering model complexity. RMSEA values below .08 are generally interpreted as evidence of a reasonably good model fit.

**Table 1 Model Fit Indices and Evaluation Criteria**

| Measure | Estimate | Recommended Threshold | Interpretation |
|---------|----------|-----------------------|----------------|
| CMIN    | 320.435  | —                     | —              |
| DF      | 142      | —                     | —              |
| CMIN/DF | 2.257    | Between 1 and 3       | Excellent      |
| CFI     | 0.925    | > .95                 | Acceptable     |
| SRMR    | 0.058    | < .08                 | Excellent      |
| RMSEA   | 0.060    | < .06                 | Excellent      |
| PClose  | 0.035    | > .05                 | Acceptable     |

*Note.* CMIN = chi-square statistic; DF = degrees of freedom; CFI = Comparative Fit Index; SRMR = Standardized Root Mean Square Residual; RMSEA = Root Mean Square Error of Approximation; PClose = test of close fit for RMSEA. Thresholds are based on commonly accepted guidelines for evaluating structural equation models.

As shown the model fit indices of the Adverse Family Dynamics of Transgender Scale’s measurement model in Table 1, the chi-square to degrees of freedom ratio (CMIN/DF = 2.26) falls well within the recommended range, indicating an excellent level of parsimony. Among the fit indices, SRMR (0.058) and RMSEA (0.060) show the strongest performance, reflecting very good approximation of the model to the observed data. The CFI value (0.925), although slightly below the stringent cutoff, still suggests an acceptable comparative fit. PClose (0.035) is marginal but indicates reasonable closeness of fit. Collectively, the results support that the proposed model fits the data adequately, with particularly strong evidence from the absolute and error-based fit indices. The CFA measurement model figure is given below:

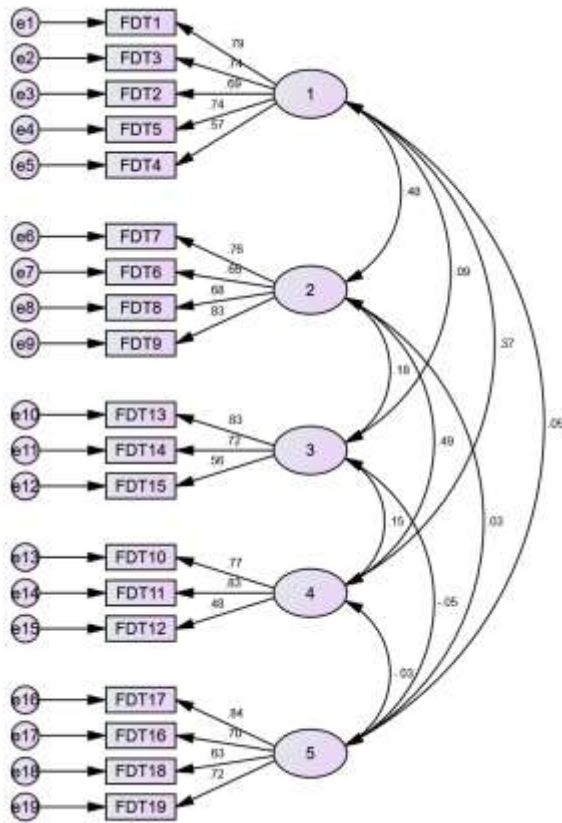


Figure 1. Confirmatory Factor Analysis  
**Convergent Validity**

**Table 2** Standardized Factor Loadings for the Measurement Model

| Item  | Latent Factor | Estimate | SE    | CR     | P      |
|-------|---------------|----------|-------|--------|--------|
| FDT1  | Factor 1      | 0.790    | —     | —      | —      |
| FDT3  | Factor 1      | 0.744    | 0.073 | 13.688 | < .001 |
| FDT2  | Factor 1      | 0.694    | 0.074 | 12.718 | < .001 |
| FDT5  | Factor 1      | 0.739    | 0.076 | 13.588 | < .001 |
| FDT4  | Factor 1      | 0.574    | 0.080 | 10.369 | < .001 |
| FDT7  | Factor 2      | 0.762    | —     | —      | —      |
| FDT6  | Factor 2      | 0.653    | 0.075 | 11.585 | < .001 |
| FDT8  | Factor 2      | 0.676    | 0.069 | 11.993 | < .001 |
| FDT9  | Factor 2      | 0.832    | 0.080 | 14.287 | < .001 |
| FDT13 | Factor 3      | 0.833    | —     | —      | —      |
| FDT14 | Factor 3      | 0.721    | 0.087 | 9.287  | < .001 |
| FDT15 | Factor 3      | 0.561    | 0.078 | 8.506  | < .001 |
| FDT10 | Factor 4      | 0.770    | —     | —      | —      |
| FDT11 | Factor 4      | 0.831    | 0.097 | 10.858 | < .001 |
| FDT12 | Factor 4      | 0.475    | 0.084 | 7.982  | < .001 |
| FDT17 | Factor 5      | 0.842    | —     | —      | —      |
| FDT16 | Factor 5      | 0.703    | 0.060 | 12.640 | < .001 |
| FDT18 | Factor 5      | 0.634    | 0.064 | 11.402 | < .001 |

| Item  | Latent Factor | Estimate | SE    | CR     | P      |
|-------|---------------|----------|-------|--------|--------|
| FDT19 | Factor 5      | 0.716    | 0.059 | 12.845 | < .001 |

*Note.* Estimates represent standardized factor loadings. SE = standard error; CR = critical ratio. Items without SE, CR, and p-values were fixed to 1.00 for model identification purposes. All reported p-values indicate statistically significant loadings at the .001 level.

The results indicate that all observed indicators load meaningfully on their respective latent constructs, demonstrating satisfactory convergent validity. The factor loadings in Table 2 show that all items are positively related to their assigned latent factors. Several indicators display strong loadings, particularly FDT17 (0.842), FDT13 (0.833), FDT9 (0.832), and FDT11 (0.831), indicating that these items represent their constructs well. Most paths with reported statistics are statistically significant, as reflected by high critical ratio values and p-values below .001. A few items, such as FDT12 (0.475), FDT15 (0.561), and FDT4 (0.574), have relatively lower loadings, suggesting weaker but still meaningful relationships with their factors. Since, no item had shown the outer loading below .40, no item was removed in the result of CFA.

### **Construct Validity, Reliability, and Discriminant Validity**

**Table 3** *Construct Validity, Reliability, and Discriminant Validity Statistics*

| Construct | CR    | AVE   | MSV   | MaxR(H) | 1        | 2        | 3      | 4      | 5     |
|-----------|-------|-------|-------|---------|----------|----------|--------|--------|-------|
| 1         | 0.836 | 0.507 | 0.226 | 0.847   | 0.712    |          |        |        |       |
| 2         | 0.823 | 0.539 | 0.237 | 0.839   | 0.476*** | 0.734    |        |        |       |
| 3         | 0.753 | 0.510 | 0.031 | 0.792   | 0.093    | 0.177**  | 0.714  |        |       |
| 4         | 0.743 | 0.503 | 0.237 | 0.799   | 0.374*** | 0.487*** | 0.152* | 0.709  |       |
| 5         | 0.817 | 0.529 | 0.003 | 0.837   | 0.053    | 0.035    | -0.046 | -0.029 | 0.728 |

*Note.* CR = composite reliability; AVE = average variance extracted; MSV = maximum shared variance; MaxR(H) = maximum reliability. Diagonal values (in bold) represent the square roots of AVE. Off-diagonal values represent correlations among constructs. Discriminant validity is supported when the square root of AVE for each construct is greater than its correlations with other constructs.  $p < .05$ .  $p < .01$ .  $p < .001$ .

The results in Table 3 show that all five constructs demonstrate acceptable construct validity. Composite reliability (CR) values range from 0.743 to 0.836, indicating adequate internal consistency for all constructs. The average variance extracted (AVE) values are all above 0.50, which means that each construct explains more than half of the variance in its indicators, supporting convergent validity. The Maximum Shared Variance (MSV) values are lower than the corresponding AVE values for all constructs, suggesting that each construct shares more variance with its own indicators than with other constructs. The square roots of AVE (shown on the diagonal) are higher than the correlations between constructs, indicating good discriminant validity. Correlations among constructs are generally low to moderate, with a few statistically significant relationships, while construct 5 shows very weak correlations with the others. Overall, the values suggest that the constructs are distinct and measured reliably.

## DISCUSSION

The AFDTS emerged with five coherent dimensions of family dynamics. Neglect reflects emotional and protective abandonment by relatives, for example, interviewees described family silence in the face of their abuse and a general lack of caring attention. This aligns with evidence that familial aloofness and rejection undermine transgender people's confidence and well-being. Indeed, Chakkunny and Mand (2024) found that transgender individuals with more negative family experiences had *significantly lower self-esteem*, and regression analyses showed that acceptance predicts better mental health while rejection predicts distress. The Social Shame factor captures the dishonor and stigma placed on the individual by both relatives and the broader community (e.g., family belief that the transgender child “*threatens social standing*,” or is a “*cause of shame*”). This is reflective of honor norms in Pakistan: as Latif et al. (2025) observe, gender transition of a child, especially in a collectivist South Asian society, is perceived as a direct insult to the family, and is usually met with violence or exile. Similarly, Azhar et al. (2024) document khwaja sira in Swat where the internalized stigma is reported (shame) and external stigma such as being denied access to family and community.

The Cultural Masculinity factor emphasizes the need to be a conformist to patriarchal gender norms. Criticizing and even sexually harassing the person due to not fitting the masculine patterns is emphasized by the fact that the people (e.g. male kin deeming the individual to be socially inappropriate) and family members (e.g. harassing the person due to failure to meet the standards) criticize the person. These dynamics are in line with the earlier results: Ahmad et al. (2024) refer to transgender individuals being bullied by their family members who view their gender expression as something unnatural, which is also the same stigma enacted domain. Such reactive effects are typical of the minority-

stress theory: as a result of continuous gender-based assaults, the victims experience chronic psychological discomfort (Meyer, 2003). The Financially Conditional Acceptance factor implies that a family support can be given only in case the member of the transgender branch can provide some economic contribution. Even though this tendency has not been explicitly mentioned in the previous literature, it could be linked to the economic marginalization reported by Shah et al. (2018), such as the Pakistani hijras forced to become beggars or sex workers due to the social exclusion and to the societal expectations that adult children ought to support their families. Lastly, Parental Affection items demonstrate that there is still some warmth and guidance; parents felt loved and monitored (which depended on obedience most of the time). This concurs with other findings of researchers worldwide that acceptance of parents (although not full acceptance) is a potent factor in resiliency. As an example, Ryan et al. (2010) discovered the family acceptance of LGBT youth to be a forecaster of higher levels of self-esteem and protection against depression and suicidality. In our sample, affectionate objects represent this protective aspect of family relations, although they allude to conditional love.

### ***Comparison with Previous Research***

The results are mostly in line with the existing literature regarding transgender family processes and minority stress. The family rejection and emotional neglect are echoed in the South Asia and other studies. Indicatively, according to Latif et al. (25), when families get information about a gender variance in a child, they tend to withdraw both emotional and financial assistance. The same study by Chakkunny and Mand (2024) in Kerala states that family rejection is associated with reduced self-esteem and increased mental health problems. The Social Shame factor goes an extra mile to define the cause of rejection: the fear of dishonoring the family. Latif et al. observe that, in collectivist contexts communal reputation is personal value therefore being viewed as shameful would have strong stigma. Shame is another element of internalized stigma (Ahmad et al., 2024) that is beneficial to note among Khwaja Sira.

Results provided by the Cultural Masculinity reflect the global literature on gender-based harassment. Trans populations are often reported to abuse targets when they break the strict gender norms (Hendricks & Testa, 2012), and our data specify this to Pakistani kinship: male kin insist on masculinity by exerting social pressure and sexual aggression (items in this factor). While there is less direct precedent for the financial-conditional dimension, it complements data on survival strategies: for example, Shah et al. (2018) found high rates of economic dependency (with many trans individuals resorting to sex work or begging) as a consequence of family and institutional exclusion. Across studies, the *protective* impact of any family support is also clear. Our Parental Affection factor, which is conditional, is also consistent with the evidence that family affirmation decisively lowers the risk. It is demonstrated by Ryan and others that adolescents who feel parental love experience much better mental health results than rejected ones (e.g. much less suicide attempts). Our positive factor, therefore, agrees with results that even less than perfect parental acceptance may mediate minority stress (Klein and Golub, 2016).

### ***Cultural and Social Context in Pakistan***

The factors identified should be made in Pakistan, which is a collectivist and honor-based milieu. Family and community are interdependent and transgender aspect is usually regarded not only as a personal characteristic but also an expression of the family as a whole. According to Latif et al. (2025), it is the honor of the family (*izzat*) and adherence to gender norms that are central to identity, and thus, anything that is out of it would appear like dishonor to kin. Our Social Shame and Cultural Masculinity factors are based on this cultural worldview: the criticism and harassment of the relatives are used to preserve the status in the community. Similarly, gender nonconformity is perceived in most Pakistani families as a sin since there are strict religious norms. Kugle (2014) and Rehman and Jami (2019) describe the fact that the traditional Islamic authorities tend to label transgender existence as unnatural, which makes them contend to be excluded. This is indirectly reflected in our scale: as an illustration, Social Shame items (perceiving one as a source of social problems among parents) and Cultural Masculinity items (male relatives regarding one as unacceptable) presuppose religious and moral denunciation. Interestingly, Azhar et al. (2024) discovered that a significant portion of Khwaja Sira are even restricted in coming to mosques and religious events, which is a kind of imposed stigma, and it is closely connected with the stigma of family exclusion. In brief, the culture of *izzat* in Pakistan enhances stress initiated by the family. Communal reputation being personal value as the model by Meyer predicts, any social exclusion costs disproportionate psychological damage.

### ***Contributions of the AFDTS***

AFDTS contributes to both methodological and practical contributions. It methodologically has bridged an important gap in measurement: there has existed hitherto, as regards the unique family experiences of Pakistani transgender adults, no validated scale. The vast majority of existing tools (typically evolved in Western settings) do not consider such notions as honor, conditional acceptance, and particular types of neglect that are recorded in this case. The AFDTS makes sure that the items have a cultural relevance and content validity; thus, it is based on the qualitative interviews conducted with local transgender people. The five-factor model- validated through EFA/CFA- gives the investigator a fined set of instruments to measure family-related stressors as well as facilitates in this group.

In practice the scale can lead to clinical and social interventions. The AFDTS can allow clinicians and counselors to test which domain of the family life is the most problematic (e.g. pervasive shame vs. the economic conditionality only) and tailor their intervention with transgender clients in Pakistan. As an example, a therapist may want to work

on the problem of honor and community stigma during the therapy or family mediation process after learning that a client has a high score on Social Shame. On a policy level, the measure represents an avenue to capture the extent of family rejection - information that may be used to support the programs or advocate. In the studies, the AFDTS allows analyzing the relationship between family dynamics and the outcomes such as depression, substance use, or resilience, which is what the transgender mental health literature currently requires (Nazir & Yousaf, 2022; Latif et al., 2025).

#### Limitations

Several limitations temper these findings. First, Phase I interviews involved only 11 (khunsa) transgender adults. Although thematic saturation was reported, a larger or more Adverse qualitative sample might have revealed additional items or nuances. Additionally, because the scale was validated using a sample of the transgender population in Pakistan, its applicability to transgender individuals in other nations remains uncertain and requires further investigation.

#### Future Research

Future studies should broaden and deepen this work. Replication in larger, cross-cultural, and more Adverse samples will test the generality of the factor structure. Longitudinal research could examine whether AFDTS scores predict mental health trajectories over time, or change in response to family therapy interventions. Qualitative follow-up might explore the *Financially Conditional Acceptance* dimension further, or probe whether additional factors emerge (e.g. in-law relationships, sibling dynamics). Comparative research in other collectivist or Muslim-majority countries would indicate which dynamics are culturally specific versus universal to transgender families. Finally, incorporating the AFDTS into intervention studies could assess its sensitivity to change – for instance, whether family support programs reduce *Social Shame* scores, thereby validating its clinical relevance. Such work will continue to illuminate how family, culture, and identity intersect to shape transgender lives in Pakistan and beyond.

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