

Psychosexual Health and Well-being of Trans and Gender Diverse Individuals in Portugal

(Versão final após defesa)

Mariana Alexandre Banza Henriques

Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da Saúde
(2^o ciclo de estudos)

Orientador: Prof. Doutor Henrique Marques Pereira

agosto de 2024

Declaração de Integridade

Eu, Mariana Alexandre Banza Henriques, que abaixo assino, estudante com o número de inscrição M12475 do 2º ciclo em Psicologia Clínica e da Saúde da Faculdade de Ciências Sociais e Humanas, declaro ter desenvolvido o presente trabalho e elaborado o presente texto em total consonância com o **Código de Integridades da Universidade da Beira Interior**.

Mais concretamente afirmo não ter incorrido em qualquer das variedades de Fraude Académica, e que aqui declaro conhecer, que em particular atendi à exigida referência de frases, extratos, imagens e outras formas de trabalho intelectual, e assumindo assim na íntegra as responsabilidades da autoria.

Universidade da Beira Interior, Covilhã 17/08/2024

Assinado por: **Mariana Alexandre Banza
Henriques**
Num. de Identificação: 15206721
Data: 2024.08.17 18:50:42+01'00'



Dedication

To all trans individuals and those with non-normative gender identities, those present, those absent, those yet to be born, and those whose lives have been taken:

*“São tempos sombrios marcados
pelo ódio e desejo do retrocesso.*

*Não toleram nossa chegada,
não suportam nossas existências,
Se enfurecem com nossa liberdade
E perseguem o tempo todo
nossos poucos direitos...*

*Mas seguiremos bradando por um
Mundo justo e sem preconceitos.
Lutando por justiça pelos que só
Foram e resistindo firmes contra a
Intolerância e a maldade”*

(Erika Hilton)

*“Combinaram de nos matar.
Mas nós combinamos de não morrer”*

(Conceição Evaristo)

*“E que amanhã, que amanhã
possa ser diferente para elas
Que tenham outros problemas e
encontrem novas soluções
E que eu possa viver nelas,
Através delas e em suas memórias”*

(Linn da Quebrada)

Acknowledgments

I frequently contemplate the fact that life is a collective experience, meaning that for any project to have life and exist, it can only be possible through the involvement of diverse sources interacting with each other. As a result of these relational exchanges, outcomes emerge. Here, a work is presented that results from several years of existence and persistence, during which it had several facilitating agents to whom I wish to express my gratitude:

To my parents, Maria Ana and José Eduardo, for raising and shaping part of who I am today, for allowing and sponsoring my academic education. Probably 24 years ago, when you discovered you were pregnant with me, you never thought I would be such a challenge in your lives, and that today I would be here, finishing a dissertation that represents my essence of confronting the standards society wants to see as prevailing, giving voice to various people who are often excluded from that same society, simply for being who they are in their most genuine essence of gender identity.

To Professor Henrique Pereira, words will hardly describe the gratitude I feel for having developed this work with you. Thank you very much for all the guidance provided over these months, not exclusively academic guidance, as I consider and seek your advice for various fields of life due to the regard I have for you. I do not know how to express my thanks for the opportunity to work with you on topics within our field of interest and to have access to your knowledge on these subjects. I still remember entering the University of Beira Interior, starting to show my interest in the areas of sexuality and gender identities among peers, and the feedback I received was that I would love to meet you and have classes with you, and I was in doubt, “What if they are painting a picture that does not match reality?!”; “What if the professor does not like me or I do not like him?!”, these were the questions that lingered in the air, but well, it is good that this was not the reality and today I present this work, by your side. Lastly, I want to thank you for awakening in me a proactive way of having a social impact (or at least trying to) on those human rights I cherish through scientific research. My sincerest THANK YOU, Professor Henrique Pereira.

To the 32 individuals, out of approximately 130 contacts made, who made this research feasible by deciding to invest your time in responding to the survey of my study and allowing me to delve into the various layers of your lives and access your individual experiences as trans and gender-diverse people.

To Marina Isabel, without you, this project would have been impossible in many ways. From the basics to the present day, the path has been diverse, but always with enduring friendship. My sincerest thanks for all the hours dedicated to this project, part of which exists because you exist.

To Maria Vicente, and to the universe for making me, in some possibly external way, stumble through life and find you. Let us say that on the rocket I am now about to launch, you are a fundamental element to keep by my side to make the journey as long, interesting, and enjoyable as possible, and you know I am here to help make your journey have the same characteristics. You are what I consider an ally, in the best sense and use of the word, thank you for all the hours and moments I have had the opportunity to share with you.

To Margarida Lopes, Bruna Pinto, and Beatriz Oliveira for your friendship and support. Without you, living on this planet would not be as colorful and fun. Thankfully, we live in the 21st century and can make full use of calls, video calls, and messages, otherwise, our mailboxes would not withstand it. Thank you for staying present even from a distance and enduring the pauses caused by aerial traffic during a thousand calls.

To Ricardo Seca, for accompanying, supporting, and being part of this journey. For all the hours of conversation, laughter, and reflections, my sincerest thanks. You are another person who will have a guaranteed place on my rocket.

Last but not least, to you, Mariana Henriques. For your ability to take the adverse situations that have happened to you throughout your life and use them as motivation to, at the very least, make changes in the system and the cistema, and this is how psychology entered your life. You have been discovering the power of self-realization in healing your pain through the joint work of the excellent Patrícia Costa, and this is your path; continue, persist, and resist as you have done so far, always think ahead and higher, do not let anyone tell you “you cannot” or “this is not for you” because you increasingly understand what your capabilities are and, even better, you know perfectly well what is for you and what you deserve. THANK YOU FOR EXISTING IN ME.

Resumo

A saúde e o bem-estar psicossocial em indivíduos trans e com diversidade de género (TDG) é um tema pouco explorado, apesar do interesse crescente no estudo desta população. Neste sentido, a presente investigação torna-se necessária para descrever as perceções de indivíduos TDG em Portugal, relativamente às implicações na sua saúde psicológica, social e psicossocial. Foram realizados cerca de 130 contactos a indivíduos TDG, dos quais se obteve resposta de 32 indivíduos, tendo estes constituído uma amostra com uma idade média de 29.56 anos ($DP = 10.73$), que varia entre os 18 e os 59 anos de idade. Foi seguida uma metodologia de investigação qualitativa, cujo objetivo era aprofundar a compreensão do fenómeno em questão, explorando as vivências e perceções das pessoas diretamente envolvidas, sem pretender que os resultados sejam generalizáveis. Foi divulgado assim, um protocolo *online* composto por um questionário sociodemográfico e uma entrevista eletrónica, através de contactos pessoais e redes sociais, disponível de 27 de setembro de 2023 a 7 de novembro de 2023. Os critérios de inclusão neste estudo foram: autoidentificar-se como trans, não-binário ou outra identidade de género que não fosse cis, ter no mínimo 18 anos de idade, entender a língua portuguesa e residir em Portugal. Os dados consistem em transcrições diretas adquiridas das informações fornecidas pelos indivíduos, tendo sido examinados através de uma análise temática para identificar padrões repetitivos de significado, nesse sentido foi necessário passar pelas seguintes etapas: familiarização com os dados, criação de códigos iniciais, procura de temas, revisão de temas, definição e nomeação de temas e produção do relatório. Desta forma, surgiram os seguintes temas recorrentes: experiências de contacto com os serviços de saúde, interações sociais, experiências de discriminação, saúde mental, sistema de suporte social, autoestima, identidade social, sexo e saúde sexual, qualidade de vida e propostas de estratégias de melhoria sociopolítica. Durante todo este processo foram seguidos os critérios *Consolidated Criteria of Reporting Qualitative Research (COREQ)* e foi utilizada a saturação teórica para evitar redundâncias ao longo da produção do relatório. Quanto ao nível de identificação dos temas, o estudo seguiu uma abordagem predominantemente semântica, tendo sido elaborado um *codebook* facilitador da interpretação dos dados de maneira mais consistente e confiável, bem como a melhor identificação e categorização dos temas. Estas categorias permitiram a comparação e o contraste das respostas entre participantes, a identificação de padrões, assim como diferenças. A análise dos temas fornece informação sobre as perceções e experiências dos participantes e sugere os fatores que têm impacto no bem-estar e qualidade de vida

dos indivíduos, da presente amostra, bem como, vai de encontro ao que se tem conhecimento na literatura científica. Esta investigação é uma fonte de informações valiosas, tanto para as pessoas TDG, como para os profissionais e investigadores de saúde física e da saúde mental, alertando para a ação necessária para o desenvolvimento de um ambiente mais inclusivo em relação às diversas identidades e expressões de género existentes, e para a promoção de saúde e bem-estar deste público com uma maior vulnerabilidade em relação à saúde mental. O papel de profissionais especializados é fundamental nesta área, na intervenção, bem como no fortalecimento de um SNS que dê a resposta adequada e necessária a este público. A investigação é igualmente valiosa, para os políticos, beneficiando a criação de leis sociais inclusivas e com evidência científica que promovam e assegurem a saúde psicossocial e o bem-estar desta população; para os professores dos diferentes graus de ensino alertando-os para a realidade experienciada por estes indivíduos nos contextos educativos; bem como para todos os agentes sociais que têm contacto com esta população, com o objetivo de contribuir para a diminuição do estigma, preconceito, discriminação e violência sentidas por estas pessoas.

Palavras-chave

Trans e Diversidade de Género;TDG;Pessoas trans;pessoas não-binárias;saúde psicossocial;bem-estar;Portugal

Abstract

This study aimed to explore and describe the perception of trans and gender diverse (TGD) individuals in Portugal regarding the implications in their psychological, social and psychosexual health. A qualitative investigation was followed, utilizing an electronic survey that was answered by 32 participants. The data was examined through a thematic analysis and the reoccurring themes were as follows: experiences with healthcare services; social interaction; discrimination experiences; mental health; social support systems; self-esteem; social identity; sex and sexual health; quality of life and improvement measures. The analysis of these themes provides information on the perceptions and experiences of the participants and suggests the factors that impact the well-being and quality of life of the individuals in the current sample.

Keywords

Trans and gender diverse;TGD;Trans people;non-binary people;psychosexual health;well-being;Portugal

Contents

Introduction.....	1
Chapter 1.....	3
Internacional Context.....	5
National Context.....	5
Impact on Physical and Psychological Health.....	6
Chapter 2.....	8
Materials and Methods.....	8
Participants.....	8
Design and Procedures.....	10
Design Analysis and Tools.....	11
Chapter 3.....	13
Results and Theme Discussion.....	13
Interactions with Health Services.....	15
Social Interactions.....	16
Experiences in the Job Market.....	16
Sense of Socio-Community Belonging.....	17
Discrimination Experiences.....	18
Discrimination.....	18
Prejudice and Transphobia.....	19
Restrooms.....	20
Violence.....	21
Genitalism.....	21
Mental Health.....	22
Psychological Support.....	22
Depression.....	23
Psychiatric Support.....	23
Dysphoria.....	23
Anxiety.....	24
Coping.....	25
Suicidal Ideation.....	25
Mental Illness.....	26
Gender Discomfort.....	27
Self-harm and Suicide.....	27
Internalized Transphobia.....	28

Social Support System.....	29
Family Support.....	29
Support from Friends.....	30
Meaningful Relationships	30
Self-esteem	30
Self-esteem and Self-confidence	30
Cis Comparison	31
Social Identity	31
Invisibility	31
Passing/Blending.....	32
Visibility.....	33
GAI.....	33
Housing.....	34
Sex and Sexual Health.....	34
Health and STIs.....	34
Sexual Discomfort	34
Sexual Objectification	35
Packer Usage	35
Sexual Intercourse	36
Quality of Life.....	36
Well-being and Quality of Life	36
Fear.....	37
Acceptance and Respect.....	37
Socialpolitical Enhancement Strategy Proposals.....	38
Legal Factors	38
Investment in Education and Awareness of the Topic	38
Faster and More Effective Health Services	39
Greater Training of Professionals Across the Country	39
Health Specifics for LGBTQIAPN+ People.....	40
Integration of TGD People in The Job Market	40
Greater Visibility in the Media.....	41
Inclusion of Neutral/Fluid/Non-binary/Trans Genders in the law	41
Economic Reinforcement of the NHS.....	42
Facilitate Access to Hormone Therapy	42
Control of Discrimination Against TGD People.....	42
Chapter 4	43
Discussion.....	43

Limitations and Recommendations	45
Implications	46
Reference List	47
Theoretical Appendix	58

List of Tables

Table 1 – Sociodemographic Data of Participants

Table 2 – Questions Submitted in the Electronic Questionnaire

Table 3 – Themes and Categories

List of Abbreviations

TGD	Trans and Gender Diverse
HT	Hormonal Therapy
GAI	Gender-Affirming Interventions
GD	Gender Dysphoria
FRA	European Union Agency for Fundamental Rights
CIS	Cisgender
NHS	Nacional Health Service
COREQ	Consolidated Criteria for Reporting Qualitative Research
STI's	Sexually Transmitted infections

Glossary¹

Gender	Based on the sociocultural context, this could refer to gender identity, gender expression, and/or gender role, including the expectations associated with individuals assigned female or male at birth. However, beyond male and female, which can be either transgender or cisgender, there exists a diversity of genders, such as intersex, non-binary, genderqueer, agender, and gender fluid, as well as many other universally recognized genders
Sex	The sex assigned at birth, which may be male, female, or intersex, is determined by physical and biological characteristics, specifically the appearance of external genitalia.
Gender Identity	It consists of self-determined gender identification by the individual themselves.
Gender Expression	The manner in which an individual expresses their gender within their sociocultural context may encompass their attire, accessories, physical expression manifested through hairstyles, hormonal, surgical, and aesthetic interventions, as well as their demeanor, demeanor, and speech. An individual's gender expression may or may not align with their gender identity.
Gender Non-Conformity	The experience felt by individuals whose gender identity, role, and expression are atypical for those assigned a specific gender at birth.
Dysphoria	Emotional state of disorganization and complexity characterized by a constellation of symptoms, such as irritability, discontentment, and interpersonal resentment.
Gender Dysphoria	Gender dysphoria is a state of distress or discomfort arising when a person's gender identity differs from the physical or social gender associated with their assigned gender at birth. It is also a diagnostic term included in the DSM-5, indicating incongruence between the

¹ Having used the following reference as the basis for some of the present concepts: Rodrigues, C. A., Marguilho, M., Ferreira, B., Nascimento, S., Nascimentos, M., Cardoso, S., Silva, M., Pablo, A. C., Soares, C., Fernandes, C., & Gonçalves, M. (2024). Gender Dysphoria: Concepts, Diagnosis and Clinical Management. *Acta Médica Portuguesa*, 37(5), 379-385. <https://doi.org/10.20344/amp.21057>

gender assigned at birth and the gender experienced and self-determined by the individual, accompanied by distress. It is important to emphasize that not all transgender and gender diverse individuals experience gender dysphoria.

Hormonal Therapy

Pharmacological intervention aimed at hormonal distribution to alleviate gender dysphoria experienced by the individual, thereby enhancing their physical and psychological well-being and improving their quality of life.

Puberty Blockers

Pharmacological intervention is employed in young adolescents exhibiting high levels of gender dysphoria, which compromise their physical and psychological well-being, aimed at delaying the development of secondary sexual characteristics with which they do not identify. This procedure is implemented in certain cases until the individual can commence hormonal therapy, in accordance with legal provisions.

Cisgender (Cis)

Individuals whose gender identity aligns with the one assigned to them at birth.

Cisnormativity

Preconceived notion that all individuals are or should be cisgender, encompassing various normative ideas about gender.

Transgender (Trans)

The term encompasses all individuals whose gender identities and/or gender expressions are incongruent with the sex and gender assigned to them at birth.

Trans Man

An individual assigned female at birth, but who self-determines their gender identity as male.

Trans Woman

An individual assigned male at birth, but who self-determines their gender identity as female.

Trans Masculine

The term used to encompass transgender individuals whose gender identity is masculine, yet they do not necessarily self-identify as men.

Trans Feminine

The term used to encompass transgender individuals whose gender identity is feminine but who do not necessarily self-identify as women.

Non-Binary	Gender identities that fall outside the classic gender binary (male or female).
Bigender	Individuals who may partially identify as both masculine and feminine.
Trans Fluid	Individuals who may identify at times as feminine and at other times as masculine.
Agender	Individuals who do not identify with any gender.
Queer Gender	Identifying with a gender different from male or female.
Androgynous	An individual exhibiting characteristics conventionally associated with both female and male sexes.
Transphobia	Attitudes, beliefs, and negative actions directed towards and related to the transgender and gender-diverse population as a group. Transphobia can manifest in the form of discriminatory policies and practices at structural or more specific personal levels. It can also be internalized, occurring when transgender or gender-diverse individuals accept, internalize, and reflect biases associated with themselves. This may result from unintentional ignorance, and its impact is never beneficial.
Misgender	It describes the occurrence in which an individual intentionally or unintentionally misidentifies another person's gender identity.
Sexual Orientation	Term referring to the sexual identity, attraction, and behaviors of individuals towards others based on their gender or sexual characteristics and those of their partners. It is important to emphasize that sexual orientation and gender identity are distinct and independent terms.
Heterosexual	An individual who is emotionally, romantically, and sexually attracted to individuals whose gender identity is opposite to their own.
Heteronormativity	The term used to describe the perspective in which non-heterosexual

sexual orientations are marginalized, ignored, or even subject to persecution in certain sociocultural contexts due to not being perceived as natural.

LGBTQIAPN+	Acronym encompassing individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer and questioning; Intersex; Asexual, aromantic, and agender; Pansexual, polyamorous, and polysexual; Non-binary, and others.
Gay	A male individual who is romantically, affectionately, and sexually attracted to individuals whose gender identity matches his own, whether they are transgender or cisgender.
Lesbian	A female individual who is emotionally, romantically, and sexually attracted to individuals whose gender identity aligns with her own, whether they are transgender or cisgender.
Bisexual	An individual who is affectively, romantically, and sexually attracted to individuals with both male and female gender identities, with a predominant attraction towards one of these genders.
Pansexual	An individual who, in terms of affective, romantic, and sexual attraction, is not limited by any considerations of gender and/or sexual identity.
Polysexual	An individual who, in terms of emotional, romantic, and sexual attraction, may feel such attraction towards two or more genders, but unlike pansexual individuals, does not feel attraction towards all existing genders.
Asexual	An individual who never or rarely experiences sexual desire, regardless of the partner's gender.
Queer	An individual whose sexual or gender identity does not align with societal expectations.
Queerphobia	The practice of erasure in which queer individuals are marginalized from sociocultural contexts.

Introduction

When we set out to conduct a research within the field of gender diversity, we encountered a gap in the scientific literature on this topic, particularly in the Portuguese context. This gap, while challenging for the development of the study, underscores its importance and its contribution to addressing deficiencies in this area of knowledge.

This investigation is conducted within the Portuguese context, it is crucial to highlight the significance of the work done by non-profit organizations advocating for the rights of trans and gender-diverse individuals in our country. Notably, Rede Ex Aequo published the "Guide on Trans Health and Laws in Portugal" in March 2023. At the beginning of 2021, the same association established the first national group for trans youth. In the same year, the first trans community center in Portugal, "Espaço TRANS" was inaugurated in Almada by the organization TransMissão, and funds were raised to develop a shelter for trans and gender non-conforming migrants in Lisbon, resulting in Casa T (ILGA Portugal, 2023). In 2020, Associação Plano i also promoted the availability of an autonomous apartment for trans individuals, primarily serving trans women who are victims of domestic violence. In 2018, the same association created the first shelter for LGBTQIAN+ individuals who are victims of domestic violence, with most of the service users being trans women, victims of crimes committed by partners and family members (Neves et al., 2023a). It is also important to note that in 2018, trans youth gained the right to use their identified name and pronouns in school settings (IGLYO, 2022).

The following work aims to investigate and understand the experiences of Trans and Gender Diverse (TGD) individuals in Portugal concerning their health and psychosexual well-being. The research is divided into six phases. The first phase involves a state-of-the-art review of the topic based on national and international literature. The second phase develops the methodology used in this investigation. The third phase presents the study results, enabling the respective discussion and conclusion. Finally, a theoretical appendix is included, where some final important aspects are discussed.

Throughout the investigation, the term Trans and Gender Diversity (TGD) was adopted, as it is one of the most current and widely used terms in scientific circles, referring to trans people inside and outside the gender binary (male or female), as recommended by Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (Coleman et al., 2022).

Chapter 1

This chapter is grounded in the following scientific activities: (1) publications – including two abstracts in two published books of abstracts and a scientific article published; (2) communications – encompassing three communications conducted at a scientific seminar, at scientific conference, and at a hospital team meeting; and (3) awards – specifically receiving an honorable mention.

Pereira, H. (Ed.). (2024). Psychosexual health and well-being of trans and non-binary individuals in Portugal. *Book of Abstracts*. 1st International Seminar on Interdisciplinary LGBTQIA+ Visibility. <https://lgbtqi.ubi.pt/wp-content/uploads/2024/05/LIVRO-DE-RESUMOS-1.pdf>

Pereira, H., Esgalhado, G., Cruz, M., & Silva, P. (Eds.). (2024). Psychosexual health and well-being of trans and non-binary individuals in Portugal. *Book of Abstracts*. 3rd International Conferences on Clinical and Health Psychology. <https://3ci-pcs.ubi.pt/wp-content/uploads/2024/05/Livro-de-Resumos-3as-CI.PCS .UBI .pdf>

Henriques, H., & Pereira, H. (2024, May 17). Psychosexual health and well-being of trans and non-binary individuals in Portugal (Oral communication). *1st International Seminar on Interdisciplinary LGBTQIA+ Visibility*, Covilhã, Portugal. <https://lgbtqi.ubi.pt/>

Henriques, H., & Pereira, H. (2024, May 20-21). Psychosexual health and well-being of trans and non-binary individuals in Portugal (Oral communication). *3rd International Conferences on Clinical and Health Psychology*, Covilhã, Portugal. <https://3ci-pcs.ubi.pt/>

Henriques, H. (2024). Psychosexual health and well-being of trans and non-binary individuals in Portugal (Honorable Mention). *3rd International Conferences on Clinical and Health Psychology*, Covilhã, Portugal.

Henriques, M., & Pereira, H. (2024). Psychosexual health and well-being of trans and gender diverse individuals in Portugal. *Societies*, 14(8). <https://doi.org/10.3390/soc14080144>

Henriques, H., & Pereira, H. (2024, July 4). Psychosexual Health and Well-being of Trans and Gender Diverse Individuals in Portugal (Oral communication). *Diversity Clinic Team Meeting at the Unidade Local de Saúde de São José*, Lisboa, Portugal.

“Trans” and “Non-binary” Concepts

The term trans encompasses the whole spectrum of people whose gender identity is not congruent with the sex they were assigned at birth (Reisner et al., 2023), however, it is important to consider the heterogeneity of this population (Brennan et al., 2017; Giami & Beaubatie, 2014). These individuals are often associated with hormone therapy (HT) or gender-affirming interventions (GAI), as well as other legal procedures (Giami & Beaubatie, 2014; Giraldi, 2020). It is thus necessary to emphasize that they may or may not choose to undergo such procedures, even if they are considered important by many individuals in their affirmation processes. These procedures are increasingly sought after, especially by trans individuals within the binary framework (Giami & Beaubatie, 2014; Giraldi, 2020), with the aim of achieving greater congruence between their body, gender expression, and gender identity (Giami & Beaubatie, 2014; OPP, 2020). Nonetheless, it is worth mentioning that not all trans people feel that they have been born in the wrong body (Hilário & Marques, 2020), as shown in a recent investigation with trans men, which found that masculinity is embodied in different ways based on different body patterns, which is a reflexive work in relation to the body and its expression of masculinity (Aboim & Vasconcelos, 2022).

Following this logic, it is important to note that not every trans person has a binary identity; that is, they identify as a man or a woman (Hilário, 2017), in this sense, the concept of non-binary emerges. Non-binary refers to people who are not identified in a static and crystallized way within the binary pole between men and women but may instead be fluid, agender, transgender, queergender, or any other designation/combination of gender identity designations (Salinas-Quiroz & Sweder, 2023). These individuals are more likely to experience difficulties in accepting and recognizing their gender identity compared to trans people within the binary pole, which can lead to intensified feelings that their identity is not socially recognized and validated (de Graaf et al., 2021). Therefore, it is important to recognize gender expressions and identities beyond the gender binary (Giami & Beaubatie, 2014).

In the health context, the term gender dysphoria (GD) is used, which, according to DSM-5-TR, characterizes the persistent and prolonged distress associated with the incongruence felt between gender identity and sex attributed at birth (APA, 2023); while, in ICD-11, this phenomenon is labeled gender incongruence (WHO, 2024). In Portugal, GD is a fundamental criterion to be diagnosed, by two independent psychiatrists and/or psychologists specialized in clinical sexology, for an individual to gain access to HT and/or GAI. Currently, these requirements are being challenged by public institutions, such as international political bodies, and activist organizations advocating for the trans community, as human rights violations, since they constrain individuals' rights over their own bodies. (Commissioner for Human Rights, 2009; Giami & Beaubatie, 2014).

In this sense, health contexts can perpetuate stereotypes, as is the case of the binary concept of gender. Specifically, when a transgender individual seeks access to hormone therapy

but had a non-binary identity or exhibits uncertainties regarding their gender-affirmation, many healthcare professionals tend to have reservations concerning the diagnosis of gender dysphoria. These reservations are based on their normative and binary views of the very concept of gender (Hilário, 2017). Thus, as a consequence, many trans individuals conceal their fears during the affirmation process to ensure they receive the GD diagnosis, aligning with the expectations held by healthcare professionals (Hilário, 2017; Pinto & Moleiro, 2012).

The concept of “regret” is often associated with transgender individuals. However, according to a Dutch study, 0.6% of transgender women and 0.3% of transgender men experience feelings of regret after a period ranging from a minimum of 46 to 271 weeks following the beginning of hormone therapy (Wiepjes et al., 2018).

Nevertheless, the greater representation of TGD individuals in the media and the increased accessibility and use of the Internet and social networks can be considered aspects that have influenced the increase in clinical sexology consultations by trans people in recent years, and consequently, greater social acceptance (Wiepjes et al., 2018).

Internacional Context

Internationally, TGD people are still under-represented and the target of discrimination and violence, as the EU-LGBTI II online survey by the European Union Agency for Fundamental Rights (FRA) showed in 2020. Based on this document, the highest rates of discrimination continue to be associated with people from various contexts (work, home, education, and health). Regarding psychological, physical, and sexual violence, the figures are similar, highlighting the difficulties and suffering experienced by TGD people. As a result of this violence, many TGD people experience negative consequences, ranging from psychological problems (depression and anxiety) to fear of leaving the house or visiting certain places, especially if they need to show their identification document.

National Context

Portugal is the 11th country in the world and the 5th in Europe to legally recognize gender based on self-determination (Aboim & Vasconcelos, 2022; Saleiro, 2023), which can be made at a minimum age of 16 years (Decreto-Lei n.º 28/2018; IGLYO, 2022), together with the change of the given name, through the respective legal representatives and a medical report confirming the ability for decision-making and in-formed consent (Decreto-Lei n.º 28/2018; Saleiro, 2023). Regarding current legislation and the legal recognition of gender, there have been positive impacts on the lives of people who have made this change, in that they not only had greater satisfaction with life when compared to those who had not yet made this change but also showed greater psychological, interpersonal, and social well-being (Moleiro & Pinto, 2020). However, there is still no legal framework for non-binary gender (Neves et al., 2023a), and when

the Portuguese population was asked about this topic in the 2019 Eurobarometer, 43% were in favor and 42% were against (EU, 2019).

This paradigm shift, at the national level, is largely due to the intervention of multiple associations and NGOs, which invest heavily in psychoeducation as a way of combating stigma and seek to work in partnership with public bodies so that these issues are discussed and subsequently bring about legislative and social advances. However, despite legal advances in Portugal and acts such as violence and discrimination against TGD people being prohibited by law, they continue to happen. This leads many TGD people to feel that their freedom and self-determination are conditioned and that there is no coherence between the law and their day-to-day experiences, with the presence of violence, rejection, and exclusion in social and family relationships and in the job market (Neves et al., 2023a).

Impact on Physical and Psychological Health

TGD people are exposed to multiple stressors throughout the different stages of their lives. These can be internal (internalized transphobia, hopelessness, fear of revealing their true identity, and victimization) and external (discrimination, violence in various forms, harassment, and rejection), which can have a negative impact on mental health (Giraldi, 2020; de Graaf et al., 2021; Neves et al., 2023b; Testa et al., 2017). Suicidal ideation and self-injurious behavior are the most prevalent psychopathologies in this population (de Graaf et al., 2021; Marshall et al., 2015; Testa et al., 2017; Wiepjes et al., 2020), as well as anxiety, depression, mood, and personality disorders (Bränström & Pachankis, 2019; Hanna et al., 2019; Price-Feeney et al., 2020). Childhood is also shown to have a major impact on the lives of this population, which ends up being expressed in adulthood, since most people not only report difficulties in emotional regulation but also say they are victims of abuse, neglect, and bullying, as well as parental mistreatment during their development (Biedermann et al., 2021). In addition to these difficulties, there is evidence that the teaching context itself is not prepared to intervene with TGD students, and that there is a lack of knowledge about the existence of protocols and/or guidelines for the prevention and identification of risk situations (Sousa et al., 2023).

Following this logic, the impact of HT and/or GAI on the mental health of this population is generally positive, as it contributes to an increase in psychological well-being (Giraldi, 2020) and, consequently, a significant decrease in disruptive and self-injurious behavior (Van Der Miesen et al., 2020).

In this context, it is important to explore how domestic violence is under addressed and weakly punished when directed at TGD people (Neves et al., 2023b), with trans women and non-binary people showing the highest frequency of physical, sexual, psychological, and emotional violence from those they live with, who are close to them, or even strangers (ILGA Portugal, 2023; Neves et al., 2023b). Because these victims have already been exposed to violence in childhood, they often normalize the mistreatment they have experienced and are,

therefore, very resistant to accepting that they are suffering from this type of violence (Neves et al., 2023b).

Another type of violence that affects this community is the victimization of sex workers since the work context is not immune to the stigma associated with it. TGD individuals experience not only a high unemployment rate but also lower levels of dignity at work, resulting in greater precariousness (Baptista et al., 2023; Sadeghipouya, 2023). These types of structural and interpersonal difficulties make this population more vulnerable, leading them to often resort to sex work to ensure survival (Botti & D'Ippoliti, 2016; Fontanari et al., 2019). As a result, the number of incidents of violence against TGD sex workers is higher than that against cisgender people (Cis) (Oliveira, 2018; Scheim et al., 2023). Additionally, being an immigrant is a risk factor that intensifies vulnerability to situations of violence in sex work. As a result of this source of survival, individuals internalize stigmas, especially when seeking health care (Oliveira, 2018).

The stigma and ignorance associated with TGD people is widespread and is incorporated into various contexts, including healthcare. TGD people who have used the National Health Service (NHS) report discriminatory acts, especially the use of prejudiced language by health professionals (Marinho et al., 2020; Rodrigues et al., 2020). In this way, the NHS proves incapable of providing a dignified response to the needs of this population, as it can be seen not only in the lack of use of inclusive language, but also in the delay in the process of accessing GAIs (Marinho et al., 2020), which is detrimental to the health and well-being of TGD people (Hilário, 2017). Often, as a way of responding to these shortcomings, TGD people tend to resort to private health services with high fees or even clandestine methodologies, which often prove to be harmful (Carrara et al., 2019; Hilário, 2017; Neves et al., 2023a).

In this sense, based on a group of 32 self-identified TGD, this study aims to understand and analyze the components that make up their psychosexual health and well-being in the Portuguese context, contributing to the scientific bibliography of this theme.

Chapter 2

Materials and Methods

Participants

A total of 130 contacts were made, of which 32 individuals who self-identified as TGD (11 trans men [34.4%], 10 trans women [31.3%], 6 non-binary [18.8%], 3 fluid trans [9.4%], 1 Trans female [3.1%], and 1 Bigender [3.1%]) fully responded to the sociodemographic questionnaire and electronic interview, which made up the convenience sample for data analysis. The participants had an average age of 29.56 years (SD= 10.73), ranging from 18 to 59 years. In terms of sexual orientation, 31.3% self-identified themselves as bisexual, 21.9% as pansexual, and 15.6% as heterosexual. When asked about their satisfaction with life and their body or body image, using a Likert scale from 1 to 6 (1= very dissatisfied; 6= very satisfied), there was an average of 3.69 (SD= 1.09), and 3.41 (SD= 1.13), respectively. All sociodemographic information regarding the participants is described in more detail in Table 1.

Table 1.

Sociodemographic data of participants (n= 32).

<i>Variable</i>	<i>Categories</i>	<i>n</i>	<i>%</i>
Gender	Trans Man	11	34.40
	Trans Woman	10	31.30
	Non-Binary	6	18.80
	Trans Fluid	3	9.40
	Trans Feminine	1	3.10
	Bigender	1	3.10
Sexual Orientation	Bisexual	10	31.30
	Pansexual	7	21.90
	Straight	5	15.60
	Queer	4	12.50
	Lesbian	2	6.30
	Gay	1	3.10
	Asexual	1	3.10
	Polysexual	1	3.10
	No Label	1	3.10
Sexual Attraction ¹	Cisgender Woman	21	22.30
	Cisgender Man	10	10.60
	Trans Woman	15	16.00

(Continuation)

Table 1.*Sociodemographic data of participants (n= 32) (continuation).*

<i>Variable</i>	<i>Categories</i>	<i>n</i>	<i>%</i>
	Trans Men	9	9.60
	Non-Binary people	11	11.70
	Fluid people	10	10.60
	Agender people	7	7.40
	Bigender	6	6.40
	People	2	2.10
	Feminine or androgynous people	1	1.10
	Women in general	1	1.10
	None	1	1.10
Marital Status	Single not dating	20	62.50
	Single but dating	10	31.30
	Separated	1	3.10
	Divorced	1	3.10
Education	Up to 9 years of school	1	3.10
	Up to 12 years of school	14	43.80
	BA	9	28.10
	Post-graduate	7	21.90
	Professional degree	1	3.10
Place of Residence	Small rural place	5	15.60
	Big rural place	3	9.40
	Small town	11	34.40
	Big city	13	40.60
Socioeconomic Status	Low	5	15.60
	Low-middle	14	43.80
	Middle	10	31.30
	Middle-high	3	9.40
Relevance of Interventions for Gender-Affirmation	Yes, and I've already done some things	18	58.10
	I'm not sure/I have doubts	5	16.10
	Yes, but I haven't done anything yet	4	12.90
	Yes, and the process is complete	2	6.50
	No and I don't plan on doing anything	2	6.50
Others' Perception of Your Gender	Passes as cisgender (gender congruent with the sex assigned at birth)	15	46.90

(Continuation)

Table 1.*Sociodemographic data of participants (n= 32) (continuation).*

<i>Variable</i>	<i>Categories</i>	<i>n</i>	<i>%</i>
	Is seen as a trans or non-binary person	8	25.00
	Don't know/not sure	5	15.60
	It depends	4	12.50
Hormonal Therapy	Yes	16	50.00
	No	16	50.00

¹multiple response item, reflected in frequency and percentage.

Design and Procedures

This qualitative study aims to deepen our understanding of the phenomenon in question by exploring the experiences and perceptions of the people directly involved without claiming that the results are generalizable. To achieve the desired sample, and based on scientific literature, which has shown that the internet is a particularly viable source for sample collection, such as the TGD population (Horvath et al., 2012), an online protocol built for the purposes of this research, consisting of a sociodemographic questionnaire and an electronic interview, was disseminated through personal contacts and social networks, and remained online from September 27, 2023, to November 7, 2023. The sociodemographic questionnaire consisted of questions such as age, gender identity, sexual orientation, education, and marital status, and consisted of ten open-ended questions designed according to the main themes and objectives of the study to guide the data collection process (Table 2). The study was conducted in accordance with the Declaration of Helsinki for studies involving humans and it study was approved by the Ethics Committee of the University of Beira Interior (Portugal) - CE-UBI-Pj-2024-022-ID2212. Participation was voluntary, there was no monetary compensation for it and informed consent was obtained, since all participants were aware of the research objectives and agreed to provide their personal data for this purpose. Confidentiality and anonymity issues were also ensured, with personal data protection guaranteed, including IP address encryption and database confidentiality. The inclusion criteria for this study were: self-identification as trans, non-binary, or another non-cis gender identity, being at least 18 years old, understanding the Portuguese language, and residing in Portugal.

Table 2.

Questions submitted to the electronic questionnaire

-
1. Many trans and non-binary people need to access health services, whether physical or psychological. In your case, how do you describe your experiences of contact with physical and/or psychological health services?

 2. Regarding your day-to-day life, as a trans or non-binary person, how do you describe your social experiences, in relation to public and private services, neighbors, community groups, workplace, that is, your social interactions and activities?

 3. If you deal (or have dealt) with experiences of discrimination, prejudice and/or stigmatization due to your gender identity (transphobia), how do you deal (or have you dealt) with them? What are its main sources (family, society, school, work, etc.). What impact do they have (or had) on your well-being?

 4. For many trans and non-binary people, navigating a social context that does not always understand and respect non-cis gender identities may not be an easy task, leading to possible difficulties in emotional management. So, regarding your mental health, what types of challenges do you experience? Do you have a diagnosis of mental illness? Self-harm or suicidal behavior? Do you take any type of psychopharmacological medication? Do you have psychological/psychiatric support outside of clinical sexology consultations?

 5. Regarding social support, how do you describe your support system from family, friends, or other people or community groups? Do you have people or groups you can count on, trust, or confide in? Who are these people (other trans or non-binary people, cis people, etc.)?

 6. As a trans or non-binary person there are several factors that have had or have an impact (positive or negative) on your self-esteem, general well-being, or quality of life. Could you give us some examples?

 7. Regarding your gender identity, as a trans or non-binary person, how would you characterize the experience of living as a gender minority in today's society? For example, regarding issues such as access to housing, employment, education, health, income, etc.

 8. Regarding issues of a sexual nature (sex and sexual health), what would be the main challenges you would like to highlight? (If applicable) (For example, issues regarding sexual behavior and pleasure; sexually transmitted infections; body image; rejection; sexual problems or difficulties; etc.)

 9. If it were in your hands to take concrete measures to directly improve the quality of life of trans and non-binary people in Portugal, what would you recommend?

 10. Is there anything else that you haven't mentioned about this topic that you would like to add? Please elaborate.
-

Design Analysis and Tools

The data consisted of direct transcripts imported from the information provided by the participants in the electronic questionnaires, and thematic analysis was used to identify repeated patterns of meaning, that is, sets of information expressing similar ideas (Braun & Clarke, 2022). This analysis consisted of the following stages: familiarization with the data, creation of initial codes, searching for themes, reviewing themes, defining, and naming themes, and producing a report (Braun & Clarke, 2006). During this process, the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria (Tong et al., 2007) were considered as reliability criteria to guarantee credibility, dependability, confirmability, and transferability. In

this study, we adopted an inductive approach, also known as the bottom-up approach and theoretical saturation was used to avoid redundancies throughout the report's production. This choice is in line with the aim of exploring in depth the experiences of the TGD people who took part, thus allowing a focus on the subjective experiences reported without the imposition of a pre-existing frame of reference. As for the level of identification of the themes, the study followed a predominantly semantic approach, and a codebook was drawn up to facilitate a more consistent and reliable interpretation of the data as well as better identification and categorization of the themes. These categories made it possible to compare the responses between participants to identify patterns and differences. For this study, we chose to use the codebook because of its ability to combine the reliability of coding with more reflective elements of thematic analysis (Braun & Clarke, 2022). This approach proved to be advantageous as it allowed data analysis to be relatively objective while simultaneously involving a certain amount of controlled subjectivity. Supporting quotes from different participants are also provided throughout the presentation of the results as a way of adding transparency to the findings and interpretations of the data.

Chapter 3

Results and Theme Discussion

Content analysis of the 32 participants' responses revealed recurring themes spanning ten categories, as shown in Table 3. Below are the descriptions and discussions of these themes, providing illustrative quotes from the participants.

Table 3.
Themes and categories.

Themes	Categories
1. Interactions with Health Services	Interactions with Health Services s4 (4x), s6, s7, s9, s10, s11 (2x), s12, s13 (2x), s14, s19 (2x), s20, s22, s23, s24, s26, s27 (2x), s28 (2x), s30 (2x), s31 (2x)
2. Social Interactions	Experiences in the Job Market s4, s10, s11 (2x), s12 (2x), s13, s17, s18, s19, s21, s23, s26, s28, s31, s32 Sense of Socio-Community Belonging s1, s5, s19, s20, s23
3. Discrimination Experiences	Discrimination s1 (2x), s2, s3, s4, s6, s11, s12, s13, s14, s17, s22, s23, s25 (2x), s26 (3x), s27, s29, s30 (2x), s31 (3x), s32 (2x) Transphobia s1 (3x), s4, s7, s10, s13 (2x), s14, s18 (3x), s21, s22 (2x), s23, s27, s28 (3x) Prejudice s1, s2, s15, s17 (2x), s19, s32 (3x) Restrooms s1, s4, s12, s13, s20, s24 Violence s6, s7, s12, s13 (3x) Genitalism s10, s12, s27
4. Mental Health	Psychological Support s1, s2 (2x), s3, s5 (2x), s6, s8, s9, s10, s11, s12, s13 (2x), s14, s18, s19, s22, s24, s25 (2x), s26, s27 (2x), s31, s32 Depression s1, s3, s5, s6, s7, s10, s12, s13 (2x), s14, s18, s19 (2x), s27, s28, s30, s31 (3x), s32 Psychiatric Support s3, s5 (2x), s6, s7, s12, s13, s14, s18, s19, s26, s27, s30 Dysphoria s3, s4, s5, s9, s12, s13, s14, s21, s25, s26, s29, s30 Anxiety s2, s3, s5, s12, s13 (2x), s17, s18 (2x), s19, s26, s27, s30, s31 Coping s1, s3, s4, s5, s6, s8, s11, s13, s21, s22, s26 (2x), s31 Suicidal Ideation s1 (2x), s5, s8 (2x), s12, s13, s18, s19 (2x), s27, s30, s31 Mental Illnesses s3, s6, s13, s18, s21, s26, s27, s31 Gender Discomfort s2, s4, s8, s12, s13, s15, s27 Suicide s4, s7, s10, s12, s18 Internalized Transphobia s5, s7, s25, s31

(Continuation)

Table 3.*Themes and categories (continuation).*

Themes	Categories
5. Social Support System	Family Support s1 (3x), s3, s4, s5, s7, s8, s9, s10 (2x), s11, s12 (2x), s13 (4x), s14, s15, s17 (2x), s18 (3x), s19, s2, s21, s22, s23, s24, s26, s27, s28, s30, s31 Support from Friends s4, s6, s7, s8, s9, s10 (2x), s11, s12, s14, s17 (2x), s19, s20, s21, s23, s24, s25, s26 (2x), s27, s28 (2x), s29, s31, s32 Social Support s1 (3x), s2 (3x), s3, s4 (2x), s5, s6, s10 (2x), s11, s18, s20, s21, s22, s23, s24, s25, s26 (2x), s27 Meaningful Relationships s7 (x2), s8, s11, s13, s15
6. Self-esteem	Self-esteem s1 (3x), s5, s10, s13 (2x), s15, s17, s18 (2x), s19 (3x), s22, s23, s24, s27, s28, s32 Self-confidence s1 (2x), s13, s15, s17, s23, s25, s26 Cis Comparison s2, s27, s29
7. Social Identity	Invisibility s1, s2 (3x), s5, s6, s7, s8 (2x), s12, s13, s15, s16 (2x), s19 (4x), s21, s25, s26, s27, s30 Passing/Blending s1(3x), s3, s13, s14, s17, s19, s25 Visibility s1 (3x), s4, s13, s15, s19, s27 GAI s4 2x, s5, s11, s21, s32 (2x) Housing s1, s2, s7, s18, s31
8. Sex and Sexual Health	Health and STIs s1, s2, s9, s17, s20, s26 Sexual Discomfort s4, s8, s10, s12, s30 Sexual Objectification s1, s2, s9, s26, s31 Packer Usage s4, s10, s13 (2x) Sexual Intercourse s6, s11, s18
9. Quality of Life	Well-being s1, s12, s13, s18, s23, s24 (2x), s27, s31, s32 Fear s1, s2, s4, s5, s7, s15, s19, s30 Acceptance and Respect s1 (3x), s2, s11, s20, s24, s28 Quality of Life s1, s18, s23
10. Sociopolitical Enhancement Strategy Proposals	Legal Factors s1, s2 (2x), s13, s17, s19 (3x), s20, s22, s25 (3x), s26 (3x), s28 (2x), s29, s31 (5x), s32 Investment in Education and Awareness on the Topic s1 (2x), s2, s13, s15, s17 (2x), s19, s22, s23, s24, s26 (2x), s28 Faster and More Effective Health Services s4, s6, s7, s8, s17, s21, s24, s27, s28, s29, s30 Greater Training of Professionals Across the Country s6, s11, s12, s19, s22, s24, s27 Health Specifics for LGBTQIAPN+ People s6, s7, s8, s13, s22, s29 Integration of TGD People in the Job Market s13, s15, s16, s17, s18 (2x) Greater Visibility in the Media s1, s13, s18, s24 Inclusion of Neutral/Fluid/Non-binary/Trans Genders in the Law s7, s9, s19, s20 Economic Reinforcement of the NHS s6, s10 (2x), s27

(Continuation)

Table 3.

Themes and categories (continuation).

Themes	Categories
	Facilitate Access to Hormone Therapy s12, s14, s25
	Control of Discrimination Against TGD People s19, s31

Note. S represents each participant who reported a certain category when analyzing the results. GAI = gender-affirming interventions. STI = sexually transmitted infections.

Interactions with Health Services

Several TGD people describe the existence of discrimination and non-inclusion in their experiences of contact with health services from going through situations where ethics are not complied with, where there is a refusal to perform GAI, and the assessment of the individual's gender identity based on the domestic tasks they perform (Marinho et al., 2020). These individuals also experience situations of ridicule, hear that the changed sex on their identity card is incorrect, and experience situations of discouragement from exploring their gender identity and denial of this by doctors (Rodrigues et al., 2020), as well as the denial of services and information (James-Abra et al., 2015; Reisner et al., 2015b). There are several difficulties that this population experiences in accessing health services (Scandurra et al., 2017), something that is present in this investigation, where some participants reported experiences of discrimination in these contexts, as it can be seen in the following transcriptions:

I choose the ones I know are inclusive, as I have been a victim of queerphobia and denial of care. (Non-binary, 27 years old, queer)

Terribly, there is basically no public health in this country, especially aimed at the LGBTQIAPN+ population. (Trans man, 28 years old, pansexual)

In my journey, I only met one doctor with whom I clashed, because that person seemed more like a transphobe. (Trans woman, 55 years old, lesbian)

On the other hand, several subjects mentioned long waiting times, something that has already been described in the literature (Marinho et al., 2020), by a response from such services as something negative:

In hospitals it has been a somewhat difficult experience, due to bureaucracy and long waiting lists for 15-minute appointments. (Trans man, 24 years old, bisexual)

The entire process has gone well, despite some delays and setbacks, which become frustrating. (Trans woman, 55 years old, lesbian)

Some participants reported positive experiences with these services despite long waiting times, demonstrating being satisfied with them:

My experience has been very positive, I am very satisfied with the service provided at a hospital, in Lisbon, despite the big problem with the National Health System, where everything takes forever. (Trans woman, 47 years old, bisexual)

As a woman who uses the National Health System for general medicine consultations, I am very satisfied with the service. (Trans woman, 59 years old, pansexual)

Finally, it is known that there are TGD individuals who use private health services (Hilário, 2017; Neves et al., 2023a), as is the case with some participants in the present investigation, since they felt that public health services are unable to provide an adequate response:

I turned to private health insurance, having found it easier for those who have conditions like mine, but for those who don't, unfortunately, I feel that there is a gap in public care for trans lives. (Trans man, 24 years old, bisexual)

Contact with public health services was rubbish, having resorted to the private sector, after several attempts at public follow-up, where there were constant cancellations of appointments, and when I finally managed to get follow-up there, in the second consultation, the doctor retired, no having been replaced by another. (Trans man, 25 years old, heterosexual)

Social Interactions

Experiences in the Job Market

It is known that in work contexts, TGD people are more vulnerable to experiencing discrimination when looking for a job (Aparicio-Garcia et al., 2018; Scandurra et al., 2017), which can take different forms, such as difficulties in finding a job, being fired or denied promotions, consequently developing health problems and experiencing moral or sexual harassment (McFadden & Crowley-Henry, 2016), and it is possible to verify such events have been felt by some of the participants in the following transcripts:

I was fired after a month of experience in a store, solely and exclusively for not having a cisgender appearance, having been told that I didn't have the company's image. (Non-binary, 22 years old, pansexual)

I've felt some obstacles at work, especially when I looked less masculine. (Trans man, 25 years old, heterosexual)

Looking for work is one of the situations in which I feel most vulnerable to transphobia, to the point of being unemployed. (Transfeminine, 29 years old, bisexual)

On the issue of work, especially in the artistic world, the issue of transfake and the lack of access for the trans and non-binary population to the job market in general, directly impacts these people's quality of life. (Fluid trans, 28 years old, queer)

To mitigate instances of discrimination, such as those previously mentioned situations, some individuals choose to conceal their TGD identity, their history affirmations, or their association with the TGD community in various contexts, particularly in the workplace, out of fear of negative responses from others (Beauregard & Whiley, 2021; Rood et al., 2017a), as we can observe in these reports:

Regarding work, I hide my transition at all costs because I was always fired because of who I am and I was known at one job as the guy who urinated while sitting down. (Trans man, 22 years old, heterosexual)

It is known that TGD people end up resorting to sex work, due to the low employability they are affected by the existing discrimination, and because of their prospective income, they can achieve by doing this work (Botti & D' Ippoliti, 2016), as seen in the following quotes:

I have been working in the sex industry for 5 years between Brazil and Portugal, despite it being a job that provides me with good financial results and security, and through it I was able to have my surgeries, I don't feel happy. (Trans woman, 36 years old, heterosexual)

Having no income, other than the photos I sell. (Trans woman, 22 years old, lesbian)

However, some participants reported positive experiences in the job market, with feelings of belonging and a low frequency of discrimination experiences:

I am welcomed by my co-workers even though there is always one or two who don't respect me. (Trans man, 24 years old, bisexual)

I have never experienced any transphobic situations in work environments. (Trans woman, 36 years old, asexual)

Sense of Socio-Community Belonging

As they experience stigmatization, prejudice, and discrimination, TGD individuals may feel that their access to social support is compromised, and this phenomenon is intensified by the presence of internalized transphobia, which in turn leads to feelings of guilt and shame (Garro et al., 2022). As we can see in the following transcript, an individual reported feeling little socio-community belonging:

Almost non-existent social support, few people know. (Trans woman, 29 years old, bisexual)

On the contrary, in the present sample, we also found individuals who felt integrated in their social contexts, as can be seen:

The vast majority of the social interactions I have are positive, both in the neighborhood and in the community groups in which I am part. (Non-binary, 23 years old, no labels)

I don't feel like I'm a gender minority, I feel integrated into society like anyone else, with normal access to all contexts. (Trans woman, 59 years old, pansexual)

It is important that TGD people have a sense of belonging to their community, which is an important protective factor for their mental health and resilience, functioning as a support and promoting stability (Amodeo et al., 2017; Barr et al., 2016). Some individuals tended to unite with people with similar life experiences as a way of finding a sense of belonging:

I have feelings of belonging due to the unity within the community itself. (Fluid trans. 28 years old, queer)

The vast majority of people I can count on are cis, although they are part of the community in other ways. (Non-binary, 20 years old, bisexual)

Discrimination Experiences

Discrimination

Discrimination is something that is very present and experienced by people who identify as TGD, and the more they affirm and live their identities openly, the more vulnerable they are to situations of discrimination compared to people who, on the contrary, hide it (Bränström & Pachankis, 2021). In the following reports, we analyzed the situations of verbal and non-verbal discrimination:

I experienced a situation of discrimination in the center of a city in the interior of the country, in which an individual verbally attacked me, shouting threats, at around 3pm. (Non-binary, 23 years old, no labels)

Social interactions are good, when they don't know about the transition; after becoming aware of it, everything changes, it becomes unpleasant due to the looks and comments. (Trans man, 22 years old, heterosexual)

At university, being in the field of chemical engineering, I sometimes feel resistance to my presence, as if they subtly wanted me to change programs. (Non-binary, 22 years old, pansexual)

This last individual's revelation is consistent with the findings that engineering students have more negative attitudes towards TGD people than other academic areas (Ozamiz-Etxebarria et al., 2020).

In the present study, the sample included some individuals originally from Brazil, who currently live in Portugal, with the following report of discrimination, which occurred in the participant's country of origin:

I was attacked for being transgender, tortured for 1h40 minutes with punches, kicks, belts, scissors, and a firearm, it was traumatizing. (Trans man, 28 years old, pansexual)

One form of discrimination most felt by our participants was not seeing their identity respected, often being addressed by their legal name rather than their social name, and experiencing cisnormative and heteronormative assumptions about their identity (James-Abra et al., 2015) as we can analyze in the following passages:

People don't respect my gender identity or immediately assume that I have the gender I was assigned at birth and with which I don't identify, which is worse when these people are close to us and/or even family members. (Trans man, 21 years old, pansexual)

In the case of public or private services, administrative staff, due to lack of knowledge or will, do not respect the social name. (Trans woman, 47 years old, bisexual)

It is known that respect for the social name chosen by TGD people predicts lower depressive symptoms and ideation, as well as suicidal behavior (Russel et al., 2018). In this investigation, we also found individuals who reported not suffering any type of discrimination in their lives, as we can analyze in the following transcripts:

I am fortunate to not experience discrimination or any type of negative attention from other people. (Non-binary, 33 years old, polysexual)

I have never felt discrimination, prejudice, or stigmatization, because I am trans, I feel perfectly accepted by the world around me. (Trans woman, 59 years old, pansexual)

Prejudice and Transphobia

TGD individuals report receiving negative social messages regarding their gender identity, often being seen as aberrations, having mental problems and deviant sexual behavior, and being inherently liars as they are dishonest about their gender (Rood et al., 2017b). These individuals are often victims of harassment, trauma, and sexual assault, with non-binary individuals presenting the highest values (Lefevor et al., 2019). In this investigation, we found

individuals who suffered from prejudice and transphobia on a daily basis, occurring in different contexts:

Transphobia is daily, it accompanies me just because it exists. (Trans man, 28 years old, pansexual)

I don't often receive openly transphobic attacks, but microaggressions and covert transphobia are (too) normal in my daily life, coming from everywhere. (Transfeminine, 29 years old, bisexual)

Prejudice always takes precedence over everything, be it work, housing or education. (Trans woman, 29 years old, heterosexual)

Almost every time I was sick, they asked me to do HIV tests. (Non-binary, 24 years old, gay)

There were individuals who, out of fear of prejudice, tended to hide their identity as a way of preventing this from happening, as we can analyze in the following report:

For fear of prejudice, I don't talk about being trans with anyone outside my family circle. (Trans man, 45 years old, bisexual)

Restrooms

TGD people tend to face discrimination related to the use of public bathrooms (Puckett et al., 2019), many of whom are prohibited from accessing the toilet they identify with and, in these moments, they end up not being treated by the correct pronouns (HRC, 2023; HRC, 2018), as we can analyze in the following report:

At a nightclub I was kicked out of the women's bathroom twice, the one I identify with and feel safe going to. (Non-binary, 23 years old, no labels)

These events result in, in many cases, total avoidance of using public bathrooms due to discriminatory barriers to access (HRC, 2018) and the insecurity they feel (HRC, 2023), leading individuals to try to hold their need to urinate for as long as possible and feel safe when using individual bathrooms. These circumstances lead to fear and trepidation in these people regarding the use of such spaces, as we can see in the following statements:

Constant fear of using the gym changing rooms and similar spaces, or of someone who doesn't accept it, is foolish, finds out and wants to harm me. (Trans man, 22 years old, pansexual)

I spend time in the public bathroom so I can use the toilet. (Trans man, 22 years old, heterosexual)

As there aren't always bathrooms with doors, I have to hold my urine for hours until I find a bathroom with a door and a toilet, it's inhumane and certainly affects the self-esteem of any trans man. (Trans man, 28 years old, pansexual)

Violence

As previously mentioned, TGD people are vulnerable to various forms of violence, both physical and psychological (see: FRA, 2020; ILGA Portugal, 2023; Neves et al., 2023a; Neves et al., 2023b). In the following transcripts, we can analyze the experiences of these two forms of violence felt by two individuals:

The biggest source of my mental health challenges is the psychological violence that my mother and I suffered from my father. (Trans man, 20 years old, bisexual)

I have already been raped by a cisgender woman and I was never taken seriously, because I am trans and because I am a man. (Trans man, 22 years old, heterosexual)

Genitalism

Genitalism is what we conventionally call the set of ideas, signs, and symbols that have been constructed over time to create a discourse in our society about the idea of genitalia. This was mentioned by some of our participants:

I have always been physically rejected and I apologize in advance for citing the expression I hear most often: "you have a vagina, how disgusting!", only being able to engage with me, if there was no type of contact with my body. (Trans man, 22 years old, heterosexual)

I went through an episode of genitalism, but I didn't let it affect me. (Trans man, 24 years old, bisexual)

Some TGD individuals reported not feeling respected and accepted by cis people belonging to other sexual minorities (Rood et al., 2017b), as we can analyze in the following transcript:

I have been rejected many times by gay cis men, for having female genitalia and making them confused or not being shaved like many cis women, they diminish the man I am because I don't have a penis like them and that affects me. (Trans man, 24 years old, bisexual)

Mental Health

This population experiences significant disparities in mental health (Scandurra et al., 2020) and, in addition to the stressors that the general population experiences, they are vulnerable to higher rates of discrimination, violence, and rejection due to their identity and/or gender expression (Hendricks & Testa, 2012), as well as internalized transphobia (Scandurra et al., 2018). It presents a higher prevalence of mental health problems (Mezza et al., 2024), with symptoms of anxiety and depression (Puckett et al., 2019; Scandurra et al., 2017), as well as suicidal ideation (Scandurra et al., 2017). In the following transcripts, it is possible to analyze how these two participants felt about their mental health:

I feel like my mental health is often affected by my trans experience. (Non-binary, 22 years old, pansexual)

Our emotional and psychological lives are very shaken. (Trans woman, 36 years old, heterosexual)

This phenomenon of TGD people experiencing very specific stressors due to their gender identity and/or expression is known as minority stress, a process that develops on a continuum from distal stressors, which involve events external to proximal stressors, which are more subjective, as they depend on individual perception and assessment (Meyer, 2007). Distal and proximal stressors are positive predictors of suicide attempts and depressive and anxiety symptoms; in contrast, they are negative predictors of well-being (Brennan et al., 2017; Hunter et al., 2021; Jäggi et al., 2018). This specific stress can be analyzed in the following excerpts.

A certain way of acting and dressing is often imposed on me, with which I do not identify, which causes me some suffering. (Trans fluid, 19 years old, bisexual)

As a trans person, I feel like I don't have much space to be vulnerable, I feel a constant need to be and do my best. (Non-binary, 22 years old, pansexual)

Psychological Support

In the present sample, we found individuals who currently benefited or have benefited in the past from psychological support, as we can analyze in the following quotes:

I am lucky enough to undergo psychological therapy with a person trained in gender and trans-identity studies. (Non-binary, 33 years old, polysexual)

In psychological terms, I was very well supported through a community organization, which helped me with everything in the beginning of my process and I owe it everything I managed to achieve. (Trans man, 24 years old, bisexual)

Depression

Higher levels of clinically significant depressive symptoms are found in TGD people (Brennan et al., 2017), as well as anxiety and psychological suffering, which in turn score lower in relation to well-being (Hunter et al., 2021; Lefevor et al., 2019). It is known that among gender minority individuals, non-binary people present greater depressive symptoms and psychological suffering (Jäggi et al., 2018; Lefevor et al., 2019). It is also known that people with TGD life experiences, who have low levels of resilience, tend to have higher levels of depressive symptoms (Scandurra et al., 2017). In the following transcripts, we can see reports from individuals who mentioned having been diagnosed with depression or having been diagnosed with depression in the past.

I am diagnosed with depression. (Trans man, 18 years old, bisexual)

I have been diagnosed with major depression. (Fluid trans, 28 years old, queer)

I already had depression and I had a good team at the National Health Service, who helped me overcome it. (Trans woman, 55 years old, lesbian)

Psychiatric Support

In the present sample, some individuals said they had received psychiatric care, as can be seen in the following transcripts:

I have regular psychiatry appointments. (Non-binary, 22 years old, pansexual)

I am followed at a public hospital in psychiatry. (Trans man, 24 years old, bisexual)

Dysphoria

Individuals who experience GD have higher levels of depressive symptoms and those who experience less GD have higher scores in terms of well-being (Hunter et al., 2021). As we can see in the following transcript, an individual felt an improvement in his GD after performing GAI:

My dysphoria and feeling unwell have reduced considerably since I managed to have the mastectomy privately, however my dysphoria is coming back with a vengeance, due to the waiting time for phalloplasty. (Trans man, 22 years old, pansexual)

However, GD is a dynamic process in the sense that as some dysphoria are resolved in the individual, others may emerge, as can be seen at the end of the previous transcription. In the present study, it was also possible to analyze the existence of several participants who reported the negative impact that GD had on themselves:

One of the main challenges I feel is that I have a vagina and breasts, while I would like to have a penis. (Trans man, 18 years old, bisexual)

It's always a challenge to get out of bed, look in the mirror and only be able to see a female body and not one that corresponds to how I identify, ending up not being able to look in the mirror some days. (Non-binary, 20s, bisexual)

There are temporary ways to try to mitigate the effects of GD on individuals, such as tucking, which is a practice used predominantly by trans women, or TGD individuals, with a penis aiming to hide the contour of the penis and testicles. It is common for these techniques to be reinforced with compression underwear or specific clothing for this purpose, as well as through adhesive tape. These techniques can lead to dermatological lesions due to genital compression, which can be avoided through appropriate anogenital care (Christensen et al., 2023). This practice can be analyzed in the following excerpt:

At the time I was missing the name, dysphoria... in fact it was about not being able to enjoy seeing that little lump in my groin. I tried to ignore it, then I wore underwear that was a size smaller than mine (it left me very sweaty with marks, causing me discomfort or pain quite a few times). Nothing about my clothing brought me comfort until the first day I looked in the mirror with my penis tucked in and my groin area smooth, since then it has become something I have done, for a year and a half, daily, something that has allowed me looking in the mirror and not feeling disgusted... tucking gave me confidence, it made me feel like myself. At the same time, it's something that I had to investigate on my own and "invent" for myself, I feel that even today I'm reinventing the tucking I do, improving it. I feel that there is a lack of information on how to do it specifically and especially how to do it comfortably and without health risks. (Non-binary, 22 years old, pansexual)

It is important to highlight that GD occurs in a certain context and space of time, with the following transcription exemplifying this phenomenon:

Inside the bubble, life runs naturally, outside bubble, dysphoria takes place. (Fluid trans, 34 years old, pansexual)

Anxiety

TGD individuals experience more symptoms of anxiety and social anxiety (Brennan et al., 2017) than cis individuals, as shown in the following transcripts:

I feel like I'm an anxious person and sometimes I have panic attacks, there are phases in which I don't want to go out for anything, and I wait for it to pass, trying to distract myself. (Trans woman, 29 years old, heterosexual)

I have been diagnosed with generalized anxiety disorder. (Fluid trans, 28 years old, queer

Non-binary individuals tend to suffer more anxiety than TGD people within the gender binary pole (Lefevor et al., 2019), as can be seen in the following excerpts:

Mainly I feel anxiety, and I've felt that something more could happen to me at any moment (attacks...), but I'm better regarding that now. (Non-binary, 24 years old, gay)

I have a diagnosis of anxiety for which I take sertraline and sedoxil every day, and in emergency cases, victan. (Non-binary, 20 years old, bisexual)

Coping

In general, TGD individuals tend to use some strategies to deal with situations of discrimination (Reisner et al., 2015a; Reisner et al., 2015b), such as affirming their identity (Amodeo et al., 2017), disseminating information, and defending their rights, but also through internalization, distancing, and resistance, such as drug use (Puckett et al., 2019), with cannabis being the most prevalent (Hughto et al. 2021) . Resilience in this population is a protective factor against the effects of stigmatization on mental health (Amodeo et al., 2017). However, it is known that perceived discrimination predicts loneliness experienced by TGD people, with coping strategies playing a mediating role between perceived discrimination, psychological health, and loneliness (Sadiq et al., 2014). Below, we can analyze some representative excerpts of coping strategies used by some of the participants in this study:

I am a transgender activist; I have made public publications about LGBTQIAPN+ rights vs. Law. (Trans man, 28 years old, pansexual)

As a general rule, in formal contexts I simply choose to treat myself as a cis woman, in order to avoid problems and discrimination. (Trans fluid, 19 years old, bisexual)

In relation to situations of discrimination, I run away if I can, otherwise I don't respond and leave the place. (Trans woman, 36 years old, asexual)

When people stigmatize me, I tend to tell people to fuck off. (Trans woman, 22 years old, lesbian)

Suicidal Ideation

It is known that TGD individuals have a higher prevalence of risk factors when it comes to suicidal issues, both in terms of ideation and attempts (Brennan et al., 2017), because of discrimination exposure and the shame they feel in their daily lives (Scandurra et al., 2017),

depressive symptoms, lack of social support, minority stress, and social disintegration, which many of these people feel throughout their lives (Bränström et al., 2021). In contrast, there is a reduction in suicidal ideation when there are higher levels of resilience (Scandurra et al., 2017). In this sample, some participants were identified with levels of suicidal ideation, as verified in the following excerpts:

Sometimes I think about going to sleep and not waking up, that would be the best solution for my problems. I wish I had the courage to end my own life, but I never tried to make any attempt. More recently and for the first time, I had the idea of taking a pack of calming medications, but I only had the idea for a few seconds, I didn't have it in my head, and I quickly eliminated this thought. (Non-binary, 23 years old, no labels)

I have constant suicidal ideation. (Transfeminine, 29 years old, bisexual)

I have already planned suicide and suicidal thoughts appear with some regularity. (Trans fluid, 19 years old, bisexual)

Mental Illness

Individuals in the present sample reported the presence of mental disorders, particularly those related to neurodivergence, which has been increasingly correlated with TGD identities. There has been a noted prevalence of autism spectrum disorders and attention deficit hyperactivity disorder, although the latter shows results with limited significance (Glidden et al., 2016; Van Der Miesen et al., 2016; Thrower et al., 2020). However, further studies are necessary to understand the reasons and specifics of these correlations (See: Wattel et al., 2022). Next, we can analyze some participants in the research who revealed some of these characteristics:

I'm Asperger. (Trans woman, 36 years old, asexual)

I am a neurodivergent person (autism and ADHD) and dyslexic. (Non-binary, 22 years old, pansexual)

I have diagnosed C-PTSD/ADHD. (Trans woman, 22 years old, lesbian)

Additionally, there were instances of bipolar and borderline personality disorders and alcohol consumption disorders, as evidenced by the following transcripts:

I am diagnosed with bipolar disorder. (Trans man, 18 years old, bisexual)

I am treated for alcoholic disorders. (Trans man, 28 years old, pansexual)

I am currently diagnosed with borderline personality disorder. (Trans man, 24 years old, bisexual)

Gender Discomfort

Throughout the interviews, the gender discomfort felt by some of the participants was notable, from the discomfort felt when using public bathrooms to the inability to see their image reflected in the mirror, to the discomfort that makes it impossible to reach sexual satisfaction with the presence of orgasm, as can be seen in the following quotes:

Related to gender discomfort, I go through it when I go to a public health place and want to use a bathroom. (Non-binary, 24 years old, gay)

My lack of comfort with my body can make it difficult for me to reach orgasm when I'm having sex with my girlfriend, I feel the need for a lot of physical contact or to be covered up. (Fluid trans, 19 years old, bisexual)

Not being able to see myself in the mirror, going to the beach. (Trans man, 22 years old, heterosexual).

Summer, wearing a shirt on the beach causes discomfort and reminds me of my breasts and how they still embarrass me. (Trans man, 28 years old, pansexual)

When I go to the beach, I wear a shirt, even though I've already had surgery. I don't swim in pools, as I don't go shirtless in public. (Trans man, 45 years old, bisexual)

Self-harm and Suicide

TGD individuals are more likely to engage in self-injurious behaviors (Lefevor et al., 2019; Taliaferro et al., 2018), think about suicide (Aparicio-Garcia et al., 2018; Lefevor et al., 2019) and have attempted suicide in the past, with non-binary individuals showing higher levels of self-harm and suicidal ideation (Lefevor et al., 2019). As protective factors for these behaviors, significant relationships with family and other people stand out (Taliaferro et al., 2018), higher education levels, and lower levels of internalized transphobia (Perez-Brumer et al., 2015). Access to HT is also associated with a lower likelihood of attempting suicide (Brennan et al., 2017). In the present investigation, we found some individuals with self-injurious behaviors and suicide attempts, as well as the two combined, as we can observe in the following transcripts:

I only made one attempt, and it was 2 years ago, during a suicidal episode. (Transfeminine, 29 years old, bisexual)

I have made several suicide attempts and have been cutting myself since 8th grade. (Trans man, 20 years old, bisexual)

I've had self-harm behaviors and tried to commit suicide. (Trans man, 22 years old, heterosexual)

I have self-injurious behaviors (although some I only recently realized were harmful). (Non-binary, 20s, bisexual)

I've been hospitalized for a few months for self-injurious and suicidal behavior. (Trans man, 22 years old, pansexual)

In some cases, participants resorted to socially accepted forms of self-mutilation, such as getting tattoos and piercings, as it can be seen in the following transcript:

I developed masochistic characteristics, my interest in tattooing and piercing is related to the stimulus of controlled pain. (Trans woman, 22 years old, lesbian)

Internalized Transphobia

Minority individuals tend to internalize negative attitudes and prejudices associated with them (Hendricks & Testa, 2012), as part of their own value system, adapting their self-concept to be congruent with stigmatizing responses (Herek et al., 2009). In the case of TGD people, this process is known as internalized transphobia, which can be conceptualized in four dimensions, namely, pride, passing, alienation, and shame, and it is possible to analyze this as a process of minority stress (Bockting et al. 2020). This phenomenon is not directly observable, but is still potentially harmful (Hendricks & Testa, 2012), as it increases the likelihood of developing psychological problems, such as depressive and anxiety symptoms, as well as being related to feelings of greater loneliness, less social support, and psychological well-being, since these individuals have the perception of being alone in a world where stigma exists (Conn et al., 2023; Garro et al., 2022).

Some of these individuals are aware that the negative social messages associated with them have an impact on the development of beliefs that their identity is wrong, having already questioned at some point whether such messages are valid and having already experienced difficulties in affirming their identity as a gender, feeling satisfaction with their own body, and believing in the value of their life (Rood et al., 2017b):

Misgenderers make me feel as if to be a man I need to be as masculine as possible. Being trans makes me feel, and I've been told, like I'm a freak. I don't feel normal. I just want to be normal. (Trans man, 20 years old, bisexual)

There are times when I feel a kind of impostor syndrome, like I'm not trans enough. (Non-binary, 33 years old, polysexual)

Internalized stigma can be directed towards oneself and towards others (Herek et al., 2009), as we can see in the following quote:

I still have a certain amount of internalized transphobia, which makes me feel strange when I interact with people with a non-conforming gender expression, not because I disregard their experiences, but because my attraction complex is formatted in a cisnormative way, and I have been instilled with an idealized notion of the female body to which I feel attracted. (Trans woman, 22 years old, lesbian)

Social Support System

Family Support

TGD individuals are more likely to experience insults and ridicules in the family context (HRC, 2018) and receive less support from them (Aparicio-Garcia, 2018), which is related to greater depression and anxiety symptomatology (Conn et al., 2023). In the following excerpts, we can analyze individuals who have felt discriminatory behaviors and lack the support of their family members:

Most of the transphobia I received was from my own family, and it hurt me more than anyone else. (Trans man, 20 years old, bisexual)

I tend to hide it from my family because they try to dissuade me from the hormonal treatments. (Trans woman, 36 years old, asexual)

I have no connection to my family. (Fluid trans, 34 years old, pansexual)

My family supported me in my transition from the beginning, but my father passed away in March 2023 without speaking to me because he was transphobic. (Trans man, 28 years old, pansexual)

On the contrary, when parents accept and affirm their gender identity, the positive impact on their children's mental health is notable (HRC, 2023), as we can analyze in the following transcripts:

Fortunately, I have family members who I can count on and who I know support me, like my parents. (Non-binary, 23 years old, no labels)

I am a person who relatively has support from my family, and I believe that this also makes the process much easier. (Trans man, 24 years old, bisexual)

I have my family, who is very supportive and accepting of me, even though I think they could do better, I know I'm luckier in that regard than other queer people. (Transfeminine, 29 years old, bisexual)

I only have one person I can count on and confide in about anything, which is my mother (a cis woman). (Trans man, 21 years old, pansexual)

Support from Friends

TGD people tend to establish relationships with people with experiences close to them, often developing family feelings towards them, as we can analyze in the following quotes:

I have support from a family that I consider mine now, which are my best friends, one of them is also trans and has been an important pillar, we have been through everything together, we are both waiting to have gender-affirmation surgery. (Trans man, 22 years old, pansexual)

I count on a range of trans people, some who helped me in some situations, others who I helped. (Trans man, 24 years old, pansexual)

I'm lucky to have a group of queer friends that I've met through LGBTI collectives and demonstrations. (Non-binary, 33 years old, polysexual)

It is known that TGD individuals have lower levels of perceived social support and psychological well-being (Scandurra et al., 2023), which often occur due to situations such as the following:

Some friends ended up moving away... Well, those weren't really friends, so it ended up being positive. (Trans woman, 55 years old, lesbian)

Meaningful Relationships

There were individuals who identified with whom they maintained romantic relationships as a source of support, as we can analyze in the following transcripts:

I have an incredible boyfriend; I feel safe and good with him. (Trans man, 20 years old, bisexual)

My main source of support is my girlfriend. (Fluid trans, 19 years old, bisexual)

These people often realize that society stigmatizes individuals who are attracted to them (Rood et al., 2017b).

Self-esteem

Self-esteem and Self-confidence

The self-esteem of TGD people often deteriorates because of high levels of internalized transphobia (Austin & Goodman, 2017), and exposure to victimization and discrimination, as shown in the following excerpt:

After an event of discrimination, I felt a loss of confidence and self-esteem to assert my identity in society and regressed my entire process. Not being able to be myself 24/7 as I would like, because of my insecurities and fears about social responses about myself, obviously has an impact on depressive feelings and sadness. (Non-binary, 23 years old, no labels)

On the contrary, when a person sees and accepts their identity, there is a positive impact on their self-esteem and confidence, as well as a reduction in internalized transphobia. Therefore, self-recognition and acceptance translate into greater freedom of identity (Amodeo et al., 2017):

Acceptance of my own identity began when I started my hormonal treatment; this had a very positive impact on my self-esteem, on feeling alive, on wanting to live on my well-being, and overall quality of life. (Trans female, 29 years old, bisexual)

I consider that both my self-esteem and my general well-being have improved exponentially with the progress of the process of (re)constructing myself. (Trans man, 34 years old, queer)

I felt a great improvement in my self-esteem with the appearance of a beard, a deepening of my voice and having much more body hair. (Trans man, 24 years old, bisexual)

Cis Comparison

A phenomenon that could be accessed in the analysis of the present sample was the comparison that TGD people feel towards cis people, whether these are in terms of beauty standards and gender expression, or in terms of legal terms and rights, as we can see in the following transcripts:

Something that has a negative impact on me is the comparison I face as a feminine guy, in relation to cis women. (Non-binary, 24 years old, gay)

I think we have rights, but not as many as cis men, which should be changed, because we are people like everyone else. (Bigender, 19 years old, queer)

Social Identity

Invisibility

Invisibility occurs when an individual's gender identity is not affirmed by another, for example, a trans woman, being seen and treated as "sir." This situation is very stressful for those who experience it (Testa et al., 2015), causing feelings of devaluation, or even exclusion from

different sociocultural contexts, often leading to feelings of ridicule (Rood et al., 2017b). In the following excerpts, we can analyze the impact of these situations on our participants.

There is always a part of me that does not feel fulfilled, because I believe I would not be fully understood, so I end up passing as cis, which often deteriorates me mentally, having a direct impact on alienation and depressive levels. (Fluid trans, 28 years old, queer)

In health services I have been treated as a man since that is my predominant physical appearance. (Trans woman, 48 years old, heterosexual)

In terms of relationships, some of my partners had problems making our relationship public to others. (Non-binary, 24 years old, gay)

Passing/Blending

Passing, also known as blending, is an increasingly used term within the TGD community (Rood et al., 2017a). It involves the process by which TGD individuals within the gender binary strive to affirm the gender with which they identify, using various esthetic and surgical procedures. Consequently, they feel more accepted the closer their appearance aligns with that of a cisgender person, and simultaneously, their likelihood of facing rejection decreases (Dias et al., 2021). Next, it's noticeable that individuals who have achieved a certain level of passability, as one individual notes, also experienced a reduction in instances of discrimination:

Having a certain degree of passability as we call it, increased the probability of getting a job. (Trans man, 28 years old, pansexual)

Ironically, I think I pass as a cis person enough times that I don't feel discrimination. (Non-binary, 33 years old, polysexual)

However, although passing/blending may provide relief from marginalization in certain contexts, it may also impact the devaluation of the true identity of trans and non-binary individuals, thus becoming a minority stress factor (Rood et al., 2017a). Furthermore, it can cause distress by reinforcing binary gender norms, creating a distinction between those who "pass" and those who are excluded (Dias et al., 2021). Additionally, trans and non-binary individuals may pass as cisgender even if they do not intend to conceal their trans identity (Rood et al., 2017a). In the following excerpt, we can observe the impact of not passing as a cisgender woman has on a trans woman:

Not being able to be cisgender has many consequences in terms of social discrimination. (Trans woman, 36 years old, asexual)

It is important to note that many individuals who do not “pass” often maintain a fluidity between genders or a lack of definition thereof (Dias et al., 2021). Moreover, they may choose to adapt by engaging in passing/blending, and in doing so concealing behaviors and aspects of their appearance (Rood et al., 2017a). As we can observe in the following citations, non-binary and gender-fluid trans individuals may have succeeded in passing/blending as cisgender but experienced psychological impacts as a result:

I can still pass as a cis man when I want to, making it easier to adapt to society and have its respect. (Non-binary, 23 years old, no labels)

I end up passing as cis, which often deteriorates me mentally. (Fluid trans, 28 years old, queer)

Visibility

The affirmation of gender identity consists of social recognition and the support received from other people for their expression of identity, and when this recognition occurs, TGD individuals tend to express their identity with greater confidence and self-esteem (Amodeo et al., 2017). As can be seen in the following transitions:

Being able to express myself and be myself in the community groups I am part of. (Non-binary, 23 years old, no labels)

I'm not ashamed to say that I'm a trans boy, I'm proud of my scars, whether physical or internal. (Trans man, 24 years old, bisexual)

GAI

There are several TGD people who wish to undergo GAI, based on a motivation not directly related to GD but, on the contrary, an extrinsic motivation, with the aim of avoiding the consequences of structural stigmatization present in society (Jäggi et al., 2018). However, there are also people who performed GAI for intrinsic motivations, with the aim of improving the relationship they have with their body, as they started to see it as they always wanted and identified, having a very positive impact on their lives, as we can analyze in the following quotes:

Having my breasts removed was the best thing in my life. (Trans man, 25 years old, heterosexual)

I'm happier after my surgeries. (Trans woman, 36 years old, heterosexual)

Housing

TGD individuals tend to face discrimination when looking for housing (Puckett et al., 2019), as can be seen in the following transcript, where one individual was refused a room to rent:

I've been refused to rent a room because I'm apparently a prostitute. (Trans woman, 22 years old, lesbian)

However, there are people in this research who reported having access to housing, being aware that this is not a reality for all transgender people:

I'm incredibly lucky in terms of housing, but I know how difficult it is for other trans people. (Trans man, 20 years old, bisexual)

I recently moved and tried to find a room where all the people living in the apartment were comfortable living with a trans person. (Non-binary, 23 years old, no labels)

Sex and Sexual Health

Health and STIs

It was possible to have access to individuals who reported in terms of STIs that they felt disbelief in the use of contraceptives by their sexual partners, since there was no chance of getting pregnant, as well as reference to good medical monitoring by the infectious disease department, as can be seen in the following transcriptions:

There is a lot of pressure from some sexual partners not to use condoms, because they think that there is no possibility of getting pregnant and forget/are unaware of the various diseases and respective consequences. (Non-binary, 23 years old, no labels)

Regarding infectious diseases, I feel guided, either by luck in having happened upon a doctor with queer and deconstructed knowledge or perhaps because it is a more open medical environment. (Non-binary, 22 years old, pansexual)

Sexual Discomfort

The existence of sexual discomfort was mentioned by some participants in the sense that they do not feel comfortable having physical contact with parts of the body they do not identify with, as well as the inability to achieve orgasm due to the lack of bodily comfort, as shown in the following transcriptions:

I don't like people touching me, at least until my phalloplasty is done. Without this surgery I cannot, for example, be intimately with no one. (Trans man, 22 years old, pansexual)

My lack of comfort with my body can make it difficult for me to reach orgasm when I'm having sex with my girlfriend, I feel the need for a lot of physical contact or to be covered up. (Trans fluid, 19 years old, bisexual)

Sexual Objectification

Sexual objectification occurs when an individual is reduced to the characteristics of their body and sexual functioning, which can happen in terms of sexualized comments and images in the media, non-consensual sexual touching, and, in extreme cases, sexual abuse (Fredrickson & Roberts, 1997). In the following quotes, it is possible to analyze how this phenomenon is present in the lives of some participants:

My sexual experience mostly involves interaction with heterosexual men, who often look for people like me exclusively as a source of pleasure and few who seek it as an opportunity to get to know more than just the sexual field. (Non-binary, 23 years old, no labels)

I feel that as a trans feminine person, when I find myself in an environment with a large presence of cis men, it becomes difficult not to feel objectified and used for fetishization. (Non-binary, 22 years old, pansexual)

I am considered abnormal, and this leads to either disgust or fetishism of my condition. I am constantly approached by men which leads to harassment in several cases. (Trans woman, 22 years old, lesbian)

Packer Usage

A packer is an object that has a physical appearance with varying degrees of realism or abstract form and is typically worn by trans men or TGD individuals without a penis, helping them assert their gender identity and expression (Reddy-Best et al., 2021), as can be seen in the following quotes:

I've been using a packer for about 2 years, and I can only have sexual relations with it, I don't feel comfortable letting other people touch my birth genitalia. (Trans man, 24 years old, bisexual)

Many expect a man to have volume, hence the daily use of what we call FTM packers (they are penises made of elastic material that allows urine, sex, volume, and

masturbation. They are expensive, especially the quality ones and require maintenance). (Trans man, 28 years old, pansexual)

However, as can be seen in the following quote, for some individuals the use of such objects may have a temporary effect:

I can't use packer anymore, not even to add volume, I feel fake, like I'm a fake man. (Trans man, 22 years old, pansexual)

Sexual Intercourse

With regard to sexual relations, we gained access to the understanding of several experiences, such as difficulties in exploring sexual experiences, the use of applications to seek sexual interaction, pain at the time of penetration, and lack of sexual activity, due to the social context:

Having a body that we don't 100% identify with is a huge psychological challenge, and because of that I don't feel comfortable having someone see me in a body that I still haven't completely accepted, if at all. Therefore any experience of a sexual nature, alone or with someone, is something difficult and leaves a negative psychological burden on me, and I also have the fear that the person themselves will not accept my body. (Trans man, 21 years old, pansexual)

I use apps to have sexual relations, which are many and perhaps not the healthiest. (Non-binary, 27 years old, queer)

I've always had pain during penetration, but I don't feel any difficulties with anything in my body. (Trans man, 25 years old, heterosexual)

As a trans feminine person in a small, conservative country town, my sex life is less active than I would like. (Trans female, 29 years old, bisexual)

Quality of Life

Well-being and Quality of Life

It is well known that TGD individuals usually have lower levels of psychological well-being (Scandurra et al., 2023), which can be explained by the experience of discriminatory events such as follows:

The transphobic events that I have experienced clearly have a negative impact on my well-being and quality of life. (Non-binary, 23 years old, no labels)

Experiences of discrimination have a huge impact on my well-being, so much so that I have been depressed and tried to commit suicide. (Trans man, 22 years old, heterosexual)

One individual mentioned that maintaining his level of well-being is the hope for favorable political changes, family support, and the level of passing/blending:

What maintains my well-being is my desire for public political changes in the world, my family having welcomed me, and having a certain degree of passability. (Trans man, 28 years old, pansexual)

Fear

TGD people report encountering negative messages about their identity, more specifically, about their appearance, personal characteristics, and the validity of their gender. As these individuals are undervalued by society, they understand that fear and anxiety have a significant presence and are perceived as normal in their lives (Owens et al., 2023; Rood et al., 2017b):

Living as a gender minority in today's society honestly makes me afraid, I don't know if I will be able to meet basic needs, precisely for that reason. (Non-binary, 20s, bisexual)

I would like to have more fluid gender expression, but I am blocked by the fear of being treated as the gender I do not identify with. (Trans man, 20 years old, bisexual)

Acceptance and Respect

In the present study, it was possible to observe the existence of several participants who reported having people in their lives who respected them, indicating a positive climate surrounding their identities:

Everyone I have around me respect and support me as much as possible. (Trans man, 25 years old, heterosexual)

I attend psychotherapy sessions because I like it, with the intention of developing more acceptance and respect in myself and in others. (Trans man, 24 years old, queer)

In my social experiences I have always been treated with respect. (Trans woman, 55 years old, lesbian)

Socialpolitical Enhancement Strategy Proposals

Legal Factors

Several changes in legal factors were suggested with a view to improving the quality of life of TGD people in Portugal, which included the creation of laws that guarantee the well-being and safety of these individuals in society, the implementation of inclusive public bathrooms and laws that promote gender self-determination, the creation of housing projects and the officialization of neutral language, as can be analyzed in the following quotes:

Recomendaria I would highly recommend that political parties get to know a minority like the trans community closely, to understand and create laws in the best possible way, for the well-being and safety of these citizens in our society. (Non-binary, 23 years old, no labels)

I think there is a lot of work to be done, I feel that if I could, I would create more dialogue with politicians, create campaigns, and to generate the need to know each other and speak more, to generate importance. In this sense, facilitate public services and bureaucracies, implement mixed public bathrooms or the possibility of using a reduced mobility toilet for people who do not want to use the female or male toilet. (Non-binary, 22 years old, pansexual)

Improve gender self-determination laws, abolish name lists and abolish mandatory gender markers. (Non-binary, 33 years old, polysexual)

Create housing projects to take trans people off the streets and out of prostitution. (Trans woman, 29 years old, heterosexual)

The establishment of social housing dedicated to trans people and the support services they require. The acknowledgement of trans and trans friendly spaces, social and economic support in their social and cultural initiatives. The promotion of trans/queer art and culture and the exploration of trans reality in our social structure. (Trans woman, 22 years old, lesbian)

Officialization of oral and written neutral language system. Reinforcement of LGBTQIA+phobia as a crime punishable by law. (Trans fluid, 28 years old, queer)

Investment in Education and Awareness of the Topic

Investment in education and awareness were quite notable in terms of the importance given by the participants, highlighting the need for greater social education about TGD people since childhood:

There must be greater social education about the existence of people like us, with the aim of understanding us better and unlinking all the prejudices entailed in our existence, so that they understand that we are completely normal people like cis people. This education should also happen for children, because for example, if I had had this type of information when I was younger, I wouldn't have lived 15/16 years of my life thinking that I was the only person in the world who was the way I was. People should be teaching greater respect for others regardless of their characteristics. (Non-binary, 23 years old, no labels)

Sexual and gender identity education plans to at least offer basic knowledge to people, and even workshops aimed for adults to have their questions answered and for useful information to be disseminated about trans people. (Non-binary, 22 years old, pansexual)

Provide detailed information from primary school on the trans reality, to help those who question themselves, and promote empathy and natural acceptance of those who are not trans. (Trans woman, 59 years old, pansexual)

Create projects in schools, children are the future, and intensify STI prevention campaigns. (Trans woman, 29 years old, heterosexual)

Faster and More Effective Health Services

The need felt by some individuals to reduce waiting times in health services and to be more efficient in their processes is notable, as can be seen in the following quotes:

Speed up waiting times. Considering hormones and surgeries, etc., with the due importance they really have, do you want people to be sure?! Leave the sexology consultations, but not with 3 to 8 months of waiting in between and with years waiting for surgeries. (Trans man, 22 years old, pansexual)

Speedy access to all medical services, especially follow-ups. (Trans woman, 55 years old, lesbian)

Facilitate and expand access to healthcare, especially regarding transitional and mental health treatments. (Trans man, 34 years old, queer)

Greater access to hormone therapy and gender-affirming surgery. (Trans woman, 36 years old, asexual)

Greater Training of Professionals Across the Country

TGD individuals criticize the need for a wide range of examinations to obtain GAI and the small number of professionals available in the area, which inevitably delays the gender-

affirmation process (Marinho et al., 2020). In this sense, we verified the need Felt by several participants to increase the training of professionals throughout the country.

Greater preparation of health and public service professionals. (Fluid trans, 28 years old, queer)

Including more (information) education for health professionals is urgent and crucial. (Trans man, 34 years old, queer)

People specialized in healthcare and more surgical centers. (Trans man, 25 years old, heterosexual)

Health Specifics for LGBTQIAPN+ People

Healthcare professionals should understand the individuality of minority stress-related experiences that TGD people experience and how these experiences are related to vulnerabilities in their mental health and resilience, as well as their inability to access and become involved in healthcare (Hendricks & Testa, 2012). In this sense, several participants called for the need for greater specificity of health for LGBTQIAPN+ people as follows:

Specialized care centers for the LGBTQIAPN+ population. (Trans man, 28 years old, pansexual)

We should have more support from medicine for trans or non-binary people. (Bigender, 19 years old, queer)

Make psychological support more accessible to young people to allow them to identify with their gender relatively early, whether this leads to them starting to take puberty blockers or not. (Trans fluid, 19 years old, bisexual)

Integration of TGD People in The Job Market

Participants in this investigation highlighted the importance of integrating TGD people into the job market through training in companies on sexual and gender diversity and the creation of allied companies, with the aim of creating safe workspaces for TGD individuals:

Public employer policies so that companies are prepared to deal with sexual and gender diversity, welcoming and employing these people. (Trans man, 28 years old, pansexual)

Develop partner companies that employ trans people. (Trans man, 45 years old, bisexual)

There could be scholarships and job listings for us. Having access to workplaces where we are accepted, without having to suffer all the aggression we suffer in search of this, would be great. (Trans female, 29 years old, bisexual)

One participant also called for the inclusion of TGD people in the job market as a highly vulnerable group:

Recognition of labor insertion as a highly vulnerable group. (Trans woman, 48 years old, heterosexual)

Greater Visibility in the Media

TGD people do not feel represented in the media, as there is no care to accurately represent the diversity of individuals that make up different communities (Rood et al., 2017b), and some of them only feel visibility when people like them appear in the news because they are victims of homicide. Even so, the majority of reports are negative and invalidating (Rood et al., 2017b). In this way, the individuals in the present study showed the importance of representation and visibility of TGD people in the media:

It is important that there is more representation in the media of trans people who do not live in a street/prostitution context, that there are trans people who are not expelled from their homes, who are loved, who have the support of their parents and who are college students or work socially accepted jobs. Seeing this representation in the media would really help me feel seen and represented. (Non-binary, 23 years old, no labels)

It took me 26 years to understand who I am. If I had done it earlier, my life would have been better, but I'm happy that younger people have access to the visibility, representation, and community that I didn't have. We must continue to work to ensure this visibility for young queer people. (Trans female, 29 years old, bisexual)

Develop more information and visibility campaigns in social media. (Trans man, 34 years old, queer)

Inclusion of Neutral/Fluid/Non-binary/Trans Genders in the law

Diverse gender identities and expressions that expand outside the binary concept in our society are increasingly visible. However, for these individuals, there is no legal category referring to their identity as the law proceeds to propagate the use of markers, such as males and females (Monro, 2019; Saleiro, 2023). Subsequently, it is possible to analyze the appeal of some individuals regarding the importance of the inclusion of neutral gender in legal documents:

Non-binary gender in official documents. (Fluid trans, 28 years old, queer)

The neutral gender or “X” should be added. (Trans man, 20 years old, bisexual)

Start by making it possible to put gender fluid on your citizenship card. (Fluid trans, 34 years old, pansexual)

Create trans gender and be accepted in all legal documentation. (Trans woman, 29 years old, bisexual)

Economic Reinforcement of the NHS

Some participants highlighted the need for economic reinforcement of the NHS so that it could provide efficient responses to requested needs:

Investment in the NHS to respond more efficiently to requests for help from many people who need to start their transition. (Trans man, 24 years old, bisexual)

Need for economic reinforcement of the NHS. (Non-binary, 27 years old, queer)

Facilitate Access to Hormone Therapy

Facilitating access to HT was mentioned by several participants, from making this access free, training more pharmaceutical professionals, and expanding pharmacies that provide HT administration services, as can be seen in the following reports:

Make access to hormone therapy free. (Trans man, 22 years old, heterosexual)

Improve access to hormonal treatment for transmasculine and non-binary people. (Non-binary, 33 years old, polysexual)

Training pharmaceutical professionals and others on the intramuscular injection of testosterone because it is not something done everywhere. (Trans man, 24 years old, pansexual)

Control of Discrimination Against TGD People

Some participants reflected on the need for greater moderation in cases of discrimination against TGD people:

There needs to be moderation of hateful comments online. (Fluid trans, 28 years old, queer)

The creation of a body aimed at discrimination at work, social bodies, and institutions towards trans people, with the capacity to pursue legal processes charges and enforce the law, always in defense of the private interests of trans people. (Trans woman, 22 years old, lesbian)

Chapter 4

Discussion

To our knowledge, this is the first study to explore the psychosexual health and well-being of trans and gender diverse individuals in a Portuguese context. Although scientific interest in this demographic is growing, there remains a considerable journey ahead.

This investigation revealed that the most significant theme was the experiences of interactions with healthcare services, where multiple individuals reported instances of discrimination. For example, one participant stated, "I choose those who are inclusive because I have already been a victim of queerphobia and denial of care" (Non-binary, 27 years, queer). This finding aligns with other studies demonstrating that healthcare services predominantly continue to foster non-inclusive and discriminatory environments for TGD individuals (Skuban-Eiseler et al., 2023; Winter et al., 2016). Another topic that emerged within this theme was the long waiting times, which have also been observed in other studies (Marinho et al., 2020; Withey-Rila et al., 2023). Some TGD individuals resort to private healthcare services to expedite their processes, a phenomenon also noted in the literature (Carrara et al., 2019; Hilário, 2017; Neves et al., 2023a). However, this investigation also accessed TGD individuals who reported positive experiences with public healthcare services. This study also explored proposals for sociopolitical improvement strategies. In the healthcare domain, the importance of reducing waiting times was emphasized: "Facilitate and expand access to healthcare, especially concerning transition treatments and mental health" (Trans man, 34 years, queer). Additionally, there was a call for increased training: "Specialized health professionals and more operation centers" (Trans man, 25 years, heterosexual), addressing a gap that leads to delays in gender-affirmation processes (Marinho et al., 2020).

The experiences of TGD individuals in the labor market revealed vulnerabilities to discrimination, dismissal, and both moral and sexual harassment. One participant noted, "Job seeking is one of the situations where I feel most vulnerable to transphobia, to the point of being unemployed" (Transfeminine, 29 years, bisexual), a finding consistent with other studies (Aparicio-Garcia et al., 2018; McFadden & Crowley-Henry, 2016; Scandurra et al., 2017; Winter et al., 2016). Another participant chose to conceal their trans identity to avoid workplace discrimination: "Regarding work, I hide my transition at all costs because I have always been fired for being who I am and was known in one job as the guy who peed sitting down" (Trans man, 22 years, heterosexual), a scenario also documented in the literature (Beauregard & Whiley, 2021; Rood et al., 2017a). More research is needed to understand the impact of concealing TGD identities on individuals. This study also accessed a participant engaged in sex work: "I have been working in sex work for five years between Brazil and Portugal. Although it

provides good financial results and safety, and allowed me to undergo my surgeries, I am not happy" (Trans woman, 36 years, heterosexual). This context is often sought due to the employment barriers faced by many TGD individuals and the income levels achievable through sex work (Botti & D'Ippoliti, 2016). Nonetheless, two participants reported positive experiences in the labor market. Participants proposed measures such as integrating TGD individuals into employment and better preparing companies to accommodate diversity: "Public employment policies so that companies are prepared to handle sexual and gender diversity, welcoming and employing these individuals" (Trans man, 28 years, pansexual). Another participant highlighted the need to recognize TGD individuals as a highly vulnerable group in employment: "Recognition of employment inclusion as a highly vulnerable group" (Trans woman, 48 years, heterosexual).

The discrimination experienced by these individuals (Bayrakdar & King, 2021), along with their internalized transphobia, impacts their well-being, quality of life, and mental health (Rood et al., 2017; Scandurra et al., 2017). One participant expressed, "Being misgendered makes me feel like I need to be as masculine as possible to be seen as a man. Being trans makes me feel, and I've been told, that I'm a freak. I don't feel normal. I just want to be normal" (Trans man, 20 years, bisexual). Exposure to discrimination and stigmatization, which promote internalized negative beliefs, alongside the health and psychological impacts, often leads to self-harming behaviors, suicidal ideation, and suicide attempts. In this study, of 32 individuals, ten reported suicidal ideation, five had attempted suicide, and six had or currently have self-harming behaviors, findings consistent with the scientific literature (Arcelus et al., 2016; Rabasco & Andover, 2021; Wolford-Clevenger et al., 2018). Therefore, developing specific prevention programs for self-destructive behaviors in TGD individuals is essential.

In addition to the needs highlighted for improving their well-being and quality of life, several participants called for the creation of laws ensuring their well-being and safety, emphasizing the importance of "Improving gender self-determination laws, abolishing name lists, and removing mandatory gender markers" (Non-binary, 33 years, polysexual). Another participant noted, "I think a lot of work needs to be done. More dialogue with politicians is needed (...) Facilitating public services and bureaucracies, implementing mixed public restrooms, or allowing reduced mobility restrooms for those who do not want to use male or female restrooms" (Non-binary, 22 years, pansexual). The importance of educating and raising awareness among the general population about TGD individuals was also mentioned: "Providing detailed information from primary school about the trans reality to help those questioning and promote empathy and natural acceptance for those who are not" (Trans woman, 59 years, pansexual). Visibility in the media was another key point: "It took me 26 years to understand who I am. If I had understood myself sooner, my life would have been better, but I am happy that younger people now have access to the visibility, representation, and community I did not have. We must continue to work to ensure this visibility for young queer people" (Transfeminine, 29 years, bisexual). Finally, there was a call for measures to mitigate discrimination against TGD individuals: "The creation of an agency dedicated to discrimination

in the workplace, social institutions, and against trans people, with the authority to pursue legal processes and enforce laws always in defense of the specific interests of trans people" (Trans woman, 22 years, lesbian).

Recognizing that the TGD population is not homogeneous, it is crucial to assess the specific and unique needs and difficulties of each individual (Brennan et al., 2017). This responsibility falls on healthcare professionals, educators, and teachers to promote better well-being, quality of life, and mental health for these individuals in Portuguese society.

Limitations and Recommendations

This investigation is not without its limitations. First, being a study of voluntary participation implies that perceptions of other individuals who, for various reasons, choose not to participate are not included, and whose experiences may vary from those observed on various subjects. Second, it is possible that social desirability bias may occur in some topics, with the aim of some participants tending to avoid giving responses that reveal socially undesirable attitudes and/or behaviors, and instead report a higher level of desirable attributes. Third, as this was an investigation conducted through an electronic survey, it conditioned the analysis of some of the answers given by the participants. Furthermore, the qualitative nature of this investigation prevents generalization of the results. However, this approach allows for a deeper and richer understanding of the phenomenon under study and ultimately contributes to filling a gap in the literature on this topic.

Furthermore, the qualitative nature of this investigation inhibits the generalization of the results. However, this approach allows for an extensive and richer comprehension of the phenomenon in question, and ultimately, this study contributes to filling a gap in the literature on this subject.

To expand the investigation initiated with this work, it is important that future studies invest in different methods to complement these findings, such as in-person interviews, focus groups, and case studies, allowing a deeper exploration of the contributions made by the participants and a greater understanding of the processes through which people with a non-normative and conventional gender identity may occur in the course of their lives, in both Portuguese and European contexts. Additionally, quantitative studies would provide a generalization of the data, facilitating better theoretical comprehension of this population.

It is necessary to pay attention to situations of violence and discrimination that many of these people are vulnerable to, with the intention of limiting such occurrences. Moreover, it is necessary to explore the experiences of TGD individuals with more than a minority characteristic in comparison to the social context in which they are inserted from an intersectional perspective, considering that their identity is dynamic and varies depending on

the context, such as the culture, country, and time in which they express themselves (Giami et al., 2023).

Implications

The present study serves as a valuable source of information for both TGD people as well as for physical and mental health professionals and researchers. As it highlights the necessary action towards developing a more inclusive environment regarding the diverse gender identities and expressions that exist and promotes the health and well-being of this population, which is much more vulnerable to mental health issues. The role of specialized professionals in this field is essential for intervention, as well as strengthening a NHS that provides an appropriate and necessary response to this population, and to create inclusive social laws supported by scientific evidence, promoting, and ensuring the psychosexual health and well-being of this population. This study also serves as a source to teachers at different levels of education about the reality lived by these individuals in educational settings; and to social agents who come into contact with this population, with the goal of contributing to the reduction of stigma, prejudice, discrimination, and violence experienced by this group. Thus, this investigation not only fosters dialogue with other studies but also provides further information on TGD individuals, such as information you guide future interventions, such as prevention, promotion, and education, designed to improve the well-being and quality of life of these individuals in Portuguese society.

Hopefully, these conclusions may contribute to eventual social changes towards greater inclusion and respect for this population in our society in general.

Reference List

- Aboim, S., & Vasconcelos, P. (2022). What does it mean to be a man? trans masculinities, bodily practices, and reflexive embodiment. *Men and Masculinities*, 25, 43-67. <https://doi.org/10.1177/1097184X211008519>
- American Psychiatric Association (APA). (2023). *Manual de Diagnóstico e Estatístico das Perturbações Mentais. Texto Revisto (DSM-5-TR)* (5^a ed.). Climepsi.
- Amodeo, A. L., Picarriello, S., Valerio, P., & Scandurra, C. (2017). Empowering transgender youths: Promoting resilience through a group training program. *Journal of Gay & Lesbian Mental Health*, 22, 3-19. <https://doi.org/10.1080/19359705.2017.1361880>
- Aparicio-Garcia, M. E., Diaz-Ramiro E. M., Rubio-Valdehita, S., López-Núñez, M. I., & García-Nieto, I. (2018). Health and well-being of cisgender, transgender and non-binary young people. *International Journal of Environmental Research and Public Health*, 15(10). <https://doi.org/10.3390/ijerph15102133>
- Arcelus, J., Claes, L., Witcomb, G. L., Marshall, E., & Bouman, W. P. (2016). Risk factors for non-suicidal self-injury among trans youth. *The Journal of Sexual Medicine*, 13(3), 402-412. <https://doi.org/10.1016/j.jsxm.2016.01.003>
- Austin, A., & Goodman, R. (2017). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality*, 64(6), 825-841. <https://doi.org/10.1080/00918369.2016.1236587>
- Baptista, J., Costa, D., & Gonçalves, S. P. (2023). Comparative analysis of employment disparities, precarity and decent work between trans and cis people in Portugal, *Social Sciences*, 12(9), 510-517. <https://doi.org/10.3390/socsci12090510>
- Barr, S. M., Budge, S. L., & Adelson, J., L. (2016). Transgender Community Belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63, 87-97. <https://doi.org/10.1037/cou0000127>
- Bayrakdar, S., & King, A. (2021). LGBT discrimination, harassment and violence in Germany, Portugal and the UK: A quantitative comparative approach. *Current Sociology*, 71, 152-172. <https://doi.org/10.1177/00113921211039271>
- Beauregard, T. A., & Whiley, L. A. (2021). Transgender employees: Workplace impacts on health and well-being. *Aligning perspectives in gender mainstreaming: Gender, health, safety, and well-being*, 177-196. https://doi.org/10.1007/978-3-030-53269-7_10

- Bender-Baird, K. (2016). Peeing under surveillance: Bathrooms, gender, policing, and hate violence. *Gender, Place & Culture*, 23(7), 983-988. <https://doi.org/10.1080/0966369X.2015.1073699>
- Biedermann, S. V., Asmuth, J., Schröder, J., Briken, P., Auer, M. K., & Fuss, J. (2021). Childhood adversities are common among trans people and associated with adult depression and suicidality. *Journal of Psychiatric Research*, 141, 318-324. <https://doi.org/10.1016/j.jpsychires.2021.07.016>
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Dolezal, C., Robinson, B. B. E., Rosser, B. R. S., & Coleman, E. (2020) The transgender identity survey: A measure of internalized transphobia, *LGBT Health*, 7, 15-27. <https://doi.org/10.1089/lgbt.2018.0265>
- Botti, F., & D'Ippoliti, C. (2016). Sex work among trans people: Evidence from Southern Italy. *Feminist Economics*, 23(3), 77-109. <http://dx.doi.org/10.1080/13545701.2016.1177656>
- Bränström, R., Stormbom, I., Bergendal, M., & Pachankis, J. E. (2021). Transgender-based disparities in suicidality: A population-based study of key predictions from four theoretical models. *Suicide and Life-threatening Behavior*, 52(3), 401-412. <https://doi.org/10.1111/sltb.12830>
- Bränström, R., & Pachankis, J. E. (2021). Country-level structural stigma, identity concealment, and day-to-day discrimination as determinants of transgender people's life satisfaction. *Social Psychiatry and Psychiatric Epidemiology*, 56, 1537-1545. <https://doi.org/10.1007/s00127-021-02036-6>
- Bränström, R., & Pachankis, J. E. (2019). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: A total population study. *The American Journal of Psychiatry*, 177(8), 727-734. <https://doi.org/10.1176/appi.ajp.2019.19010080>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3-26. <https://doi.org/10.1037/qup0000196>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. <https://doi.org/10.1191/1478088706qp0630a>
- Brennan, S. L., Irwin, J., Drincic, A., Amoura, N. J., Randall, A., & Smith-Sallans, M. (2017). Relationship among gender-related stress, resilience factors, and mental health in Midwestern U.S. transgender and gender-nonconforming population. *International Journal of Transgenderism*, 18(4), 433-445. <https://doi.org/10.1080/15532739.2017.1365034>

- Carrara, S., Hernandez, J. G., Uziel, A. P., Conceição, G. M. S., Panjo, H., Baldanzi, A. C. O., ... Giami, A. (2019). Body construction and health itineraries: A survey among travestis and trans people in Rio de Janeiro, Brazil. *Cadernos de Saúde Pública*, 35(4). <https://doi.org/10.1590/0102-311X00110618>
- Christensen, R., Ajayi, B., & Bachmann, G. (2023). Genital tucking practices in trans individuals and anogenital implications. *The Journal of Sexual Medicine*, 20(3). <https://doi.org/10.1093/jsxmed/qdad068.040>
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23, S1-S258. <https://doi.org/10.1080/26895269.2022.2100644>
- Commissioner for Human Rights. (2009). *Human Rights and Gender and Expression*. <https://rm.coe.int/issue-paper-on-human-rights-and-gender-identity-and-expression-by-dunj/1680aed541>
- Conn, B. M., Chen, D., Olson-Kennedy, J., Chan Y. M., Ehrensaft, D., Garofalo, R., ... Hidalgo, M. A. (2023). High internalized transphobia and low gender identity pride are associated with depression symptoms among transgender and gender-diverse youth. *Journal of Adolescent Health*, 72(6), 877-884. <https://doi.org/10.1016/j.jadohealth.2023.02.036>
- Decreto-Lei n.º 28/2018 de 7 de agosto da Assembleia da República. (2018). Diário da República: I série, nº151. <https://diariodarepublica.pt/dr/legislacao-consolidada/lei/2018-115935378-115932472>
- Dias, C. K., Rocha, L. R. L., Tateo, L., & Marsico, G. (2021). “Passing” and its effects on Brazilian transgender people’s sense of belonging to society: A theoretical study. *Journal of Community & Applied Social Psychology*, 31(6), 690-702. <https://doi.org/10.1002/casp.2535>
- European Union (EU). (2019). *Special Eurobarometer 493 Report: Discrimination in the European Union*. https://data.europa.eu/data/datasets/s2251_91_4_493_eng?locale=en
- European Union Agency For Fundamental Rights. (FRA). (2020). *EU-LGBTI II: A long way to go for LGBTI equality*. <https://op.europa.eu/en/publication-detail/-/publication/f6ab7c98-d2d2-11ea-adf7-01aa75ed71a1/language-en>
- Fontanari, A. M. V., Zanella, G. I., Feijó, M., Churchill, S., Lobato, M. I. R., & Costa, A. B. (2019). HIV-related care for transgender people: A systematic review of studies from around the world. *Social Science & Medicine*, 230, 280-294. <https://doi.org/10.1016/j.socscimed.2019.03.016>

- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward Understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Garro, M., Novara, C., Napoli, G. D., Scandurra, C., Bochicchio, V., & Lavanco G. (2022). The role of internalized transphobia, loneliness, and social support in the psychological well-being of a group of Italian transgender and gender non-conforming youths. *Healthcare*, 10(11). <https://doi.org/10.3390/healthcare10112282>
- Glidden, D., Bouman, W. P., Jones, B. A., & Arcelus, J. (2016). Gender Dysphoria and Autism Spectrum Disorder: A systematic review of the literature. *Sexual Medicine Reviews*, 4, 3-14. <https://doi.org/10.1016/j.sxmr.2015.10.003>
- Giami, A., Barrientos, J., Scandurra, C., & Valerio, P. (2023). Transgender people in different European and Latin American countries: A cross cultural comparison in some relevant measures. *European Journal of Public Health*, 33(2). <https://doi.org/10.1093/eurpub/ckad160.429>
- Giami, A., & Beaubatie, E. (2014). Gender Identification and Sex Reassignment Surgery in the Trans Population: A survey Study in France. *Archives of Sexual Behavior*, 43, 1491-1501. <https://doi.org/10.1007/s10508-014-0382-3>
- Giraldi, A. (2020). Mental health and gender dysphoria – why does it matter?, *Acta Psychiatrica Scandinavica*, 141(6), 483-485. <https://doi.org/10.1111/acps.13182>
- de Graaf, N. M., Huisman, B., Cohen-Kettenis, P. T., Twist, J., Hage, K., Carmichael, P., ... Steensma, T. D. (2021). Psycho-logical functioning in non-binary identifying adolescents and adults. *Journal of Sex & Marital Therapy*, 47(8), 773-784. <https://doi.org/10.1080/0092623X.2021.1950087>
- Hanna, B., Desai, R., Parekh, T., Guirguis, E., Kumar, G., & Sachdeva, R. (2019). Psychiatric disorders in the United States transgender population. *Annals of Epidemiology*, 39, 1-27. <https://doi.org/10.1016/j.annepidem.2019.09.009>
- Hendricks, M. L., & Testa, R., J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clientes: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 45(5), 460-467. <https://psycnet.apa.org/doi/10.1037/a0029597>
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56, 32-43. <https://psycnet.apa.org/doi/10.1037/a0014672>

- Hilário, A. P. (2017). Contestation, instrumental resistance and strategic conformation within the diagnostic process of gender dysphoria in Portugal. *Health*, 21(5), 555-572. <https://doi.org/10.1177/1363459317708826>
- Hilário, A. P., & Marques, A. C. (2020). Trans youth in Portugal: Gendered embodiments. *Culture, Health & Sexuality*, 22(9), 1047-1062. <https://doi.org/10.1080/13691058.2019.1649464>
- Horvath, K. J., Lantafii, A., Grey, J. A., & Bockting, W. (2012). A review of the content and format of transgender-related webpages. *Health Communication*, 27(5), 457-466. <https://doi.org/10.1080/10410236.2011.610256>
- Hughto, J. M. W., Quinn, E. K., Dunbar, M. S., Rose, A. J., Shireman, T. I., & Jasuja, G. K. (2021). Prevalence and co-occurrence of alcohol, nicotine, and other substance use disorder diagnoses among us transgender and cisgender adults. *JAMA Network open*, 4(2). <https://doi.org/10.1001/jamanetworkopen.2020.36512>
- Human Rights Campaign (HRC). (2018). *2018 LGBTQ Youth Report*. <https://www.hrc.org/resources/2018-lgbtq-youth-report>
- Human Rights Campaign (HRC). (2023). *2023 LGBTQ+ Youth Report*. <https://reports.hrc.org/2023-lgbtq-youth-report>
- Hunter, J., Butler, C., & Cooper, K. (2021). Gender minority stress in trans and gender diverse adolescents and young people. *Clinical Child Psychology and Psychiatry*, 26(4), 1182-1195. <https://doi.org/10.1177/13591045211033187>
- ILGA PORTUGAL. (2023). *Relatório Anual 2020-2022*. https://ilga-portugal.pt/files/uploads/2023/10/F_Relatorio-Observatorio-Discriminacao-Contra-Pessoas-LGBTI-2020-2022.pdf
- ILGA PORTUGAL. (2019). *Relatório Anual 2019: Discriminação contra pessoas LGBTI+*. https://ilga-portugal.pt/ficheiros/pdfs/observatorio/ILGA_Relatorio_Discriminacao_2019.pdf
- IGLYO. (2022). *LGBTQI Inclusive Education Report*. <https://www.education-index.org/wp-content/uploads/2022/05/IGLYO-LGBTQI-Inclusive-Education-Report-2022.pdf>
- Jäggi, T., Jellestad, L., Corbisiero, S., Schaefer, D. J., Jenewein, J., Scheneberger, A., ... Nuñez, D. G. (2018). Gender minority stress and depressive symptoms in transitioned Swiss transpersons. *BioMed Research International*. <https://doi.org/10.1155/2018/8639263>

- James-Abra, S., Green, L. A. T. M., Epstein, R., Anderson, S., Marvel, S., Steele, L. S., & Ross, L. E. (2015). Trans people's experiences with assisted reproduction services: A qualitative study. *Human Reproduction*, 30(6), 1365-1374. <https://doi.org/10.1093/humrep/dev087>
- Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology*, 66(4), 385-395. <https://doi.org/10.1037/cou0000339>
- Lerner, J. E. (2021). Having to "hold it": Factors that influence the avoidance of using public bathrooms among transgender people. *Health & Social Work*, 46(4), 260-267. <https://doi.org/10.1093/hsw/hlab027>
- Marinho, I., Gato, J., & Coimbra, S. (2020). Parenthood intentions, pathways to parenthood, and experience in the health services of trans people: An exploratory study in Portugal. *Sexuality Research and Social Policy*, 18, 682-692. <https://doi.org/10.1007/s13178-020-00491-5>
- Marshall, E., Claes, L., Bouman, W. P., Witcomb, G. L., & Arcelus, J. (2015). Non-suicidal self-injury and suicidality in trans people: A systematic review of the literature. *International Review of Psychiatry*, 28, 58-69. <https://doi.org/10.3109/09540261.2015.1073143>
- Mcfadden, C., & Crowley-Henry, M. (2016). A systematic literature review on trans* careers and workplace experiences. *Sexual Orientation and Transgender Issues in Organizations*, 63-81. https://doi.org/10.1007/978-3-319-29623-4_4
- Meyer, I. H. (2007). Prejudice and discrimination as social stressors. In I. H. Meyer, & M. E. Northridge (Eds.), *The health of sexual minorities* (pp. 242-267). Springer. https://doi.org/10.1007/978-0-387-31334-4_10
- Mezza, F., Mezzalira, S., Pizzo, R., Maldonato, N. S., Bochicchio, V., & Scandurra, C. (2024). Minority stress and mental health in European transgender and gender diverse people: A systematic review of quantitative studies. *Clinical Psychology Review*, 107. <https://doi.org/10.1016/j.cpr.2023.102358>
- Moleiro, C., & Pinto, N. (2020). Legal gender recognition in Portugal: A path to self-determination. *International Journal of Gender, Sexuality and Law*, 218-240. <https://doi.org/10.19164/ijgsl.v1i1.991>
- Monro, S. (2019). Non-binary and genderqueer: An overview of the filed. *Internacional Journal of Transgenderism*, 20(2-3), 126-131. <https://doi.org/10.1080/15532739.2018.1538841>

- Neves, S., Borges, J., Ferreira, M., Correia, M., Sousa, E., Rocha, H., ... Vieira, C. P. (2023 a). A literature review on violence and discrimination against trans people in Portugal: Are we still living in a dictatorship?. *Sexualities*. <https://doi.org/10.1177/13634607231197059>
- Neves, S., Ferreira, M., Sousa, E., Costa, R., Rocha, H., Topa, J., ... Resende, I. (2023 b). Sexual violence against LGBT people in Portugal: Experiences of portuguese victims of domestic violence. *LGBTQ+ Family: An Interdisciplinary Journal*, 19(2), 145-159. <https://doi.org/10.1080/27703371.2023.2167758>
- Oliveira, A. (2018). Same work, different oppression: Stigma and its consequences for male and transgender sex workers in Portugal. *International Journal of Iberian Studies*, 31, 11-26. https://doi.org/10.1386/ijis.31.1.11_1
- Ordem dos Psicólogos Portugueses (OPP). (2020). *Linhas de orientação para a prática profissional: No âmbito da intervenção psicológica com pessoas LGBTQ*. https://www.ordemdospsicologos.pt/ficheiros/documentos/linhasorientacao_lgbtq.pdf
- Organização Mundial de Saúde (OMS). (2024). *ICD-11 for Mortality and Morbidity Statistics*. <https://icd.who.int/browse/2024-01/mms/en#411470068>
- Owens, T. K., Mizock, L., Ormerod, A. J., Nelson, A., Amand, C. S., Paces-Wiles, D., & Judd, T. D. (2023). “Invisible in the most tragic of ways”: Exploring internalized transphobia and coping through photovoice. *Health Promotion Practice*, 24(4), 682-693. <https://doi.org/10.1177/15248399221114340>
- Ozamiz-Etxebarria, N., Picaza, M., Jiménez-Etxebarria, E., & Cornelius-White, J. H. D. (2020). Measuring discrimination against transgender people at the university on the Basque Country and in a non-university sample in Spain. *International Journal of Environmental Research and Public Health*, 17(7). <https://doi.org/10.3390/ijerph17072374>
- Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine*, 41(3), 164-171. <https://doi.org/10.1080/08964289.2015.1028322>
- Pinto, N., & Moleiro, C. (2012). As experiências dos cuidados de saúde de pessoas transexuais em Portugal: Perspetivas de profissionais de saúde e utentes. *Psicologia*, 26, 129-151. <https://doi.org/10.17575/rpsicol.v26i1.266>
- Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6), 684-690. <https://doi.org/10.1016/j.jadohealth.2019.11.314>
- Puckett, J. A., Maroney, M. R., Wadsworth, L. P., Mustanski, B., & Newcomb, M. E. (2019). Coping with discrimination: The insidious effects of gender minority stigma on depression

- and anxiety in transgender individuals. *Journal of Clinical Psychology*, 76, 176-194. <https://doi.org/10.1002/jclp.22865>
- Rabasco, A., & Andover, M. (2021). Suicidal ideation among transgender and gender diverse adults: A longitudinal study of risk and protective factors. *Journal of Affective Disorders*, 278, 136-143. <https://doi.org/10.1016/j.jad.2020.09.052>
- Reddy-Best, K. L., Streck, K., & Gordon, J. F. (2021). Visibly queer -and trans- fashion brands and retailers in the twenty-five century. *The Journal of The Costume Society of America*, 48, 33-53. <https://doi.org/10.1080/03612112.2021.1967606>
- Reisner, S. L., Choi, S. K., Herman J. L., Bockting, W., Krueger, E. A., & Meyer, I. H. (2023). Sexual orientation in transgender adults in the United States, *BMC Public Health*, 23, 1-12. <https://doi.org/10.1186/s12889-023-16654-z>
- Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. L. (2015 a). Gender minority social stress in adolescence: Disparities in adolescent bullying and substance use by gender identity. *The Journal of Sex Research*, 52(3), 243-256. <https://doi.org/10.1080/00224499.2014.886321>
- Reisner, S. L., Pardo, S. T., Gamarel, K. E., Hughto, J. M. W., Pardee, D. J., & Keo-Meier, C. L. (2015 b). Substance use to cope with stigma in healthcare among U.S female-to-male trans masculine adults. *Lgbt Health*, 2(4), 324-332. <https://doi.org/10.1089/lgbt.2015.0001>
- Rodrigues, J., Lemos, C., & Figueiredo, Z. (2020). Discriminação e barreiras ao acesso ao Serviço Nacional de Saúde percebidos por pessoas trans. *Revista Portuguesa de Psiquiatria e Saúde Mental*, 6(3), 98-108. <https://doi.org/10.51338/rppsm.2020.v6.i3.152>
- Rood, B. A., Maroney, M. R., Puckett, J. A., Berman, A. K., Reisner, S. L., & Pantalone, D. W. (2017 a). Identity concealment in transgender adults: A qualitative assessment of minority stress and gender affirmation. *American Journal of Orthopsychiatry*, 87(6), 704-713. <https://doi.org/10.1037/ort0000303>
- Rood, B. A., Reisner, S. L., Puckett, J. A., Surace, F. I., Berman, A. K., & Pantalone, D. W. (2017 b). Internalized transphobia: Exploring perceptions of social messages in transgender and gender-nonconforming adults. *International Journal of Transgenderism*, 18(4), 411-426. <https://doi.org/10.1080/15532739.2017.1329048>
- Russel, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505. <https://doi.org/10.1016/j.jadohealth.2018.02.003>

- Sadeghipouya, M. (2023). Des femmes trans sans domicile fixe à Téhéran engagées dans le travail du sexe: Des trajectoires d'outsiders. *Genre, Sexualité & Société*, 4. <https://doi.org/10.4000/gss.7814>
- Sadiq, S., & Bashir, A. (2014). Relationship between perceived discrimination and loneliness among transgender: Mediating role of coping mechanism. *International Journal of Research Studies in Psychology*, 3(5), 115-124. <https://doi.org/10.5861/ijrsp.2014.940>
- Saleiro, S. P. (2023). (Trans)gender recognition in Portugal: From a “void” to the right to gender self-determination. *Portuguese Journal of Social Science*, 20(3), 153-170. https://doi.org/10.1386/pjss_00039_1
- Salinas-Quiroz, F., & Sweder, N. (2023). Authentic gender development in non-binary children. *Frontiers in Sociology*, 8, 1-6. <https://doi.org/10.3389/fsoc.2023.1177766>
- Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues*, 73(3), 563-585. <https://doi.org/10.1111/josi.12232>
- Scandurra, C., Bochicchio, V., Amodeo, A. L., Esposito, C., Valeiro, P., Maldonato, N. M., ... Vitelli, R. (2018). Internalized transphobia, resilience, and mental health: Applying the psychological mediation framework to Italian transgender individuals. *International Journal of Environmental Research and Public Health*, 15(3). <https://doi.org/10.3390/ijerph15030508>
- Scandurra, C., Esposito, C., Fantacci, F., Borrello, L., Bochicchio, V., Giunti, D., & Antonelli, P. (2023). Social support, Identity affirmation, and psychological well-being: A developmental and intersectional comparison between Italian cisgender and non-binary people with bisexual orientation. *International Journal of Environmental Research and Public Health*, 20(4). <https://doi.org/10.3390/ijerph20043237>
- Scandurra, C., Dolce, P., Vitelli, R., Esposito, G., Testa, R. J., Balsam, K. F., & Bochicchio, V. (2020). Mentalizing stigma: Reflective functioning as a protective factor against depression and anxiety in transgender and gender-nonconforming people. *Journal of Clinical Psychology*, 76(9), 1613-1630. <https://doi.org/10.1002/jclp.22951>
- Scheim, A. I., Santos, H., Ciavarrela, S., Vermilion, J., Arps, F. S. E., Adams, N., ... Bauer, G. R. (2023). Intersecting inequities in access to justice for trans and non-binary sex workers in Canada. *Sexuality Research and Social Policy*, 20, 1245-1257. <https://doi.org/10.1007/s13178-023-00795-2>
- Skuban-Eiseler, T., Orzechowski, M., & Steger, F. (2023). Why do transgender individuals experience discrimination in healthcare and thereby limited access to healthcare? An

- interview study exploring the perspective of German transgender individuals. *International Journal of Equity in Health*, 22(211). <https://doi.org/10.1186/s12939-023-02023-0>
- Sousa, E., Neves, S., Ferreira, M., Topa, J., Vieira, C. P., Borges, J., ... Lira, A. (2023). Article domestic violence against LGBTI people: Perspectives of portuguese education professionals. *International Journal of Environmental Research and Public Health*, 20(13). <https://doi.org/10.3390/ijerph20136196>
- Taliaferro, L. A., McMorris, B. J., & Eisenberg, M. E. (2018). Connections that moderate risk of non-suicidal self-injury among transgender and gender non-conforming youth. *Psychiatry Research*, 65-67. <https://doi.org/10.1016/j.psychres.2018.06.068>
- Thrower, E., Bretherton, I., Pang, K. C., Zajac, J. D., & Cheung, A. S. (2020). Prevalence of autism spectrum disorder and attention-deficit hyperactivity disorder amongst individuals with gender dysphoria: A systematic Review. *Journal of Autism and Developmental Disorders*, 50, 695-706. <https://doi.org/10.1007/s10803-019-04298-1>
- Testa, R. J., Michaels, M. S., Bliss, W., Rogers, M. L., Balsam, K. F., & Joiner, T. (2017). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology*, 26, 125-136. <https://doi.org/10.1037/abn0000234>
- Tong, A., Sainsury, P., & Graig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Internacional Journal for Quality in Health Care*, 19(6), 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Van Der Miesen, A. I. R., Hurley, H., & De Vries, A. L. C. (2016). Gender dysphoria and autism spectrum disorder: A narrative review. *Internacional Review of Psychiatry*, 28, 70-80. <https://doi.org/10.3109/09540261.2015.1111199>
- Van Der Miesen, A. I. R., Steensma, T. D., de Vries, A. L. C., Bos, H., & Popma, A. (2019). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health*, 66(6), 699-704. <https://doi.org/10.1016/j.jadohealth.2019.12.018>
- Wattel, L. L., Walsh, R. J., & Krabbendam, L. (2022). Theories on the link between autism spectrum conditions and trans gender modality: A systematic review. *Review Journal of Autism and Developmental Disorders*, 11, 275-295. <https://doi.org/10.1007/s40489-022-00338-2>
- Wiepjes, C. M., den Heijer, M., Bremmer, M. A., Nota, N. M., de Blok, C. J. M., Coumou, B. J. G., & Steensma, T. D. (2020). Trends in suicide death risk in transgender people: Results from the Amsterdam cohort of gender dysphoria study (1972–2017). *Acta Psychiatrica Scandinavica*, 141, (6), 486-491. <https://doi.org/10.1111/acps.13164>

- Wiepjes, C. M., Nota, N. M., de Blok, C. J. M., Klaver, M., de Vries, A. L. C., Wensing-Kruger, S. A., ... den Heijer, M. (2018). The Amsterdam cohort of gender dysphoria study (1972-2015): Trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, *15*(4), 582-590. <https://doi.org/10.1016/j.jsxm.2018.01.016>
- Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *Transgender Health*, *388*(10042), 390-400. [https://doi.org/10.1016/S0140-6736\(16\)00683-8](https://doi.org/10.1016/S0140-6736(16)00683-8)
- Withey-Rila, C., Morgaine, K. C., & Treharne, G. J. (2023). Understanding the context of positive experiences of primary care for transgender and gender diverse adults: An email interview study in Aotearoa New Zealand. *International Journal of Transgender Health*. <https://doi.org/10.1080/26895269.2023.2234899>
- Wolford-Clevenger, C., Frantell, K., Smith, P. N., Flores, L. Y., & Stuart, G. L. (2018). Correlates of suicide ideation and behaviors among transgender people: A systematic review guided by ideation-to-action theory. *Clinical Psychology Review*, *63*, 93-105. <https://doi.org/10.1016/j.cpr.2018.06.009>

Theoretical Appendix

This study allowed to identify the needs experienced by these individuals with the aim of improving their quality of life. I would like to highlight two fundamental and contemporary aspects within the Portuguese sociopolitical context, crucial for the well-being of TGD individuals:

1) **Access to public restrooms** – It is important, from a legal standpoint, to ensure the right of access to these individuals' basic needs (Bender-Baird, 2016), allowing them to use public restrooms corresponding to their self-determined gender in work, educational, and social contexts, thereby guaranteeing respect for their human integrity and safety, and limiting the acts of prejudice and discrimination they face in these spaces. As described by Lerner (2021), avoidance of these facilities can lead to health problems, both physical and psychological. Hence, it is essential to reconsider the architectural layout of restrooms (Bender-Baird, 2016), such as creating restrooms with only individual stalls, making these spaces accessible based on urinary and excretory needs rather than gender self-determination, thus addressing the longstanding neglect of the basic needs of this population (See: Bender-Baird, 2016).

2) **Inclusion of neutral/non-binary gender** – The Portuguese government continues to propagate the use of binary gender categories, recognizing (cis)gender only for trans individuals as long as it does not challenge the binary gender structure. This implicitly reinforces the notion that the right to gender self-determination is limited to two markers, those with which cis individuals identify (Saleiro, 2023). This is a significant gap in Portuguese law (see: Moleiro & Pinto, 2020), negatively impacting the quality of life of non-binary individuals who are legally unable to self-affirm their gender identity. Furthermore, the gender self-determination law only covers residents with Portuguese nationality (Decreto-Lei n.º 28/2018; Saleiro, 2023), excluding trans immigrant residents in Portugal, particularly those from Brazil, from legally self-determining their gender. Therefore, an intersectional perspective must be considered for legal gender recognition to positively impact these individuals' lives (Saleiro, 2023).

It is also worth noting that, throughout the analysis of each participant's life experiences, it was possible to observe a sentiment of luck among those who do not face physical or psychological discrimination compared to others who do. Reflecting on this notion of "luck" is necessary, as it can be conceptualized that when discriminatory realities are common among peers, individuals who do not experience them feel fortunate rather than recognizing this as a basic right to be respected.

Based on my peers' perceptions and their satisfaction with their dissertation topics, I believe I am among the few who genuinely engaged with topics of my interest and enjoyed developing the previously presented research. The target audience of this investigation is one of my primary motivations for entering the field of psychology. After five years, I am completing

my foundational training and feel immensely fulfilled to present such an important work for my education and conclusion. This research allowed me to explore a world in which I already had an interest, deepening my understanding through the hundreds of articles read and analyzed, and especially through the 32 individuals who shared their experiences with me. I will be eternally grateful to them for allowing me access to their lives.

The hours of analysis, study, writing, and reflection have allowed me to develop key abilities in the field of research, especially qualitative research. These include mastering scientific concepts and writing, analytical skills, the creation of themes and categories, content selection, resilience, and persistence. These qualifications enabled me to develop this work and submit it for a scientific article, with the opportunity to share its findings with the scientific community (and hopefully beyond). This research has given voice to TGD individuals, who are often unheard and constrained by preconceived notions about their existence. Hopefully, this investigation will help deconstruct some of the prejudices related to these individuals.