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Trans resilience in Portugal: Protective factors for trans and gender-diverse people on different socio-ecological levels and the role of community connectedness

Feli (Felicia) Moana Sühs

Erasmus Mundus Master in the Psychology of Global Mobility, Inclusion and Diversity in Society

Supervisor:
Dr. Carla Moleiro, Associate Professor
ISCTE - Instituto Universitário de Lisboa

June, 2023

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Department of Social and Organizational Psychology

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ACKNOWLEDGEMENTS

I want to thank my supervisor Carla Moleiro for supporting me with her expertise, constant and motivating encouragement, and patience while guiding me in the right direction of this research. I thank my fellow Global-MINDS students who went together with me through the challenges of this master's program. I thank my parents who made it possible for me to decide where to live and study for so many years while counting on their support. My sister, for accompanying my journey from close and from far. I want to thank my chosen family for being part of my life, holding me when needed, being my home, and inspiring me every single day. Especially, I want to thank Mona for her firm presence in my life for many years. Viole, for making our house a real home. Cata, for their company in our recent personal and academic journeys. Téide for all the trans non-binary joy we share. Nina, for encouraging me to constantly question my perspectives on everything in life. Noe for her tender care every single day. All of them, for the warmth and love they bring into my life. I am very grateful to be part of the network of trans people in Lisbon who gave me a glance at what it means to aspire to create a community in this city, with all the challenges that come with it. I thank this community for all the emotional and instrumental support and for facilitating access to gender-affirming hormone therapy when I did not get it through the public health system. Finally, I thank all the participants for their trust, time, and energy to contribute to this study and for standing up for all the other trans people who might be in need of care and community support.

RESUMO

Os membros de grupos minoritários de género sofrem frequentemente de stress social e de disparidades na saúde, o que torna muito necessária a expansão da investigação centrada nas fontes de apoio e de força para esta população. Este estudo qualitativo explora os fatores de proteção das pessoas trans e de género diverso (TGD) em Portugal e os aspetos da ligação à comunidade trans (*trans community connectednes*, TCC). Catorze pessoas TGD (idade 19-35 anos) no espetro transfeminino e transmasculino, muitas delas identificando-se como não-binárias, participaram em entrevistas semi-estruturadas. Numa análise temática, foram identificados e descritos os seguintes dez temas em quatro níveis sócio-ecológicos interligados (individual, relacional, comunitário, e societal): (a) afirmação de género intrapessoal, (b) orgulho, (c) envolvimento e capacitação, e (d) afastamento e evitamento a nível individual; (e) afirmação de género social, e (f) apoio social a nível relacional; (g) TCC a nível comunitário; (h) capacitação política e ação coletiva, (i) acesso a recursos, e (j) afirmação de género médica e legal. A afirmação do género a vários níveis sócio-ecológicos e a TCC a nível comunitário parecem ser fatores de proteção cruciais e específicos para as experiências vividas pelos indivíduos TGD em comparação com as pessoas pertencentes a outros grupos minoritários. Em resumo, este estudo mostra como a capacitação das minorias de género é conseguida através de diversas estratégias, incluindo as intrapessoais e o acesso a vários recursos sociais, comunitários, e societais.

Palavras chave: Trans, Género Diverso, Não Binário, Minorias De Género, Factores de Protecção, Resiliência, Saúde Psicológica, Ligação à Comunidade

Códigos de Classificação APA PsychInfo: 2970 (Sexo e Papéis de Género), 3020 (Processos Grupais e Interpessoais)

ABSTRACT

Gender minority group members often experience social stressors and health disparities, making the expansion of research focusing on sources of support and strength for this population much needed. This qualitative study explores the protective factors of trans and gender diverse (TGD) people in Portugal and the aspects of trans community connectedness (TCC). Fourteen TGD people (age 19-35 years) on the transfeminine and transmasculine spectrum, many of them identifying as non-binary, participated in semi-structured interviews. In a thematic analysis, the following ten themes on four interconnected socio-ecological levels (individual, relational, community, and societal) were identified and described: (a) intrapersonal gender affirmation, (b) pride, (c) engagement and empowerment, and (d) disengagement and avoidance on the individual level; (e) social gender affirmation, and (f) social support on the relational level; (g) TCC on the community level; (h) political empowerment and collective action, (i) access to resources, and (j) medical and legal gender affirmation on the societal level. Gender affirmation on several socio-ecological levels and TCC on the community level seem to be crucial protective factors and specific to the lived experiences of TGD individuals compared to people belonging to other minority groups. Overall, this study shows how the empowerment of gender minorities is achieved through diverse strategies, including intrapersonal ones and access to various social, community, and societal resources.

Keywords: Trans, Gender Diverse, Non-Binary, Gender Minorities, Protective Factors, Resilience, Community Connectedness

APA PsychInfo Classification Codes: 2970 (Sex & Gender Roles), 3020 (Group & Interpersonal Processes)

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Introduction

Sex refers to the characteristics that distinguish between male and female individuals, especially physical and biological traits (American Psychological Association, n.d.).[1] Trans people identify with a gender that does not fully correspond to the sex assigned to them at birth. This includes for example individuals identifying as female (i.e., trans women), and male (i.e., trans men). However, assuming that sex and gender exist on a spectrum rather than a binary (Boe et al., 2020), there are also people whose gender identity does not fit into these categories. Hence, people might identify with another gender beyond female or male, with multiple, or no gender, using terms to describe their identity such as non-binary, genderqueer, gender-nonconforming, polygender, agender, and genderfluid.[2] Aspiring a broader transgender concept, Susan Stryker, historian on transgender issues, suggests that trans people "cross over (trans-) the boundaries constructed by their culture to define and contain that gender" and defines transgender as "the movement across a socially imposed boundary away from an unchosen starting place, rather than any particular destination or mode of transition" (Stryker, 2018, p. 1). In the present study, it was chosen to use the umbrella term trans and gender diverse (TGD) to refer to male or female trans people, individuals with gender identities outside the binary, and genderfluid people.[3] People who identify with the same gender as their sex assigned at birth are referred to as cisgender people. Regardless of their gender identity, TGD individuals might feel comfortable in various gender expressions, more precisely the performance of gender roles and external gendered appearance (Lev, 2013), and choose to use one or more pronouns. Some but not all might experience discomfort regarding physical characteristics that are incongruent with their gender identity, which in a medicalized way is referred to as gender dysphoria (American Psychiatric Association, 2013). However, transfeminist critique of medicalization considers the diagnosis "gender dysphoria" as part of a medical gaze that imposes "cures" and "treatments" rather than integrating the lived realities of TGD people (Richie, 2019). The experiences of TGD people are embedded in the concept of cisnormativity, a cultural phenomenon in which cisgender people are privileged and normalized (Hudson, 2019; Worthen, 2016), leading to the marginalization and oppression of transgender people (Boe et al., 2020). This discrimination of TGD people is often called

[1] Intersex individuals possess sexual characteristics of male and female sexes (American Psychological Association, n.d.).

[2] These are the terms that are mostly used in the contemporary Western context for people with a gender identity outside of the binary, however other terms are used in other cultures and by indigenous communities (e.g., Two-Spirit in Native-American cultures, or hijras in South Asian cultures, Cassar, 2023).

[3] In this paper, the term "trans" standing alone intends to have the same inclusive meaning as the acronym TGD, as it was used in many cited papers and by most of the participants as an umbrella term that included trans identities beyond the binary.

"transphobia", however, activists going beyond the concept of "phobia" to tackle systemic problems also described it with the term "cisgenderism" (G. Y. Ansara, 2012; Y. G. Ansara & Berger, 2016). Being exposed to these negative attitudes, TGD people may internalize the negative beliefs of other people about themselves (i.e., internalized stigma), resulting in negative expectations about their future, making them hide their real gender identity, and develop "internalized transnegativity" (Inderbinen et al., 2021). Gender identity affirmation, short "gender affirmation" for TGD people is multidimensional and includes at least a psychological, social, medical, and legal dimension (Reisner et al., 2016). Psychological gender affirmation consists of an internal sense of self-actualization and validation, including the resistance to internalized stigma and cisgenderism (Reisner et al., 2016). The social domain of gender affirmation includes TGD people being acknowledged as their true gender through the right use of names and pronouns by others (Reisner et al., 2016). If desired and accessible, trans people might access medical gender affirmation (e.g., hormonal treatment, or surgical interventions) or legally affirm their gender identity by changing their name and gender maker on legal documents (Reisner et al., 2016). However, these constructs of gender affirmation should not be seen as normative and fundamental for the trajectories of TGD people, and different steps of gender affirmation might also be shaped by material and discursive pressures in the context of cisnormativity (Boe et al., 2020).

When researching TGD people, it is crucial to consider the diversity within this group and their different lived experiences navigating social interactions and discrimination in various areas of their life. For example, trans women depict a very vulnerable subpopulation that is exposed to trans-misogyny, meaning the intersecting oppression of misogyny and cisgenderism (Arayasirikul & Wilson, 2019; Serano, 2007). Further, the concept of transnormativity which consists of cis-normative assumptions of sex and gender, considers some trans bodies as more legitimate than others (Boe et al., 2020). People with non-binary identities are consequently marginalized through invisibility and have limited access to gender-affirming medical interventions (Taylor et al., 2019; Vipond, 2015), resulting in worse health and well-being compared to binary trans individuals (Burgwal et al., 2019). Further, intersecting marginalized identities of TGD people significantly impact their lived experiences, causing even more health inequities (Wesp et al., 2019). Barriers to legal and medical gender affirmation also differ depending on the country of origin or residency of trans people (Köhler, 2022; Puckett et al., 2018). Overall, TGD people are highly exposed to social

stressors in their daily life, and even within the LGBTQI+ community,[4] trans people belong to one of the most vulnerable groups (FRA, 2014).

However, despite adverse environments and daily violent experiences, TGD people also find a lot of joy and strength in being trans in many areas of their lives. Alok Vaid-Menon, a gender-nonconforming artist and intersectional activist writes in their book Beyond the Gender Binary: "There's magic in being seen by people who understand—it gives you permission to keep going. Self-expression sometimes requires other people. Becoming ourselves is a collective journey." (Vaid-Menon, 2020, p.25). In this quote, they remind us of the importance for TGD people to feel understood, and how their journeys of finding themselves are endorsed by the support of other people and collective effort. The described gender affirmation, through self-expression, social support, and feeling welcomed by the trans community are examples of the protective factors that can have a positive impact on the mental health and well-being of TGD people (Fontanari et al., 2020; Sherman et al., 2020; Valentine & Shipherd, 2018). Protective factors will be investigated in this study to create a better understanding of the sources of strength and support for trans people on individual, relational, community, and societal levels. As suggested in the feminist research praxis of critical participatory action research (Fine & Torre, 2019), it is aimed for the integration of the people who are most affected by injustice. Research on the beneficial aspects of trans people's lives directly from within the community is needed to provide this collective knowledge as a tool for TGD people to seek experiences and environments that are protective and increase their resilience. This study will focus on the experiences of TGD people living in Portugal, a specific cultural context shaped by social changes and shifts in law and policy around gender recognition, where research on the TGD population still has significant gaps (Moleiro et al., 2022). Examining TGD individuals' experiences will allow a better understanding of how TGD people connect and find support and sources of strength in this context.

Chapter one of this study summarizes the research on experiences and the mental health of TGD people, it introduces theories of minority stress and provides an overview of the research on protective factors for TGD people. The next chapter presents the methodology of this qualitative study, followed by the presentation of the results. Finally, the last chapter discusses the results and implications of the conducted research.

[4] The term LGBTQI+ refers to individuals identifying as lesbian, gay, bisexual, trans, queer, intersex, or any other minority sexuality or gender identity. In this paper, "queer" is also used as an umbrella term to refer to all these identities.

Chapter 1: Literature Review

Lived Experiences of TGD People

Gender-Related Violence against TGD People in the EU Context

TGD people are disproportionately exposed to social stressors, experiencing high rates of gender-related violence, harassment, and prejudice over their lifetime, including economic discrimination and childhood abuse (Lombardi et al., 2002; Reisner et al., 2014). In the context of countries of the European Union, a survey of the European Union Agency for Fundamental Rights with a total of 139,799 respondents showed that discrimination on grounds of sexual orientation, gender identity, or expression in broad areas of the life of the participants remains an issue (FRA, 2020). In a previous survey of the European Union Agency for Fundamental Rights with 6,579 trans people living in EU countries, respondents indicated that they were frequently confronted with discrimination, harassment, and violence, triggering fears that make many of them decide to hide or mask their true selves (FRA, 2014). Thirty-two percent of the participants reported avoiding expressing their gender through physical appearance and clothing, trying to prevent being assaulted, threatened, or harassed (FRA, 2014). In the meanwhile, the environments of most trans people were unaware of their needs or even their existence. Trans people belonged to the more vulnerable individuals under the LGBTQI+ umbrella term, with an annual incidence rate of violence or harassment twice as high as for lesbian, gay, and bisexual respondents (around one incident per two trans respondents) (FRA, 2014). To tackle these issues, trans people and their specific needs were addressed in the EU LGBTIQ Equality Strategy 2022-2025, published by the European Commission (European Commission, 2020), aiming for trans people in the EU to be safe and free to be themselves. However, an assessment of this strategy in the TGEU progress report (Sanders, 2022) suggested that concrete actions to protect trans people are missing and major legislative proposals are either blocked or do not explicitly mention trans people.

Mental Health and Well-Being of TGD People

Regarding the mental health and well-being of TGD people, there is an alarmingly high prevalence of depression and anxiety (Bockting et al., 2013; Budge, Adelson, et al., 2013), suicidal ideation (Clements-Nolle et al., 2001; Reisner et al., 2014) and overall lower mental health quality of life (Newfield et al., 2006). Most of the studies documenting the mental health and well-being of TGD people are embedded in the U.S. context. In a quantitative survey conducted by Newfield et al. (2006) with a sample of 446 male trans participants mainly from the U.S., individuals reported a significantly lower mental health

quality of life compared with the general U.S. population. Studies including a total of 1,093 (Bockting et al., 2013) and 351 (Budge, Adelson, et al., 2013) transgender men and women found rates for depressive symptoms and anxiety surpassing those for the general population. Results showed depressive symptoms between 44.1% and 51.4%, and a prevalence of anxiety between 33.2 and 47.5% among the participants. Clements-Nolle et al. (2001) found in a study with 515 transgender participants, that 32% of the participants had attempted suicide. In the European context, the European Network for the Investigation of Gender Incongruence is investigating the outcomes of gender-affirming hormonal treatment in TGD people since 2010 (Kreukels et al., 2012). A study by Heylens et al. (2014), which was part of this network, found a higher level of psychopathology among the 57 participants who applied for "sex reassignment therapy" in a gender clinic in Belgium compared to the general population. A study across 45 countries in and neighboring Europe examining the mental health and sexual risk behavior among men who have sex with men found higher rates of anxiety, depression, alcohol dependence, and sexual unhappiness among the subgroup of trans men (Hickson et al., 2020). When asked to evaluate their current mental health, ratings of participants in a study with 545 trans people mostly from the UK were slightly on the negative side of the used scale (McNeil et al., 2013). Fifty-five percent of the participants of this study have been currently or previously diagnosed with depression, 38% with anxiety, and 53% had self-harmed at some point.

There is evidence that the exposure of TGD people to social stigma is positively related to psychological distress (Bockting et al., 2013). Conducting face-to-face interviews with 571 trans women and adopting a life course perspective, Nuttbrock et al. (2010) found a positive correlation between gender-related abuse and depression in trans women. This relation appears to be less strong among older participants which might be related to the development of effective coping mechanisms. Further, a study conducted by Reisner et al. (2014) with 2,653 clinic-based individuals in the US context found that transgender patients were more likely to report a suicidal attempt and more social stressors (e.g., violence, discrimination, and childhood abuse) compared to non-transgender patients. A positive association between gender-based discrimination and victimization with attempted suicide was found in a multivariate logistic regression analysis in a sample with 392 female and 123 male transgender individuals (Clements-Nolle et al., 2006).

Considering their exposure to social stressors and their relation to the mental health of TGD people, research about the resilience of TGD people is highly relevant to contribute to the promotion of health and well-being of this population. A perspective of coping and

resilience is especially important because most studies on this topic until now have focused on risk factors rather than protective factors (Johns et al., 2018).

Minority Stress, Coping, and Resilience

Minority group members, including TGD individuals, are highly exposed to specific social stressors and might develop particular coping strategies. The Minority Stress Model developed by Meyer (2003) specifies how distal and proximal stressors affect the mental health of LGB people negatively and provides a framework for the research on risk and protective factors for the mental health and well-being of minorities. An adaptation of Meyer's (2003) model was presented by Hendricks and Testa (2012) to incorporate the unique stressors of gender minorities that are mainly related to gender identity and expression. These stressors occur in addition to general life stressors in TGD peoples' lives and lead them to expect victimization and rejection and develop internalized cisgenderism. The Gender Minority Stress and Resilience Measure developed by Testa et al., (2015) suggests four distal stress factors (gender-related discrimination, gender-related rejection, gender-related victimization, non-affirmation of gender-identity), three proximal stress factors (internalized cisgenderism, negative expectations, concealment) and two resilience factors (community connectedness and pride).

What might be specific to the coping of TGD people is that the types of coping mechanisms are likely to change throughout their process (Budge et al., 2017; Budge, Katz-Wise, et al., 2013). Focusing specifically on facilitative coping, Budge et al. (2017) interviewed 10 transgender women who immigrated to the United States from Latin America. They analyze internal and external coping mechanisms and highlight that these processes change during the development of their trans identity. Themes describing these coping mechanisms were "accepting support from others", "actions to increase protection", "active engagement throughout the transition process", "actively seeking social interactions", "engaging in exploration", "internal processes leading to self-acceptance", "self-efficacy", "shifts leading to embracing change and flexibility", and "utilization of agency".

Empirical Findings on Protective Factors for TGD People

Systematic Reviews

An overview of the existing research on protective factors for TGD people was facilitated by several systematic reviews, identifying a total of 82 studies (49 quantitative, 26 qualitative, 7 mixed methods) including some kind of protective factors (Inderbinen et al., 2021; Johns et al., 2018; Sherman et al., 2020; Tankersley et al., 2021; Valentine & Shipherd,

2018). Further, five quantitative and two qualitative studies that were not listed in the reviews but investigated protective factors for TGD people were identified by the author. Support for trans community connectedness (TCC) as a protective factor for the health and well-being of both trans youth and adults was found by Sherman et al. (2020), conducting a review with 3 quantitative, 3 mixed methods, and 14 qualitative studies (published between 2007 and 2017). The characteristics of TCC and the limitations of the reviewed studies will be discussed further in the section about protective factors on the community level. Six quantitative studies (published between 2013 and 2018) in the systematic review by Inderbinen et al. (2021) assessed the relationship between protective factors with depression, anxiety, non-suicidal self-injury, and suicidal tendency in trans participants. Apart from pride as a protective factor, TCC was found to be the strongest protective factor among the reviewed studies. The systematic review by Tankersley et al. (2021) contained 14 quantitative studies (published between 2011 and 2019) assessing resilience factors for the mental health of trans and gender-nonconforming youth (age < 25 years). Twenty-seven mainly quantitative studies examining the relationship between protective factors and positive mental health outcomes for transgender populations were found by Valentine & Shipherd (2018). Protective factors identified by these two reviews were community connectedness, parental connectedness, social support, school safety, belonging, ability to use one's chosen name, and effective coping strategies. In both systematic reviews, most of the studies presented quantitative research focusing on risk factors, while the mentioned studies containing protective factors only made up a small group in the reviews. Applying a socio-ecological framework, the systematic review by Johns et al. (2018) examined the relationship between protective factors and health or behavioral outcomes for TGD youth (age 11-26 years) across four different levels (individual, relational, community, and societal). This review included 9 qualitative, 9 quantitative, and 3 mixed-method studies (published between 1999 and 2014) and found 27 protective factors on all four levels. However, only a few factors showed a protective relationship across multiple studies: self-esteem on the individual level, healthy relationships with parents and peers on the relationship level, and gay-straight alliances on the community level. In the following section, protective factors that seem to have a positive impact on the health and well-being of TGD people on different socio-ecological levels are outlined along with examples of previous research.

Protective Factors on the Individual Level

Pride was suggested as a resilience factor by Testa et al. (2015), developing the Gender Minority Stress and Resilience Measure. Empiric results of quantitative studies regarding

pride as a resilience factor were mainly inconclusive and only investigated by a small number of studies (Inderbinen et al., 2021). However, qualitative research with trans people of color identified pride in one's gender and racial or ethnic identity as a source of resilience (Singh, 2013; Singh & McKleroy, 2011). Also, a quantitative study by Bockting et al. (2013) with an online sample of 1093 trans people found that pride was negatively related with psychological distress.

Further, intrapersonal coping mechanisms seem to be beneficial for the mental health of TGD people, as measured using a standardized tool in five studies in the review by Valentine & Shipherd (2018). Themes abstracted in the qualitative studies by Budge et al. (2017) and Mizock and Mueser (2014) characterized intrapersonal coping strategies specific to trans people. Facilitative coping mechanisms defined by Budge et al. (2017) that operated on the individual level included learning new skills, changing behaviors to positively adapt, and finding means to seek personal growth and acceptance. In the analysis of interviews conducted with 10 transgender women, several themes characterizing these coping strategies were abstracted: Actions to increase protection, active engagement throughout the transition process, engaging in exploration, internal processes leading to self-acceptance, self-efficacy, shifts leading to embracing change and flexibility, and utilization of agency. Mizock and Mueser (2014) conducted a grounded theory analysis with 45 transgender participants to identify strategies specific for trans people to cope with "transphobia" (i.e., cisgenderism). Identified strategies categorized as individual factors were gender normative coping (i.e., "modifying one's gender presentation and utilizing traditional gender coping styles to deal with 'transphobia'"), self-affirmative coping (i.e., "coping with 'transphobia' in ways that reinforce one's strengths and self-esteem), emotional regulation coping (i.e., "managing and adapting one's emotions in response to the experience of 'transphobia'"), and cognitive reframing coping (i.e., "using styles of thinking to cope with 'transphobia', including reframing, positive thinking, and understanding.").

Self-esteem is another factor that was found to have a protective potential (Johns et al., 2018). A mixed-method study by Bopp et al. (2004) found how a school-based program with multicultural transgender youth in Hawaii seemed to improve the self-esteem of the participants, which concurrently served as a protective factor for suicidal behavior. In quantitative studies, high self-esteem in female transgender youth was correlated with less high-risk sex (Garofalo et al., 2006). Further, Grossman et al. (2011) examined a model consisting of four aspects of psychological resilience with 55 transgender youth participants,

with findings indicating that higher self-esteem was predicting positive mental health outcomes.

Finally, faith as a protective factor was a theme extracted in a qualitative study with 10 trans women who immigrated from Latin America to the United States (Cerezo et al., 2014). The participants described how self-acceptance of their gender identity and perseverance when confronted with bias and discrimination were facilitated by the belief that trans people were created by a higher power. This strategy might be related to the concept of spiritual and religious coping as identified by Mizock and Mueser (2014). This coping mechanism can be also categorized on the societal level and refers to spiritual and religious strategies to deal with "transphobia", including "drawing from a sense of spiritual direction, engaging in religious study, experiencing a relationship with God, and connecting to a religious community" (Mizock & Mueser, 2014, p.154).

Protective Factors on the Relationship Level

Social support for TGD people from peers, the family of origin, or other forms of social support as a resilience-promoting factor was relatively widely investigated with a variety of quantitative measures, as identified in 20 studies in the reviews of Valentine and Shipherd (2018) and 12 studies in Tankersley et al. (2021), including both transgender adults and adolescents. For example, two quantitative studies with samples of 923 Canadian trans youth and young adults (Veale et al., 2017) and 351 U.S. trans participants (Budge, Adelson, et al., 2013), found associations between social support and improved mental health. Seeking social support is also part of the definition of facilitative coping mechanisms as found in interviews with trans women by Budge et al. (2017), including accepting social support, characterized by accepting support from others and actively seeking social interactions. In a qualitative study with 20 racial and ethnic minority female trans participants in an urban environment (R. M. Pinto et al., 2008), it was described how social support inside gendered networks facilitated their access to medical resources and the organization around political issues. In a similar line, Cerezo et al. (2014) found in interviews with 10 trans migrant women of color how they developed strong systems of social support ("family of choice") to have access to financial help and other resources. They also stated that serving as a source of social support to others was a driving force in the desire to be resilient (Cerezo et al., 2014). Conducting a grounded-theory analysis, Mizock and Mueser (2014) identified social-relational coping as a strategy for trans people to access relational support and engage inter-personally with others to cope with "transphobia". This strategy consisted of seeking

advocates, family support, peer support, friendliness, building relationships, and communication about and confrontation of "transphobia" (Mizock & Mueser, 2014). Two important aspects of social support are healthy relationships with parents and peers (Johns et al., 2018; Tankersley et al., 2021). As reported by male and female trans youth in a qualitative study by Pusch (2005), support was mostly received by friends, while parents often had negative reactions to them being transgender. However, parental support or connectedness was found to be an important protective factor. Wilson et al. (2012) conducted in-depth interviews with female trans youth that indicated a link between consistent condom use and thus lower HIV risk for youth with parental support. In a secondary data analysis with a large sample of trans U.S. students, parental connectedness was associated with lower odds of emotional distress and substance use (Gower et al., 2018). Another quantitative study with gender-nonconforming youth intending to access gender-affirming hormone treatment in the U.S. found an association between parental support and higher life satisfaction, lower perceived burden of being transgender, and fewer depressive symptoms (Simons et al., 2013). Further, social support from family and friends, as investigated in a sample of trans Canadian adults, both negatively predicted suicidal behavior (Moody & Smith, 2013).

Mizock and Mueser (2014) identified, in addition to the already mentioned social-relational coping, two other coping mechanisms on the relational level. Preventative-preparative coping makes use of anticipatory stigma, which is the expectation and preparation for "transphobia" in the form of stigma and discrimination. This strategy is characterized by "selecting tolerant environments and making careful decisions about disclosing one's transgender identity" (Mizock & Mueser, 2014). Further, disengagement-coping is a strategy that consists of "emotionally detaching, ignoring, and isolating oneself in response to 'transphobia'" (Mizock & Mueser, 2014).

Social gender affirmation, closely related to aspects of social support, is another factor that might contribute to the well-being of trans people. Social gender affirmation consists of the disclosure of one's gender identity to others and being received by others in a way allowing one to live in the desired gender role (Nuttbrock et al., 2009). Differences in social gender affirmation were found across stages of the life course, types of relationships, and cultural or lifestyle factors. Findings of qualitative studies described gender affirmation as an important part of the transitioning narratives of trans women through their initial contact with peers (Graham et al., 2014), and in the identity transformation processes of the members of a feminist drag troupe (Shapiro, 2007). A quantitative study by Fontanari et al. (2020) with 350 trans youth, including a significant number of non-binary participants, found that social

gender affirmation (i.e., being called by one's chosen name and expressing one's gender identity in day-to-day life) was associated with fewer symptoms of anxiety and depression. Chosen name use in more context was also associated with lower depression, suicidal ideation, and suicidal behavior for trans youth (Russell et al., 2018).

Protective Factors on the Community Level

TCC seems to be another important factor protecting from the adverse experiences that trans people face. In this study, TCC broadly refers to the connection between trans people with a shared minority identity. Sherman et al. (2020) distinguished between different elements of TCC, defining it as "(i) emotional connectedness (internal sense of belonging to the trans* community) and/or (ii) behavioral participation in the trans* community (observable interaction with other trans* people, in person, online, or through media)". TCC has been closely related to practices of care in trans communities, which were found to be based on a "shared understanding" and the concept of "giving back" to communities (Hines, 2007). Exploring the experiences of resilience by conducting interviews with 21 transgender people, the phenomenological study by Singh et al. (2011) found that a connection with a supportive community constituted an extraordinary aspect of their resilience. TCC is closely related to the social minority identity of TGD people. The social identity theory (Taifel & Turner, 1979) proposes that an individual's social identity evolves from their identification with a social group that they belong to. According to the Minority Stress Model (Meyer, 2003), people's minority identity can have important protective effects through access to resources, such as group solidarity and cohesiveness. Also, minority group members can access validation through ingroup comparisons, rather than through comparisons with group members of the dominant culture. Further, creating a positive collective identity helps minority members counterbalance the stigma they face. However, only individuals who openly identify as part of a minority group can profit from these resources that are accessible within the minority community. In the case of trans people, openly identifying with their minority gender identity might have different implications at different points of their transition, depending on the match between their gender identity and appearance (Hendricks & Testa, 2012). Further, it might be problematic to assume a shared identity of all people in the trans community, given that trans people are very diverse and use very different terms to describe their gender identities within and outside the binary (Hines, 2007), which could present a challenge in investigating the concept of TCC.

Empirical findings regarding community connectedness are mixed. Testa et al. (2015) proposed to measure gender minority resilience with the constructs of pride and community connectedness. Validating this measure, community connectedness was negatively correlated with depressive and anxiety symptoms (Testa et al., 2015). The systematic review by Sherman et al. (2020) identified twenty studies (3 quantitative, 3 mixed methods, and 14 qualitative) regarding the relationship between TCC and the health and well-being of trans people. Results highlighted the protective nature of TCC that was positively linked to mental health, connection to care, supported exploration of sexual and gender identities, and informed gender transition. However, Sherman et al. (2020) discussed that the breadth and depth of these results are very limited by the fact that TCC was not the primary focus in most of the reviewed articles which made data synthesis challenging. Examining trans community belongingness, one emotional aspect of TCC, Barr et al. (2016) found in a study with 571 transgender adults that TCC mediated the positive relationship between the strength of transgender identity and well-being. Results regarding positive outcomes of community connectedness were inconclusive in the systematic review by Inderbinen et al. (2021), including 14 quantitative studies with self-identified trans individuals. However, among the reviewed articles, community connectedness was found to be the strongest protective factor for adverse mental health outcomes. Nevertheless, Inderbinen et al. (2021) suggested that community connectedness might not have a positive impact on all trans people in all contexts, considering that its protective effect might be impeded by internalized trans-negativity and less social support when not fitting into the cis-normative gender role stereotypes. Along similar lines, Hines (2007) argued that the involvement in transgender communities is embedded in the politics of gender identity and visibility, changing throughout the stages of gender transition. Further, a quantitative study by Pflum et al. (2015) suggested differences in the protective potential of TCC regarding different TGD identities, finding a significant association between TCC and lower symptoms of depression and anxiety only for participants on the transfemale but not on the transmale spectrum. Finally, Sherman et al. (2020) draw attention to the urgency of improving current instruments to measure TCC by adequately evaluating their validity and reliability to facilitate research that presents a holistic picture of TCC.

Protective Factors on the Societal Level

Accessing medical care and undergoing legal steps is part of the construct of gender affirmation and seems to be related to positive health outcomes in trans individuals (Bauer et al., 2015; Dhejne et al., 2016). For example, in multivariate models in a study with 573 trans

women with a history of sex work, medical gender affirmation predicted lower depression and higher self-esteem (Glynn et al., 2016). Engaging in steps of both medical and legal gender affirmation, including undergoing hormonal surgical treatment, and changing one's name, was also associated with fewer symptoms of depression and anxiety in a sample of 350 transgender youth in a quantitative study by Fontanari et al. (2020). Further, mixed-methods research in Portugal showed the positive impact of the first legal gender recognition legislation in Portugal on the social and psychological well-being of trans people (Moleiro & Pinto, 2020).

Coping mechanisms on the systemic or societal level were identified in the qualitative study by Mizock and Mueser (2014). These included resource-access coping, referring to individuals seeking services and information to cope with "transphobia", political empowerment coping, meaning "engaging in activism, education, and advocacy to promote and protect the rights of transgender people", and spiritual or religious coping, defined as "connecting to the sacred or transcendent to cope with 'transphobia'".

Living in an urban area might be another protective factor on the societal level, as found in data from a school-based survey with 2,168 trans high school students in the U.S. (Eisenberg et al., 2019). Results showed that the lowest rates of suicide attempts and self-harm were found in participants living in cities, while rural youth had the highest rates, and unexpectedly high rates of depression and suicidal ideation were found amongst suburban youth.

There are protective factors that are specifically important for trans children and youth in the school context which is embedded in the societal level. School safety was found to be a relevant protective factor for trans youth in several studies gathered in the review by Tankersley et al. (2021). Among trans high school students in Minnesota, school safety resulted to be protective against depression and suicidality (Gower et al., 2018), and repetitive self-injury (Taliaferro et al., 2018). Further, school belonging was associated with better mental health outcomes (Hatchel et al., 2019), as indicated by results in a large and ethnically diverse sample of transgender students. Finally, using the chosen name in the school context was also related to positive mental health outcomes (Feijo et al., 2022).

Statement of the Problem and Research Aims

The present study aims to close gaps in the current knowledge about protective factors for TGD people by situating this research in a sociopolitical context outside the more widely researched Anglo-Saxon one. Further, it addresses protective factors on different socio-

ecological levels and targets TGD people with diverse gender identities, including those outside the binary.

The different protective factors are all interconnected and culturally bounded, hence research in Portugal will make it possible to embed those protective factors, including the importance of TCC, in this specific cultural and legal context. Since the brutal murder of the trans migrant woman Gisberta in 2006 in Porto, Portugal, her history is remembered until today by activists and the LGBTQI+ community all over the country, fighting for the rights of trans people, migrants, women, and sex workers. The first NGO advocating for the rights of trans and intersex people in Portugal, API (Acção Pela Identidade), was founded in 2011. In the same year, the first legislation on legal gender recognition in Portugal (Law no. 7/2011) was implemented, with a positive impact on the psychological well-being and social welfare of TGD people in Portugal (Moleiro & Pinto, 2020). However, until the Portuguese Parliament passed the current law on the self-determination of gender identity and expression (Law no. 38/2018), legal gender recognition depended on a clinical diagnosis and the provision of a clinical report. With the new law, there are no more requirements for people over the age of 18 to request the recognition of their gender identity in the civil registry, even though it is only possible to choose between the binary male or female category. A growing interest in trans studies in Portugal can be found mainly from 2001 on, as shown in an overview of the research on trans people in Portugal by Moleiro et al. (2022), with gender trajectories as the most studied theme and a focus mostly on risk factors, for example regarding stigma and discrimination. A study by Gato et al. (2020) investigating the experiences of LGBTQI+ youth in Portuguese schools also recommended protective measures, like teacher and staff training and inclusive curricula, however, research focusing specifically on protective factors is missing.

Some of the empirical research regarding resilience and coping mechanisms of TGD people organized the identified protective factors on different socio-ecological levels. Mizock & Mueser (2014) distinguish between coping strategies on the individual, interpersonal, and systemic levels. Based on several studies regarding trans and queer people, Singh (2018) defined resilience as a collection of intrapersonal, interpersonal, or community-level coping strategies. Bronfenbrenner's (1977) socioecological model offers a framework that might be helpful to embed the different protective factors for TGD people in the larger formal and informal social context of a developing individuum. Bronfenbrenner distinguishes between the microsystem, the mesosystem, the exosystem, and the macrosystem which are viewed as interdependent. Twenty-seven protective factors among TGD youth across the four levels of

this ecological model were identified in the systematic review by Johns et al., 2018. Following this last example, in the present study different protective factors are assigned to four levels labeled as individual, relational, community, and societal.

The focus of previous research on protective factors for TGD individuals was mainly on the trans population within the gender binary, while trans people who do not identify as trans men or trans women often formed only a small part of the samples or did not meet the inclusion criteria (Inderbinen et al., 2021; Johns et al., 2018; Sherman et al., 2020; Tankersley et al., 2021). The present study aims for a sample of TGD people with a variety of gender identities, including those outside of the binary. This might help to explore gender differences regarding the relevance of different protective factors by asking participants directly about perceived differences between various gender identities. These have been investigated only by very few studies until now (Sherman et al., 2020) but seem to exist (Bockting et al., 2013).

Thus, in sum, this study aims to identify and describe protective factors for the mental health and well-being of TGD people in Portugal, situating them on different socio-ecological levels. Further, the study explores the different aspects of TCC and its role as a protective factor for TGD people. While the concept of TCC was measured in different quantitative studies, it seems necessary to qualitatively describe this concept in detail to investigate the validity of current measurements for this concept, understand which aspects it contains, and how these aspects are protective for the health and wellbeing of TGD people.

Chapter 2: Methods

Participants

To meet the inclusion criteria, participants needed to be over the age of 18 and self-identify as TGD, live in Portugal for at least one year, and be able to communicate either in Portuguese or English. All 14 participants in this study identified with a gender different from their sex assigned at birth. Most of the participants felt like they were part of the TGD community (n=12), one participant was unsure about this, and one person did not feel as part of this community. Gender identities were self-described as non-binary (n=9), trans man or guy (n=2), trans woman (n=1), trans with feminine and non-binary embodiment (n=1), and trans faery (n=1). Some of the people identifying as non-binary additionally used the terms trans (n=5), queer (n=3) to describe their gender identity. Experiences of trans-masculinities (n=7) and trans-femininities (n=7) were balanced throughout the sample. Seven participants lived socially as the gender they identify with in all contexts of their life, while for the remaining seven participants their social gender affirmation was depending on the context. While most of them described being out to their friends, they were not always able to live as the gender they identify with for example towards their family, at the workplace, or in bureaucratic contexts. Two participants legally had changed their gender markers to male, one to female, and one was planning to change it to female. These four participants had also already changed their names legally. The remaining 10 participants did not change their gender legally, which might be related to their identification outside the gender binary, since a non-binary option does not exist as a legal gender marker in Portugal and most of the other countries of origin of the participants. Participants' ages ranged from 19 to 35 (M=27.21, SD=4.77). Eight participants had Portuguese nationality, and the remaining participants were residing in Portugal for between one and five years (M=3.25, SD=1.52), originally from other European countries (n=3), South America (n=2), and North America (n=1). In terms of occupation, participants were currently either studying (n=2), working (n=7), or both studying and working simultaneously (n=5). At the time of the interview, most of the participants were living in the city of Lisbon, except for one person who was currently living in a smaller village in Portugal. Intersecting social identities of the participants might influence their experiences as a TGD person. After being directly asked about other identities and in other contexts during the interview, several participants acknowledged that they possess privileges for being White (n=3), able-bodied (n=2), and male (n=1). Further, participants identified as neuro-diverse (n=2) and reported growing up or currently lived in a suburban area (n=2) or the countryside (n=1). Two participants reported experiencing more discrimination for being

Brazilian migrants, two European migrants reported feeling safer in Portugal as a trans person than in their country of origin, and one Portuguese participant mentioned experiencing Portugal differently after having spent a significant amount of time outside of that country.

Materials

A qualitative approach was chosen because this research aims to investigate in depth the quality and texture of the experience of TGD people as described by themselves (Willig, 2013). Predetermined categories would not allow the participants to attribute meanings to the investigated phenomenon in their own ways and instead impose prior assumptions that might limit the area of inquiry (Fontana & Frey, 1994; Willig, 2013). Individual semi-structured, open-ended in-depth interviews follow pre-established questions, while permitting the interviewer a certain amount of flexibility beyond a neutral and impersonal role, in an attempt to understand instead of explaining (Fontana & Frey, 1994). Further, providing a flexible conversational structure makes it possible for participants to ask questions and raise concerns from their own perspectives (N. K. Denzin, 2009). Moreover, the semi-structured interview allows a feminist perspective on interviewing, valuing a non-hierarchical research relationship, based on trust, self-disclosure and emotional engagement between the researcher and participant (Punch, 2014). Qualitative research with semi-structured interviews was also evaluated as suitable in previous similar studies regarding protective factors for the TGD population (e.g., Budge et al., 2017; Singh et al., 2014).

An interview script (Appendix A, Appendix B) was used as a guide for semi-structured interviews, containing open questions regarding protective factors for TGD people, focusing on several areas of their life on different socio-ecological levels. The questions were slightly adapted and rearranged after conducting the first interview, which included asking the participant for direct feedback on the questions. While the content of the questions remained roughly the same, the final interview script used with the following participants contained fewer and differently grouped questions. The script was first developed in English (Appendix A) and then translated by the author to Portuguese (Appendix B) to provide the participants with the choice between these two languages in the interview. The informed consent and debriefing form were also available in both languages. The interview started with demographical questions about the participants' age, nationality, and current occupation. The study was introduced by acknowledging the difficult experiences of TGD people (e.g., discrimination), followed by the explanation that the research is, however, focusing on the positive aspects of being trans. Next, participants answered questions about their gender

identity regarding their social life, legal recognition, and emotional aspects. The following questions aimed to address protective factors inside and outside the trans community, including the exploration of aspects that might contribute to the diversity of experiences, e.g., other gender and social identities. Finally, participants were asked about advice they would give to other TGD people or people in close contact with this group regarding coping strategies and manners of support.

Procedure

The ethical approval for this study was obtained by the Ethical Commission of the ISCTE Lisbon University Institute (ISCTE-IUL Comissão de Ética, Opinion 09/2023). Participants were reached using convenience and snowball recruitment, focusing on the city of Lisbon. First, TGD-identifying individuals who were known to the researcher as they are part of and connected to the local TGD community were contacted personally and through social media with a call to participate in the study, which resulted in a sharing of the study amongst the community. Further, following the interview, participants were asked to identify other TGD people in their social network who might be willing to participate in the study. The last four participants of the study were specifically reached out to due to their nationality or gender identity to ensure a diversity of participants regarding these dimensions. The recruitment of new participants was stopped after obtaining a certain variety of participants and reaching a point where additional interviews did not seem to add new themes to the findings.

Interviews were conducted in person (n=13) at a location as preferred by the participant (e.g., at home, at a coffee, in a park, or in a private room at the university) or online (n=1) through a video call. When first meeting the participant, it was agreed on either Portuguese or English as the language of communication for the whole interview process. Prior to the interview, an informed consent sheet pursuant to Article 13 of the General Data Protection Regulation (GDPR) was given or sent via email to the participant in their language of choice. Additionally, the researcher reminded the participants verbally that their participation was voluntary and that they could decide at any point to stop the interview without any further consequences. Next, semi-structured interviews with voice recordings were conducted, lasting between 14 and 103 minutes (M=51.29, SD=22.87). Six interviews were conducted in Portuguese and eight in English language. Even though the interview questions aimed to address the positive aspects of living as a trans person, participants were likely to also recall uncomfortable episodes of their life during the interview process. To

ensure their well-being in those moments, they were reminded by the researcher that it was possible to take a break or end the interview. After the interview, participants were handed or sent a debriefing form summarizing the purpose of the study and providing information about support services directed to the LGBTQI+ community in Portugal. The recorded interviews were transcribed verbatim and de-identified by pseudonymization and anonymization. Due to the various social connecting points between trans people in the city of Lisbon and the relatively small size of the target population, it was indispensable to be rigorous in the process of de-identification.

Analytic Approach

A reflexive thematic analysis (Braun & Clarke, 2006, 2021) was conducted to analyze the data, using the software MaxQDA with a license from ISCTE-IUL. Major topics regarding protective factors for TGD people were identified and further located on different socio-ecological levels, as suggested by Bronfenbrenner (1977). First, reflexive thematic analysis was chosen because it values the researcher's subjectivity as a resource, engaging with theory, data, and interpretation reflectively (Braun & Clarke, 2021). Further, it is compatible with a phenomenological approach that aims to produce knowledge of the quality and texture of the participants (Willig, 2013). It is aspired to produce phenomenological knowledge while considering the wider social, cultural, and theoretical context (Willig, 2013). Further, it allows the combination of a deductive and inductive approach when analyzing the data (Braun & Clarke, 2021; Fereday & Muir-Cochrane, 2006). The coding process occurred on a spectrum from the semantic and latent meanings of participants' answers. The analysis follows a six-step procedure, starting with the familiarization of the data while taking notes about possible codes and themes. This was followed by the generation of initial codes and the searching for themes, top-down influenced by existing research about protective factors for TGD people and the socio-ecological framework (Bronfenbrenner, 1977) providing a multi-leveled structure. Further, potential themes were reviewed, defined, and named, repeating this process until a final cluster of themes and subthemes was developed. For the final report, illustrative abstracts were selected regarding their appropriateness to represent themes and subthemes. Pseudonyms were used to protect the participants' identity, and ellipses […] indicate the abbreviation of quotations.

Reflexive Statement

The interview as a research tool is not neutral but produces situated data, influenced by the personal characteristics of the interviewer (Punch, 2014). Qualitative research

acknowledges the researcher's personal and epistemological reflexivity influencing and shaping the research process (Willig, 2013). The consequently arising reactions to the research context and data facilitate insights and understandings of the researched subject beyond the acknowledgment of personal biases (Willig, 2013). The author of this dissertation identifies as a queer, trans non-binary, atheist, White, able-bodied person and is a European master's student of social and cultural psychology. Throughout their life, they have been living in four different European countries in an urban environment. They experienced the Portuguese cultural context as a migrant and international student for a total of 4.5 years and have acquired professional literacy in the Portuguese language. They have close connections to other TGD people in Lisbon and frequent primarily recreative places and cultural events that hold space for the TGD community. Since the way the interviewer presents themselves leaves a strong impact on the participant and profoundly influences the research process (Fontana & Frey, 1994), the researcher decided to clearly disclose their identity as a trans non-binary individual already in the recruiting process and later again in the immediate interview context.

Considering the author's characteristics as a trans non-binary person, the research process is informed by their personal experiences and assumptions regarding protective factors for TGD people. The interview dynamics might benefit from the resulting empathy with the participants and their sensibility for appropriate language. Further, participants might be more willing to share their experiences with an in-group member, even though the researcher might also not consistently be perceived as part of the participant's in-group, given the heterogeneity amongst TGD people. On the other hand, people might hesitate to disclose experiences with someone who frequents the same social environments outside the research context and be more concerned about confidentiality. Finally, asking questions cross-culturally is a difficult task that requires an understanding of language and culture (Fontana & Frey, 1994), so the interview dynamics and the data coding were influenced by the language that was used with the participant including variances in the author's and participants' literacy in English and Portuguese.

Chapter 3: Results

In all, ten themes describing protective factors were identified on four different socio-ecological levels across all participants (see Figure 1). The themes on the individual level describing protective factors were (a) intrapersonal gender affirmation, (b) pride, (c) engagement and empowerment, and (d) disengagement and avoidance. On the relational level, the themes (e) social support and (f) social gender affirmation were extracted. The theme (g) TCC was identified on the community level. On the societal level, the themes included (h) political empowerment and collective action, (i) access to resources, and (j) medical and legal gender affirmation. The following provides a detailed description of the themes, including illustrative depersonalized quotes in the original language of the interview, using pseudonyms for the participants' names. Following gender identity labels were chosen to reduce their variety and guarantee anonymity of the participants: female or male trans person, trans-feminine person, trans-feminine or trans-masculine non-binary person. An overview of all quotes and English translations of those that are quoted in Portuguese can be found in Annex C. A visual organization of all themes on the different socio-ecological levels that are all interrelated with each other can be found in Figure 1.

Protective Factors on the Individual Level

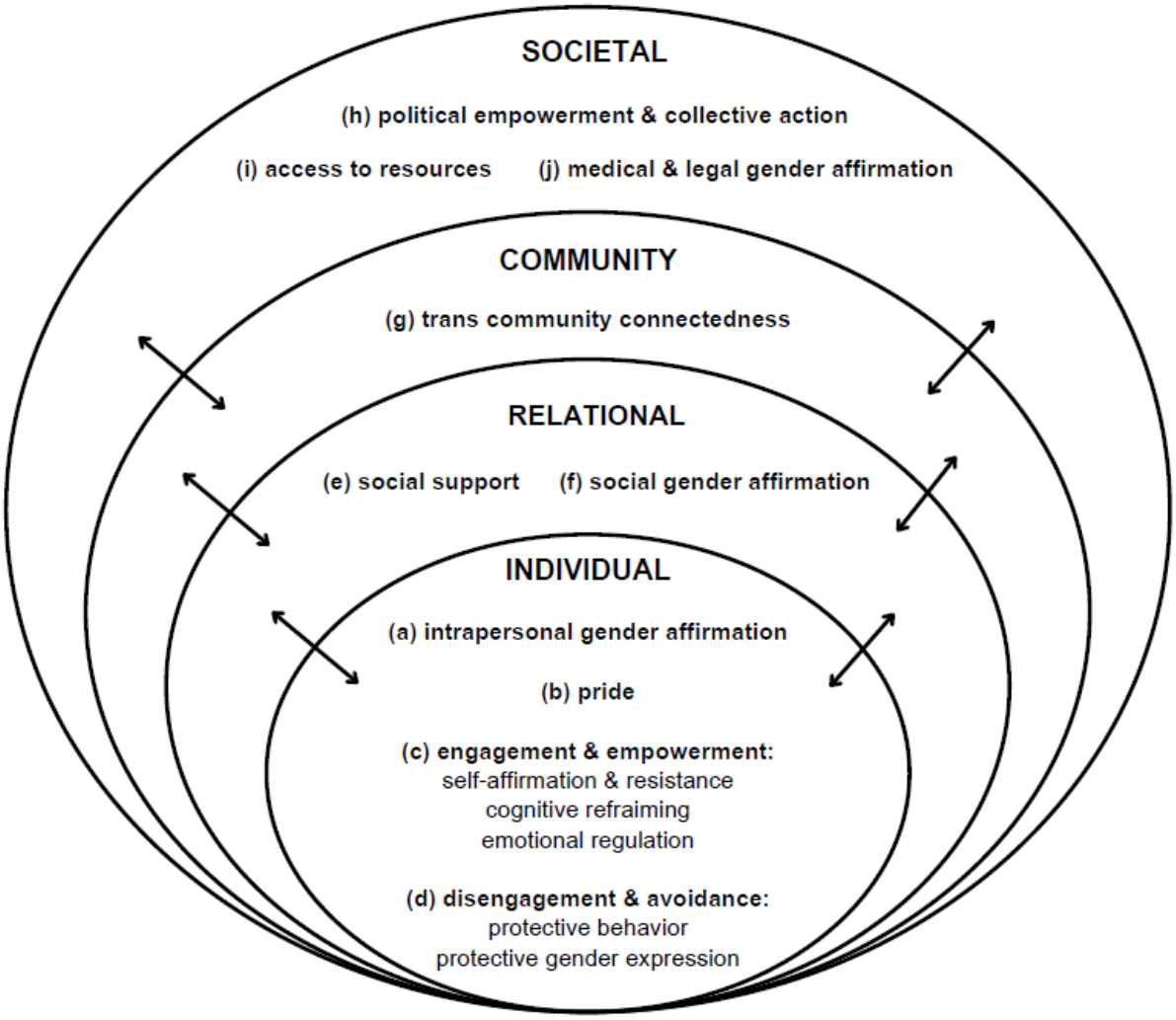
(a) Intrapersonal Gender Affirmation: The Importance of Words and Expression of Self

On the individual level, four themes describing protective factors were extracted: (a) intrapersonal gender affirmation, (b) pride, (c) engagement and empowerment, and (d) disengagement and avoidance. The theme of (a) intrapersonal gender affirmation is defined as the aspects of gender affirmation that are related to the individual's personal relationship with their gender. This theme includes linguistic, expressive, and emotional facets of the participants' ability to define their gender identity. Participants reported how finding the language to describe their gender identity allowed processes to emerge that led to a stronger connection with their gender and a better understanding of the self. It was also considered important to name other identities that are strongly connected to a TGD identity (e.g., being non-monogamous or pansexual). Participants also shared how they decided to use labels for their gender identity to make their self-description simpler and communication with others possible. Overall, participants shared how finding the right words to describe their gender identity (e.g., pronouns, label for gender identity, and chosen name) were connected to feelings of joy, freedom, pride, autonomy, and empowerment. Cal, a trans-masculine non-binary person (P08), shares:

> I feel like words were really important for me for a long time. They still are, but I am trying to continue to deconstruct every day even more. So, for a long time I was like, yeah, I need words to affirm myself. So, when I started to use those words, for example, queer or non-binary, even trans, I started to… in a sense being more proud about me being able to express this part of me with words.

Figure 1

Protective Factors on Four Different Socio-Ecological Levels



Further, participants described the importance of the expression of their gender identity and how this was connected to feelings of freedom, happiness, joy, beauty, and autonomy. Positive feelings were stated by participants when being creative and experimenting with their gender expression, and when expressing non-confirming with male or female stereotypes, outside the binary, or fluid. However, participants also described that

expressing their gender identity was only possible in contexts they felt safe and that approximating their desired gender expression (e.g., through medical interventions) might require them to do small steps and be persistent. In this quote, Lee, a trans-feminine non-binary person (P05), described how feeling comfortable with one's gender expression was important to alleviate discomfort:

> What is important for me is that I am comfortable in my expression. So, gender expression is important. […] It's important because it helps alleviate some bad feelings sometimes. For example, dysphoria. It helps me approximate my internal representation of myself somehow.

Intrapersonal gender affirmation was also shaped by various emotions that TGD people experience when physically and emotionally connecting to their gender identity, including openness and liberation. Much like their relationship with their gender expression, participants described appreciating that their gender identity could be created outside of existing categories, outside the binary, and change with fluidity. The acceptance of constant change and respecting one's own rhythm when exploring one's gender identity were also considered important. Participants reported feeling positive about their gender identity and that understanding themselves as trans and starting to live their gender identity openly was related to a better understanding of and connection with oneself, happiness, joy, feeling comfortable and sheltered, self-love, rest, a purpose, and gender euphoria. Kai, a trans-masculine non-binary person (P11), stated:

> Eu acho que depois de que me entendi como uma pessoa trans, eu consegui compreender muito melhor… sei la, estar muito mais em contato com quem eu sou, e entender muito mais quem eu sou. E gostar mais de mim. E sentir-me confortável na minha pele. Me ajudou muito neste processo de aceitação acho.

(b) Pride: "I Feel Enormous Pride and Love for Being Trans, it is Incredible"

The theme of (b) pride describes how feeling proud of their identity and aspects related to being TGD constituted a source of strength for TGD people. Participants described feeling proud about the achievement to be able to identify as a TGD person and express this identity, sometimes after going through a long process of acceptance and overcoming shame. Pride was also felt about standing up politically against the system and for the rights of TGD people. While one participant expressed pride about not being affected by the treatment of others, Lux, a transmasculine non-binary person (P07), reported that despite their strong pride

about their trans identity, their fear of being attacked for being trans impedes them to show this pride in public:

> Orgulho? Já! Eu gosto imenso, eu tenho imenso orgulho e amor em ser trans e essa diferença. Eu só tenho medo quando estou no entorno social. Tipo eu comigo, eu acho que é incrível. Eu só tipo sei o qual não é aceito. Então é tipo, eu adoro. Mas eu acho que toda a gente me quer atacar, tas a ver? Eu acho que toda a gente não vai gostar. Então eu por mim, tenho imenso orgulho de ser trans.

(c) Engagement and Empowerment: Standing up for Oneself, Being Patient, and Practicing Self-Care

Self-Affirmation and Resistance: Standing up for Oneself. The theme of (c) engagement and empowerment includes self-affirmation and resistance, and the two coping strategies of cognitive reframing and emotional regulation. Within this theme, participants shared experiences of self-affirmation and resistance, describing various ways of standing up for themselves. First, participants reported how they want to create awareness about their trans identity while living it openly and occupying space, reminding people to use their right name and pronouns, and actively defend themselves in situations of discrimination. Ali, a trans-feminine non-binary participant (P12), reported the necessity of TGD people to insist, resist, and work much harder than non-TGD people to be able to find a job. Further, participants described how they refuse to conform to the cis-hetero-normative system, also referred to as "over-culture" (Sigma, trans-feminine person, P02), and how they choose not to assimilate and accept to be received as provocative. Self-affirmation was also aspired by seeking information about being trans and actively connecting with other TGD people. This last aspect is strongly connected with the theme of (g) TCC and was also important for participants to find trans representation and obtain practical support. Pérola, a trans-feminine person (P03), described self-affirmation and resistance in the following quote:

> E é possível, e é possível e temos o direito de manifestarmos quando nos somos tipo vítimas. Period. É válido, sim. Podes fazer isso, podes. Podes ser tu, podes responder, podes não responder, podes ser rude, podes ser simpático e é isso. Não temos de encaixar, já encaixamos.

Cognitive Reframing: Being Patient. Participants reported cognitive reframing as a coping strategy in response to both transphobia but also gender dysphoria. One participant described giving less importance to gender identity and instead focusing on the biological aspects of sex that mattered to employees in a hospital when dealing with being misgendered

in a medical context. Other participants described protecting themselves by trying to be patient, understanding, and forgiving about peoples' transphobia and not taking inappropriate reactions personally. Cognitive strategies were also used to deal with "gender dysphoria", like recalling that this concept was created by "cis-gendered scientists to explain why it is needed to transition medically" and that it is necessary to "overcome the colonial conception of womanhood or being a woman" (Kira, female trans person, P01). Other examples were reducing feelings of discomfort by distancing oneself from both dysphoric and euphoric moments or changing the interpretation of stereotypically gendered characteristics. Sigma, a trans-feminine participant (P02) states that she can't deny having "attributes of whatever […] they consider male in this world" but that it is possible to change the interpretation of these attributes and let them go.

Emotional Regulation: Practicing Self-Care. The coping strategy of emotional regulation is defined as the management of emotions related to experiencing transphobia. Participants described "storing" negative feelings "in a drawer" (Pedro, male trans person, P14), building a hard shell, and "being tense all the time" (Pérola, trans-feminine person, P03) to not be affected by hurtful situations or the discomfort of other people. Participants reported self-medication, referring to the use of psychoactive substances to deal with difficult situations related to being trans, but also noted the importance of the implementation of practices promoting self-care and self-love. Further, participants described how seeking nature was a way of being in a safe place for trans people that allowed them to connect to their trans body in a different way than in an urban environment. Finally, participants indicated regulating their emotions through exposure to art and exercising creative practices (e.g., composing music, performing, and illustrating), as described by Arden, a trans-feminine non-binary person (P06):

> And in all those events… how the creative inspiration in something that also brings me so much joy and fuel and hope, enthusiasm to continue, daily. And I feel all the struggles to wake up with joy and motivation, I think for me the creativity and art is essential. And we inspire each other all the time.

(d) Disengagement and Avoidance: "I Avoid Confrontation Because This is not a Safe Place"

Protective Gender Expression. The theme of (d) disengagement and avoidance encompasses protective gender expression and protective behavior. Participants shared deciding not to disclose their gender identity (i.e., "staying in the closet") by not addressing

this topic directly or by pretending not to be affected by transphobic statements. Further, participants reported a protective gender expression, describing how they try to express their gender identity in a way that made their trans identity less salient in public to avoid discrimination and have higher chances to, for example, get a job or pass through immigration services. Participants also described how they restrained from expressing their gender identity through choices about clothes, hair, assessors, use of language (including pronouns), or delaying gender-affirming medical measures. It was shared that these strategies intend to express themselves in a more discreet or more gender-normative way. Participants noted that an adaption of gender expression might be a more feasible strategy for TGD people that feel more comfortable in several gender expressions, including an expression that is traditionally associated with their sex assigned at birth. Further, participants described how they put a lot of effort into presenting in such a way that they are not perceived as trans anymore (i.e., "cis-passing") to avoid discrimination. Kira, a female trans person (P01), described this strategy as follows:

> There is people that want to become "cis-passing" as fast as possible […]. You are trans, but when you are not perceived as trans, you start to be less present in the community. Because most people are cisgender. And at some point, maybe we want to be like… not having to deal with the fact that we are perceived as trans all the time. People need to work, to make money, you know. So, there is a lot of trans people that just have normal lives in the cis world.

Protective Behavior. Participants described protective behavior as another way of safeguarding themselves from hurtful encounters. They reported avoiding interactions with others in anticipation of conflict (e.g., listening to music in headphones), or disconnecting their life from people that were harmful to them, including friends and family of origin. Further, participants indicated being able to avoid institutions where there was a high possibility of experiencing transphobia (e.g., by working freelance, or not going to the doctor). Finally, participants described leaving discriminative situations and avoiding confrontation as shared by Ali, a trans-feminine non-binary person (P12):

> Até hoje aqui em Portugal quando sofro certas violências assim, eu ainda baixo a cabeça, passo, e saio rápido. Eu evito confronto principalmente, porque infelizmente, aqui apesar de venderem uma imagem em que Europa é um local seguro, não é.

Protective Factors on the Relational Level

(e) Social Support: "Listen to Trans People", "Let Them not Feel Alone" and "Share Basic Resources"

Themes on the relational level are defined as (e) social support and (f) social gender affirmation. Social support includes different forms of support received by significant people in the life of the participants. The main sources of social support that participants indicated were friends or partners and the family of origin. Participants reported support from both cis and trans friends, however, they noted that often cis friends had more resources to help, while the means of trans friends might be limited by experiencing disadvantaged circumstances themselves. However, participants also noted that sometimes it is hard for them to feel safe around cis people and that they are mostly connecting only with people who are deconstructed allies and actively doing activism supporting the trans community. Regarding the family of origin, participants indicated support from parents, aunts, and grandmothers, and described how having another LGBTQI+ sibling was encouraging for their own gender trajectory. The social support described by the participants in this study can be divided into emotional and instrumental support. Emotional support was described as people being present in difficult moments and showing enthusiasm and empathy. Participants shared that they wish for support that makes them feel loved and not alone and that emotional support can prevent people from having to leave their homes. Isis, a trans-feminine non-binary person (P13), described the importance of emotional support, especially for trans women with these words:

> Let them not feel alone. That's a good thing. I think most of trans women, they don't really think that they can receive love. Yeah, so it's important, I think, to not let them feel alone. Because there's so many people that love them, you know.

Instrumental support described by the participants included financial support, help with bureaucratic actions (e.g., finances, or social security), indications or connections that facilitated finding a job, and getting feedback for their creative work. Further, participants shared how others were taking them to or picking them up from places to assure their safety and protect them from harmful incidents. Participants also described how people with medical training gave support with medical advice, provided medicine, or advocated for better access to health services for TGD people. Moreover, participants indicated receiving clothes and accessories affirming their gender identity or getting taught how to sew these clothes themselves and receiving gender-affirming hormones through friends outside the health system. Finally, participants indicated the importance of social support to cover their basic needs, including offering shelter and sharing meals, as summarized by Manuel, a male trans

person (P09) who feels that “the most important things […] [to] share amongst each other are basic resources, […] like food, water, shelter, clothes, that kind of thing”.

Regardless of the type of support given, participants shared the importance of this support being informed by the actual needs of TGD people. They recommended cis people do their research to acquire knowledge about trans people, deconstruct their preconceptions, and try not to be defensive or self-centered when trying to support them. Further, participants suggested that people should have informed conversations with trans individuals, ask them about the ways they want to be supported, give them space to express themselves, listen to them with curiosity and empathy, and validate their feelings and experiences. Participants stated that these are prerequisites to being able to understand trans peoples’ needs and boundaries and understand best how to support them. Finally, participants noted that it is essential for other people to recognize that lived experiences of cis-gender people differ from trans people’s realities which are also very diverse and individual. Zuri, a trans-masculine non-binary person (P10), stated:

> Em cima de tudo, escuta sobre estas pessoas. Tipo, tentar mesmo não abrir a boca, deixa essa pessoa falar o que tem para dizer. Fazer um trabalhinho de casa, acho que pode ajudar tipo fazer uma pesquisinha sobre género fluido. Ah, o género fluido, o que é isso, não sei… pesquisa e depois se calhar ter uma conversa. Eu acho que sobre tudo é isso. Já ter um mínimo de preparação e depois ter uma conversação que seja empática para com essas pessoas perceber… porque cada pessoa trans é individual […]. Então é preciso ter realmente essa escuta sobre cuais são os nossos limites, as nossas necessidades.

(f) Social Gender Affirmation: Other People Using the Right Name and Pronouns

Within the theme of (f) social gender affirmation, participants described how their gender identity was affirmed in social interactions, mainly manifested in linguistic aspects. Participants indicated the importance of the right use of their pronouns and name in different contexts (e.g., by parents, friends, work colleagues, teachers, and doctors). Kai, a trans-masculine non-binary person (P11), stated:

> Mas apoio maior assim que tenho acho que seriam os meus pais que me aceitaram facilmente assim. São pessoas bem abertas e sei la, desde o começo já me trataram pelo pronome certo e… ainda erram, mas pronto... esse apoio me ajuda muito, acho.

Further, participants reported feeling positive about people asking their name and pronouns instead of assuming them and appreciated when their friends or family members

informed other people about their name and pronoun change to avoid misgendering, but also intervening in situations of misgendering. One participant shared that they preferred if people would try not to put the emotional burden of feeling ashamed for misgendering on the misgendered person. Further, inclusive language use by others was described as desirable, and one participant shared how they started to use gender-neutral language when referring to themselves in all social contexts (possible through adaptation of suffices in the Portuguese language). Participants expressed feeling supported by others celebrating them for "coming out" as trans and by being touched in a gender-affirming way in intimate relationships.

(g) TCC, a Protective Factor on the Community Level: "There is Only the Trans Community, There is Nothing Else Almost"

Social Support and Mutual Help: "Try to do a Priority out of Sharing and Caring". The theme of (g) TCC, focuses on interactions amongst trans people and incorporates behavioral aspects (i.e., social support and mutual help), emotional aspects (i.e., euphoria, safety, and belonging), and TGD visibility and representation. Many of these are situated in an online environment. Emotional and instrumental social support as described on the relational level also occurs on the community level. However, this support inside the trans community is more driven by community values than by an individualistic mindset, as described by Arden, a trans-feminine non-binary person (P06):

> And then, just the care. The community care of coming together and counter-acting this mindset of the system, of separation, of nuclear families, of people rising, people trying to archive success alone. All those mindsets. I think we need to do the exact opposite. I think it's still a long way for us to go as a community. It's to actually try to do a priority out of sharing, of caring.

Emotional and instrumental community social support may be found for example in trans social groups, mental health support groups, or online spaces where it is possible to share experiences, struggles, ideas, and creativities. Participants indicated the importance of people listening, understanding, teaching, and offering support in a collective context. It was shared how TGD people found support inside the community after violent situations or during the time of "coming out", and that safety in the community was especially important for people who are visibly trans. Participants also described how they formed a chosen family with other trans people, which was connected to spending time with each other informally and being present in each other's lives. Further, emotional and instrumental social support consisted of facilitating connections with the community and redistributing resources,

including time, to help people in vulnerable situations. Participants also described resource exchange inside the community that was related to trans-specific necessities, such as facilitating physical gender affirmation (e.g., providing hormones or a binder[5]). One participant suggested community support through touch (e.g., massage), and with workshops about consent, intimacy, and sexuality. Finally, and overlapping with the later described information transmission and TGD representation, trans people also indicated the importance of providing community support in their professional area (e.g., medicine, academia, and harm reduction).

Information transmission among TGD people is another important component of social support and mutual help amongst TGD people. Participants described how meeting other TGD people and exchanging knowledge with them, helped them to better understand diverse TGD experiences. Online spaces (e.g., social media platforms, and forums) seemed to be an extremely helpful support tool for free access to information created by other TGD people. Participants also reported that connecting to a community to get access to information was especially important in the moment of "coming out" or at the beginning of their transition. At this time, TGD people also seemed to be most invested in spreading knowledge and engaging in the political struggle of being trans, which might be "in anticipation of the gratefulness for the support they receive in return from the community", as suggested by Kira, a female trans person. Kira also discusses how knowledge transmission occurs intergenerational, as a "dissolution of time and self" through the connection of trans people with their ancestors and younger trans people:

> So, very important, the community. It is so important because we need so much information. Everything that I do or I know comes from other people. Yeah, everything basically, everything. And also, each time that I connect with a trans person, I feel they learn something of what I say. There is this transmission. And then they also taught me things, you know. Very young people taught me things, as much as like the thing that I heard about ancestors, you know, everything. It's like, there is no space for my individuality. It's like, it doesn't… there is only the trans community, there is nothing else almost.

Participants indicated different types of information shared amongst trans people, including about medical gender affirmation (both inside, but also outside the health system if

[5] A binder is a gender-affirming piece of clothing with a compressing function, sometimes used by transmasculine people who wish for a flatter appearance of their chest tissue.

access is not possible otherwise) or other medical aspects specific to trans bodies (e.g., how drugs interact with hormone treatment). However, participants also considered the importance of access to learning environments that are safe for trans people and how they could be used for skill sharing inside the community (e.g., music and video creation, digital skills, and academic work). Finally, participants reported challenges related to knowledge transmission, for example, the slow transmission of useful information or the dissemination of misinformation.

Finally, participants described collaborations and events made by and for other TGD people. Participants shared about the necessity for safe spaces to gather TGD people where education and collaborations can occur. Creating communities with the same values and working together with other TGD people was considered as important, just as the exposure to things made with a "trans or queer intention". Participants described how parties and other events that might arise from collective contributions from the community (e.g., balls, workshops, markets, festivals, and protests) provide a place of belonging and are an important connection point with other TGD people. Participants indicated the high value of artistic collaborations between TGD people and how creative expression can be used to transmit messages in the community. Pérola, a trans-feminine person (P03), shared:

> Normalmente eu faço performance em eventos queer é trans. É a minha forma de contributo. É a minha mensagem: […] Resiliência, resistência. E sinto que quando quis-me dar a conhecer, cria uma energia muito grande… tipo ola sou a Pérola. Tipo party animal, mas não é party animal, é tipo monstro. The monster is here, the monster is born.

Euphoria, Safety, Belonging: "Being Celebrated for Gender Euphoria is Multiplying This Sensation". An emotional component of TCC was described as shared euphoria, the feeling of safety, belonging, and understanding. First, participants described how they share happiness when being with other trans people either in their daily life or in community protests (e.g., pride), celebrating success, and being able to connect to their playfulness and their inner child. Specifically, participants indicated the shared joy amongst trans people about being trans, doing gender-affirming steps, and feeling gender euphoria. Grey, a trans-masculine non-binary person (P04), says:

> But then there is also this other part where you are truly celebrated for your euphoria and they are truly happy and this is something which … like euphoria, gender euphoria, is already such a good feeling and then being celebrated for it is just like

> multiplied in this sensation. It's a really… Like I feel like this kind of support system. These are the best experiences for sure.

Another emotional aspect of TCC was the safety that is felt when being with other trans people. Participants reported being more protected from aggression when being together with other trans people in public compared to walking on the street alone. Further, community spaces and events (e.g., ballrooms, parties, and protests) were described as places where trans people felt comfortable and safe enough to express their trans identity, where they were able to be vulnerable, explore wounds, relax, create things together and connect with other trans people. Participants also indicated that nature was an important place for them to seek protection from violence and triggering factors that they were confronted with when being in a social environment. Connections with other trans people, including intimate ones, were also described as trustworthy and safer, expecting a smaller likelihood of suffering from violence in these relationships. Lee, a trans-feminine non-binary person (P05) stated:

> Over the years I suffered violence from close friends and… yeah, you start finding groups and little nests of people that make you feel comfortable. And that's kind of how I… I would say probably now 80% of my friends are trans. Which is crazy, but it just happened organically. I didn't push for it.

TCC was also characterized by the feeling of belonging, which was described as a feeling of acceptance and love from other people belonging to the TGD community. Participants indicated that belonging meant for them to share things with people who have feelings and values in common, consequently creating stronger bonds with them. Feeling like belonging to a physical place (e.g., to Portugal after immigrating) was made possible through connectedness with other trans people at this place. It was also noted that the feeling of belonging might be conditioned to being out and visible as trans. Participants described their TGD friends as chosen family or tribe, which is closely related to the already described access to emotional and instrumental support inside the community. Ali, a trans-feminine non-binary person (P12), shared their experience after immigrating to Portugal from Brazil in this quote:

> Onde eu falei sobre a importância do acolhimento aqui das pessoas, da comunidade queer em geral, senti-me uma pessoa muito acolhida assim. Até esquisita porque no interior, nê, em [estado no Brasil] en fim, onde eu cresci, vivi, esse acesso assim era uma bolha e quando… a primeira vez que pisei aqui [Lisboa], eu me senti muito pertencente.

Mutual understanding amongst trans people was another emotional characteristic of TCC. Participants described that they felt to have a common ground with other TGD people due to their shared identity, shared experiences for being part of a minority, shared values, and a shared awareness of trans topics, including the consciousness that transitioning signifies a constant change in a person's experience. Participants shared that when being with other TGD people, their feelings and thoughts were more validated. Further, they indicated that this shared understanding facilitated a better quality of connections, openness, a deeper layer of trust, opportunities for intimate sharing, and a different level of care and support. Participants also reported that understanding each other and not having to explain themselves also enabled them to immediately have close relationships and fun with other trans people, without needing to talk about the struggle that they experience daily. Pedro, a male trans person (P14), stated:

> Acho que é muito importante falar com outras pessoas com experiências parecidas. […]. Desde que essas pessoas também sejam fixes. […] Tu tens de encontrar pessoas com quem tu gostas de falar e com quem tu te sintas bem. Acima de tudo. Porque tu podes encontrar uma pessoa cis que te vai ajudar muito no caso de não encontrares outra pessoa. Mas é encontrar outras pessoas que te vejam e que te façam sentir bem. E que te apoiam em o que tu queres fazer. Mas claro se houver essa partilha de identidade ainda melhor, porque é um caminho bastante específico. Claro que uma pessoa cis é um bocado limitada no que pode realmente partilhar, porque não foi a experiência dela e não tem assim essas, né?

TGD Visibility and Representation: "Knowing These People Exist Helped me to be Relaxed About Myself". Participants also described trans visibility and representation as another aspect of TCC. They shared that trans representation is easily found mainly online and with people all around the world (e.g., on social media), with enhanced visibility through for example the indication of pronouns in peoples' profiles. Further, participants reported how it matters to them to find a positive trans representation for example in TV shows and movies, at parties, or on dating apps. Participants described how other trans people show themselves with positivity and happiness about their identity, sharing their journeys and experiences, and, through this, the richness of the trans community. Participants shared how this positive trans visibility gave them strength, the possibility to dream, find identification and inspiration of different ways to be trans, a reason to feel proud, understand oneself as trans, and a way to connect with other trans people. People who decided to be visibly trans online described how this facilitated getting support and how they enjoyed being role models for other trans people

and for kids (e.g., in terms of transmitting positive energy). Grey, a trans-masculine non-binary person, shared how finding trans visibility gave them strength:

> I think one big part for me was to see people who look like and express themselves in a way that I feel aligned. Where I feel like okay, this is a goal for me where I would like to… like… I'm not sure if goal is the right word. Like I feel very aligned and I feel they got to a comfortable place where I wish to be at some point. And like knowing that these people exist already helped me to be like a bit more relaxed about myself because I know it's possible. And I think just this visibility is giving… Like it gave me so much strength.

Protective Factors on the Societal Level

(h) Political Empowerment and Collective Action: Focus on Change and Shaping the Future

The themes (h) political empowerment and collective action, (i) access to resources and (j) medical and legal gender affirmation describe protective factors on the societal level. Political empowerment and collective action describe how theory and education, activism, and the acts of reclaiming and resisting can be sources of strength for TGD people. Participants described how strength can be found in being aware of the richness of the culture and the creative and imaginative power of the TGD community. Participants also outlined the importance of reclaiming the culture created by trans people that used to be appropriated across history. Participants indicated the significance to resist the abuse inflicted upon TGD people within the existing system, politically putting creativity into practice even if faced with adversity, and doing things radically differently to create empowering stories. Participants noted that they understand their trans identity also as a political statement that is manifested in being visibly TGD and refusing hetero-normative ways of living (e.g., living non-monogamous). Finally, participants reported how being politically active in organizing protests about trans issues helped them to focus on the changes they wanted to see. Manuel, a male trans person (P09), described his political involvement:

> Like, [engaging in political activism] doesn't make me feel as helpless as I am normally, and it makes me focus on the things that I can do and the ways I can change things, that I can support other people and not like how everything is changing. And I don't know for some certain how the future is going to be for me and how if I'm safe where I'm living right now, if I'm going to get a job if my health care is assured or all those kinds of things. So it always helps with that too.

(i) Access to Resources: Education, Spaces, and Public Services

This theme (i) describes both the access to societal resources for TGD people themselves and for people who aim to support them. On the one hand, education played an important role to spread knowledge about trans people with diverse experiences to a public that otherwise does not have a lot of contact with TGD people. Participants suggested that this education is possible by listening to TGD people (e.g., following them on social media), through popular TV series, online support groups, or through organizations offering training on LGBTQI+ issues in the professional context (e.g., training of medical staff). On the other hand, participants described how reading books written by other TGD people, queer and feminist theory, and learning about TGD people in a historical context marked their personal journeys and helped deconstruct sources of dysphoria. Participants described the importance of physical spaces where TGD individuals can come together to connect. They also shared how TGD people need to be guaranteed their basic needs, including work and housing. Further, participants shared how LGBTQI+ organizations might help redirect people to other services or facilitate a social assistant. In terms of general healthcare, participants reported having obtained access to medicine for different physical health issues and evaluated therapy as helpful for their mental health. Cal, a trans-masculine non-binary person (P08), indicated the importance of finding a suitable therapist:

> I feel like if they [TGD people] can find mental health support, that would be very important, especially in group settings, but ideally both in group settings and in individual settings. That is really safe. And when you talk to a therapist, if you have the possibility to pay one and choose, put upfront everything that you think could be dealbreakers so you check their reactions in the first sessions and then you can choose if it's safe for you to continue there or not.

(j) Medical and Legal Gender Affirmation Process in Portugal

Participants described (j) medical and legal gender affirmation as another protective factor. Medical and legal gender affirmation can be considered as part of the theme (i) access to resources; however, it is listed here as a separate category to acknowledge the importance of gender affirmation throughout several socio-ecological levels. Regarding medical gender affirmation, the healthcare system may be a significant support source and was described as "life-changing" by one participant (P09). Nevertheless, it is shared that there are significant differences in the access to medical gender affirmation (e.g., gender-affirming hormone therapy) amongst trans people, which might partially be related to better services in private

clinics. Regarding legal gender affirmation, participants described how the legislation change in Portugal was important for the facilitation of the process of officially changing one's name and gender. Pedro, a male trans person (P14), shared:

> E quando saiu essa lei, também foi mesmo conveniente em termos temporais. […] Foi mesmo logo a seguir de ter saído a lei. Por isso a senhora ainda nem sequer estava muito integrada sobre a nova situação. […] Mas eu disse-lhe, olha a nova lei saiu a semana passada. […] Mandou-me para casa, mas disse-me que ia falar com a chefe... À tarde ela ligou-me, vem acá, pode vir ainda hoje ou amanhã. E fui lá, mudaram [o nome e marcador de género], mandaram-me o novo cartão, e está tudo.

Participants shared how name changes in digital systems in the school and work context were eventually facilitated by employees of these places, even though they also reported a long process until a solution for this action was found. One participant described how changing only the name but not the gender marker (in another EU country than Portugal) was already sufficient to be treated by the right gender in most social and official contexts. However, it was also acknowledged that some of the requirements (e.g., choosing from a determined list of names and only binary gender options), were restricting legal options for non-binary people in Portugal.

Specificities of the Portuguese Context and Heterogeneity of TGD Identities

Participants also shared how characteristics of the Portuguese cultural context and differences in TGD people's identities impacted their experience of protective factors. The current law regarding gender identity recognition in Portugal seems to facilitate the legal change of name and gender maker for people with Portuguese nationality, as described in the example above. Portugal, specifically the city of Lisbon, was perceived by the participants as relatively safe for TGD people, compared with other European cities. Participants from other EU countries reported that migrating to Portugal led to less suffering when experiencing transphobia in a language that they either did not fully understand or felt more distanced from. Building bridges between Portuguese and migrant trans communities was perceived as challenging and influenced by the historic charge of colonization and "White European guilt" (Arden, trans-feminine nonbinary person, P06). Participants described how in Lisbon, migrant communities, specifically from Brazil, have a significant influence on the TGD culture (e.g., in art and activism), in an enriching and inspiring way, shaping the discourse around trans issues in Portugal, as discussed by Lee, a trans-feminine non-binary person (P05):

> A very problematic historical background has led Lisbon to be a hub of migrants that especially has large communities that come from former colonies. And this is why the dialogs that exist on transness here in Lisbon are, in my view, different from most European discourses. […] And I think this is very powerful and, for me, very beautiful that you can have a place where these discourses [from Europe and for example Brazil] are intertwined. So I think the privilege of the mismatch in this dialog between several […] ways of experiencing transness is very powerful, what I feel is a bit unique in Lisbon.

When directly asked about differences in access to support and resources among TGD people with different gender identities (e.g., trans men, trans women, and non-binary people), several participants proposed that there are disparities in access to gender-affirming healthcare, legal gender affirmation, and social gender affirmation. Especially non-binary people seem to face more barriers in all three domains of gender affirmation. Additionally, participants discussed how trans-masculine people might gain male privilege through transitioning, while simultaneously a "cis-passing" male gender expression might also present a barrier to accessing queer spaces. Finally, participants reported that the lived experiences of people on the trans-feminine spectrum are more often shaped by sexism and higher levels of violence.

Chapter 4: Discussion

This qualitative study aimed to identify protective factors for the health and well-being of TGD people, focusing on a variety of trans identities in the context of Portugal. Further, it aimed to describe in depth the different elements of TCC. The following ten factors on four socio-ecological levels were extracted after a thematic analysis (Braun & Clarke, 2006, 2021) of the semi-structured interviews: on the individual level (a) intrapersonal gender affirmation, including linguistic, expressive, and emotional aspects, (b) pride, (c) engagement and empowerment, including self-affirmation and resistance, cognitive reframing, and emotional regulation, and (d) disengagement and avoidance, including protective gender expression and protective behavior; on the relational level (e) social support, and (f) social gender affirmation in form of emotional and instrumental support from friends, partners, and family of origin; on the community level (g) TCC; on the societal level (h) political empowerment and collective action, (i) access to resources, and (j) medical and legal gender affirmation. All identified protective factors were strongly interrelated across the different socio-ecological levels. The themes of gender affirmation which were situated on nearly all socio-ecological levels and TCC on the community level seemed to be central protective factors that are very specific to the lived experiences of TGD people. Thus, the evidence supporting these constructs will be discussed first, followed by the connection of the previous literature for the remaining themes on each socio-ecological level.

Embedding Results in Existing Research

Gender affirmation seems to play an important role as a protective factor throughout all socio-ecological levels. It was identified as a protective factor on the individual level (intrapersonal gender affirmation), on the relational level (social gender affirmation), and on the societal level (medical and legal gender affirmation). Moreover, on the community level, some elements of TCC, such as the shared joy about being trans, and the facilitation of gender-affirmative steps through community support were strongly interrelated with gender affirmation on the other three levels. This finding supports previous literature on gender affirmation that highlights its role as an important determinant of health and that suggests dividing this construct into psychological, social, medical, and legal gender affirmation (Reisner et al., 2016). In contrast to other protective factors that are not unique to TGD individuals (e.g., social support), gender affirmation is a protective factor that is very specific to the experience of TGD people and seems to play an important role in all areas of their life. On the other side, the non-affirmation of gender identity was suggested to be a distal stress

factor for TGD individuals (Testa et al., 2015). In the current study, participants described linguistic, expressive, and emotional aspects of gender affirmation on the individual level, which in previous literature has also been called psychological gender affirmation, referring to feeling comfortable about one's gender (Glynn et al., 2016; Reisner et al., 2016). Describing the linguistic aspects, finding an explanation and label for their gender identity, or evolving a self-generated definition of self is suggested to be a stage of gender affirmation in TGD peoples' trajectories (N. Pinto & Moleiro, 2015), and an important aspect of TGD peoples' resilience (Singh et al., 2011). The expressive aspects of gender affirmation were previously found to be protective against depression symptoms in a study examining the self-perception of the alignment of one's gender identity and appearance in TGD adolescents (Chodzen et al., 2019). Finally, the emotional aspects of intrapersonal gender affirmation as described by the participants of this study correspond to the "internal processes leading to self-acceptance" that are part of the facilitative coping of TGD people in a study by Budge et al. (2017). Participants in this study also described gender affirmation through social interaction with others as protective, specifically referring to the right name and pronoun use. This aspect of gender affirmation on the relational level was qualitatively described to be an aspect of parental support for TGD youth (Andrzejewski et al., 2021) and positively related to the well-being of TGD people in a quantitative study (Fontanari et al., 2020). In the present study, a very specific facet of social gender affirmation was described by participants who felt positive about being touched in a gender-affirming way in intimate relationships. Similarly, transgender women of color in a qualitative study by Sevelius (2013) reported feeling affirmed in their gender through specific sex practices and when feeling well during sex. On the societal level, access to gender-affirmative health care and the possibility to legally affirm their gender was found to be protective in the present and previous studies (e.g., Fontanari et al., 2020; Glynn et al., 2016; Sevelius, 2013). Regarding specificities of the Portuguese context, participants in the present study reported that the legislation change in 2018 facilitated the process of legal gender affirmation. Previous research on the first legal gender recognition legislation in Portugal in 2011 had already shown a positive impact on the well-being of TGD people (Moleiro & Pinto, 2020) and it can be assumed that the improvements of this law in 2018, dropping the requirement of a psychological or psychiatric report for legal gender recognition, enhanced this positive impact on TGD peoples' health. As suggested in the socio-ecological model of Bronfenbrenner (1977), the factors on each level interrelate dynamically with each other. Here, for example, intrapersonal gender affirmation was strongly interrelated with gender affirmation on the environmental levels (i.e., an individual's

gender expression influences how others perceive and affirm their gender, and it might facilitate or impede access to medical or legal gender affirmation and vice versa). Experiences regarding medical and legal gender affirmation might also vary depending on the interpersonal interactions with employees of the involved institutions, embedded in the relational level. Further, gender affirmation also seemed to be related to pride and social support, as found in a study with 350 Brazilian TGD youth (Fontanari et al., 2020).

This study accomplished an in-depth exploration of the protective factor TCC. The findings describe the many facets of TCC and how these are interrelated with themes on all socio-ecological levels. According to the participants' reports, TCC covered behavioral aspects (i.e., social support and mutual help), including collaborations and events, emotional and instrumental support, and information transmission amongst TGD people. TCC further included emotional aspects (i.e., euphoria, safety, and belonging), more specifically shared joy, feeling safe, a sense of belonging, and mutual understanding. Finally, TGD visibility and representation composed another important aspect of TCC. An important observation is that many of the aspects of TCC occurred online (e.g., connections on social media, and information transmission through the internet) which was already found in previous qualitative studies with TGD individuals (e.g., Goodrich, 2012; Singh, 2013) and described as facilitative for further steps in TGD individuals' trajectories (N. Pinto & Moleiro, 2015). These results support the definition of TCC by Sherman et al. (2020) which includes both emotional and behavioral aspects. However, descriptions of participants in this study even go beyond this definition by depicting these two aspects in more depth and adding the aspect of visibility and representation, which was also previously described as a "transition trigger" in a qualitative study by N. Pinto and Moleiro (2015). Descriptions of TGD people in the present study also expanded the aspects of TCC measured in the subscale of the Gender Minority Stress and Resilience Measure by Testa et al. (2015) that consists of five items referring to a general emotional connection, general interactions with TGD people, and experienced commonalities with other TGD people. The participants' descriptions of the positive effects of TCC (e.g., access to resources, emotional support, information transmission, shared joy, and the feeling of belonging) support the assumptions that TCC has protective effects. The mixed findings in previous studies investigating this relation (e.g., Inderbinen et al., 2021; Sherman et al., 2020) might be partially explained by the insufficient operationalization of TCC in quantitative studies. In qualitative studies, however, protective effects of TCC have been described for example in studies with trans people of color and trans youth (Singh, 2013; Singh & McKleroy, 2011). Situated on the community level, TCC was interrelated with

themes on other socio-ecological levels. The Minority Stress Model by Meyer (2003) explains how community connection, which is related to access to resources, emerges through a shared minority identity. However, as theorized by Hendricks and Testa (2012), access to these community-related resources might vary for TGD people depending on different aspects of gender affirmation. For example, regarding both intrapersonal and social gender affirmation, TGD people who are not able to openly identify as trans throughout different contexts in their life might have more difficulties connecting with other TGD people. The same problem arises when peoples' gender expression does not reveal their TGD identity (e.g., due to protective gender expression or "cis-passing"). Further, as described by the participants, access to resources (a protective factor on the societal level, e.g., safer spaces) is necessary for TGD people to come together and evolve TCC (Reck, 2009). One more interrelation occurs with collective action, another factor described on the societal level, which might only be made possible through TCC (Chaskin, 2008).

The remaining themes identified on the individual level were pride, engagement, and empowerment, on the one hand, and disengagement and avoidance, on the other. Pride was suggested to be a resilience factor for TGD people in the Gender Minority Stress and Resilience Measure developed by Testa et al. (2015), however, research regarding this protective factor is still inconclusive (Inderbinen et al., 2021). A challenge when measuring pride in quantitative studies might be that this construct is closely related to gender affirmation on the individual and relational levels. This is reflected in the scales used to measure pride in previous studies that contain items directly addressing the feeling of "being proud", but also refering to the disclosure of gender identity to others and gender expression (Bockting et al., 2013; Testa et al., 2015). Within the theme of engagement and empowerment, participants described aspects of self-affirmation and resistance that overlap with strategies of resistance previously reported by TGD youth in qualitative research by Paceley et al. (2021), including resisting oppressive narratives, maintaining authenticity, standing up for self and others, and educating others. Self-affirmative coping enhancing one's strengths and self-esteem was also described by Mizock and Mueser (2014). These aspects might positively relate to TGD individuals engaging in collective action, a protective factor described on the societal level. Further, participants in the present study described cognitive reframing as protective. Similar strategies were found in previous qualitative research, with TGD people finding rational explanations for microaggressions (Nadal et al., 2014), or utilizing styles of thinking like reframing, positive thinking, and understanding (Mizock & Mueser, 2014). The strategy of emotional regulation described by participants of this study has also been

described in previous qualitative research (Budge, Katz-Wise, et al., 2013; Mizock & Mueser, 2014), including using relaxation techniques and managing one's health. In a study with 115 TGD adults, emotional regulation was found to mediate the relationship between victimization and suicidality, however, this was not found for the relationship between victimization and self-harm behaviors (Drescher et al., 2023). Further, participants described disengagement and avoidance, including protective gender expression and protective behavior. These findings are supported by Mizock and Mueser (2014), describing TGD peoples' strategies of modifying their gender presentation in a gender-normative way and making decisions about the disclosure of their trans identity. Trying to pass as cisgender, as described by one participant of the present study, was previously described as a protective strategy for trans women which, however, did not protect them from the impact of trans misogyny (Arayasirikul & Wilson, 2019). This strategy of "cis-passing" can also be connected to Butler's (1990, 2004) theory of gender performativity, meaning that gender is composed of performative acts. People who are visibly trans or are perceived to have a non-conforming gender expression, fall outside the normative framework of accepted intelligibility. To avoid the discrimination that people face for being found unintelligible, they might try to perform a gender that is perceived to be inside the norm. However, "cis-passing" might be a context-dependent strategy and thus possibly not a stable protective factor. Also, its applicability might depend on the accessibility of gender-affirmative possibilities and the range of gender expressions that a person feels comfortable with. Protective gender expression is inherently related to the protective factor of gender affirmation on all levels. Finally, protective behavior was already described in previous research, including removing oneself from situations, avoiding confrontation of any kind (Nadal et al., 2014), and anticipating and preparing for stigma and discrimination (Mizock & Mueser, 2014).

On the relational level, social support was a second theme generated additionally to the already described social gender affirmation. Social support as a protective factor for TGD people has been widely researched (Tankersley et al., 2021; Valentine & Shipherd, 2018), and descriptions of participants regarding the importance of different emotional and instrumental social support seemed to confirm this evidence. Participants stated receiving support from their family of origin, friends, and partners. However, even though parental support has been shown to be protective in past studies (Simons et al., 2013; Wilson et al., 2012), it is inevitable to highlight that many of the participants indicated not receiving any kind of support from their parents or other family members. Accordingly, research indicates that most initial parental reactions to TGD children disclosing their trans identity are not positive

(Grossman et al., 2021) and that, in comparison to their cisgender siblings, TGD individuals perceive to receive less support from their family members (Factor & Rothblum, 2007). The importance of parental support as a protective factor may vary across developmental stages and weigh more for children and youth, however, the present study did not explore this further since it did not include a younger age group. Participants in the present study clearly stated the importance of people being informed about the lived realities of TGD people to be able to offer adequate support (e.g., through educating themselves, and listening to TGD people). This importance of information-based support was also found in a study by Matsuno et al. (2022), investigating support among parents of TGD children, describing the facilitation of support through educational and professional resources, communication with their child, and exposure to trans communities. Regarding interrelations with other factors, social support is closely connected to gender affirmation on all levels since it inhibits or supports TGD people to disclose their trans identity, express themselves in a gender-affirming way and receive help to access legal or medical procedures.

On the societal level, in addition to the already discussed legal and medical gender affirmation, the themes of political empowerment and collective action, and access to resources were identified. Psychological research seems to lack the exploration of the protective effects of TGD people reclaiming their culture, refusing hetero-normative ways of living, and using art to transmit political messages, which were described by the participants of this study. However, qualitative research describes how engaging in social activism, education, and trans rights advocacy is protective for TGD individuals (Mizock & Mueser, 2014; Singh & McKleroy, 2011). Quantitative research regarding collective action is mixed, finding a positive relationship between collective action and the well-being of sexual minority individuals (Velez & Moradi, 2016), but no buffering effect of collective action on minority stress in trans adults (Breslow et al., 2015). Further, participants indicated the importance of access to resources, like spaces to come together or educational material, and the satisfaction of basic needs. Qualitative research related to these findings describes resource access coping, meaning TGD individuals seeking services and information (Mizock & Mueser, 2014), however, research on these protective factors seems also rare.

Finally, this study contributed to the understanding of individuals with gender identities beyond the binary, a group of people that are underrepresented in existing research on TGD people that has been mainly investigating samples of binary trans people. In contrast, most participants in this study identified with a gender outside the binary, representing both individuals on the transmasculine and transfeminine spectrum. Consequently, this might have

highlighted especially experiences amongst TGD people that are affected by the impact of transnormativity. Especially participant's descriptions of intrapersonal gender affirmation were notably shaped by non-binary experiences. These included the participants' appreciation for non-conforming gender identity and expression, existing outside the binary and fluidly, and their acceptance of constant change regarding their identity. These aspects would likely have been missed in a sample with only binary trans individuals.

Implications

Overall, the results of this study demonstrate the necessity of qualitative research about the protective factors for trans people to reveal factors that might not have been discussed sufficiently in the existing (quantitative) literature and to improve the description and operationalization of already known protective factors. Research that focuses specifically on the resilience of TGD people is significantly needed since there are protective factors that are very specific to TGD people in contrast to other individuals of the LGBTQI+ community (e.g., gender affirmation, and TCC), while other protective factors might be less accessible to them (e.g., parental, or institutional support).

Since gender affirmation appears to be a significant protective factor throughout all socio-ecological levels, it should be promoted wherever possible and in consideration of the heterogeneity of TGD people. Promoting social gender affirmation through understanding TGD peoples' life realities and implementing gender-inclusive language is necessary in various settings, for example in mental healthcare, other medical contexts, and education (Knutson et al., 2019; Tordoff et al., 2021; T'Sjoen et al., 2020). Research on the importance of right pronouns use should be extended, for example by applying a scale developed for this purpose (Sevelius et al., 2020) and establishing measures that include gender-neutral language use for non-binary people. Medical gender affirmation should be facilitated especially also tailored for individuals with non-binary identities who, impacted by transnormativity (Boe et al., 2020), have less access to medical gender-affirming interventions (Vipond, 2015). Regarding legal gender affirmation, it is important to note that even if the laws in a country like Portugal allow self-determined legal gender recognition, this does not necessarily mean that people make use of this procedure. As found in a study with trans adults across all 27 EU countries, around 78% of TGD people living in the EU have not legally changed their gender (Directorate-General for Justice and Consumers - European Commission, 2020). Reasons for people not to change their gender legally are diverse barriers during the process, which are even more complex for migrants and minors (Köhler, 2022). Further, the lack of gender

marker options other than male or female in Portugal and most other European countries (e.g., except Iceland), denies people with non-binary identities access to legal gender recognition (Köhler, 2022). Conclusively, even laws that appear to facilitate legal gender recognition for TGD people, as is the case in Portugal, should be continuously revised and improved to remove all legal and practical barriers that hinder TGD people to make use of legal gender recognition.

This study contributes to a broader picture of TCC and the mechanisms of how it may contribute to the mental health and well-being of TGD people, which should be made use of in future research. Most participants of this study were already well connected to other TGD people, which might be an inevitable consequence of the snowball recruitment through existing community connections. Accordingly, for the present study, this facilitated getting a broad insight into diverse TGD peoples' experiences of TCC. However, comparative research on TCC should aim for a sample including individuals with little or no connections to other TGD people. The obtained in-depth exploration of TCC might help to improve existing definitions of this concept, like the discussed definition by Sherman et al. (2020), and existing TCC measurements for quantitative research, like the five items scale by Testa et al. (2015). Future research should aim for a more comprehensive operationalization of the concept of TCC when measuring its protective potential and longitudinal studies to understand causal effects. It might also be useful to consider literature that uses different terms than TCC but describes similar concepts to obtain a wider understanding of TCC. Examples are the concepts of "coalitional activism" (Edelman, 2020), or "authenticated social capital", built by trans older adults who form networks that facilitate gender affirmation and social activism, enhancing authenticity and well-being (Li et al., 2023). Overall, results regarding TCC suggest that it is a powerful tool for TGD people to find support and strength in many areas of their life. Community interventions should focus on providing safer spaces for TGD people to come together, create opportunities and provide resources to strengthen existing networks and reach TGD people who could not yet get to know other TGD people and connect to a community.

Protective factors on the societal level other than medical and legal gender affirmation seem to be little researched and need to be explored more thoroughly. Participants described empowerment through political activism, including art and performance, and education about trans issues. Providing resources that aim to promote these actions of empowerment might be an investment in the health and well-being of TGD people. However, possibilities for research and interventions in these areas might be remarkably shaped by political and cultural contexts.

A recent example of political trans empowerment in Portugal is the protest of the Brazilian *travesti* Keyla Brasil against "transfake"[6] in theater in January 2023 (Frota & Nogueira, 2023) and its aftermaths. Following her widely discussed political action, Keyla Brasil continued her activism in the political movement of the TGD community in Portugal. However, even though her example might be empowering and inspiring for other TGD people in Portugal, it also shows how being visibly trans in public adds significantly to psychological stress as she continues to experience increased violence since she started her public political activism (Peres, 2023). The relation between exposure to more violence through increased visibility and a decreased protective effect of political engagement should be investigated in future research.

Further, the enhancement of protective factors on all levels can be promoted by educating people to recognize their privileges and supporting them to become allies of individuals of oppressed groups (Bishop, 2015). Cis-gender social support networks might be a place for critical allyship building that starts by encouraging a structural understanding of power relationships. Interventions to promote allyship for TGD people should be placed in diverse contexts, including healthcare, education, and the workplace (Fletcher & Marvell, 2023; Gilmore et al., 2023; Spencer & Kulbaga, 2021).

The research on protective factors and the implementation of interventions to strengthen the health and well-being of TGD people can also be improved by considering the heterogeneity of TGD people. As previously discussed, people with non-binary identities, affected by transnormativity, are often made invisible and face barriers in social, medical, and legal gender affirmation (Boe et al., 2020; Köhler, 2022; Taylor et al., 2019). Trans women are especially exposed to trans-misogyny and the resulting increased discrimination (Arayasirikul & Wilson, 2019; Serano, 2007). These different lived experiences of TGD people might impact the relevance of different protective factors significantly. For example, the concepts of "outness", "passing" and "pride" might have different meanings and implications for TGD people with different gender identities (Inderbinen et al., 2021). Many trans-masculine people have a cis-normative appearance to outsiders, however, many trans-feminine people are more likely perceived as "trans", and non-binary people are often not perceived or treated in a gender-neutral way. These differences in a person's perceived gender identity might also influence their access to safer spaces for TGD people and the facility to connect with other TGD people (Pflum et al., 2015). For example, for male trans individuals,

[6] The term "transfake" was first used by Brasilian *travesti* actress Renata Carvalho and refers to the act of cisgender actors playing transgender characters (Eleutério, 2022).

having a “cis-passing” gender expression might influence how they are welcomed in a queer space where their trans identity might not be recognized at first. Additionally, intersecting marginalized identities (e.g., migrant status, race, social class, or ability) significantly impact TGD peoples’ lived experiences, resulting in increased health inequities (Cerezo et al., 2014; Wesp et al., 2019). Finally, protective factors might have different importance for TGD people across their lifespan. TGD elders often face unique barriers in legal and medical gender affirmation, their access to social support might differ compared to TGD adults and youth, and they report disclosing their trans identity less likely (Nuttbrock et al., 2009; Persson, 2009). However, in the present study participants did not share about the impact of older age on access to protective factors, which is likely related to the age group of the interviewed people (19 – 35 years), which also did not allow for the exploration of experiences of TGD children.

Overall, it is important for research and its application to consider the strong interrelations of the protective factors across the different socio-ecological levels. It should be aspired to have a better understanding of these various interrelations and make use of the mutual reinforcement of the protective factors instead of considering them isolated from each other.

Limitations

The present study made use of snowball recruitment, obtaining a convenience sample. This method comes with the well-recognized limitations of non-probability samples regarding potential biases (Meyer & Wilson, 2009). However, these limits can be diminished through adequate familiarity with the community, the consideration of possible sources of biases, and strategies to reduce those biases (Meyer & Wilson, 2009). An appropriate familiarity with the researched community was given in this study since the author is part of the TGD community in Portugal. This might have had the advantage that the interview process was based on a certain layer of trust and that participants were less concerned that the outcome of the research would not reflect their “true” lived experiences. Further, an assumed common ground of understanding might have let them share experiences more in-depth instead of feeling the need to first explain concepts commonly known in the community. However, both participant and researcher assuming a shared meaning of the discussed TGD-specific experiences might also have led to not recognized misunderstandings. Regarding possible sources of biases in this convenience sample, most participants lived in Lisbon, an urban environment that was found to be negatively related to mental health issues (Eisenberg et al., 2019), and that is

likely to provide significantly more resources for TGD people and access to the community than rural areas of Portugal. Further, it can be assumed that participants of this study experienced certain life circumstances that allowed them to agree to the interview (e.g., time, physical and mental health, and familiarity with an academic interview). From these suppositions about possible sample biases, it can be assumed that participants were likely to experience various protective factors in their life. In this study, this bias can be seen as favorable as it might have facilitated the exploration of diverse protective factors. Comparative research, however, should aim for a sample with more differences in access to protective factors.

There were various further limitations regarding the diversity of the participants. First, since individuals younger than 18 years old were excluded and the oldest participant interviewed was 35 years old, the experiences of TGD youth and elders are not represented in this study. Second, it was not asked for the participants' ethnical or racial backgrounds, however many of them acknowledged their privilege of being White and none of them shared about the intersecting influence of racism on their life as a TGD person. Also, there were significantly more participants on the non-binary spectrum than binary trans individuals. However, given the discussed importance of non-binary representation in TGD research and the balanced representation of participants on the transfeminine and transmasculine spectrum, this is not necessarily limiting this research. Finally, it was not accessed if participants were currently undergoing or had in the past made use of medical gender affirmation procedures, so this aspect was only known to the researcher if participants actively decided to mention it in the interview. However, for ethical reasons, it might be a better choice not to ask about medical gender-affirming procedures if not implicitly required for the research, since this might be unnecessarily intrusive to the participants. Finally, resulting from the recruitment method and the small size of the researched community, participants were likely to be directly or indirectly connected to the social realm of the researcher. The ethical concerns arising from these circumstances were counteracted by making a priority of the protection of the participants' anonymity with the described measures.

Regarding languages used in this study, interviews were both conducted in Portuguese and English, according to the participant's preference. For most participants, one of these languages was their native language, while for others and the researcher, these languages constituted second languages. Thus, it was not always accomplished to conduct the interview in the participant's native language, even though this should be attempted for ethical reasons, regarding the power dynamics between researcher and participant in an interview situation

(Lawrence, 1988). Further, the research process might have been biased by the variety of language proficiencies and cultural backgrounds of both participants and the researcher, possibly resulting in discrepancies in semantic interpretations. One way of considering this bias was preserving linguistic characteristics of the interviews by analyzing and quoting them in the original interview language, offering a translation to the reader if needed. Not translating qualitative data for analysis is one of the decisions that can be made to respect the semantic space of notions when doing research across cultures and languages (Wagner et al., 2014).

Finally, the author of this study is part of the researched community which allowed for certain proximity to the participants and sensitive community-focused considerations in all phases of this investigation. However, the participants were not intentionally involved as co-researchers, except for the feedback on the questions in the first interview and the contributions of all participants during the interview. Future research on TGD individuals should aim for an investigation process that involves community members as co-researchers from the beginning of a project and that is entirely oriented on the principles of critical participatory action research (Fine & Torre, 2019; Lykes & Távara, 2020). Critical participatory action research is anchored in politics, power, and participation and can be seen as the enactment of feminist research praxis in psychology, allowing an even deeper understanding of the lived realities of involved community members (Fine & Torre, 2019).

Conclusions

This study provides an overview of protective factors on different socio-ecological levels that are relevant to the mental health and well-being of TGD people in the context of Portugal and provides a framework for further studies to continue the investigation of these factors. This includes research on the mechanisms that explain the protective character of these factors and their interrelations. Community interventions considering specific cultural contexts and the TGD community's heterogeneity should be built on this evidence, allowing TGD people to flourish while counting on sources of strength and support. The expertise on these protective factors originates from the experiences of every single TGD individual and the aggregation of this knowledge, ideally achieved by feminist research praxis, allows to strengthen support widespread through the TGD community. In the long term, these efforts aim to contribute to reducing the health disparities experienced by TGD people.

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Appendix A

Interview Script in English

1 Demographics	
Primary questions	Optional questions
1.1.1 Where are you from?	1.1.2 For how long have you been living in Portugal?
1.2 How old are you?	
1.3 Are you currently studying or working?	
Introduction	
Being TGD often means experiencing discrimination and harassment in different areas of our life. However, TGD people might also experience support, strength, pride, or belongingness. It is important to acknowledge all the difficulties that a trans person in Portugal might face, however, in this study, I want to focus on the positive aspects of being trans and invite you to share those experiences with me.	
2 Gender: Socially, legally, emotional	
Primary questions	Optional questions
2.1.1 How would you describe your gender identity?	2.1.2 Is your gender identity different from your sex assigned at birth?
2.2 Do you identify yourself as part of the trans and gender-diverse community?	
2.3 Is your gender legally recognized on your official papers?	
2.4.1 To what extent do you socially live as the gender you identify with?	2.4.2 In which contexts do you socially live as the gender you identify with?
2.5 What do you like about your gender identity?	
3 Trans community as a protective factor: Support you get from other trans people	
Primary questions	Optional questions
3.1.1 How is being trans for you connected to feeling proud of your identity?	3.1.2 How is being trans important for you in your life?
3.2.1 How do you interact with other trans people in person or online?	3.2.2 To which extent do you attend activities or events that are specifically made by and for trans people?
3.3.1 To which extent are other trans people or the trans community a source of support or strength for you?	3.3.2 Can you recall a situation when you experienced support from other trans people/the trans community?
	3.3.3 What would you suggest can trans people do to best support each other?
3.4 To which extent do you feel like you belong or do not belong to the trans community?	
4 Protective factors outside of the trans community: Support you get in other areas of your life	
Primary questions	Optional questions
4.1.1 In which aspects of your life do you find support or strength related to being trans?	4.1.2 Interacting with family, friends, and strangers
	4.1.3 In public services or institutions (e.g., health care, school, university, and work)
	4.1.4 Related to medical transition and in the legal context

5 Being trans or gender diverse and other intersecting identities	
Primary questions	Optional questions
5.1 If you think of trans people with other gender identities than you (e.g., trans man, trans woman, non-binary, agender, or others?), do you think they have different access to community and support?	
5.2.1 Do you have any other identity than being trans that you feel is important to talk about (e.g., national origin, race or ethnicity, ability, religion, social class, or migrant status)?	5.2.2 How does this identity influence your experience of being trans and receiving support?
6 General sources of support and strength	
6.1 From your own experience, which advice would you give to other trans people about resources and strategies to cope with challenges and develop a positive identity?	
6.2 Which advice would you give to family and friends of trans people/activists in the community/people working in public institutions about how to give support to trans people and make them feel safe?	

Appendix B

Interview Script in Portuguese

1 Demográficos	
Pergunta principal	Pergunta facultativa
1.1.1 De onde és?	1.1.2 Há quanto tempo vives em Portugal?
1.2 Qual é a tua idade?	
1.3 Are you currently studying or working?	
Introdução	
Ser TGD significa muitas vezes sofrer discriminação e assédio em diferentes áreas da nossa vida. No entanto, as pessoas TGD também podem experimentar apoio, força, orgulho e pertença por ser trans. É importante reconhecer todas as dificuldades que uma pessoa trans em Portugal pode enfrentar, mas neste estudo quero investigar os aspectos positivos de ser trans e convidar-te a partilhar comigo essas experiências.	
2 Género: Socialmente, legalmente, emocionalmente	
Pergunta principal	Pergunta facultativa
2.1.1 Como descreverias a tua identidade de género?	2.1.2 A tua identidade de género é diferente do sexo que te foi atribuído à nascença?
2.2 Identificas-te como fazendo parte da comunidade trans e de diversidade de género?	
2.3 O teu género é legalmente reconhecido nos teus documentos oficiais?	
2.4.1 Até que ponto vives socialmente como o género com o qual te identificas?	2.4.2 Em que contextos vives socialmente como o género com o qual te identificas?
2.5 O que gostas na tua identidade de género?	
3 A comunidade trans como factor de protecção: Apoio que recebes de outras pessoas trans	
Pergunta principal	Pergunta facultativa
3.1.1 Como está ser trans para ti ligado a sentir-te orgulhose da tua identidade?	3.1.2 Como é que ser trans é importante para ti na tua vida?
3.2.1 Como interages com outras pessoas trans pessoalmente ou online?	3.2.2 De que maneira estás a participar em actividades ou eventos que são especificamente realizados por e para pessoas trans?
3.3.1 Como é que outras pessoas trans u a comunidade trans são uma fonte de apoio ou força para ti?	3.3.2 Consegues lembrar-te de uma situação em que experimentaste o apoio de outras pessoas trans/da comunidade trans? 3.3.3 O que é que sugeres que as pessoas trans possam fazer para se apoiarem melhor umas às outras?
3.4 De que maneira sentes que pertences ou não pertences à comunidade trans?	
4 Factores de protecção fora da comunidade trans: Apoio obtido em outros aspectos da vida	
Pergunta principal	Pergunta facultativa

4.1.1 Em que aspectos da tua vida podes encontrar apoio ou força relacionada com o facto de ser uma pessoa trans?	4.1.2 A interagir com a família, amigos e estranhos 4.1.3 Em serviços ou instituições públicas (por exemplo, cuidados de saúde, escola, universidade, trabalho) 4.1.4 Relacionado com a transição médica e no contexto legal
5 Ser trans ou género diverso e outras identidades interconectadas	
Pergunta principal	Pergunta facultativa
5.1 Se pensa em pessoas trans com outras identidades de género que a tua (por exemplo, homem trans, mulher trans, não binárie, agenero ou outras), pensas que elas têm um acesso diferente à comunidade trans e ao apoio?	
5.2.1 Tens alguma outra identidade para além de ser trans que consideras importante falar (por exemplo, origem nacional, étnica, capacidade, religião, classe social, estatuto de migrante)?	5.2.2 Como é que esta identidade influencia a tua experiência de ser trans e receber apoio?
6 Fontes de apoio e resistência	
6.1 A partir da tua própria experiência, que conselhos darias a outras pessoas trans sobre recursos e estratégias para lidar com desafios e desenvolver uma identidade positiva?	
6.2 Que conselhos darias à família e amigos de pessoas trans/activistas na comunidade/pessoas que trabalham em instituições públicas sobre como dar apoio às pessoas trans e fazê-las sentir-se seguras?	

Appendix C

Overview of Themes With Example Quotes

Theme and example quotes	Translation
Individual level	
(a) Intrapersonal gender affirmation	
Linguistic aspects: I feel like words were really important for me for a long time. They still are, but I am trying to continue to deconstruct every day even more. So, for a long time I was like, yeah, I need words to affirm myself. So, when I started to use those words, for example, queer or non-binary, even trans, I started to… in a sense being more proud about me being able to express this part of me with words. (Cal, trans-masculine non-binary person, P08)	
Expressive aspects: What is important for me is that I am comfortable in my expression. So, gender expression is important. […] It's important because it helps alleviate some bad feelings sometimes. For example, dysphoria. It helps me approximate my internal representation of myself somehow (Lee, trans-feminine non-binary person, P05)	
Emotional aspects: Eu acho que depois de que me entendi como uma pessoa trans, eu consegui compreender muito melhor… sei la, estar muito mais em contato com quem eu sou, e entender muito mais quem eu sou. E gostar mais de mim. E sentir-me confortável na minha pele. Me ajudou muito neste processo de aceitação acho. (Kai, trans-masculine non-binary person, P11)	I think that after I kind of understood myself as a trans person, I was able to understand much better... I don't know, be much more in touch with who I am, and understand much more who I am. And like myself more. And feel comfortable in my skin. It helped me a lot in this acceptance process, I think. (Kai, trans-masculine non-binary person, P11)
(b) Pride	
Orgulho? Já! Eu gosto imenso, eu tenho imenso orgulho e amor em ser trans e essa diferença. Eu só tenho medo quando estou no entorno social. Tipo eu comigo, eu acho que é incrível. Eu só tipo sei o qual não é aceito. Então é tipo, eu adoro. Mas eu acho que toda a gente me quer atacar, tas a ver? Eu acho que toda a gente não vai gostar. Então eu por mim, tenho imenso orgulho de ser trans. (Lux, trans-masculine non-binary person, P07)	Pride? Yes! I really like it, I have immense pride and love in being trans and that difference. I'm only afraid when I'm in the social environment. Like, me with myself, I think it's amazing. I just kind of know what is not accepted. So, it's like, I love it. But I think everybody wants to attack me, you know? I think everybody's not going to like it. So me for me, I'm really proud to be trans. (Lux, trans-masculine non-binary person, P07)
(**c) Engagement and empowerment**	
Self-affirmation and resistance: E é possível, e é possível e temos o direito de manifestarmos quando nos somos tipo vítimas. Period. É válido, sim. Podes fazer isso, podes. Podes ser tu, podes responder, podes não responder, podes ser rude, podes ser simpático e é isso. Não temos de encaixar, já encaixamos. (Pérola, trans-feminine person, P03)	And it is possible, and it is possible, and we have the right to manifest ourselfs when we are kind of victims. Period. It's valid, yes. You can do that, you can. You can be you, you can respond, you can not respond, you can be rude, you can be nice, and that's it. We don't have to fit in, we already fit in. (Pérola, trans-feminine person, P03)
Cognitive reframing: I can't deny that I have attributes of whatever the fuck they consider male, you know, in this world. But what I can deny is how I interpret these attributes. I can let those go. (Sigma, trans-feminine person, P02)	
Emotional regulation: And in all those events … how the creative inspiration in something that also brings me so much joy and fuel and hope, enthusiasm to continue, daily. And I feel all the	

Theme and example quotes	Translation
struggles to wake up with joy and motivation, I think for me the creativity and art is essential. And we inspire each other all the time. (Arden, trans-feminine non-binary person P06)	
(d) Disengagement and avoidance	
Protective gender expression: There is people that want to become "cis-passing" as fast as possible […]. You are trans, but when you are not perceived as trans, you start to be less present in the community. Because most people are cisgender. And at some point, maybe we want to be like… not having to deal with the fact that we are perceived as trans all the time. People need to work, to make money, you know. So, there is a lot of trans people that just have normal lives in the cis world. (Kira, female trans person, P01)	
Protective behavior: Até hoje aqui em Portugal quando sofro certas violências assim, eu ainda baixo a cabeça, passo, e saio rápido. Eu evito confronto principalmente, porque infelizmente, aqui apesar de venderem uma imagem em que Europa é um local seguro, não é.. (Ali, trans-feminine non-binary person, P12)	Even today here in Portugal when I suffer certain violence like this, I still lower my head, I pass, I leave quickly. I mainly avoid confrontation, because unfortunately, here despite the fact that they sell an image that Europe is a safe place, it is not. (Ali, trans-feminine non-binary person, P12)
Relational level	
(e) Social support	
Emotional support: Let them not feel alone. That's a good thing. I think most of trans women, they don't really think that they can receive love. Yeah, so it's important, I think, to not let them feel alone. Because there's so many people that love them, you know. (Isis, trans-feminine non-binary person, P13)	
Instrumental support: I feel like the most important things we can share amongst each other are basic resources. So, like, you know, food, water, shelter, clothes, that kind of thing. (Manual, male trans person, P09)	
Importance of informed support: Em cima de tudo, escuta sobre estas pessoas. Tipo, tentar mesmo não abrir a boca, deixa essa pessoa falar o que tem para dizer. Fazer um trabalhinho de casa, acho que pode ajudar tipo fazer uma pesquisinha sobre género fluido. Ah, o género fluido, o que é isso, não sei… pesquisa e depois se calhar ter uma conversa. Eu acho que sobre tudo é isso. Já ter um mínimo de preparação e depois ter uma conversação que seja empática para com essas pessoas perceber… porque cada pessoa trans é individual […]. Então é preciso ter realmente essa escuta sobre cuais são os nossos limites, as nossas necessidades. (Zuri, trans-masculine non-binary person, P10)	Above all, listen to these people. Like, really try not to open your mouth, let that person speak what they have to say. Do a little homework, I think it can help, like doing a little research on gender fluid. Ah, gender fluid, what is it, I don't know... research it and then maybe have a conversation. I think that's what everything is about. To already have a minimum of preparation and then have a conversation that is empathetic with these people to understand... because each trans person is individual. So, it is necessary to really have this listening about what are our boundaries, our needs. (Zuri, trans-masculine non-binary person, P10)
(f) Social gender affirmation	
Mas apoio maior assim que tenho acho que seriam os meus pais que me aceitaram facilmente assim. São pessoas bem abertas e sei la, desde o começo já me trataram pelo pronome certo e… ainda erram, mas pronto... esse apoio me ajuda muito, acho..(Kai, trans-masculine non-binary person, P11)	But the biggest support I have I think would be my parents who accepted me easily. They are very open people and, I don't know, since the beginning they have treated me by the right pronoun and... they still make mistakes, but... this support helps me a lot, I think. (Kai, trans-masculine non-binary person, P11)

Theme and example quotes	Translation
Community level	
(g) TCC: Behavioral aspects	
Emotional and instrumental support: And then, just the care. The community care of coming together and counter-acting this mindset of the system, of separation, of nuclear families, of people rising, people trying to archive success alone. All those mindsets. I think we need to do the exact opposite. I think it's still a long way for us to go as a community. It's to actually try to do a priority out of sharing, of caring. (Arden, trans-feminine non-binary person, P06)	
Information transmission: So, very important, the community. It is so important because we need so much information. Everything that I do or I know comes from other people. Yeah, everything basically, everything. And also, each time that I connect with a trans person, I feel they learn something of what I say. There is this transmission. And then they also taught me things, you know. Very young people taught me things, as much as like the thing that I heard about ancestors, you know, everything. It's like, there is no space for my individuality. It's like, it doesn't… there is only the trans community, there is nothing else almost (Kira, female trans person, P01)	
Collaboration and events: Normalmente eu faço performance em eventos queer é trans. É a minha forma de contributo. É a minha mensagem: […] Resiliência, resistência. E sinto que quando quis-me dar a conhecer, cria uma energia muito grande… tipo ola sou a Pérola. Tipo party animal, mas não é party animal, é tipo monstro. The monster is here, the monster is born. (Pérola, trans-feminine person, P03)	I usually do performance at queer and trans events. It's my way of contributing. That's my message: [...] Resilience, resistance. And I feel like when I wanted to make myself known, it creates a very big energy... like hello I'm Pérola. Like party animal, but it's not a party animal, it's like a monster. The monster is here, the monster is born. (Pérol,a trans-feminine person, P03)
(g) TCC: Emotional aspects	
Shared joy: But then there is also this other part where you are truly celebrated for your euphoria and they are truly happy and this is something which … like euphoria, gender euphoria, is already such a good feeling and then being celebrated for it is just like multiplied in this sensation. It's a really… Like I feel like this kind of support system. These are the best experiences for sure. (Grey, trans-masculine non-binary person, P04)	
Feeling safe: Over the years suffered violence from close friends and… yeah, you start finding groups and little nests of people that make you feel comfortable. And that's kind of how I… I would say probably now 80% of my friends are trans. Which is crazy, but it just happened organically. I didn't push for it. (Lee, trans-feminine non-binary person, P05)	
Belonging: Onde eu falei sobre a importância do acolhimento aqui das pessoas, da comunidade queer em geral, senti-me uma pessoa muito acolhida assim. Até esquisita porque no interior, nê, em [estado no Brasil] en fim, onde eu cresci,	Where I talked about the importance of being welcomed by people here, by the queer community in general, I felt like very welcomed. Even weird because in the interior, in [state in Brazil] at last, where I grew up,

Theme and example quotes	Translation
vivi, esse acesso assim era uma bolha e quando… a primeira vez que pisei aqui [Lisboa], eu me senti muito pertencente. (Ali, trans-feminine non-binary person, P12)	lived, this access like that was a bubble and when... the first time I stepped here [Lisbon], I felt very belonging. (Ali, trans-feminine non-binary person, P12)
Understanding: Acho que é muito importante falar com outras pessoas com experiências parecidas. […]. Desde que essas pessoas também sejam fixes. […] Tu tens de encontrar pessoas com quem tu gostas de falar e com quem tu te sintas bem. Acima de tudo. Porque tu podes encontrar uma pessoa cis que te vai ajudar muito no caso de não encontrares outra pessoa. Mas é encontrar outras pessoas que te vejam e que te façam sentir bem. E que te apoiam em o que tu queres fazer. Mas claro se houver essa partilha de identidade ainda melhor, porque é um caminho bastante específico. Claro que uma pessoa cis é um bocado limitada no que pode realmente partilhar, porque não foi a experiência dela e não tem assim essas, né? (Pedro, male trans person, P14)	I think it's very important to talk to other people with similar experiences. [...]. As long as those people are also cool. [...] You have to find people that you like to talk to and that you feel comfortable with. Above all. Because you can find a cis person that will help you a lot in case you don't find another person. But it is finding other people who see you and make you feel good. And who support you in what you want to do. But, of course, if there is that sharing of identity even better, because it's a very specific path. Of course, a cis person is a little bit limited in what they can really share, because it wasn't their experience and they don't have those like that, right? (Pedro, male trans person, P14)
Visibility and representation: I think one big part for me was to see people who look like and express themselves in a way that I feel aligned. Where I feel like okay, this is a goal for me where I would like to… like… I'm not sure if goal is the right word. Like I feel very aligned and I feel they got to a comfortable place where I wish to be at some point. And like knowing that these people exist already helped me to be like a bit more relaxed about myself because I know it's possible. And I think just this visibility is giving… Like it gave me so much strength (Grey, trans-masculine non-binary person, P04)	
Societal level	
(h) Political empowerment and collective action	
Like, [engaging in political activism] doesn't make me feel as helpless as I am normally, and it makes me focus on the things that I can do and the ways I can change things, that I can support other people and not like how everything is changing. And I don't know for some certain how the future is going to be for me and how if I'm safe where I'm living right now, if I'm going to get a job if my health care is assured or all those kinds of things. So it always helps with that too. (Manuel, male trans person, P09)	
(i) Access to resources	
I feel like if they [TGD people] can find mental health support, that would be very important, especially in group settings, but ideally both in group setting and in individual settings. That is really safe. And when you talk to a therapist, if you have the possibility to pay one and choose, put upfront everything that you think could be dealbreakers so you check their reactions in the first sessions and then you can choose if it's safe for you to continue there or not. (Cal, trans-masculine non-binary person, P08)	

Theme and example quotes	Translation
(j) Medical and legal gender affirmation	
E quando saiu essa lei, também foi mesmo conveniente em termos temporais. […] Foi mesmo logo a seguir de ter saído a lei. Por isso a senhora ainda nem sequer estava muito integrada sobre a nova situação. […] Mas eu disse-lhe, olha a nova lei saiu a semana passada. […] Mandou-me para casa, mas disse-me que ia falar com a chefe... À tarde ela ligou-me, vem acá, pode vir ainda hoje ou amanhã. E fui lá, mudaram [o nome e marcador de género], mandaram-me o novo cartão, e está tudo. (Zuri, trans-masculine non-binary person, P10)	And when that law came out, it was also really convenient in terms of time. [...] It was right after the law came out. So this woman wasn't even very integrated about the new situation yet. [...] But I told her, look, the new law came out last week. [...] She sent me home but told me she was going to talk to her boss. In the afternoon she called me, come here, you can still come today or tomorrow. And I went there, they changed [the name and gender marker], they sent me the new card, and that's all. (Zuri, trans-masculine non-binary person, P10)
Specificities of the Portuguese context and heterogeneity of TGD identities	
Portuguese context	
A very problematic historical background has led Lisbon to be a hub of migrants that especially has large communities that come from former colonies. And this is why the dialogs that exist on transness here in Lisbon are, in my view, different from most European discourses. […] And I think this is very powerful and, for me, very beautiful that you can have a place where these discourses [from Europe and for example Brazil] are intertwined. So I think the privilege of the mismatch in this dialog between several […] ways of experiencing transness is very powerful, what I feel is a bit unique in Lisbon (Lee, trans-feminine non-binary person, P05)	