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Exposed: The impact of the Covid-19 Pandemic on the transgender community in Portugal.

Cristiana Fernandes

Master in International Studies

Supervisor:

PhD., Sandra Palma Saleiro, Integrated Researcher,

CIES - Iscte-University Institute of Lisbon

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SOCIOLOGIA
E POLÍTICAS PÚBLICAS

Department of History

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In the final stretch of this stage, the feeling of gratitude arises and, therefore, it is important to thank everyone who showed their support and helped me to overcome yet another challenge.

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Abstract

This study starts with the analysis of international and European directives, as well as the role of international organizations such as the Council of Europe concerning gender identity issues, and the diversity of situations within Europe and the EU itself, by choosing the illustrative example of two countries that obtain the best and the worst results in measuring the rights of transgender people, (Malta and Poland), with the goal of placing Portugal in this context. Considering Portugal's successful position in the evolution of transgender rights in recent years, the study focuses on the experiences of the transgender community during the COVID-19 pandemic in Portugal. The purpose of this study was to enhance the obstacles and inequalities faced by the transgender community and how COVID-19 aggravated them. Therefore, interviews were conducted, in which there are represented 3 organizations that work with the transgender community. The interviews included questions about the necessities and obstacles faced within the educational and health systems, social services, family dynamics and, lastly, challenges and perceptions about the legal and political conjecture of gender issues in Portugal. The participants also reported their experiences providing community support during the pandemic.

Keywords: transgender, COVID-19, pandemic, Europe, diversity

Resumo

Este estudo parte da análise das directivas internacionais e europeias, bem como do papel das organizações internacionais, tais como o Conselho da Europa, relativamente às questões de identidade de género, e da diversidade de situações na Europa e na própria UE, escolhendo o exemplo ilustrativo de dois países que obtêm os melhores e os piores resultados na medição dos direitos relativos à identidade de género (Malta e Polónia), com o objectivo de situar Portugal neste contexto. Considerando a posição bem sucedida de Portugal na evolução dos direitos das pessoas transgénero nos últimos anos, o estudo centra-se nas experiências da comunidade transgénero durante a pandemia da COVID-19 em Portugal. O objectivo deste estudo passa por reforçar o conhecimento sobre os obstáculos e desigualdades enfrentados pela comunidade transgénero, bem como a forma como a COVID-19 os agravou. Por conseguinte, foram realizadas entrevistas a três organizações que trabalham com a comunidade transgénero. As entrevistas incluíram perguntas sobre as necessidades e obstáculos enfrentados nos sistemas educativos e de saúde, serviços sociais, dinâmica familiar e, por último, desafios e percepções sobre a conjuntura jurídica e política das questões da identidade de género em Portugal. Os participantes também relataram as suas experiências de apoio à comunidade durante a pandemia.

Palavras-chave: transgénero, COVID-19, pandemia, Europa, diversidade

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Introduction

The present research arises with the objective of obtaining a Master's degree in International Studies. The main question of this dissertation intends to bring together two fields: the impact of COVID-19 and the transgender community. I begin this research by analyzing international and European directives and the diversity of situations within Europe and the EU itself, by choosing the illustrative example of two countries that obtain the best and the worst results in measuring the rights of transgender people, (Malta and Poland), and the location of Portugal in this context.

When asked the question, “how did how COVID-19 affect the transgender communities in Portugal”, I seek to find evidence of the inequalities that already existed pre-pandemic and how it exacerbated these same difficulties. Thus, this study is composed of six chapters, namely Theoretical Framework, Transgender Rights in Europe, Transgender Rights in Portugal, Covid-19 and its consequences, Method, Results, and Conclusion, with the references used in the study and appendices at the end.

The first chapter is dedicated to the definition of concepts related to the central concept of this study, “gender identity,” such as sex, gender, cisgender, and transgender. This is followed by an analysis of the inequalities between cisgender and transgender people. The second chapter regards the European framework with reference to the European diversity concerning transgender rights, the legislation, and recommendations of the Council of Europe. The third chapter analyses the legal framework of gender identity issues in Portugal. The fourth chapter regards the contextualization of COVID-19 and its consequences.

The fifth chapter is dedicated to research methodology, covering the description of the sample, the data collection instruments used (a semi-structured interview script), and the procedures applied in the study.

The results section describes the domains designed to analyze the results obtained in the interviews, "Pre-COVID-19", "COVID-19" and "Post COVID-19". Within these periods, data analysis emerged with the following dimensions: "characterization of the community", "access to housing and employment", "access to services", "school context", "family dynamics" and "community support". In the conclusion chapter, will be presented a systematization and summary of results.

Chapter 1- Theoretical Framework

1.1 Gender Identity and other concepts

When speaking about transgender people, the concept of gender identity presents itself as fundamental. To begin to address gender identity and be able to discuss it, it is necessary to clearly understand what gender identity is and its associated concepts – firstly the concept of gender - and the diversity of gender identities and expressions (Austin, 2017). Therefore, before introducing the main differences and inequalities between someone who is transgender and someone who is cisgender it is very important to define those terms and understand them.

The concept of gender implies a series of roles and behaviors at a social level that is categorized as being feminine or masculine. Its definition can also diverge according to various cultures, however, in the traditional sense, its categorization is binary (Freeman and Knowles, 2012). Furthermore, gender is a multidimensional construct that is traced back to experiences based on individuals presenting sex (Johnson and Repta, 2012). On the other hand, sex and gender are independent of one another despite being continuously mistaken by synonyms. Throughout the years, the word “sex” has been boiled down to refer to sexual activities (Freeman and Knowles, 2012). The World Health Organization (WHO) describes sex as biological and physiological like characteristics that are recognized by someone’s reproductive organs.

These two concepts are for the most part intertwined, usually gender comes as an afterthought of sex when it comes to studies and academic work. Although this narrative can be explained through history this line of thinking originates a biased and confusing theoretical narrative about gender (Delphy, 1993). However, this practice has been contested by many disciplines, such as psychology, anthropology, physiology, and sociology (Freeman and Knowles, 2012).

Gender Identity can be categorized as the way someone considers their gender. Susan Stryker, an American transgender author, explains someone’s gender identity can be described as someone wanting to be referred to as a particular pronoun (Stryker 2008): She/Her, He/him, or They/Them. Thus, gender identity refers to the extent to which a person experiences oneself to be like others of one gender. One's sense

of being male or female largely determines how people view themselves and provides an important basis for their interactions with others (Steensma, Kreukels, de Vries & Cohen-Kettenis, 2013). The Yogyakarta Principles describe the broad definition of gender identity:

“Gender identity is understood to refer to each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.” (International Commission of Jurists 2007:6)

The word transgender, or trans, is an umbrella term for people whose gender identity is different from the sex assigned to them at birth. Susan Stryker describes being transgender as someone “who moves away from the gender they were assigned at birth, people who cross over the boundaries constructed by their culture to define and contain their gender” (Stryker, 2008: 1). Although the word “transgender” and our modern definition of it only came into use in the late 20th century, people who would fit under this definition have existed in every culture throughout recorded history. Leslie Feinberg demonstrates that gender identities and expressions that differ from the socially expected gender assigned at birth have always existed over time and across cultures (Feinberg, 1996).

Furthermore, in *Transgender Warriors*, Feinberg defines "transgender" as a very broad umbrella, including all "people who cross the cultural boundaries of gender" - including butch dykes, passing women (those who passed as men only in order to find work or survive during the war), and drag queens (1996). Regarding the term “cisgender” it can be defined as an individual whose gender identity and gender expression align with the sex assigned at birth or being “*nontransgender*”. According to Stryker, being cisgender “names the usually unstated assumption of nontransgender status contained in the words *man* and *woman*” (2008: 22).

The transgender community is incredibly diverse. Being an umbrella term, some trans people identify as trans men or trans women (Darwin, 2020). The American Psychological Association presents the following descriptions for how

transgender people may describe themselves¹: as *non-binary* (an individual who rejects the binaries of male and female), *genderqueer* (those who do not align with the binary understanding of gender, including those who see themselves as both male and female, neither, moving between genders, or outside gender), *agender* (an individual who does not identify themselves as having a particular gender), *genderfluid* (an individual whose gender identity changes or may vary according to the way they are feeling), or other identities that reflect their personal experience. Some of them take hormones or have surgery as part of their transition – the process of shifting toward a gender role different from that assigned at birth, which may include social transition (new names, pronouns, and clothing) or medical transition, (hormone therapy or surgery). This diversity also exists in the Portuguese society, as mapped by Saleiro (2013).

1.2 Inequalities between Cisgender people and Transgender people

As is the norm, cisgender people's lives align with the status quo, according to the gender systems in place, meaning that any discrimination they may experience isn't related to their gender identity or gender expression. Cisgender people may face discrimination on the grounds of socioeconomic status, race, ethnicity, religion, nationality, or gender but (especially women) not due to their gender identity or expression. Meanwhile, transgender people, because they break one of the main rules on which societies are structured - that of the existence of two unique and dichotomous sexes/genders - face discrimination in every section of their lives, at work, at home, going to the hospital, at school, or even walking down the street (FRA, 2014b).

The most harmful inequality between transgender and cisgender individuals is the most obvious one, the non-recognition of gender identity or its interpretation as something that is wrong and needs healing, pathologizing. One way the gender identity of trans people is taken from them is through certain medical diagnoses, like *Transsexualism*. The narrative that enforces a medical diagnosis on trans people is a direct example of the stigma and discrimination faced by the transgender community. Judith

¹ Available in <https://www.apa.org/monitor/2018/09/ce-corner-glossary>

Butler (2009) argues that when someone receives this diagnosis, they are automatically considered sick, dysfunctional, and “not normal”.

The first-time transsexualism was introduced in the International Classification of Diseases and Related Health Problems was in 1978 (ICD-9) and it was included in the section named “Sexual deviations and disorders”; In 1992, the 10th revision (ICD-10) places gender identity disorders as an independent group of disorders of sexual inclination and sexual dysfunctions, however, they continued to be included in adult personality and behavior disorders (F60-F69). The present version (ICD-11), in place since 2022, replaces the term “transsexualism” with the term “Gender Incongruence” (GI) (Rodríguez, Granda and González, 2018). Já a the World Health Organization (WHO) establish itself as a pioneer in the process of depathologization das identidades trans ao colocar, no seu DSM a “incongruência de género” no campo da saúde sexual e não como uma doença.

When it comes to addressing Transgender rights in education, it is important to note that the school environment is a privileged space for socialization and training, so it is important that the school distinguishes itself by being a space of freedom and acceptance rather than a space of repression and discrimination (Saleiro, 2022).

While analyzing the survey data provided by the FRA (European Union Agency of Fundamental Rights, 2020) there is 71% of non-inclusivity of LGBT studies in schools across the EU countries. Also, when considering the environment lived by transgender kids at school, 8% described it as a positive environment while almost half, 46%, described it as being a negative environment; this can also be seen in the statistical data related to bullying. When asked if they were ever victims of bullying (being ridiculed, teased, insulted, or threatened) because of being LGBTI, 51% of the respondents said “yes” while 49% said “no”. Finally, when it comes to being open about being transgender at school, more than half, 58%, reported not being open at all, while only 4% stated being very open. Experiences of transgender violence at school, lead to absenteeism and early school leaving (Saleiro, 2013), thus, leaving transgender people even more fragile to face their adult life (Saleiro, 2017).

When addressing the inequalities faced in the work environment it is more challenging because we also must consider that contemporary society is still characterized by sexism (Ellemers & Barreto 2009). Furthermore, employment is the area where, at the European level, the highest rates of discrimination were found, especially when looking

for work (Saleiro and Oliveira, 2018). Thus, the rate of discrimination while looking for work combined with the sexism faced by women in contemporary society leads to trans women being more likely to be unemployed, and trans men are more likely to be amongst the working poor (Fedorko et al., 2021).

Given that they transgress the relationship socially seen as the only possible relationship between sex and gender, trans people are quite discriminated against (Saleiro & Oliveira 2018). Most times this discrimination leads to physical and emotional abuse, not only by strangers/people in the street, or family members but also by institutions that are supposed to provide help to vulnerable communities (police, hospitals, schools, etc.) (Ghabrial, 2017). It can be argued that there is a culture of discrimination and stigma against trans people within our society. According to the survey made by the FRA, an average of 25% of trans people have felt personally discriminated against or harassed because of their gender identity (FRA, 2020); When it comes to access to healthcare and social services, 34% of trans people felt discriminated against by healthcare personnel and by social services personnel (FRA, 2020); Also, 32% have felt discriminated while looking for a job and 35% while at work (FRA, 2020).

Chapter 2- Transgender rights in Europe

The rights of transgender people face obstacles through the development and implementation of legislation. In this context it is necessary to analyze the rights of transgender people in the international and European context.

Transgender Rights only began to be discussed in Europe around the 1980s by the European Court of Human Rights (ECtHR), when cases for legal gender recognition started to appear (Theilen 2016). The main reason for it was the failure of challenging the law at the national level, thus meaning when trans individuals tried to have their gender recognized within their countries they turned to the international level (Theilen 2016).

It was only after 2002 with a transgender woman named Christine Goodwin² that the ECtHR is going to start to see things differently and recognize the social conflict that has been created (Theilen 2016). It was argued by trans applicants that the decisions of the nation-states and the ECtHR were a direct violation of Article 8 of the European Convention of Human Rights (ECHR), which states that “Everyone has the right to respect for his private and family life, his home and his correspondence.”.

This conclusion created a wave of legal gender recognition that expanded throughout the whole continent of Europe (Theilen 2016). However, is important to mention that previous to this there was already legislation in place that allowed legal gender recognition, dating back to 1972 in Sweden, further the following decade in Germany (1980), Italy (1982), Holland (1985), and Turkey (1988) and in the 1990s in Austria (1993) (Saleiro, 2013).

Also on an international level, it is fundamental the reference of the Yogyakarta Principles, which in 2007 became the reference document about human rights regarding sexual orientation and gender identity thus placing gender identity as a fundamental right of humanity. This document recognizes the right to equality and non-discrimination, highlighting strategic sectors of intervention like labor market education, housing, healthcare, and social services (Saleiro, 2022).

² ECtHR, Christine Goodwin v. The United Kingdom, Application No. 28957/95, Judgment of 11 July 2002; cf. also ECtHR, I v. The United Kingdom, Application No. 25680/94, Judgment of 11 July 2002

Following in 2008, the United Nations General Assembly published a “Statement on Human Rights, Sexual Orientation and Gender Identity”, arguing that human rights should be applied equally to all, thus stating that sexual orientation and/or gender identity should not be a cause for discrimination (Saleiro, 2022).

The important recommendations of the Council of Europe also come into play when analyzing the growth of transgender rights in Europe. For the past two decades, the Council has been the most prominent global actor when it comes to transgender rights (EC, 2018). Firstly, the Commissioner for Human Rights of the Council of Europe, was one of the first human rights actors to explore transgender equality, thus in 2008, in the issue paper “Human rights and gender”, it was recommended by the Commissioner that Member states make the implementation of international human rights without discrimination, and, he also argues against the discrimination on the grounds of gender identity; further, he also advocates for policies that combat discrimination and exclusion faced by transgender people in sectors like labor market, education and healthcare; regarding legal gender recognition he requested that states facilitate the process and, offer transparent procedures for changing the name and sex; the Commissioner argues for the elimination of abusive requirements like compulsory medication or involuntary divorce (EC, 2018).

Secondly, in its ‘Recommendation CM/Rec (2010)5’, the Committee of Ministers of the Council of Europe (CoM), proposes measures to “combat discrimination on the grounds of sexual orientation and gender identity”. Also, it emphasized the need to implement policies to protect transgender individuals in the sectors of employment, education, and in health. Further, it called upon the Member States to facilitate access to both ‘appropriate gender reassignment services’ and ‘quick, transparent, and accessible gender recognition pathways’ (Saleiro, 2022).

Lastly, the Parliamentary Assembly of the Council of Europe has played an important role in the commitments made to the LGBTQ+ community. Thus, since 1981, having signed recommendations with a key role in affirming LGBTQ+ rights (Saleiro, 2022). In 2015, with Resolution 2048, the Assembly addressed the discrimination against transgender people in Europe. Therefore, the Assembly urged the Member States to prohibit discrimination based on gender identity in national non-discrimination

legislation, thus European Countries should provide protection against discrimination based on gender identity in unemployment, housing, justice, and healthcare (EC, 2018).

When it comes to accessing the trans situation in Europe, it is important to talk about the European situation regarding the conditions for legal gender recognition. Across Europe, the path to legal gender recognition is full of problematic preconditions that tie into the healthcare system. Most European states have those legal preconditions for legal gender recognition (Fedorko et al., 2021). The preconditions can be different for trans men or women; however, these are primarily abusive medical interventions, including hormone treatment, gender confirmation surgery, and sterilization (Theilen 2016). The ECtHR, during the Christine Goodwin case, expressed that legal gender recognition can only be achieved with the precondition of some kind of “body alteration”, this takes away the freedom of choice of those who do not want to undergo medical intervention (Theilen 2016).

The healthcare system presents another obstacle in the path to legal gender recognition and trans rights. As I mentioned before and doing the direct link to the case of Christine Goodwin, the pathologization of trans identities is another problematic issue faced by trans individuals in Europe (Theilen 2016). According to the ECtHR, given the fact that “Transsexualism” was classified as a disease until June 2018, the term was given “wide international recognition” not so long ago. This presented a multitude of issues regarding trans rights: First, it invalidates gender recognition itself; secondly it takes away the right to self-determination and autonomy, giving the medical professionals the privilege of acting like “gatekeepers” for the realization of trans rights (Theilen 2016).

Another front that needs to be tackled is the one related to the European Union. The EU prides itself and identifies itself as an organization grounded on fundamental values designated in the Treaty of Lisbon – Human dignity, Freedom, Democracy, Equality, Rule of Law, and Human Rights (2007) - and its defender, thus becoming its driving narrative for foreign policy (Slootmaeckers, Touquet & Vermeersch, 2016). It can be said that Europe plays a central role in LGBTQ+ movements throughout history, however, this role diverges from a complex relationship (Ayoub and Paternotte, 2020). The EU only started to develop a narrative for fundamental Human Rights after 1990 (Smismans, 2010), with the end of the Cold War conflict, thus the European Commission published *the Human Rights Democracy And Development Cooperation Policy on 25 March 1991* (Slootmaeckers, Touquet & Vermeersch, 2016). LGBTQ+ rights would only

be approached after the Treaty of Amsterdam – signed in 1997 and enacted in 1999- when the concept of Human Rights in the EU is developed to incorporate LGBTQ Rights (Slootmaeckers, Touquet & Vermeersch, 2016).

When it comes to acknowledging the relative paucity of transgender-inclusive primary and secondary EU legislation neither of the European Union’s core treaty documents - the Treaty on European Union (TEU) and the Treaty on the Functioning of the European Union (TFEU) - refers to gender identity, gender expression or sex characteristics (EC, 2018).

Article 10, present on the Treaty on the Functioning of the European Union (TFEU) states that “In defining and implementing its policies and activities, the Union shall aim to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.” (OJ C 326, de 26.10. 2012:53). On the same note, regarding Article 19, the Council is empowered to combat discrimination. However, it does not establish a prohibition of discrimination:

“1. Without prejudice to the other provisions of the Treaties and within the limits of the powers conferred by them upon the Union, the Council, acting unanimously in accordance with a special legislative procedure and after obtaining the consent of the European Parliament, may take appropriate action to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

2. By way of derogation from paragraph 1, the European Parliament and the Council, acting in accordance with the ordinary legislative procedure, may adopt the basic principles of Union incentive measures, excluding any harmonisation of the laws and regulations of the Member States, to support action taken by the Member States in order to contribute to the achievement of the objectives referred to in paragraph 1.” (OJ C 326, de 26.10. 2012:56).

Thus, while the European Union’s primary legislation is increasingly sensitive to the inequalities faced by women and lesbian, gay, and bisexual people, it does not explicitly recognize transgender people and their inequalities.

Furthermore, the same thing is evident in the Charter of Fundamental Rights of the European Union. With the adoption of the Treaty of Lisbon, the Charter now has ‘the same legal value as the Treaties, however, the Charter only applies to the Member States

when they are ‘implementing Union law’. Article 21(1) of the Charter, which contains the only non-exhaustive list of discrimination grounds under EU law, prohibits “Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited” (OJ C 326, de 26.10. 2012:400). However, it does not approach specific references to gender identity.

Although transgender people are not referenced in the core documents by which the European Union guides itself, there is mention of transgender individuals in the secondary legislation. Most of this legislation covering transgender individuals was attached to Directive 79/7/EEC it’s focused on the equality between men and women.

Directive 2006/54/EC³ implements the principle of equal opportunities and treatment of men and women in matters of employment, thus referencing transgender individuals in Recital 3 stating that:

“The Court of Justice has held that the scope of the principle of equal treatment for men and women cannot be confined to the prohibition of discrimination based on the fact that a person is of one or other sex. In view of its purpose and the nature of the rights which it seeks to safeguard, it also applies to discrimination arising from the gender reassignment of a person.” (OJ L 204, 26.7.2006: 23)

Directive 2011/95/EU being a Recast Qualification Directive, implements standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted. This Directive, under Article 10(1)(d), states that being part of a particular group can be a cause for persecution therefore, it is specified that

“Depending on the circumstances in the country of origin, a particular social group might include a group based on a common characteristic of sexual

³ Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast) OJ L 204, 26.7.2006, p. 23-36.

orientation. Sexual orientation cannot be understood to include acts considered to be criminal in accordance with national law of the Member States. Gender related aspects, including gender identity, shall be given due consideration for the purposes of determining membership of a particular social group or identifying a characteristic of such a group” (OJ L 337, 20.12.2011: 16)

Restriction to the experience of gender identity and expression of trans people in European societies is evident in the latest analysis of the FRA LGBTI survey 2019 report. With regard to the openness in relation to their identity as a (trans)gender in the various spheres of life: 21 to 35% of trans people have experienced being discriminated against in common day-to-day environments (bar, café, nightclub); 25 to 39% in educational environments (school or university); 30 to 46% of trans people have felt discriminated against by healthcare and social services personnel, furthermore, about 3% have experienced some level of violence and sexual harassment by healthcare and social services personnel, as well as, 25% of trans people have felt the need to hide their gender identity around a medical staff (FRA, 2020).

To understand the spectrum of European diversity regarding LGBTIQ rights, it is of interest to look at two countries – Malta and Poland - with a similar religious background, but however, with completely different positions regarding the LGBTIQ community. Malta ranks first in ILGA Europe's rainbow Map⁴ 2022, which assesses the legal landscape and public policies for LGBTI+ people in 49 countries, with 92% and Poland ranks last among all EU countries, with 13%.

Malta has become a surprise in the way it has introduced rights for LGBTIQ people in Europe. Mainly due to Malta's religious background, which has proved to be a support in the way politics have been shaped (Harwood, 2018). 2001 marked the year of the LGBTIQ Rights Movement in Malta (MGRM) being established by a relatively small group of volunteers. In 2015, MGRM established itself as a registered organization with a statute, clear mission, core values, and goals and is currently an active member of European Networks such as ILGA-Europe (an independent, international non-

⁴ Available in <https://www.ilga-europe.org/report/rainbow-europe-2022/>

governmental umbrella organisation bringing together over 600 organisations from 54 countries in Europe and Central Asia), Transgender Europe (a member-based organisation that established itself as a legitimate voice for the trans community in Europe and Central Asia), and IGLYO (a youth development and leadership organization centered around LGBTIQ activists). Following the foundation of MGRM, 2004 was crucial since Gay national helpline was set up; further, in 2005 the first-ever Pride March was organized by the MGRM and, in the same year witnessed the recognition of 'Gender Identity (Galea, 2020); 2009 proved to be a crucial year since a five-year first strategic plan covering 2010 to 2014 was planned. The first part of this plan started in 2010 with a publication proposing a Gender Identity Bill for Malta, to be tabled in Parliament as a Private Members Bill. This bill was frozen due to the attention being preoccupied with the 2011 divorce referendum.

A drastic turn takes place in 2013 with the election being won by the Labour Party, thus leading to a rainbow support service being set up, and finally, a conclusive settlement with regards to the Joanne Cassar case which unmasked various legal obstacles particularly when it comes to transgender rights issues. Also, in 2015 GIGESC, the gender self-determination law that is still the benchmark in Europe came into force (Harwood, 2015).

Furthermore, an amendment to the industrial relations act to have gender reassignment included for sick leave purposes took place, which also led to further changes in refugee status on the grounds of gender identity being included in Maltese law (Galea, 2020); 2016 came around and witnessed the adoption of trans, gender variant, and intersex policies into the correctional prison facilities also, there was an adoption of anti-conversion policies into the legislation (Knauer, 2020); in 2017 there was the introduction of the X marker on ID cards and passports; in 2018, conditions were in place for gender identity and sex characteristics to be included in Schedule V of the social security act and amendments to the embryo protection act which removed discriminatory provisions (Galea, 2020).

Poland is home to some 38 million Europe and is known as one of Europe's most Catholic countries. The country ranks at the bottom of the list now, with regard to equality and non-discrimination according to Rainbow Europe (ILGA Europe, 2022). In addition, same-sex marriage is still illegal in Poland despite being legal in 26 other EU Member

States. And finally, anti-gay attacks are not even considered to be a hate crime by law. Thus, it suggests an atmosphere of resistance that can also be found in governmental institutions. In 2016, the parliament rejected a bill that would have included gender, gender identity, sexual orientation, disability, and age as potential grounds for a “hate crime” (Galea, 2020).

Since 2018, LGBTI people in Poland have come under constant attack by politicians, religious leaders, and other public figures. This type of narrative has created an environment of anti-LGBT sentiment, not only within the public but also, in institutions. Since March 2019, authorities in Poland have adopted resolutions to support traditional families and protect children from LGBTQ+ ideology (Roots, 2022). Furthermore, Polish local councils have adopted a Charter of Rights of the family and other acts against LGBTQ+ ideology. Following the media responded to these resolutions as establishing “LGBT Free” zones (Roots, 2022).

LGBT activists in Poland exposed these resolutions originating international media coverage provoking answers from the European Commission and the EU Parliament. The European Commission’s President, stated that “LGBT Free” zones are “Humanity- Free” zones; in 2019, the EU Parliament adopted resolutions on public discrimination and hate-speech against LGBT people; in 2021, the EU adopted resolutions declaring the EU a LGBTI Freedom zone (Roots, 2022); and on, July 15th, 2021, the European Commission initiated infringement proceedings, due to the fact that the Constitutional Court, considered the provisions of the EU treaties to be incompatible with the Polish Constitution, stating that these rulings were “in breach of the general principles of autonomy, primacy, effectiveness and uniform application of Union law”⁵.

⁵ Rule of Law: Commission launches infringement procedure against Poland for violations of EU law by its Constitutional Tribunal, available in https://ec.europa.eu/commission/presscorner/detail/en/ip_21_7070

Chapter 3- The situation of Transgender people in Portugal

Portugal has experienced until the earlier years of this century a lack of policies or, as it is described by Saleiro “*um vazio*” [a void], related to issues about gender identity (Saleiro, 2009). Despite that, in the last decade we have experienced the evolution in the issues related to gender identity. This attention to gender identity issues can be described as a social phenomenon that has been drawing the attention of various societal and political sectors. Countries like Argentina (since 2012), Denmark (since 2014), Malta (since 2015), and Portugal (since 2018), are examples of states whose legislation has been amended to allow for the self-determination of people's gender identity and free gender expression (Oliveira, 2018).

In Portugal, until 2011, the legal gender recognition was only possible through court proceedings. However, in 2011, with Law no. 7/2011 of 15 March, the procedure for changing the first name and sex in the civil registry was contemplated. This procedure could be requested by people of Portuguese nationality, over 18 years of age, who were psychologically qualified and who were diagnosed with a “gender identity disorder”. In addition to these conditions, the application must be accompanied by civil identification documents and a clinical report confirming the diagnosis signed by a doctor and a psychologist.

On April 13, 2018, a law regarding Gender Identity was proposed based on the self-determination of trans people, aiming at their right to social transition and legal recognition of gender from the age of 16. This proposal was revised and materialized in Law nº 38/2018 of August 7th, thus revoking Law nº 7/2011 of March 15th. In this way, this new law emphasizes the right to identify and expression of gender and the protection of each person's sexual characteristics, referring to freedom and equality of rights and dignity. It should be noted that the requirements for requesting this procedure are for those who are of legal age, i.e., who are over 18 years of age, have Portuguese nationality and are psychologically fit. For minors, covering the ages of 16 and 17, the request is made by legal representatives. The conditions are Portuguese nationality and a report, signed by a psychologist registered with the “Ordem dos Psicólogos” (Portuguese Psychologists Association) or by a doctor registered with the “Ordem dos Médicos” (Portuguese Medical Association), who certifies, only, the applicant's decision-making capacity and

informed will, without any reference to diagnosis or pathology, thus meaning, it is based on the principle of self-determination.

When it comes to education, the 2012 Law n° 51/2012, 5th of September approves the Student Statute and School Ethics, which establishes the rights and duties of primary and secondary school students and the commitment of parents or guardians and other members of the educational community in their education and training. Thus, articles 7 and 10, it is stated the right and duty of non-discrimination on grounds related to sexual orientation and gender identity. Law n° 38/2018 provides in article 12 that measures are to be adopted that promote the right to self-determination of gender identity; conditions to protect the gender identity of children and young people from social exclusion, discrimination, or any act of violence; ensure the respect and privacy of those who make the social transition; and adequate training for members of the education system. In 2019, Order No. 7247/2019 was contemplated with a view to establishing the administrative measures provided for in Law No. 38/2018 of August 7, reinforcing, for example, measures at the school level. However, this dispatch was revoked by the constitutional court since the measures contained therein should have been approved by parliament.

Regarding healthcare, despite being made available on the National Healthcare System (SNS), trans-specific healthcare has deficits in territorial coverage, professionals, and openness to the diversity of identities and gender expressions that, in the latter aspect, mainly affect people outside the “classic narrative of transsexuality” (Saleiro & Oliveira 2018), therefore creating inequalities even within this population.

Also, Portugal has incorporated Transgender rights into various sectors of its legislation. Starting with labor protection laws, in 2015 the Law n° 28/2015, 14th of April enshrines gender identity within the scope of the right to equality in access to employment and at work, making the eighth amendment to the Labor Code. Thus, article 24 states that:

“1 - The worker or job seeker has the right to equal opportunities and treatment with regard to access to employment, training and promotion or professional careers and working conditions, and cannot be privileged, benefited, prejudiced, deprived of any right or exempt from any duty on grounds, in particular, of ancestry, age, sex, sexual orientation, gender identity, marital status, family situation, economic situation, education, origin or social condition, genetic heritage, reduced work capacity, disability, chronic illness, nationality, ethnic or

racial origin, territory of origin, language, religion, political or ideological beliefs and trade union membership, with the State having to promote equal access to such rights.”

In addition, the authority for working conditions (ACT) provides an intervention form where Gender Identity is listed as a possible reason for discrimination (Saleiro, 2022).

In 2013 with Law nº19/2013, 21st of February gender identity was labeled as a protected category in the Portuguese penal code, thus meaning it can contribute to increasing the penalty for crimes or incidents with discriminatory motivations.

Portugal currently occupies a leading place when evaluating the protection of LGBTI+ rights. This progress has been made mainly through legislation, however, in addition, this phenomenon can also be measured by the attention given to public policies (Saleiro et al., 2022).

A national study about the needs of LGBTI people and discrimination on the grounds of sexual orientation, gender identity, and expression, and sexual characteristics was published in 2022 by the Commission for Citizenship and Gender Equality (CIG). In this study, the authors (Saleiro et al., 2022) analyze the progress Portugal has made in terms of legislation that protects the rights of the LGBTI population, arguing that public policies can help measure the attention/protection the government gives to the LGBTI community.

Firstly, the topics of sexual orientation and gender identity were part of the National Strategy for Equality, in the V National Plan for Gender Equality, Citizenship and Non-Discrimination 2014-2017. This Plan aimed at raising awareness among the general population and professionals; Furthermore, its final evaluation report highlighted the need for strategic areas of intervention when it comes to non-discrimination based on sexual orientation and gender identity. In the following period, this topic became an integral part of the National Strategy for Equality and Non-Discrimination, Portugal Mais Igual 2018-2030, being the subject of one of the three action plans prepared. This plan called “Action Plan to Combat Discrimination on the grounds of sexual orientation, gender identity, and expression, and sexual characteristics 2018-2021” includes three strategic objectives: 1) Promote knowledge about the real situation of needs of LGBTI people and discrimination; 2) Ensuring the mainstreaming of sexual orientation, gender

identity and sexual characteristics issues; 3) Combat discrimination and prevent and combat all forms of violence against LGBTI people in public and private life.

Following, there was the creation of a Technical and Financial Support line aimed at non-governmental organizations that protect the rights of LGBTI+ people; Also, it is worth mentioning the funding of PT2020-POISE with a focus on the training of strategic audiences and structures for the care of LGBTI+ people. One of the most significant advances in this area was public funding for the operation of specialized structures to support LGBTI+ people and, later, their integration into the National Support Network for Victims of Domestic Violence. Now, three specialized service structures for the LGBTI+ population and an emergency reception structure are in operation. Furthermore, there are counties that provide self-employment apartments for people served within the scope of specialized responses for LGBTI+ people: the county of Lisbon (which supports the ReaJo apartment, managed by Casa Qui and provides two apartments managed by ILGA Portugal) and the county of Matosinhos (which supports Casa com Cor, managed by Plano i) (Saleiro, 2022).

To conclude, it is also notable the availability, after 2021, of health care for trans people at Hospital de Santo António, in Porto. Previously there was only a single unit, in the SNS, dedicated to caring related to the gender affirmation process (URGUS) operating at the University Hospitals of Coimbra (Saleiro, 2022).

Portugal appears in the top places in the rankings due to its legislation. However, there is a gap between the legislation and its impact on the lives of trans people. This can be observed by analyzing the LGBTI survey data explorer provided by FRA (2020). Regarding the openness of these people in relation to their identity as transgender in the various spheres of life, when asked about openness in everyday life, only 20% stated being very open; regarding openness in professional settings/at work, only 19% stated being very open; when asked to how many medical staff/healthcare workers they were open to about their gender identity only 21% said they were open to all, and 37% said they were open to none (FRA, 2020). Furthermore, Portugal appears above average in the proportion of people who avoid frequenting some spaces (33%) (FRA, 2020).

Chapter 4- Covid-19 and its consequences

4.1. Global context

Sars-Cov-2 (the virus) emerged in late 2019 in China and rapidly spread all over the world. On 11th March 2020, the World Health Organization declared that Covid-19 (the disease) had turned into a pandemic, and a few days later, on 13th March 2020, declared Europe was the active center of the pandemic by the time (Sohrabi, 2020). The virus came to Europe from the south, Italy was the first country in the continent to be seriously hit by the Covid-19 outbreak. A few weeks after a period marked by the lack of immediate action, impulsive and uncoordinated actions were taken by the European Union Member States. Sars-Cov-2 is very contagious and was an unknown virus that, by the time, took Europe by surprise, creating a scenario of uncertainty and generating a certain level of panic. The crisis forced governments all over the world into taking control and, therefore, imposing Lockdowns, shut down schools, restaurants, museums, closed borders, and installing a “new normal”, all to slow down the spread of the virus and protect the population (van der Voorn & de Jong, 2021).

However, the measures to contain the spread of the virus and tackle the sanitary crisis inevitably created cascading effects such as an economic and social crisis due to the restrictions implemented that implied the closure of non-essential commerce which caused national GDPs (gross domestic product) to fall and the increase of unemployment, to mention some of the many consequences. To explain the extent of the consequences, “the Covid-19 crisis is predicted to be the biggest economic crisis since the Great Depression of the 1930s” (Faura, 2021: 243) Furthermore, the virus seems to have affected more minority groups all over the world, highlighting sentiments of racism, homophobia, and xenophobia. In this sense, the Covid-19 pandemic generated a multifaceted crisis and required action in a range of policy areas (Regilme, 2020). This narrative is clear considering that the Covid-19 pandemic is a global economic crisis, a public health crisis, a democratic regression crisis, and, also, led to an epistemic crisis (Regilme, 2020).

When we talk about the consequences of Covid-19 we need to regard the most affected sectors. These are highlighted by Shrestha and colleagues (2020), stating that

healthcare systems, air travel, trade, employability, and, finally, agriculture were the sectors that suffered the most with the expansion of the virus.

However, it can be argued that the healthcare systems suffered a much larger hit than the remaining sectors (Kaye et al., 2021). This argument is based on the knowledge that primary healthcare procedures were targeted, therefore suffering profound changes (Rawaf et al., 2020).

The implementation of more effective and efficient processes became crucial for the development of measures aimed at the entire population. In addition to conducting face-to-face consultations, the use of technologies was essential to ensure not only the monitoring of patients with Covid-19 but also other associated pathologies. Monitoring carried out by health professionals through telemedicine, that is, voice and/or video calls was one of the main innovations (Rawaf et al., 2020). Furthermore, other adjustments had to be made, hospitals needed to create more negative pressure rooms, hire a backup workforce, pay overtime to staff, and educate staff. All non-emergent surgeries and procedures were canceled with the objective of reconducting essential hospital staff and hospital beds (Kaye et al., 2021).

The objectives focused on ensuring continuity of care and, at the same time, minimizing the impacts of the pandemic on the health and well-being of citizens. In some individuals, the Covid-19 pandemic contributed to the emergence of new diseases, namely mental. The obligation to keep social distance from family and friends and comply with isolation measures triggered feelings of distress, anxiety, and anguish (Rawaf et al., 2020).

With the explosion of the pandemic alongside the healthcare system, minorities were the most affected (Kaye et al., 2021). Therefore, it is essential to describe the impact of covid-19 on trans-related healthcare. Like it was said before, healthcare systems had to adapt, relocating all of their resources to combat the virus, thus trans-related healthcare was deemed a top priority (Fedorko et al., 2021). According to the impact assessment report made by TGEU about COVID-19 and trans people in Europe and Central Asia, this act of continuing to ignore trans-related healthcare happened in a multitude of ways, such as cutting access to ongoing treatments such as hormone therapy and interrupting post-operative care; restrictions on movement and traveling made it impossible for trans people to travel so they can buy their necessary hormones; gender identity clinics have

closed and diagnostic processes have come to a halt. Surgeries that had taken years to secure were often being delayed or canceled, as were pre-and post-surgical care; Poverty which increased during the pandemic also prevented trans people from affording hormones and medicine; Isolation or cohabitation with abusive family members has been reported to lead to increased anxiety and constant stress, which also negatively affected community members' mental health ((Fedorko et al., 2021: 12-13).

However, Covid-19's impact on trans people's lives did not stop at access to healthcare. The TGEU report further illustrates the battle faced by transgender individuals during the crisis in two other sectors - housing and employment. The next issue tackled by the report is the socio-economic situation regarding transgender people. Before doing the Covid-19 assessment, the report establishes the situation pre-crisis stating that from an early age, transgender people suffer from discrimination in various sectors like education and employment, as well as, in their family environment. Thus, trans people are more likely to be subjects of unemployment or, in other cases, more likely to work in criminalized settings (Fedorko et al., 2021). With the continuous spread of the crisis, the inequalities faced by the trans community were exposed. The TGEU report states that with the pandemic trans people reported losing their jobs and/or homes; as well as a decrease or loss of income; in addition, a lot of trans people share a living space with unaccepting or abusive family members or relatives, thus leaving them in a hostile environment, and in some cases without access to basic necessities, such as food, medicine and personal protective equipment (Fedorko et al., 2021).

While establishing the pre-crisis safety situation of transgender people the report states that trans people in all parts of the world are victims of hate-motivated violence, furthermore, it is very common for these acts of violence to go unreported. Thus, leaving trans people exposed and vulnerable (Fedorko et al., 2021). Across Europe many institutions responsible for processing requests for gender marker change shut down, thus, again leaving trans people vulnerable. Furthermore, many organizations across the world (France, Greece, Kazakhstan, and Romania) have reported various forms of racial and gender profiling and increased police abuse. Quarantine measures were very impactful for trans communities. As it was said before, self-isolation and social distancing have forced many trans people to be stuck in an environment with abusive or unsupportive relatives. In addition, the lack of contact with supporting peers was impossible due to

travel restrictions and social distancing rules. Thus, leaving trans people psychologically vulnerable (2021).

4.2. The Portuguese context

The effect of the pandemic in Portugal has already been addressed, both in the context of the LGBTQ+ community, but also in the context of the transgender population.

Firstly, we will look at the results presented in the study conducted by Jorge Gato, Daniela Leal, and Daniel Seabra. This study intends to investigate the extent to which the psychosocial effects of the COVID-19 pandemic are associated with changes in the mental health of LGBTQ adolescents and young adults. Thus, the main goals identified were, firstly, the association between the psychosocial effects of the COVID-19 pandemic and mental health and, secondly, the mediating effect of family climate between the individual impact of the pandemic and mental health outcomes for a sample of LGBTQ adolescents and young adults (Gato, Leal & Seabra, 2020).

At first glance, it is observed that all the psychological effects of the pandemic (individual impact, social isolation, and family climate) correlated with depression and anxiety. Also, lower educational level, a more negative impact of the pandemic on the participants' daily life, and a negative family climate correlated with higher levels of depression and anxiety (Gato, Leal & Seabra, 2020).

Not having access to education leads to not having access to higher wages, thus these factors might be of contribution to the vulnerability of this population. Even though results show that participants felt isolated from their peers, social isolation wasn't classified as a reason for higher levels of depression and anxiety (Gato, Leal & Seabra, 2020).

In this context, the authors stated that is particularly relevant to enhance the association of a family dynamic that is not accepting of someone's sexual or gender identity with higher levels of depression and anxiety, and to do so, it is important to recognize two aspects: first, the negative impact of stigma on the wellbeing of LGBTQ+ adolescents and young adults; and the Portuguese society strong family-oriented values. Thus, a negative family climate in a country where family is such an important source of social support, this seems to put LGBTQ adolescents at greater risk to their mental health. (Gato, Leal & Seabra, 2020).

The impact of the pandemic in LGBTI+ people and, more specifically, in transgender people, was also analyzed in the national study mentioned before (Saleiro et al., 2022). The first time the effect of the pandemic is analyzed is when looking at public policies and their effectiveness, and it is argued that COVID-19 illuminated the difficulties faced by the LGBTQ+ population and their fragility (Saleiro, 2022).

The deterioration of the situations/conditions of LGBTQ+ people (family relations, access to services, informal jobs), which consequently created situations of poverty and homelessness, is highlighted. Also, the worsening of social isolation during the pandemic is mentioned, with emphasis on areas far from urban centers and socio-economically disadvantaged situations (Saleiro, 2022).

It is observed the discrimination of "neighborhood" and its worsening with the pandemic, where it is illustrated the difficulty in access to housing and to stay in it when in situations of informal work (sex work), being highlighted the creation of the T House - A house "built" by transgender people and immigrants for transgender immigrants, being a project born in the middle of the pandemic in an attempt to respond to the housing crisis "particularly unsustainable" for people in marginalized situations (Saleiro, 2022).

It was also registered an increase in the use of care structures during the pandemic, mainly by young people, which the authors relate to possible family rejection. In this context, an increase in family violence against LGBTQ+ youth was analyzed, which led to a large number of youths leaving home (Saleiro, 2022).

Finally, a major impact on health services is analyzed, highlighting the delay of gender affirming surgeries, as well as the waiting lines since these were consigned as "non-priority" (Saleiro, 2022).

Lastly, it is important to reference the book, "What Future for Equality? Pensar a Sociedade e o Pós-pandemic" by Renato Miguel do Carmo, Inês Tavares and Ana Filipa Cândido (orgs.). I will focus on chapter 8, written by Sandra Saleiro called "Gender and Sexual Orientation post-pandemic".

In this chapter we focus on gender (un)equality from a broad perspective, including the LGBT - lesbian, gay, bisexual, and transgender – population (Saleiro, 2022a). It is first argued that the COVID-19 pandemic has illuminated the chronic inequalities already existing, but this leads to the creation of conditions for social and political recognition (Saleiro, 2022a).

Although Portugal has shown several political and legislative advances, the experience lived by the population is not so positive. The author highlights the role of women in society, as well as the consequences of the pandemic in their lives (Saleiro, 2022a). Thus, it is argued that being a discriminated group, the LGBTQ+ population, especially transgender people and within these trans women, face increased difficulties with the pandemic - unemployment, precarious labor, and informal activities. These difficulties penalize more fragile populations as racialized population, immigrant population and sex worker population, leaving them in situations of economic fragility and homelessness. In this context, the urgency of public policies and political measures that protect this part of the population is highlighted (Saleiro, 2022a).

The situation of domestic violence to which victims were confined during the pandemic period is also highlighted. Women and the LGBTQ+ population were confined with their aggressors and lost access to safe spaces and shared identities, creating a great deficit in their mental health (Saleiro, 2022a).

Finally, the author emphasizes the need to implement measures that protect employment discrimination against issues related to gender, sexual orientation, and particularly transgender people (Saleiro, 2022a).

Chapter 5 – Methodology

In this research, procedures of a qualitative nature were used (Holanda, 2006). Documentary analysis was used to analyze international and European recommendations and legislation to reconstruct the rights of transgender people in Europe and Portugal. In order to reconstruct the impact of the pandemic on transgender people, through the vision of those who represent them and/or those who work with them, interviews with representatives of associations that defend the rights of LGBTI+ people or specifically of transgender people were mobilized. The typology of this study has a descriptive and exploratory character (Cropley, 2019)

5.1. Definition of the Research Problem and Goals

The focus project is to illustrate the main challenges and inequalities the transgender community faced during the Covid-19 pandemic. Thus, the main research question is: “How was the transgender community affected by the Covid-19 Pandemic, in Portugal?”. In this context, this research has as its priority to understand, in the first place, the reason why was this community affected; what decisions were made that made these groups vulnerable to the pandemic, as well as the main obstacles to the community - from family dynamics to the public service response -, and any measures that have been taken for its protection. Following this research questions, the independent variable is the Covid-19 pandemic, and the dependent variable is the systematic discrimination against the transgender community.

5.2 Data collection tools

In line with the qualitative methodology of exploratory nature selected for this research, semi-directive interviews with associations that represent and work with trans people were chosen as the main technique. In semi-directive interviews, there is a set of dimensions and questions defined based on the literature review and research objectives, but interviewees are free and encouraged to develop their discourse and the topics to be addressed in the way that is most convenient for them. Therefore, a script with six dimensions was constructed (Appendix A) to be applied to associations.

During the course of the investigation nine organizations were contacted (Casa T, AMAR- Açores pela Diversidade, GAT Intendente, Casa Qui, TransMissão, Rede Ex Aequo, Opus Diversidades, AMPLOS e GRIT) because of its character of involvement with the Transgender population, and three positive responses were received. Even the response of the associations, with whom interviews could not be conducted, indicates the issue to be analyzed. They are in a situation of overload, which has just been exacerbated by the pandemic.

The characterization of the three associations that participated in the study is presented below:

Association	Founding year	Formal status	Target population	Goals	Territorial scope
AMPLOS	2009	Non-profit organization	Families of LGBTI+ people	Group of parents that proposes to fight for a fairer society, opposing all forms of discrimination Concerning sexual orientation, gender identity and expressions of gender and sexual characteristics	National
GRIT	2006	Interest group of the ILGA Portugal	Transgender and non-binary population	To fight for the legal, clinical, and social rights of the transgender and non-binary population	National
Opus diversidade	1997	non-profit Private Institution of Social Solidarity and Non-	LGBTQI+ community	To implement active measures to support and defend the rights of LGBTQI+ communities in the areas of health, work, family, education, and to	National

		Governmental Organization		fight for the elimination of any kind of discrimination	
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Table 1 characterization of the organizations interviewed

As can be seen from the table, the associations interviewed, although few in number, are quite diverse, from those representing LGBTQ+ people (Opus Diversities) or transgender people (GRIT), to the one representing their families (AMPLOS).

The present study respected all ethical principles, ensuring compliance with all current regulations, such as informed consent (Appendix B). It should be noted that participation in the study was completely voluntary, and no incentives were agreed upon for participation. All communication during the interviews was in Portuguese. The interviews were conducted both in person and remotely and were audio-recorded for later analysis. The interviews took place between August 11 and September 14. After the interviews, using the recordings, the transcriptions were prepared in full, in order to transpose into written form, the meaning and the sense of each statement made by the participants. The average duration of each interview was about 50 minutes.

Chapter 6- Results

I will divide my analysis into three different dimensions according to the sections created during the conduction of the interviews – pre-Covid 19, during the lockdown, and post-Covid- 19. For each section, I created categories and subcategories that will be described along with the analysis of the results.

6.1. Pre Covid-19

Even before the beginning of the pandemic, trans people were the target of discrimination and stigma not only by society but also, sometimes, by their family too (Gato, Leal & Sebra, (2020). In addition, the community was constantly presented with obstacles when it comes to their validation and worthy representation in societal structures. In this context, it is possible to highlight a multitude of problems that enhance the obstacles faced by the transgender community in Portuguese society – access to housing, access to employment and worthy work conditions, access to social services and healthcare, access to education and, family environment (Saleiro, 2022).

6.1.1. The vulnerability of the transgender community

The community has always been isolated from society, it can be argued that transgender people were always pushed to the side, not only by society itself and its institutions but also, by their families,

“We are talking about people who are isolated, who are in very difficult processes, who have the most varied doubts, often lack validation and cannot even understand who they are because society is always rejecting them.” (GRIT)

This can be explained by understanding the unobtainable expectations the cisgender society has regarding transgender people. Society has an idea of what a transgender person needs to look like or be and when they don't fit into the narrative created, they have been pushed aside and discriminated against,

“The situation has always been very complicated because, on the one hand, there is an idea somehow rooted in society that a trans person has to look like a cis person, this is a problem that is very serious and affects trans women

especially, so it is not because it happens that women are again affected more than men because they have to live up to certain standards.” (Opus Diversidades)

This alienation is usually amplified by the lack of representation and validation of what a transgender person is. What can be classified as trans-specific issues have been debated for a long time, and the concerns remain the same every time - discrimination in schools, and problems accessing healthcare. Thus, this becomes a problem when these concerns are not talked about or validated, and when the transgender community is just ignored or portrayed as something that does not really exist,

“As long as trans people are considered anything that lives there in the abstract, (...) this will never move forward, and there must be respect. The basis of everything is respect, if I don't know, I'll find out, if I don't know, I'll find out, people exist... they're here.” (AMPLOS)

Because of this, as it was said before, transgender people become isolated, and sometimes have issues reporting discriminatory acts or incidents of violence,

“A lot of people who ask us for support to go to the police station to present a complaint, because if they are not accompanied, they are often teased at the police station for being trans, for having a certain aspect and being read as men and then they present their ID, and it has the name there of woman.” (Opus Diversidades)

The vulnerability of the community also originates from all the discriminatory acts faced by them every day. Thus, this discrimination takes on different forms, not only at a physical level but also at an emotional level. Furthermore, all these forms of discrimination are aggravated by the systemic inequalities present in our institutions, thus originating a sense of insecurity that when combined with the layers of intersectionality originates a multitude of mental, emotional, and social problems,

“It is worth thinking about what discrimination and security are, as I said before, security is a transversal thing and we have to think about what discrimination is, because people often associate discrimination with physical violence and it is not only that, it is also all micro-aggressions that aren't as micro as that, it's also all the institutional systemic difficulties that we've been talking about.” (GRIT).

Finally, going deeper into the inequalities that make evident the vulnerability of this group, while in the LGBTQ+ community transgender people can be classified as more vulnerable and discriminated against,

“Within the LGBT community, T must be one of the most discriminated issues right now.” (AMPLOS)

It can be argued that, within the trans community, it is possible to identify even more vulnerable communities. In this context, we can identify two groups as more fragile within the community: firstly, we have migrant racialized communities,

“Exactly because they come with irregular documentation, cannot get documentation, cannot access work and enter the spiral of living conditions that are problematic.” (GRIT)

And, as it was said before, the intersectional perspective is crucial to understanding these issues (Saleiro, 2022). Combining the expectations, the cisgender society places on transgender people to “fit in”, with the present sexism in the Portuguese society, that enforces the expectations of what a woman should look like, leads to the fragility and vulnerability transgender women, especially if they are racialized or migrant (Saleiro, 2022a).

“This is a problem that is very serious and affects trans women especially, so it is no coincidence that women are again affected more than men because they have to live up to certain standards.” (Opus Diversidades)

6.1.2. Employment and Housing

The transgender community has a big disparity when it comes to accessing employment and having good work conditions. LGBTQ+ people have higher rates of poverty than cisgender and heterosexual people, in the specific case of transgender people, employment discrimination may be directly related to physical appearance, gender identity or discrepancy between gender markers in identification documents (Gato, 2022)

“We have difficulty in accessing employment, we have a very high unemployment rate of people who cannot find work or have precarious jobs.” (GRIT)

Furthermore, when it comes to the environment transgender people are subjected to at work, it is important to understand that discrimination and harassment in the workplace are still prevalent issues, and even though there is legislation and mechanisms that were put in place to combat this issue,

“ACT inspectors must be trained to understand issues of labor harassment and trans discrimination. Transphobia in companies is huge.” (Opus Diversidades)

There is a lack of external and internal policies that can provide a safe environment for transgender people, that will allow the report and consequent acknowledgment of harassment and discriminatory complaints,

“In terms of work, there must be internal policies that allow you to actually make a complaint if there is a problem and have an answer.” (GRIT)

In addition, there is a lack of support and mechanisms regarding access to employment itself due to the stigma placed on the transgender community,

“(…) installing mechanisms that make it possible for trans people to achieve these jobs, and it is worth noting that we are talking about people who are often trained and often fail because they have a non-cisgender identity.” (GRIT)

As mentioned before most of the transgender community has precarious jobs, therefore does not have good work conditions, and most times does not have work contracts that will provide benefits and a stable income. Thus, this becomes an issue when those work contracts and stable incomes are necessary to have access to a place to live,

“Access to housing is an essential necessity (…) mainly for people who have very precarious situations and who cannot somehow get out, (...), and together with the precariousness of work, it is not possible to have access to housing.” (GRIT)

6.1.3. Access to healthcare and social services

When it comes to characterizing the healthcare system the answers and descriptions were direct, stating that even before the pandemic, the healthcare system did not accommodate the needs of transgender people,

“We have a very serious flaw in the national healthcare system and in healthcare systems in general, that is, they are completely trans-non-specific.” (GRIT)

“(…) are the services as a whole prepared to receive trans people? They are not prepared to receive LGBT people, let alone trans people.” (AMPLOS)

“Healthcare, I think, is very much about healthcare. First by mental health, is one of the poor relatives of health in Portugal, and in the case of transgender, people usually need a lot of support and access to psychotherapy, and they don't have it.” (Opus Diversidades)

Thus, the different types of accommodations needed for transgender people can be divided into two sections: Trans-specific, and trans-non-specific, that effects all transgender people. Trans-non-specific refers to all the medical services that are not singularly directed or crafted for transgender people (regular doctors' appointments). The issue here appears when medical staff does not know how to properly address or treat a transgender person,

“Trans people go looking for clinical help for issues unrelated to gender identity (…) and often they come across a problem that is, people don't know how to go by the correct name, people don't know the procedures or what to do.” (GRIT)

Furthermore, it also presents itself as an issue when teenagers go seeking any medical service, unrelated to their gender expression and still have their identification document with the “dead name” and their parents have to constantly be reminding staff how to address them,

“(…) also the kids who don't have their name on the ID yet and go to the hospital or any type of service that they have to go to, the fathers and mothers still go there and have to tell them not to call that name.” (AMPLOS)

Trans-specific refers to services specific to transgender people (hormone treatment, gender reassignment surgery). Here a multitude of problems emerges, when asked to describe and highlight these issues it all centered around hormone treatment, gender reassignment surgery, and mental health services.

Regarding hormone treatment, it was highlighted the difficulty of the process and its access,

“Access to hormonal processes is difficult and takes a long time.” (Opus Diversidades).

Also, regarding access to hormones it is important to note that resources are very centralized, thus meaning the waiting period is very large,

“The family doctor has to start to be able to proscribe hormones, you can't wait one year for the hormonal process to start.” (Opus Diversidades)

Gender reassignment surgery presents itself as one of the most important steps for some transgender people, however, a lot of problems arise with it within the Portuguese healthcare system. Firstly, what looks to be the main concern, once again, is the centralization of resources, this happens due to Portugal only having one hospital that offers these services which then leads to a long waiting time. Recently a new center was created in Porto, and more are predicted to be created in the south of the country.

“Health on the part of the transition, for those who want to transition, at the level of surgery, at the hormonal level, it is necessary to have more centers, to have a huge multiplication (...) we only have URGUS.” (Opus Diversidades)

Secondly, one other problem that seems to emerge with access to surgical procedures is the lack of follow-up with the people that transition, many problems are derived from the surgeries,

(...) there is no follow-up, the follow-up that exists is intended only for a practical issue in what the change is and not an individualized treatment that depends on person to person.” (GRIT)

Tackling the subject of mental health services for transgender people, it is important to reference that the Portuguese National Healthcare system (SNS) does not provide psychotherapy, and when addressing transgender people's needs it is essential access to mental health services,

“In the case of trans people they usually need a lot of support and access to psychotherapy and do not have.” (Opus Diversidades)

It was also noted the importance of having a psychiatrist that can provide a diagnosis and not have to rely on sexology appointments,

-“The only support at the level of psychiatric illness is provided by sexology, that is, it is usually psychiatry in the sexology consultation that gives an anti-depressant, without even having a diagnosis or an adjustment made for the person and we are talking about consultations every 6 months, that is, no one has effective support every 6 months.” (Opus Diversidades)

When talking about access to other social services the response was similar to the access to the healthcare system, only more generalized. The issue presented here is that there is a lack of information regarding how to accommodate a transgender person,

“There is no correct concession of what the needs are, it is often the public service itself that puts up barriers.” (GRIT)

This then causes a difficulty when accessing social services,

“Access to this type of services is very complicated in several aspects, whether in access to administrative services or in access to social security services.” (GRIT)

6.1.4. School Environment

One argument emphasized is that to identify as transgender age restriction is not a requirement, therefore analyzing the environment provided for trans children at school is essential.

“There are trans people who are children, there are trans people who are teenagers, not only are there trans people who are 50 years old, so there are trans people since they were little.” (AMPLOS)

As was said before, transphobia is something structural and present in all our institutions, including schools. Law 38/2018 (art. 12) enshrines respect for gender identity and expression, and later, this was also detailed in Dispatch no 7247/2019 – which was revoked. However, it is unanimous that there is a major failure to accept and respect these advances in legislation,

“Transphobia is a systemic and structural thing and when it comes to children what happens is that the law, we have that allows the use of the social name of children under 16 in schools and there are many schools that are not complying with this, which reject, who do not want, who do but then there are teachers who do not comply.” (GRIT)

“(…) if we have some schools that have adapted very well, the fact that that specific rule/regulation for schools was declared unconstitutional led some schools to revert.” (Opus Diversidades)

When speaking on this issue, organizations presented several strategies that should be made to combat discrimination and bullying in schools, as well as the spread of misinformation,

“In school safety, it is necessary to work on bullying, work on how people access information, what information they access, because there is a lot of information, but not all of it is the most correct, exactly to guarantee the safety of children.”(GRIT)

“There has to be teacher training, there has to be a team of psychologists who are very well trained in this area to help their colleagues because those who need help are either their parents or their colleagues, the children are even very empathetic. And we must be careful with private schools because they can be private, but for example, we cannot have a private school that will teach the geocentric theory, or the flat earth, or say that the theory of evolution is false, that is to say, that, even private schools cannot apply a curriculum that is not scientifically proven by the ministry [of Education].” (Opus Diversidades)

Finally, it also analyzed the effect these transphobic systems have on the lives of transgender people. As I mentioned before transgender people have a higher rate of absenteeism and consequently early school leaving (Saleiro, 2017),

“Access to school facilities would become very difficult because schools often do not respect the law that allows students to have a social name.” (GRIT)

6.2. During COVID-19

The recent pandemic situation caused by COVID-19 has posed challenges in all spheres – family relationships, the health system, schools, access to employment, and

access to housing – and has exposed the situation of great fragility experienced by a part of this population,

“In In many ways, the situation was not good, and it didn't get better with the covid issue, everything got worse.” (GRIT)

6.2.1. Affected sectors: healthcare, employment, housing, schools

In Portugal, the pandemic deteriorated the situations of many LGBTQ+ people, namely those who made a living from informal work activities that do not grant them the right to social support, such as sex work, or those who were not respected in families, and of situations of poverty and even homelessness,

“Many of these people are people who are in informal employment situations were affected” (AMPLOS)

This situation has many layers to it, given the fact the impact was so multidimensional, thus meaning the reality of the crisis diverged according to people’s situation. Firstly, immigrant/racialized status introduced another layer of complexity and discrimination, and vulnerability felt by the transgender community,

“There is a large part of the trans community who are racialized, who are migrants, who did not have a regular situation and who did not have a work contract and were subject, as they did not have a lease, to not having government protection.” (Opus Diversidades)

Furthermore, most of this part of the population does not have work contracts, which aggravated their living situations with the outbreak of the pandemic.

“These were people who did not have work contracts, migrant people.” (Opus Diversidades)

Secondly, one other group of the transgender community that was deeply affected was transgender women, this happens because when adding to cisgenderism, the sexism

that continues to prevail in Portuguese society, it is trans women who are identified as most exposed to discrimination,

“(…) which was exacerbated by the pandemic, in the trans community and especially in women and the idea that people had to have a series of surgeries to fit in is a serious problem.” (Opus Diversidades)

In addition, a lot of transgender women used to work in sectors that were deeply affected by the pandemic and the lockdown (sex work, nightclubs, bars),

“Trans people normally, especially trans women, worked a lot in call centers or stores, not to be seen, then there was a large percentage of trans people who worked at night or who worked linked to the artistic environment, why? Because that's where acceptance is greater, there were also trans people who did sex work and therefore, these were areas for even those who had a working relationship were affected, very affected, and then there were people who had absolutely no bond at all.” (Opus Diversidades)

The conclusion the organizations arrived at was that the pandemic had a very detrimental effect on the transgender population,

“There were many places that stopped and there these people who live precariously were very affected, but maybe there is a different proportion in trans people because they themselves already live in a more vulnerable situation, and there it could have been more discriminatory than in other cases” (AMPLOS)

And that this effect manifested itself in people's mental health, especially in cases where transgender people had to go stay in lockdown in transphobic and toxic environments,

“Many times, people had the space outside the home as a space of personal freedom to be who they are and what happened with the covid was that a lot of people were sent to their own homes and many times toxic spaces and for example,

they had to return to their own homes, to the closet (...), we had many people who used the center as a safe space and stopped doing so.” (GRIT)

“We are talking about people who have become much more isolated, in a completely overwhelming perspective, because if we are talking about people who are in much smaller environments, isolation has brought immense mental health problems, immense difficulties, immense marks of social inequalities. The most marginalized groups end up feeling it much more strongly.” (GRIT)

Education was one of the sectors most affected,

“In access to education, I think it was universal, access to education became a class issue because only people with more possibilities had access to a computer” (GRIT).

Even though education was deeply affected, and schools had to reorganize their education structures, one of the organizations pointed out positive outcomes of the lockdown on transgender children,

“But I think that in relation to education, the part of the pandemic helped some boys and some girls to make the transition... they didn't have to physically expose themselves, they were behind the computer and their hair was growing and they were changing and they weren't seen much by their classmates, then when they had to leave to go to school they were already in a very advanced social transition and that helped.” (AMPLOS)

If on one hand there was a positive impact on transgender’s children social transition in cases where there is family support, on the other hand, some schools used the pandemic to stop accepting the request for the social name change,

“There were schools that began to refuse the request for a change of social name, so kids up to 16 years old, when you can change the name in the legal sectors, made the social transition in schools, an application was made based on the law and the schools received the request and started to change the child's name

on the platforms, (...) So I think that in the pandemic this stopped a little because people didn't make the request, they couldn't go to school, even so, there were parents who did the online order and it was refused.” (AMPLOS)

The healthcare system was by far the most affected sector, as it was mentioned previously primary healthcare procedures were targeted, therefore suffering profound changes (Rawaf et al, 2020). When it comes to trans-specific issues the obstacles that emerged were clear and transgender people were once again alienated,

“There was not enough preparation for these dynamics, trans people are always forgotten.” (GRIT)

The main issue identified by all the organizations was the cancelation and pushback of surgeries,

“The waiting times have increased dramatically, surgeries have stopped at the SNS, we in Portugal only have the Coimbra hospital performing surgeries, we have operations in Oporto as well, but the reference hospital is always Coimbra, and it is stopped.” (GRIT)

“A lot of people had their surgeries postponed, postponed... at that time they were on pause and no one knew how long it would be.” (AMPLOS)

This was very harmful to the transgender population, the isolation, the toxic home environments they were pushed into, and the cancelation and pushback of surgeries and medical appointments caused an enormous impact on their mental health pushing most of them into depression and a constant state of anxiety,

“This created an anxiety in them and then there's the issue of mental problems, anxiety, and depression. In health, for those who were being followed, it was probably the most affected sector.” (AMPLOS)

“Consultations were delayed, the worsening of depression was enormous.” (Opus Diversidades)

6.2.2. Family Dynamics

The organizations interviewed also evaluated how the pandemic affected the family dynamics of trans people, as well as their effect on the mental stability and safety of the trans population. Within the family unit, young LGBTQ people may be in a particularly vulnerable situation with respect to their mental health (Gato, Leal & Seabra, 2020). Lockdown cause social isolation, depriving LGBTQ+ people from safe environments and community support (Gato, Leal & Seabra, 2020; Saleiro, 2022).

“We had people in this situation all over the country, who suddenly had to return home and suffer discrimination in the very homes they had left years ago so as not to suffer discrimination.” (Opus Diversidades)

A prevalent consequence that was identified by everyone was the degradation of transgender people’s mental health, this was due to, in most cases, having to return to their family’s home due to the loss of jobs/income,

“During the pandemic, this situation changed because of family dynamics, people started to be in much less safe, more toxic spaces and went through immense psychological difficulties, many people who had mental health problems aggravated these problems, and in that sense what I think what covid came to do was to accentuate this violence more.” (GRIT)

On the other hand, organizations also highlighted multidirectional movements, thus meaning when the lockdown started, transgender people who were still living with toxic transphobic family members and their only safe spaces were outside, had to leave and ended up in homeless situations,

“There were people who left home and were homeless because they couldn't take it anymore, there were people who had to return home precisely because they were homeless, and it was very complicated.”
(Opus Diversidades)

It is also noted that for transgender people who were still in the closet to their families, and during lockdown had to come out, were also severely affected,

“Other people who did not hide their identity ended up having a lot of problems at home because they were rejected,

abandoned, etc. The dynamics changed in the sense that there began to exist much more abuse of these people." (GRIT)

On a positive note, the organizations identified a “boom” of people coming out during the pandemic. And because of the nature of the pandemic these people were able to start their transition at home without having to face the discriminatory barriers of the outside,

“There were some people, especially older ones, who during confinement reflected and actually realized that they were trans and came out during confinement and started transitioning during confinement.” (Opus Diversidades)

“A lot of people because being stuck at home (...) looks like a pressure cooker, they stayed there and held on until someone accidentally pulled the pipe and it had to come out.” (AMPLOS)

6.2.3. Community support

The adequacy and sufficiency of public policies for LGBTQ+ people were put to the test with the pandemic crisis that disproportionately affected this population. The role of LGBTQ+ associations and structures proved to be essential in mediating with the public services responsible for this area (Saleiro, 2022).

When asked to analyze the government’s response regarding the protection of transgender people’s rights, all parties involved drafted the same response stating that there was no trans-specific government response,

“Not that I know of. There was more associative support.” (GRIT)

“What I understand is the support that exists is from associations, there is no support from the state, it is only through associations that have their funding.” (AMPLOS)

It is worth mentioning the community response of the Lisbon LGBTI March committee, which has become a support network, providing food and other assistance (Saleiro, 2022).

“Support for trans people was zero, it didn't exist. All the support that was obtained was directed through general support, there was support for the loss of income, and support for accommodation, so it was support that was directed to all

people who were in a situation of vulnerability, but not specifically for this. Those who provided support were the associations, the network support created by the organizing committee of the march had a brutal impact because we support people not only from Lisbon but from all over the country.” (Opus Diversidades)

Therefore, it is essential to not only recognize the special vulnerability of this population to the pandemic crisis, but also the essential role of LGBTQ+ associations in their protection. Here it is important to mention the Resolution of the Assembly of the Republic no. 69/2020: Recognizing the special vulnerability of this population to the pandemic crisis and the essential role of LGBTI+ associations, which "Recommends the Government to support associations and collectives of lesbian, gay, bisexual, transvestite, transsexual, transgender and intersex people in the context of the epidemic crisis." (Saleiro, 2022:64). It is also important to state that all the organizations confirmed to have exponential growth in support requests during the pandemic, from all over the country. GRIT, confirmed receiving various kinds of support requests,

“We had a lot of requests of various types, many requests from people who left home and had nowhere to go, many requests from people who, as they no longer had work, also no longer had access to essential goods and in that sense we within the services we were able to offer (psychological support, support service for LGBT victims, support/reception group), we received a lot of requests for support.” (GRIT)

AMPLOS, stated during the pandemic they did not stop doing their monthly meetings, “The fact that things are online was very good for families” (AMPLOS). Thus, the association continued to provide support during the pandemic and even used the opportunity to introduce international meetings,

“The meetings that were face-to-face were very limited to the geographical part. And we got to have a meeting with a Brazilian mother, from a Brazilian association and people began to realize that this is not just in Portugal and that is very, very important for people, for now, because it is the feeling of belonging, of realizing that are not alone.” (AMPLOS)

AMPLOS also stated that engagement in their meetings increased and that every time new parents would show up, demonstrating the increase of families requesting support,

“A person who arrives for the first time joins the group and suddenly sees ‘but what is this’, ‘there are 20, 30 parents of people who have a child just like mine’, suddenly they start to understand, ‘Wait, I’m not the only’. We had 30 people, all with huge anxiety to talk, except for people with more advanced processes, but all with a desire to understand things, and then, the people who reach us were facilitated by the pandemic.” (AMPLOS)

Opus Diversidades also had something to say about the support provided to the transgender population. They confirmed the increase in support requests, “requests increased 300/400%” (Opus Diversidades), and further highlighted the support provided to the transgender population,

“At the time we created the support network in terms of the March, of the organizing committee of the Lisbon March, we decided to take the value we had to make the March, and create a network of direct support to the people and then we did, too, a series of fundraising campaigns and the large percentage of people supported were trans people all over the country with travel, with scholarships, with food baskets, with accommodation, rent.” (Opus Diversidades)

6.3. Post-COVID-19: recovering from the impact

When asked to describe the present situation of transgender people in Portugal and how their situation has evolved the organizations interviewed had not so similar answers. On one hand, it was stated that the situation has not improved, transgender people are still very vulnerable, and trans-specific healthcare is still pushing back appointments and surgery waiting lists continue increasing,

“It's not better. What happens is that there are no public policies that make this change, the complaints keep coming, the waiting lists are still there, people are desperate to get an appointment or to access hormonal treatment, that is, the problems are all there, they got worse with the covid and are still there even after this period of confinement is over.” (GRIT)

Also, the representative of Opus Diversities gives the example of health.

“I don't see a big difference, honestly. There was the creation of the center in Porto, but that was not seen, consultations take a long time. We had several people that we followed up with sexology appointments in Santa Maria that were all postponed, people who should have appointments in July/August, at this moment have appointments for December. The hormonal process, which is very important for many people, does not need to be complicated, it is extremely simple, the referral must be made by the family doctor and the prescription itself can be made by the family doctor because the necessary analyzes are relatively easy to be done, and this would be one thing to resolve. I can't say the situation is better.” (Opus Diversidades)

On the other hand, there is also a need to consider the impact suffered by the healthcare system, and that it will take some time until the return to “normal”,

“Post-pandemic, I think things are starting to fall into place, the National Health Service started to move forward.” (AMPLOS)

One other aspect to consider post-pandemic is the public opinion and perception of transgender people. This issue was highly enhanced by one of the organizations interviewed, due to the recent wave of transphobia that invaded the media in Portugal⁶,

“There is a misrepresentation of trans people and the trans community, a demonization that is not good of course, they are visible for the wrong reasons. It has now been noticed lately that there have been a series of chronicles about trans people and without any knowledge of what they were talking about, so a context a little abstract, comparing a person to an object is complete dehumanization, and this is aggression constants that are being done to these people. Even if it is not physical, these verbal attacks hurt as much or more than physical ones and leave marks that are not visible but are very serious, the person can go into depression, thinking that it is nothing.” (AMPLOS)

⁶ In 2021, a series of transphobic chronicles were published in the Portuguese media.

One last topic highlighted by the organizations was the lack of policies and preparation for the pandemic that would provide safety for the transgender community. Public and political measures should cover people discriminated against in employment due to gender-related issues, such as LGBTQ+ people, especially transgender people (Saleiro, 2022). It is necessary to make public services more diverse and inclusive; introduce this issue in the professional training of public sectors about equality and diversity; guarantee the existence of a specialized care response for the LGBTQ+ population in all districts of the country; decentralize health care related to gender affirmation processes through the availability of existing consultations, treatments and surgical procedures in district hospitals; expand the number, territorial coverage and modalities of shelters for young victims of family violence; and expand the capacity of shelters for LGBTQ+ people who are victims of domestic and gender violence (Saleiro & Ramanho, 2022:238-246)

“In general, we cannot forget that things can be done in parallel, we have to find targeted responses in which people feel safe and at the same time change mentalities so that in a few years we can be an extended response. We cannot say ‘wait there’, because people cannot wait, and we cannot forget that these centers are not for people to stay forever, they are provisional answers for people to become autonomous, to complete their studies and gain their autonomy. It is a transitional support and it is not possible to favor this transitional support to a person while he is suffering from bullying, it is incompatible.” (Opus Diversidades)

Conclusion

In 2002, Christine Goodwin marked a passage for the recognition of transgender rights in Europe. However, transgender rights have been discussed in Europe since the 1980's, and there was legislation in place regarding legal gender recognition since 1972 in Sweden. At an international and European level, the Yogyakarta Principles, the United Nations General Assembly, and the Recommendations of the Council of Europe played a fundamental role in the progression recognition of transgender rights.

Despite the fact the European Union prides itself on being grounded on the values of freedom, equality, human dignity, democracy, rule of law, and human rights, there are challenges that arise to this narrative. Firstly, it can be observed that the legislations in place don't correlate to the day-to-day experiences of transgender people. Secondly, there is a big discrepancy of experiences within Europe itself. On one hand, it is very evident that the Maltese government has made significant progress toward the progression and protection of LGBTQ+ rights. On the other hand, the Polish government has shown consistency in promoting their Anti-LGBTQ+ resolutions provoking responses from the European Commission and the EU parliament.

The present study aimed to deepen the existing information, as well as to evaluate the impact caused by COVID-19 on the transgender community in Portugal, as well as the efficacy of the public and political policies within European diversity.

The first observation made was that community fragility and vulnerability were pre-existing even before the pandemic, thus giving rise to structural inequalities, stigma, and discrimination. These factors are more prevalent, due to layers of intersectionality such as racism, xenophobia, and sexism, in transgender women and racialized transgender and migrant people. Also, it was analyzed that this leads to isolation and alienation from society.

There is a large portion of the transgender community that is unemployed, in informal work, or in precarious jobs that it is possible to relate to their gender identity and expression, which consequently is an obstacle in accessing housing. In this context, the pandemic situation was a means of deteriorating the situations of transgender people. Transgender people and, within these, transgender women, faced increased difficulties, leaving them in situations of economic fragility and homelessness.

In the pre-pandemic situation with regard to access to social services and health services, there is no programming or preparation to correspond or accommodate the needs of the transgender population. It was analyzed that there is a lack of care and preparation in attending to this layer of the population in any type of service.

As far as the health care system is concerned, when it comes to trans-non-specific treatments, there is a major structural flaw in the introduction of the transgender population into the systems of care. In trans-specific treatments, there is a great difficulty not only in the course of the process, but also in its access, and a great centralization of resources is observed. In the context of the pandemic, being the health sector the most affected, and placement of trans-specific treatments in the non-prioritized category was analyzed (cancellation and postponement of surgeries, cancellation of appointments, and increase in waiting lists). This placement was very harmful to the mental health of the transgender community, causing anxiety and depression in this population group.

The school environment was identified as a transphobic environment. Despite the Portuguese legislation protecting the rights of transgender children at school, there is resistance from educational institutions to accept these legislative advances. During the pandemic, a positive development concerning social transition was analyzed, and it became more accessible since it is done at home and not in a school context. However, in some situations schools have stopped accepting requests for name changes.

Family dynamics were deeply affected by the pandemic's nature of imposed lockdown. Multidirectional movements were observed, on one hand, some people were stuck in a toxic, transphobic, abusive environment and were in situations where emotional support was lost which aggravated their mental health as well as their safety leading up to a lot of transgender people living their homes and end up in situations of homelessness. On the other hand, in situations where there was family support, a "boom" of transgender people coming out was observed.

When analyzing the support available to transgender people during the pandemic crisis, there was no trans-specific support from the government, only general support such as to accommodate the loss of income. However, through community support, it was possible to develop a support network (e.g., the Lisbon LGBTI March committee).

Lastly, observing the crisis recovery, the situation has not improved overall. There is still a continuous lack in the healthcare systems with appointments and surgeries still

with long waiting times, continuous centralization of resources (however, there has been improvement, e.g., more medical teams were announced to trans-specific healthcare) and a lack of public and political measures to protect the vulnerability of the transgender community. In addition, a constant dehumanization of the transgender community and a permanent hate-speech narrative is still prevalent in the media.

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Appendices

Appendix A- Interview script

Characterization of the association/interviewee:

Association:

Interviewee:

Position in Association:

LGBT Activism Time:

Association Mission:

Launch

To thank you for the presence, introduce myself (and who else on the team), and present the study: *The impact of Covid-19 on the Transgender community in Portugal*

Recall the objectives:

1. To deepen the knowledge and produce information about the inequalities of the Trans community in Portugal.
2. Relate the effect of Covid-19 on the trans community to the already existing pre-pandemic inequalities.

Questions:

A- General impact of covid on the transgender community

- In general, how would you characterize the situation of trans people in Portugal pre-Covid?

-What do you consider to be the main needs of trans people? In terms of health, employment, housing, safety and protection from violence, education, justice, and access to services?

- Overall, how has Covid affected transgender people in Portugal?

- Which sectors were most affected during Covid?

-And what are the consequences left by the pandemic? What is the situation of transgender people today?

- During the pandemic, did you notice an increase or decrease in requests for support? And what kind of needs/supports were requested? Do you have any data in this regard that could be provided?

-Within the transgender community, were any groups more vulnerable to discrimination? (transgender women, transgender sex workers, younger, older or disabled transgender people) Why?

B- School

- What challenges do transgender children and youth face at school?

- What was the impact of the pandemic at the level of education?

C-Assessment of the family dynamics

- How do you characterize the experience of transgender people in a family context?

- In what ways has Covid-19 influenced the family dynamics of transgender people?

- What was the impact of confinement on the transgender community?

D-Characterization of the Health System and Social Services

- What challenges do transgender people face in the health care system?

- What obstacles stood out during Covid?

- And currently, what is the situation?

- And what challenges did transgender people face and do they face with regard to social protection? Did they have support (housing and others)? Have the supports worked?

- Do you think that transgender people are adequately accommodated or discriminated against in accessing social protection services? Are these services prepared to respond to the needs of transgender people (for example, regarding welcoming gender identity)?

E-Safety and Discrimination

- How can the transgender situation in Portugal be characterized in terms of discrimination and safety? Has this situation changed during Covid? (Better or worse).

F - Support to transgender people during the pandemic

- What formal (state, municipalities), associative or community support existed during the pandemic?

- Did the association/entity you represent took any extraordinary measures in that period in support of transgender people?

- Has the association/entity you represent integrated any support network for transgender people? If yes, which one(s)? Who else was part of it? How was it formed? What kind of support did it have? What kind of support did it provide?

- Do you have data regarding support in that period or do you know where I can find them?

- How do you evaluate the response of the state and municipalities to the needs of transgender people during the pandemic period?

- Can you identify any good practices implemented in supporting transgender people?

The End:

-Thank them for their participation and say that they can send information, complement something, say something they consider relevant and that they have forgotten, and give suggestions to the email.

- Ask for documentation, data, reports, studies, or other documents that you may have, that may contribute to the needs assessment.

Appendix B- informed consent

Consentimento Informado

O presente estudo surge no âmbito de uma dissertação de mestrado a decorrer no ISCTE –Instituto Universitário de Lisboa. O estudo tem por objetivos, aprofundar o conhecimento e produzir informação sobre as desigualdades da comunidade Trans em Portugal e relacionar o efeito do Covid-19 na comunidade trans com as desigualdades já existentes pré-pandemia.

O estudo é realizado por Cristiana Fernandes (cibfs@iscte-iul.pt) e supervisionado por Sandra Saleiro (sandra.saleiro@iscte-iul.pt), que poderá contactar caso pretenda esclarecer uma dúvida ou partilhar algum comentário.

A sua participação no estudo, que será muito valorizada pois irá contribuir para o avanço do conhecimento neste domínio da ciência, consiste em responder a uma entrevista, que será gravada para um melhor rigor na exposição dos factos recolhidos. Não existem riscos significativos expectáveis associados à participação no estudo.

A participação no estudo é estritamente voluntária: pode escolher livremente participar ou não participar. Se tiver escolhido participar, pode interromper a participação em qualquer momento sem ter de prestar qualquer justificação. Para além de voluntária, a participação é também anónima e confidencial. Os dados obtidos destinam-se apenas a tratamento estatístico e nenhuma resposta será analisada ou reportada individualmente. Em nenhum momento do estudo precisa de se identificar.

Declaro ter compreendido os objetivos de quanto me foi proposto e explicado pelo/a investigador/a, ter-me sido dada oportunidade de fazer todas as perguntas sobre o presente estudo e para todas elas ter obtido resposta esclarecedora, pelo que aceito nele participar.

,____/____/____

Nome: _____

Assinatura: _____

