Experiences of families of trans and gender diverse youth in Portugal within an ecological systems framework[1]

Maria João Carmona
https://orcid.org/0000-0002-6048-4866
Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisboa, Portugal

Nuno Pinto
https://orcid.org/0000-0003-1173-8150
Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisboa, Portugal

Carla Moleiro
https://orcid.org/0000-0001-6722-5472
Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisboa, Portugal

Abstract:

Trans people's civil rights and visibility on issues related to gender identity have come a long way in the last decade in Portugal and worldwide. This article presents a study focused on the experiences of families of trans and gender diverse youth. It aims to understand and examine the experiences, considerations and challenges that parents, siblings and other relatives of young trans and gender diverse people encounter within the current Portuguese context. Eleven participants from six family units were interviewed, with the degrees of kinship of mother (n = 4), father (n = 3), sister (n = 3) and grandmother (n = 1). Results show a diversity of positive and less positive experiences, resources and challenges within the nuclear and extended families, within the educational and health systems and, lastly, within the larger social and cultural context. Main implications and recommendations for intervention and public policies in this field are presented.

Introduction

In recent decades, the human and civil rights of lesbian, gay, bisexual, trans, queer and intersex (LGBTQI+) people have gained increasing visibility in the public sphere in Portugal. This included

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various new legislations on LGR (legal gender recognition) and, for the first time, specific public policies for the promotion of equality and well-being among trans and gender diverse youth. Trans and gender diverse people experience a gender identity which is not congruent to the sex assigned to them at birth, including those who identify as non-binary, agender or gender fluid, and therefore may aim to present themselves and live according to their gender identities. The trajectories of trans and gender diverse people may (or may not) involve the so-called 'social transition' and/or gender affirming medical treatments (Pinto and Moleiro 2015; Coleman et al. 2012), including during their childhood and/or adolescence.

For trans and gender diverse young people, their life and experiences within the nearest ecological domains, such as the family system, may be of crucial importance to their physical, psychological and social well-being. In fact, the family system is a crucial source for the well-being of its young LGBTQI+ members, and it is widely reported how the lack of family support underlies negative feelings and clinically significant suffering (e.g. Grafsky et al. 2018; McConnell et al. 2016). Nevertheless, the experience of being a family member of a young trans or gender diverse person is still poorly documented in the literature (Grafsky et al. 2018; Hill and Menvielle 2009; Reczek 2020), such are these families' experiences within the larger ecological environments.

Ecological systems theory (Bronfenbrenner 1977) describes four levels of ecological environments: (1) the microsystem represents the relationships of the developing individual with the immediate context (e.g. home and school); (2) the mesosystem comprises the interactions between the person and the main figures and may include interactions with family and peers; (3) the exosystem is defined as an extension of the mesosystem, covering social structures that may not contain the developing individual, but may link to the environments in which the individual fits, with the possibility of influencing behaviour and development (e.g. work, neighbourhood, government or social media) and (4) the macrosystem, which refers to culture, ideologies, laws and regulations (Bronfenbrenner 1977; Martins and Szymanski 2004). In addition, the ecological systems theory of human development also incorporates the chronosystem, which encompasses the effect of time (e.g. a set of circumstances and events) on the development of the individual (such as child and youth development, and coming-out processes and its consequences).

In line with ecological systems theory, the aims of this study are to: (1) describe the perspectives of parents, siblings and other relatives of young trans and gender diverse people on their (inter)familiar roles and relationships, including during and after the coming-out process; (2) understand the relationship of the nuclear family with the extended family and other families, as well as potential support networks; (3) characterize the family's expectations and experiences regarding the education system and health services and (4) acknowledge the challenges and experiences regarding the social and legal framework of trans issues in Portugal.

Trans Youth and their Ecological Systems: from Families to the Legal Framework
Klemmer et al. (2019) suggest indicators such as the prevalence of depressive symptoms and suicidal ideation might be associated with the discrimination that trans and gender diverse people often experience in their ecological systems, particularly at school, at work and in health services (Puckett et al. 2020; Stieglitz 2010; Su et al. 2016). The discrimination associated with social stigma results in the development of an ongoing stress process and, consequently, an adverse impact on mental health (Feldman and Goldberg 2006; Gartner and Sterzing 2018;

Goldenberg et al. 2019; Meyer 2003; Puckett et al. 2020; Watson et al. 2019). According to McDermott et al. (2017), the main factors for the risk of suicidal ideation are experiences of homophobia and transphobia, social isolation, conflict with colleagues or family members due to gender issues or sexuality and/or difficulty in disclosing one's sexual or gender identity (Hilário and Marques 2020).

Considering the social environment, the family system has the greatest influence on the social, physical and emotional development of individuals, followed by school, other communities and institutions (Burgess 1999; McConnell et al. 2016; Needham and Austin 2010; Weinhardt et al. 2019). For LGBTQI+ youth, their experiences within the family system may be particularly crucial. On one hand, LGBTQI+ youth are vulnerable to abuse and violence from family members – which may include expulsion from the household and/or rupture of relationships with the nuclear family (Cochran et al. 2002). Importantly, trans people face significant risks of violence and psychological and physical abuse from family members, including parents and siblings (e.g. Lombardi et al. 2001; Pinto and Moleiro 2015). According to Gartner and Sterzing (2018), trans and gender diverse youth are at greater risk of micro-aggressions when compared to cisgender youth, specifically from their parents, siblings and/or other members of the family system. On the other hand, support and acceptance from family members and other significant caregivers can be important protective factors against the discrimination effects for LGBTQI+ youth, including poor mental health and suicide ideation (Eisenberg and Resnick 2006).

For LGBTQI+ people, including children, adolescents and adults, the process of coming-out, or disclosing their sexual orientation or gender identity to significant others, may represent an emotional process, and a major psychological and social event (Brumbaugh-Johnson and Hull 2019; Bethea and McCollum 2013). For trans and gender diverse youth and their families, it may initially trigger feelings of anxiety (Lev 2004), and later feelings of loss among family members (Menvielle and Rodnan 2011). Parents and other family members' attitudes and behaviours can be variable and, therefore, conflicts of ideas and uncertainties are expected at an early stage (Menvielle and Rodnan 2011; Raj 2008). In parallel, parents may navigate between the notion that their support may be of crucial importance for their children's well-being, and the fears and concerns regarding social stigma, discrimination and violence (Hill et al. 2010; Newcomb et al. 2018).

Riley et al. (2013) describe some of the needs felt by parents who have a young trans/gender diverse person in their household, such as:
1. acquiring correct and specific information about gender fluidity;
2. having the possibility of learning more about parental strategies regarding trans issues;
3. sharing or having access to other similar family experiences;
4. having the support of colleagues, friends and the community;
5. engaging with members of the trans community;
6. learning specific skills to deal with discrimination and bullying that they or their children may be exposed to;
7. having access to effective counselling and medical care and
8. access to community education and government assistance that can support families and their children or youth.

In parallel, experiences of trans and gender diverse youth within schools and the education system are also crucial for their physical, psychological and social well-being. Nevertheless,

schools still fail in promoting the creation of safe and healthy spaces with trans-affirmative dynamics, including the possibility of choosing first names and pronouns, and the access to safe public areas without being threatened or harassed (Burgess 1999; Herz and Johansson 2015; Grossman et al. 2005). In fact, being able to use their chosen name at school has been identified as a protective factor for young trans persons regarding their mental health (Russell et al. 2018). Recently, the Portuguese government established specific policies for the promotion of the right to self-determination among trans and gender diverse youth within the educational system, which includes the right to use a self-chosen name and pronouns, the right to be safe and have privacy in the school and recommendations of training for teachers and other professionals. Regardless of these recent official policies, Portuguese LGBTQI+ students still experience discrimination within the school environment, including verbal insults, physical, psychological and sexual harassment (ILGA Portugal 2018).

Together with the experiences within the family and the educational system, access to high-quality and trans-affirmative health care may be a crucial variable for trans and gender diverse youth. Although young LGBTQI+ people may show reluctance to ask for clinical help, even in high-risk situations, due to fear of being misinterpreted, judged or rejected (McDermott et al. 2017), young trans and gender diverse people might not only deal with negative feelings associated with gender dysphoria, but also experience situations that put their mental health at risk, such as discrimination, anxiety, stress, exclusion and interpersonal violence (Pinto and Moleiro 2015). Accordingly, young trans and gender diverse people have more contact with the health system or medical treatments than their cisgender peers (Katz-Wise et al. 2018; Sterzing et al. 2017).

The trans and gender diverse population can choose to have access to medical gender affirming interventions, which may include hormone therapy and surgical proceedings, to induce physical changes to match their gender identity. Physical interventions for trans adolescents fall into three categories or stages (Hembree et al. 2009; Coleman et al. 2012): fully reversible interventions, involving the use of puberty-suppressing hormones; partially reversible interventions, including hormone therapy to masculinize or feminize the body and irreversible interventions, such as mastectomies and genital surgeries. Physical changes resulting from gender affirming interventions are associated with favourable changes in the family environment at the psychological and social levels, and reduction of subjective distress related to gender dysphoria (Cuypere et al. 2005; Murad et al. 2010). In Portugal, regardless of recent formal public policies in the field of trans health (DGS 2019), several barriers and challenges have been identified in the access to high-quality gender affirming health care (Pinto and Moleiro 2012, 2015; Moleiro et al. 2016).

Since 2011, Portuguese law allows LGR for trans people: that is, the change of name and legal sex through an administrative process. Between 2011 and 2018, LGR was only available for legal adults and was dependent on a mental health diagnosis (Moleiro and Pinto 2020). Since 2018, the law (Decree Law 38/2018) guarantees the right of self-determination in LGR processes, allowing the request to change given name and legal sex in the Civil Register from the age of 16. For people aged 16 or 17, the application is made through their legal representative and a report is required, signed by a registered psychologist or physician, certifying that the applicant has decision-making capacity and informed will, without any references to mental health diagnoses.

Methods

The adoption of a qualitative methodology was founded on the intention of understanding the different narratives of family members of trans and gender diverse youth. Given the exploratory nature of the study and its goals of furthering the experiences that parents, siblings and other relatives of young trans and gender diverse people encounter within the current Portuguese context, semi-structured in-depth interviews to the participants were deemed the most appropriate approach.

Participants and procedures

The sample consisted of eleven family members from six family units, with the degrees of kinship of mother (n = 4), father (n = 3), sister (n = 3) and grandmother (n = 1) of young trans or gender diverse persons. It was a convenience sample, developed through a snowball process. All households were comprised of young people between the ages of 18 and 27, with three identifying as male, two as female and one as non-binary/gender fluid.

As shown in Table 1, the sample was composed by eight cisgender women (72.7% of the sample), aged between 18 and 82 years, with the average age of the participants being approximately 51 years (M = 50.8). No family members identified as trans or intersex.

Data collection was carried out through a semi-structured interview, outlined from the specific goals of the study and considering Bronfenbrenner's bioecological model (Bronfenbrenner 1977; Bronfenbrenner and Morris 1998; Martins and Szymanski 2004). Apart from the interview, a sociodemographic questionnaire was also applied. The interviews were conducted both face to face and remotely, and were audio-recorded for subsequent analysis. The average duration of each interview was around thirty minutes, varying between seventeen and 35 minutes. All the interview transcripts were imported into NVivo 12 Pro and the qualitative content analysis was carried out based on the process proposed by Bardin (2016). The category system was created using the revised literature (top-down approach), as well as the empirical information from the interviews (bottom-up approach). Therefore, the database was built by extracting the raw data from the transcripts of the interviews and attributing it to the inferred categories (Gläser and Laudel 2013). To ensure the degree of reliability of the analysis content, about 50% of the sample was randomly selected, corresponding to five interviews, and were handed over together with the dictionary of categories to an independent judge who subsequently carried out the analysis. Consequently, the percentage agreement was calculated – ranging from 84.53% to 100%, for each of the five interviews, with an average agreement rate of 97.9% overall. That is, nearly 98% of the units of analysis were coded in the same category and sub-category by the independent coder as the principal researcher, given the material and the dictionary of categories, which represents a high reliability of the analysis.

Results and Discussion

The analysis of the eleven interviews resulted in 386 units of analysis, which were distributed among five main domains: the nuclear family, the extended family, the educational system, the health system and the macrosystem.

Perceptions of the members of the nuclear family

The nuclear family domain accounted for 41.9 per cent of the material collected and included the experiences of mothers, fathers, sisters and grandmothers of young trans and gender

diverse people. This dimension aggregated a total of 162 units of analysis and was composed by two categories: Disclosure Process and Family Experiences.

The Disclosure Process category obtained a total of 56 units of analysis, representing 34.6 per cent of the information from the Nuclear Family dimension. This category refers to experiences related to the coming-out process and its impact on the family dynamics. Three sub-categories were created:

Table 1: Sociodemographic data of sample participants.

		n (N = 11)	%	**Mean**
Age				50.8
Assigned sex	Woman	8	72.7	
	Man	3	27.3	
Gender identity	Female	8	72.7	
	Male	3	27.3	
	Non-binary	0	0	
Kinship	Mother	4	36.4	
	Father	3	27.3	
	Sister	3	27.3	
	Grandmother	1	9	
Professional status	Student	1	9.1	
	Employed	9	81.8	
	Retired	1	9.1	
Educational attainment	Middle school	2	18.2	
	High school	4	36.4	
	Bachelor's degree	5	45.4	

Source: Authors' research.

description of disclosure (26 units); most positive behaviours of the participants in this phase (22 units) and least positive behavioural responses (eight units). Participants described the moment of disclosure in various ways: as 'strange'; with a 'sense of loss'; or characterized by greater concerns. While three participants mentioned that they were already expecting it, four characterized the first phase as a moment of shock and surprise. For most participants, their perceived most positive behaviours in this phase were the ones aiming to support their trans or gender diverse family member, followed by the continuity of the relationship, non-judgement, acceptance, increased interest in gender issues and also 'feeling that what matters is to be a good person, a good character, a good human being, to be happy and make those around you happy' (P8).

Although four participants did not point out behaviours that were less positive, the use of chosen name and pronouns when talking to or about their family member was mentioned as a challenge. In addition, within this sub-category, participants mentioned:

some sadness in moments that may emerge, (P3)

not having a more positive role with family members […] so that they could understand the experience of X, (P3)

or

> I could have been more present. (P7)

Regarding the category of Experiences as a Family Member, 106 units of analysis were obtained (65.4 per cent of this domain), the category with most units of analysis in the study. Five sub-categories were created: the relationship with the trans or gender diverse family member (eighteen units); the experience of being a family member of a trans or gender diverse young person (29 units); challenging experiences (25 units); rewarding experiences (fourteen units) and resources used (twenty units). Relationships with their trans or gender diverse family member were characterized as normal, good, open, trusting, supportive, respectful and loving. Participant No. 2 said 'I always have their back'. Almost half of the participants reported being more worried as a family member, and some highlighted that they are mothers, fathers or sisters, regardless of the gender identity of their family member. Participant No. 3 said 'before they were born, we didn't know the sex either, and I/we already loved them'; and Participant No. 6 said 'an experience that I am also having is: changing my concepts, my way of looking at life'. Regarding challenging experiences, three types of experiences emerged: the use of name and pronouns ('for twenty years I looked at a person who is like that, then becomes […] from one name goes to another. It's a bit difficult to accept that' [P10]); communication and disclosure to other family members ('to relatives, older people, grandparents, uncles, it was a challenge to tell them, about the change of X' [P8]); and, the external environment of their trans or gender diverse family member ('fear of the world's reactions' [P8], 'the injustice that can be targeted sometimes' [P7]). For most participants, 'rewarding experiences' emerged as situations that refer to the current happiness and physical and psychological well-being of their trans or gender diverse family member. As Participant No. 7 noted, 'they managed to be them'. Finally, nearly half of the participants highlighted as important resources: gathering information on trans issues, both online and on social media, and getting to know testimonies from other trans and gender diverse people. Others turned to their trans and gender diverse family member to clarify doubts and collect more information, or talked to other people about this subject. Some mentioned that studying, working or having their time occupied proved to be a useful resource or coping strategy. Three of the interviewees indicated that they did not resort to any external resource or support.

In sum, the experiences within the nuclear family were similar to the early stages of the disclosure/transition processes described in the literature (Lev 2004; Menvielle and Rodnan 2011; Newcomb et al. 2018; Raj 2008). Accordingly, participants described the moment or process of learning that their young relative is trans or gender diverse in plural ways. Characterizations such as surprise, shock and loss arose in the narratives of the participants and are in line with what is evidenced in the literature (e.g. Lev 2004; Menvielle and Rodnan 2011), marking the beginning of a transformative process (Raj 2008). Most behaviours perceived by participants as positive refer to acceptance and support, as part of one of the stages initially faced by families (Hill et al. 2010). On the other hand, the use of self-attributed names and pronouns was described as an important and positive process (Sequeira et al. 2020; Weinhardt et al. 2019), perceived by parents as a need to maintain the well-being of their children (Riley et al. 2013). Although it can be considered a difficult process – modifying terminology to establish

a gender identity (House et al. 2019) – the majority of participants of this study tried to use the names and pronouns correctly, with the most common 'less positive behaviour' identified being the habituation to the new name and pronouns, due to mistakes that may occur. Resources applied by participants included researching the topic of gender identity, consulting testimonies, clarifying doubts with their trans or gender diverse family member or talking about the subject with other people. These resources suggest a willingness on the part of family members to change their behaviour, acquire affirmative and specific information on trans issues and to be able to access other similar experiences, and are consistent with family needs or resources described in the literature (Newcomb et al. 2018; Riley et al. 2013).

Positive and challenging reactions of the extended family

The second domain, extended family (n = 37 units; 9.6 per cent), refers to the set of positive (n = 19 units) and challenging experiences (n = 18 units), within the relationship of the participants or of the trans or gender diverse family members, with members of the extended family (grandparents, aunts/ uncles, etc.). The Positive Experiences category accounted for half of the data in this domain, with most participants reporting that the most positive experiences were characterized by acceptance, respect and understanding. Three participants mentioned the use of correct name and pronouns, and Participant No. 1 said that 'in the beginning we had to explain everything, but now they call them by their name'. Participant No. 8 highlighted as a positive experience with extended family members '[when] they congratulate us on the way we handled the situation, or the respect we have for our child and the whole situation'. Two participants did not mention any positive experiences and two others pointed out the behavioural changes of family members in the household itself as positive. Regarding main challenges, three participants did not mention any, and two indicated the moment they informed family members. Two challenges were commonly mentioned by participants: family acceptance, including parents, grandparents and aunts/uncles; and the refusal and lack of effort by relatives to use the correct name and pronouns. Participant No. 6 said that:

> with my children – one of them […] at the time he told me not to bother because 'it was trendy to be trans and that would change'. I didn't really believe it, but I listened to him and I'm convinced that he […] still has that idea […] none of them has accepted them for who they are. That's a bit complicated.

Globally, results regarding experiences within the extended family domain are consistent with the idea of the transition process as involving all elements of the family, where each member has their own importance and role in contributing to healthier and quality relationships, interactions and cooperation (Dierckx et al. 2016).

Experiences within the education system

The domain Educational System refers to participants' perceptions of experiences of their trans or gender diverse relative within schools and educational practices, and contains 37 units of analysis, which represented 9.6 per cent of the total data analysed. This domain included two categories: positive experiences (n = 18 units) and main challenges (n = 19 units). Four participants did not mention positive experiences, specifically in schools. Participants who referred to positive experiences highlighted: the role of teachers, both in high school and college education ('the teachers who speak openly about it' [P11] and 'we spoke with the teachers, they

also had the reaction of congratulating us for being like this, for accepting well, for helping, for not creating problems […] also themselves, within this line of acceptance, of helping' [P8]); the integration within school, with Participant No. 9 pointing out that 'the school has given support to the trans community […], they are all well integrated […] and they do not marginalize each other'; the use of the chosen name and pronouns; and the comfort and well-being of their trans and gender diverse relative in the school community. Regarding main challenges, while some participants reinforced the role of teachers as positive, others highlighted their rejection of trans issues and the fear of addressing the issue in the school environment, with Participant No. 11 saying 'some teachers talk about it as if it were something less positive and even some colleagues; it's a bit of an aversion to the issue'. Some participants mentioned discrimination as a challenge in the educational system: 'people who ended up being a bit mean and treating them badly because they got into the boys' bathroom and they were not supposed to because they had not yet had the surgery' (P1) and 'they had already been bullied […] because they were different. And even their generation is not […] there is still a lot of prejudice and, therefore, […] they were mistreated' (P7). Finally, a challenge was identified regarding the professionals who accompany several young people in school, as is the case of Participant No. 2, stating that 'the child goes to school and in school they are not accompanied by accredited people either, who can make an assessment in this sense'.

Thus, results in this category reinforce the importance of the educational domain, including the role of teachers, school integration, peer acceptance and the use of correct names and pronouns in the school environment. In fact, school remains one of the contexts in which verbal and physical abuse towards trans and gender diverse youth is most prevalent (Katz-Wise et al. 2018; Klemmer et al. 2019; Stieglitz 2010).

Experiences with the health system

The domain Health System gathered 40 units of analysis, representing 10.4 per cent of all information collected. Positive experiences (*n* = 11 units) and main challenges (*n* = 29 units) were analysed. Nine participants identified positive experiences within the health care system, which were essentially linked to the positive experiences during clinical appointments and the health care provided by expert health professionals. Other experiences concerning access to health care were mentioned, such as: 'they provided a reference for a colleague in Porto, so that we could go there; there was a part of the process that was faster and [the health professional] gave a boost for that' (P9), and 'it was surprising how quickly certain things were done, the issue of starting hormone treatment, the matter of gender change' (P7).

Main challenges were described, on the one hand, in a global way concerning health care in Portugal, and on the other, in a comparative way between the public and private health systems. Thus, respectively, it was noted that:

> there are some hospitals that are very […] against it […] [the young trans person] has colleagues who have already been there and even said not to go. It is complicated […] because if the professionals themselves do not accept it, how can they treat a person or help a person. P11)

> the medical population itself is not very sensitive about this. (P2)

> I think that the health services could be a little better in this aspect. (P9)

> In a need for hospitalisation, knowing that there is a clear separation between men and women in the services, what is it like with X? […] It scares me a lot because I don't know what it is like, if there is a need, it could even be appendicitis. (P3)

Concerning the comparative narratives between the public and private health system, it was mentioned that:

> The problem is the amount of time they have to wait and that it causes despair for those who are in such a situation of gender transformation. (P8)

> It is very complicated for those who cannot do this in the private sector; in the public system it would take longer. (P7)

> The public part does not give that support so quickly in this aspect. (P9)

> In terms of the national health service, in these areas it leaves a lot to be desired. (P5)

> It turns out to be a bit complicated because they have to: look for the right doctor, combine public or private, then there are private ones where you make everything much easier, but it is much more expensive […] there are hospitals which could even be good and public, but then there are professionals who are very […] adverse to this and treat people quite badly. (P11)

> All these [the treatments] are very expensive. (P6)

> We have resorted to the private, because otherwise it would be very distressing. (P8)

Hence, results are consistent with previous barriers and challenges identified in the access to high-quality and trans-affirmative health care in Portugal (Pinto and Moleiro 2012, 2015; Moleiro et al. 2016): non-acceptance and discrimination by health professionals; lack of support for young trans and gender diverse people and their families; gender and sexual binarism imposed on healthcare services and the need to resort to private health care services and professionals.

Perceptions of the societal and legal systems

The last domain, Macrosystem (n = 110 units; 28.5 per cent), includes two categories: evaluation of the legal framework of gender issues (n = 39 units) and suggestions and implications (n = 71 units). The first category included three sub-categories: perceptions of the legal framework (n = 18 units), benefits (n = 13 units) and difficulties (n = 8 units). Most participants qualified the Portuguese legal framework as positive, including the right to change the given name and legal sex in the civil registry without any medical requirement, as easier and faster. Participant No. 8 explained:

> this tranquility that we have here at home […] following this whole situation and this experience that we are going through, depends a lot on things already being in the degree of evolution that they are in. We still have to evolve, of course, but what surrounds us is not bad.

It was also emphasized by Participant No. 3 that: 'in terms of laws, those who have to implement them have done it already. The big problem will be the civil society; in the acceptance or not, and the stigma they create'.

The sub-category 'benefits' included positive aspects, essentially on Decree Law 38/2018. Thus, it was characterized as beneficial 'to change documentation without barriers' (P3), 'the credibility that trans people may have that they didn't have' (P7) and 'laws come to help a lot, to facilitate a lot, and that respect for the differences that each one can be what they want' (P8). In sum, concerning the macrosystem domain, for the most part, participants evaluated the current (recent) legal framework on LGR in Portugal as positive. The results suggest more benefits from the legal framework than difficulties, referring, in particular, to the increased ease and speed in LGR procedures.

Regarding suggestions and implications, the data analysed was part of three sub-categories: measures and support (*n* = 22 units); recommendations for other households (*n* = 27 units) and recommendations for other social stakeholders (*n* = 22 units). In the first sub-category, most participants mentioned measures such us: psychological support to young trans and gender diverse people and their parents ('I think they are a little bit thrown […] without having any support, it is basically the research that each one does […] and in this case I think they should be more accompanied' [P2]); increasing the dissemination of trans issues, including in 'the media itself, speaking about this in a more open way' (P8). There was also an emphasis on medical and psychological appointments, as well as in the waiting times between appointments and medical treatments. Recommendations for other families were varied and included the following examples:

> [t]here are, I think, no recipes to accompany a process of this nature. Each case is a case, each individual has their own characteristics; what is absolutely necessary is that whoever decides to enter into this process does not feel isolated, abandoned by those they love the most. (P5)

> I would very much like to say not to value the fact of the sex of your child; this is really a detail and no longer counts for anything […]. Don't feel bad, don't feel ashamed. What is important is the person who is there. (P8)

> Give all possible and impossible support to the person […] we have to look forward and give all possible support so that we continue to be a family. (P9)

Finally, regarding recommendations for other social stakeholders, almost half of participants referred to behaviour towards trans and gender diverse youth and their families, openness and clarity in communication, acceptance and greater investment in the research of these topics:

> [a]ll those who work with families, because I know that some accept and others do not, so this should be studied and disseminated in such a way that for society it is normalised […]. This exclusion must cease to exist, but, for this, there must be a very great awareness in society. (P6)

Several participants referred to recommendations related to schools:

> [s]chools are very important to help in acceptance […]. I think that there should be a psychologist in school willing to help if they have any doubts. I think that's important and, above all else, call [the person] by their desired name. (P1)

Or,

> Having a team of professionals and trying to have sessions with the students and their parents, so that the path would be easier for everyone. (P9)

Others highlighted the role of mental and physical health:

> I think we should rethink a little more about education from an early age, because basically children are obliged to follow a certain direction […] I think we should be a little more […] it's not permissive, it's […] maybe it's even, in terms of the child's freedom of expression. (P2)

> Throughout this process I have been made aware that one of the highest suicide rates is in these young people because this will probably only happen if they have no support. There has to be a very, very close cooperation with these young people. (P4)

Limitations and future directions

This study had an exploratory and descriptive design, using a convenience sample of family members who provided informed consent, voluntarily wanted to address and report their experiences, and hence were already somehow willing to support their trans and gender diverse young family member. Furthermore, the size and homogeneity of the sample at the racial/ethnic, religious, cis-normative and sexual orientation levels should be recognized as a limitation, and a wider diversity in these aspects could contribute to a greater representation of experiences and challenges. Finally, while recognizing the holistic and wide application of the ecologic systems theory framework, its shortcomings are also recognized (e.g. difficult to test empirically, less adequate to explore non-binary subjectivities or post-identity experiences), distinct theoretical models could be useful in the study on the experiences of families of trans and gender diverse youth, namely feminist and queer theory. Nevertheless, by theoretically integrating Bronfenbrenner's bioecological model into the current methodology, it became possible to highlight the influence and bidirectionality of the interaction of all ecological systems of the model through the transversality of the experiences and challenges mentioned by the participants (Bronfenbrenner 1977; Bronfenbrenner and Morris 1998; Martins and Szymanski 2004).

Conclusions

This study focused on the experiences of families of trans and gender diverse youth, with the aim of understanding and documenting the experiences, considerations and challenges that parents, siblings and other relatives of young trans and gender diverse people encounter within the current Portuguese context. In line with ecological systems theory (Bronfenbrenner 1977; Martins and Szymanski 2004), the specific aims of this study included describing the perspectives of parents, siblings and other relatives of young trans and gender diverse people on their (inter)familiar roles and relationships, including the coming-out processes; understanding the resulting relationship of the nuclear family with the extended family, the educational system and health services and acknowledging the challenges and experiences regarding the social and legal framework of trans issues in Portugal. The results showed there were common experiences among domains and the various ecological systems. Furthermore, the most frequent content

referred to difficulties, fears and doubts regarding health care, concern about the future of their own children and youth, mainly due to social stigma, and adaptation to the use of different names and pronouns, including in families and schools. Experiences of support, both at the family level and in other areas, were also highlighted.

The study also allowed for the identification of positive experiences and best practices, furthering the discussion on moving from the 'loss' narrative (Bull and D'Arrigo-Patrick 2018) to addressing the richness and diverse experiences of trans and gender diverse youth/people and their families. The results of this study support the need for mainstream dissemination of current and affirmative information on gender identity and trans issues, particularly within families and the educational and health systems. Importantly, mental health promotion and psychological and social support for young trans and gender diverse people and simultaneously for their family member should be widely available. Finally, public policies which aim to provide better health care provision to trans and gender diversity youths in Portugal and safer school environments are needed, including training for health care practitioners, teachers and other relevant stakeholders.

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