Coping strategies and minority stress in transgender and gender nonconforming people (TGNC): A systematic review with particular attention to Ibero- and Latin-American research

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*[5]Universidad de Talca, Chile*

This systematic review examines and summarizes the empirical literature on coping strategies (CS) used by transgender and gender nonconforming (TGNC) people when facing minority stress, with special interest in Ibero and Latin-American research. PRISMA-P criteria were used with searches across Web of Science, Scopus, Academic Search Complete, PsycInfo and Scielo databases. Cross-sectional and longitudinal, quantitative, qualitative and mixed studies published in English, French, Spanish or Portuguese were considered. Nineteen papers including only adolescent, young and/or adult TGNC participants were finally selected. The findings reveal a prevalence of qualitative research, with almost no presence of Iberian or Latin American studies. The application of the minority stress model underscores the unique impact of gender-related stressors on TGNC individuals' mental health. Moreover, CS vary across stages of the gender-affirmation process and encompass both avoidance and adaptive approaches. Social support emerges as a prominent coping strategy. This review offers insights into the CS of TGNC individuals and underscores the importance of addressing their specific mental health. Considering the cultural determination of CS, the limited presence of Iberian or Latin American studies raises doubts about the generalization of these findings to these populations.
Keywords: coping strategies, systematic review, minority stress model, TGNC.

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Estrategias de afrontamiento y estrés de minoría en personas transgénero y de género no conforme (TGNC): Una revisión sistemática con especial atención a la investigación iberoamericana y latinoamericana

Esta revisión sistemática examina y compendia la literatura empírica sobre estrategias de afrontamiento (EA) empleadas por personas transgénero y género no conformes (TGNC, por su sigla en inglés) frente al estrés de minorías, con especial interés en la investigación ibero y latinoamericana. Empleando los criterios PRISMA-P, se efectuaron búsquedas en las bases de datos Web of Science, Scopus, Academic Search Complete, PsycInfo y Scielo. Se consideraron estudios transversales y longitudinales, cuantitativos, cualitativos y mixtos, publicados en inglés, francés, español o portugués. Se seleccionaron diecinueve artículos que incluían participantes adolescentes, jóvenes y/o adultos TGNC. Los hallazgos revelan una prevalencia de investigación cualitativa, con una presencia casi nula de estudios ibero o latinoamericanos. La aplicación del modelo de estrés minoritario subraya el impacto único de los estresores asociados al género en la salud mental de las personas TGNC. Además, las EA varían según las etapas del proceso de afirmación de género y abarcan tanto aproximaciones evitativas como adaptativas. El apoyo social se perfila como una EA relevante. Esta revisión revela particularidades sobre la CS usadas por las personas TGNC y subraya la importancia de abordar su salud mental específica. Considerando la determinación cultural de la CS, la escasa presencia de estudios ibero o latinoamericanos plantea dudas acerca de la generalización de estos hallazgos a estas poblaciones.
Palabras clave: estrategias de afrontamiento, revisión sistemática, modelo de estrés de minorías, TGNC.

Estratégias de coping e stress minoritário em pessoas transgénero e não conformes ao género (TGNC): Uma revisão sistemática com enfoque na investigação ibero-americana e latino-americana

Esta revisão sistemática examina e resume a literatura empírica sobre estratégias de coping ou CS ("coping strategies") utilizadas por indivíduos transgêneros e não-conformes de gênero (TGNC, "transgender and gender nonconforming") para lidar com o estresse de minorias, com foco especial em pesquisas ibero-americanas e latino-americanas. Utilizando os critérios PRISMA-P, as buscas foram realizadas nas bases de dados Web of Science, Scopus, Academic Search Complete, PsycInfo e Scielo. Foram considerados estudos transversais e longitudinais, quantitativos, qualitativos e mistos, publicados em inglês, francês, espanhol ou português. Foram selecionados 19 artigos que incluíam participantes adolescentes, jovens e/ou adultos TGNC. Os resultados revelam uma prevalência de pesquisas qualitativas, com quase nenhum estudo ibero-americano ou latino-americano. A aplicação do modelo de estresse de minorias destaca o impacto singular dos fatores de estresse associados ao gênero na saúde mental de indivíduos TGNC. Além disso, as estratégias de enfrentamento variam de acordo com os estágios do processo de afirmação de gênero e abrangem abordagens tanto de evitação quanto adaptativas. O apoio social surge como uma estratégia de enfrentamento relevante. Esta revisão revela especificidades quanto às CS utilizadas por indivíduos TGNC e ressalta a importância de abordar sua saúde mental específica. Considerando a determinação cultural das CS, a presença limitada de estudos ibero-americanos ou latino-americanos levanta dúvidas sobre a generalização desses achados para essas populações.
Palavras-chave: estratégias de coping, revisão sistemática, modelo de estresse minoritário, TGNC.

Recently, great interest has arisen in western societies for studying the impact of stigma, prejudice, and discrimination on the mental health of transgender and gender nonconforming (TGNC) persons (Cárdenas et al., 2021). This social rejection is especially destructive in Latin America: Mexico has the second highest transgender murder rate in the world, after Brazil (Cuellar, 2023, October 26). This situation arises from the ongoing challenges in achieving social and legal recognition for TGNC individuals, whose acceptance remains more difficult compared to that of gay, lesbian, and bisexual people (ILGA, 2019). TGNC´s exposure to different forms of non-acceptance results in an important undermining of their physical and mental health (Valentine & Shipherd, 2018) including anxiety, depression, suicide, and substance abuse, among other consequences (Barrientos et al., 2019a; 2019b). For example, a recent meta-analysis indicates that reactions to social rejection, i.e., expectations of rejection, internalized transphobia, and gender identity concealment, are significantly associated with increased depression, suicidal ideation, and suicide attempts (Pellicane & Ciesla, 2022). This study focuses on the ways in which TGNC people handle the stress generated by this social rejection.

Research has been mainly focused not only on examining the different forms of social rejection that TGNC individuals face but, also, on how they react to that rejection (Budge et al., 2017). Their responses make up the so-called coping strategies (CS). According to Lazarus and Folkman (1984), coping represents the intentional efforts individuals make to manage stress and reduce distress in their lives. Adopting this definition, in this systematic review we conceive CS as the proactive efforts that TGNC people deploy to handle the stress generated by the social rejection they suffer. As will be seen later, this definition has important consequences for deciding what does or does not constitute a CS. The CS included in this review are stratagems used by TGNC

people, regardless of whether they are also used by other sex-gender minorities.

To understand the relationship between social rejection and CS in a broader conceptual framework we used the Minority Stress Model (MSM; Meyer, 2003). This model poses that stigmatized group members, including TGNC, show lower levels of mental health owing to unique stressful processes (called minority stress) derived from their membership into those socially rejected groups. This stress comes from both external objective sources (distal stressors: e.g., discrimination and victimization) and internal subjective ones (proximal stressors: e.g., expected rejection and hidden gender identity). Lately, MSM was modified to particularly address TGNC identity (Testa et al., 2015). According to MSM, the way TGNC people cope minority stress moderates the relationship between stressors and deteriorated health. In this way, while efficient (adaptative) coping approaches weaken the relationship between stressors and health, inefficient (maladaptive) ones may keep or increase it. This crucial moderating role highlights the urgent need for identifying the CS that TGNC individuals deploy as an intentional effort to manage minority stress. Adaptative coping aims to directly mitigate the stress source, while maladaptive coping tries to avoid the stress source (Folkman & Lazarus, 1985).

Literature has described a great variety of CS used by TGNC. They include, for example, self-affirmation, avoidance, substance consumption, emotional regulation, search for gratification, cognitive reframe, social-relational strategies, disengagement, preventative-preparative coping, disclosure, religious, resource access coping, and political empowerment (Abreu et al., 2021; Mizock & Mueser, 2014; Sherman et al., 2022).

Within the TGNC population, CS vary according to the nature of the stressors, either distal or proximal (Mizock & Mueser, 2014). For example, individuals tend to reveal or conceal their gender identity, a typical CS to deal with proximal stressors. Also, they tend to resort to various services and information when coping with gender-based rejection, a usual strategy when responding to distal stressors.

Likewise, research indicates that the CS change throughout the TGNC gender identity-affirmation process. For example, Budge et al. (2013b) found that the more a person perceives progress in that process, the greater the use of avoidance CS and, at the same time, the higher the levels of depression and anxiety observed.

Lastly, systematic reviews of studies focused on TGNC coping strategies (Loeb et al., 2021; McCann & Brown, 2019; Scott & Cornelius-White, 2022; Smith et al., 2022; Tebbe & Budge, 2022; Tyni et al., 2024; Xu & Roegman, 2023) revealed at least four main conceptual and/or methodological limitations. First, some of them include studies on TGNC persons along with members of other groups such as gays, lesbians, and bisexuals, without disaggregating analyses according to membership in these groups. This limitation, also noted by Barrientos et al. (2023) and Cárdenas et al. (2021), prevents differentiation of the CS used by TGNC individuals.

Second, some reviews lack explicit conceptual and operational definitions of the coping concept utilized, generating several consequences that make it difficult to clearly understand conclusions. Sometimes, conceptually different processes, such as resilience (Wu et al., 2020), are incorrectly considered as coping. The same happens with stress-related responses that do not clearly constitute intentional efforts, in the sense of the Lazarus and Folkman (1984) definition that we adopt. For example, the mere emotional experience of stressor-related anxiety without proactive attempts to manage stress is insufficient to constitute a CS. Neither is this crucial intentionality necessarily observed in social support (e.g., social network size, or the connection with TGNC communities) unless it is demonstrated that these resources are actively sought, obtained, and preserved by the TGNC themselves. Furthermore, maladjusted behaviors (e.g., substance use, suicide attempts or self-injuries) that the literature usually treats as indicators of the minority stress impact on TGNC mental health are often also considered as dysfunctional CS (Reisner et al., 2015). Illustrating this last approach, a recent systematic review concluded that defective individual coping was associated with a greater likelihood of suicide

attempts (Gosling et al., 2022). Therefore, the role of these maladjusted behaviors as moderators of the causal stressor-health link proposed by the MSM or just as indicators of deteriorated mental health is unclear (Barrientos et al., 2023).

Third, it is not always explicit that the reported CS being specifically used for managing minority stress, leaving the doubt that they could be part of the general stress coping experienced by everyone, regardless of sex and/or gender. In this same sense, social support or maladjusted behaviors mentioned above may lack a demonstrated contingent connection with minority stress experiences and, therefore, it would be more reasonable not to consider them as coping strategies.

Fourth, the reviews have been mainly explicitly focused on searching for and analyzing English-language publications. This decision, by omitting publications in other languages, most likely excludes studies in non-English-speaking TGNC populations, restricting the generalizability of their results.

This systematic review aims to analyze and summarize literature exploring the coping strategies used by adolescent, young or adult TGNC (including elderly people). Seeking to overcome the aforementioned limitations and adopting the notion of coping proposed by Lazarus and Folkman (1984), CS are here defined as the intentional deployment of specific cognitive and/or behavioral responses directed at eliminating, reducing or tolerating minority stress.

Although this review includes studies conducted in populations of any nationality, particular attention was paid to Ibero- and Latin-American research. Lazarus and Folkman (1984) proposed that culture (values, beliefs and norms shared in a social group) affects the perception and evaluation that a person has of stressors and that, consequently, these cultural elements will limit both the available CS options and their selection when facing stress (Aldwin, 2007). Supporting this proposition, research has coincided in revealing extensive cultural variation in the use of CS (e.g., see Han, Lee, Ohtsubo, & Masuda, 2022, for a recent study).

On the other hand, it has also been found that certain cultural dimensions seem to explain the differential use of CS across groups. In individualistic cultures (those that emphasize personal independence and self-reliance), CS tend to focus on the problem itself and involve solitary decisions and actions, whereas in collectivistic cultures (those that privilege interdependence, harmony, and cohesion within the group), CS usually include family support, respect for authority figures, intracultural coping, relational universality, forbearance, social activity, and fatalism (Yeh, Arora, & Wu, 2006). Since Ibero- and Latin-American nations have been described as collectivists (Hofstede, 2001), it is relevant for this review to verify, in these nations, whether the SC that TGNC people use when facing minority stress is consistent with this cultural orientation. Furthermore, this review contributes to strengthening research on populations in the region, where it is still relatively scarce and has been focused from a biomedical rather than psychosocial perspective (Barrientos et al., 2024; Chaparro et al., 2023).

Method

Literature search strategy

This systematic review followed PRISMA-P criteria (Shamseer et al., 2015) and PRISMA guidance (Page et al., 2021), both adapted to social sciences, for designing a search protocol. Also, the components of the PICOS model (Amir-Behghadami, & Janati, 2020), when applicable, were used as the reference framework to formulate eligibility criteria.

Electronic literature searches were performed using WoS, Scopus, EBSCO, PsycInfo, and Scielo databases including publications up to 2022. Through an iterative process of search and refinement, a number of keywords and Boolean operators was used to identify studies: (LGBT* OR TGNC OR transgender OR "non-binary" OR

"non-conforming gender" OR "dissident gender" OR transvestite OR trans OR transsexual OR "Gender Identity" OR "Sexual Minority" OR "Gender Minority") AND (coping OR cope OR "emotional regulation" OR "emotional suppression" OR "cognitive reappraisal" OR resilience OR posttraumatic) AND (stigma OR rejection OR discrimination OR prejudice OR bullying OR violence OR transphobia OR Aggression).

Study selection criteria

Type of studies

Publications found in databases were published in scientific journals, submitted to peer review, and written in English, Spanish, Portuguese or French. Cross-sectional and longitudinal, qualitative and mixed studies were considered. Other types of records -such as book chapters, books, essays, theses, and presentations- were excluded, along with case studies and traditional and systematic literature reviews.

Type of participants

Papers were considered eligible if the sample consisted only of adolescent, young and/or adult (including elderly) TGNC participants. Publications including samples from other populations such as gays, lesbians, or bisexuals were discarded if the TGNC group in the sample was not independently analyzed. If the TGNC group was separately examined, this review included the results referring only to this group.

Coping strategy definition

Eligible studies were those that clearly conceived the CS according to the definition adopted in this systematic review, presented above. Hence, studies considering CS not contingently associated with minority stress were excluded, along with those not fitting other aspects of the definition, i.e., studies considering resilience or similar concepts, emotions, and substance abuse as CS.

Review Methods

Identified records were exported to Rayyan on-line reference manager, particularly designed for collaborative systematic reviews. First, the title and abstracts of non-duplicated publications were independently screened for relevance to the selection criteria by two pairs of reviewers. Next, the full article was independently appraised by four reviewers when the title and/or abstract met the criteria. Discrepancies were resolved by consensus. In parallel, to minimize publication and coverage bias, the references of the full papers were examined for publications that, although they met the eligibility criteria, did not appear in the reviewed databases or belonged to the grey literature. No papers were found by these informal methods.

Data items

Key information about each study was extracted, including the year of publication, the country where the study was conducted, and the age, sex, and gender of the participants. Additionally, from quantitative studies, the measuring tools and their psychometric properties were recorded; from qualitative studies the method and the identified CS along with related variables were recorded. Particular attention was devoted to studies with participants from Ibero- or Latin-American countries.

Bias Risk Assessment

The methodological quality and bias risk of each selected study were assessed by two independent reviewers using the MMAT (Mixed Methods Appraisal Tool), version 2018 (Hong et al., 2018), a devise designed for the critical assessment of quantitative, qualitative, and mixed studies. Again, the discrepancies were resolved by consensus.

Synthesis Approach

Convergent integrated approach was used to synthetize findings from quantitative, qualitative and mixed method studies (Stern et al., 2020). Quantitative and qualitative data were thematically synthetized by two reviewers, after creating and comparing codes for themes and subthemes and grouping similar codes into broad categories.

Ethical Considerations

Because literature reviews examine publicly accessible data rather than collecting primary data from animal or human participants, an ethical approval from an Institutional Review Board was not required.

Results

Studies selection

A total of 3,142 references were primary collected from the five databases. After eliminating those unrelated to the review objective, duplications, and documents different from scientific papers, 1,662 records remained for the next phase. Once the abstracts were assessed for eligibility criteria, 71 papers were retained. All these papers were then retrieved in their full version. Finally, after assessing the eligibility criteria and their methodological quality in the full articles, 19 papers were selected. In this last phase, none of these studies included participants from the Ibero- and Latin-American countries. Among the 52 studies finally excluded, one study conducted on the Brazilian population, although it met these criteria, it lacked sufficient methodological quality. The selection process is shown in a PRISMA flow diagram (Figure 1).
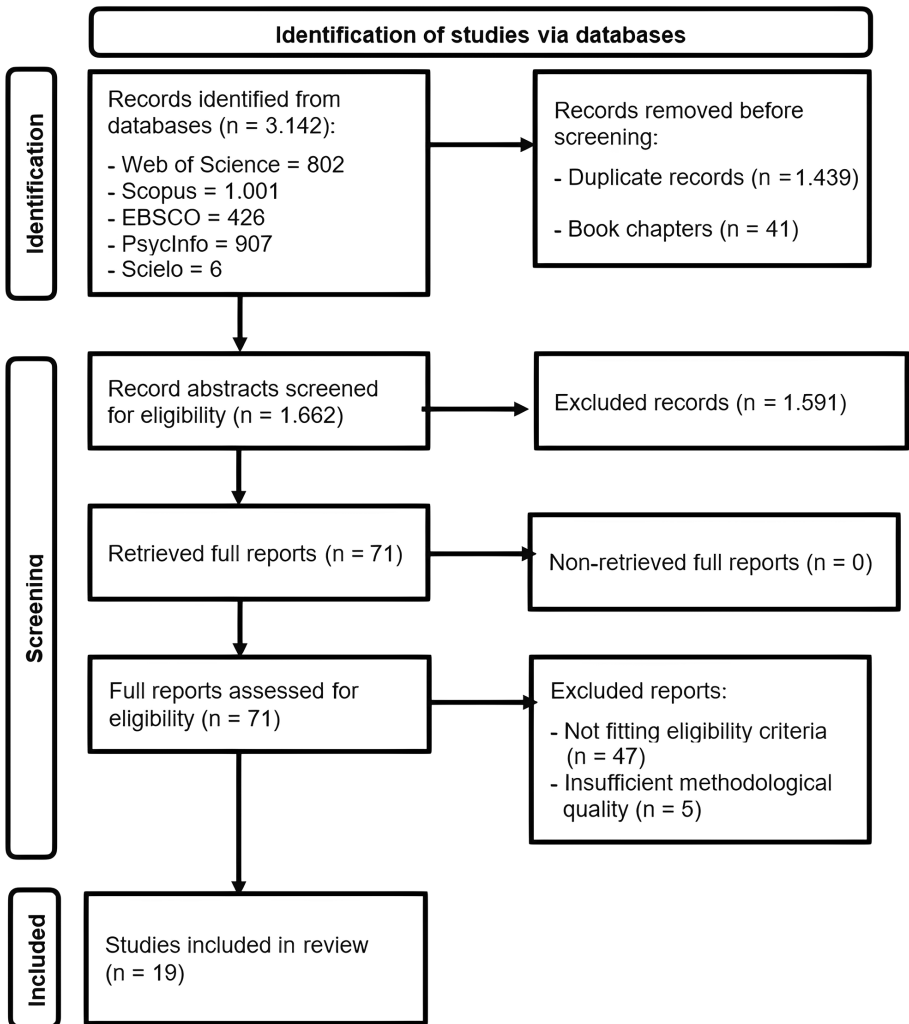
Figure 1. Prisma flow diagram

Nota. Diagram based on Page et al. (2020).

Studies Characteristics

Selected studies mainly adopted qualitative approach (n = 13). Six employed a quantitative perspective and not one used a mixed methodology (Tables 1 and 2). The TNGN samples were also nominated as transgender (n = 9), transmen or transwomen (n = 10) and/or transsexual (n = 5). In six studies, other identities or roles were also mentioned: two referred to sex workers, two to black people, one to Latinx immigrants, and one to active-duty service member in the U.S. Military.

In studies where the participants' age range was reported, the minimum age ranged between 20 and 25, except for the work of Puckett et al. (2020) that also included adolescent participants (age range 16 - 73). The maximum participant age ranged from 40 to 77 years, except for the study by Trujillo et al. (2017), limited to a young population (age range = 23 - 26).

Most studies were generated in North America (n = 15). Three were conducted in Asia and one in Europe. When considering countries most of the studies were conducted in USA (n = 15) and a few in other countries: Finland (n = 1), China (n = 2), and India (n =1). The absence of studies in other European and Asian countries, as well as in Africa, Oceania and in the Ibero- and Latin-América areas, is notorious.

The first paper was published in 2009 (Sánchez & Vilain, 2009). From 2017 onwards, a slight increase in productivity is observed, with 2020 being the year with the highest production, with five publications. There was a total of 89 authors, although most of them only made one contribution (n = 80, 90%); the other authors (n = 9, 10%) did not exceed two contributions. Consequently, no consolidated research team was identified.

Table 1

Qualitative studies' characteristics

Author Year	Sample (N, participants, Age, Country)	Data collection techniques	Coping Strategies	Context and situations where the strategies are used	Results
Tsang (2020).	N = 25 transgender sex workers, 23 to 48 years old. China.	Semi structured interviews.	Seek social support with their "sisters" (informal networks) for counseling and emotional support.	Intimate partner violence.	The research identifies the importance of sisterhood. Also, how it protects and helps TGNC people to cope with their physical and mental health.
Abreu et al. (2021).	N = 15 Immigrant Latinx transgender identified their gender identity as women transgender male transsexual, queer, shemale, and female 23 to 69 years old. USA.	Semi structured interviews.	Pride and identity assertion, optimism, hope; engagement with religion or spirituality; engaging with a community of similar others and avoiding discussions of politics or spaces perceived as harmful.	Immigrant Latinx transgender impacted by Trump's administration.	The study identifies seven themes related to experiences of oppression: (a) perceived increase in societal discrimination and violence, (b) perception of law enforcement surveillance, discrimination, and violence, (c) mental health toll, (d) decreased access to resources and opportunities, (e) perception of Trump's uninformed, hostile, and aggressive behavior, (f) rollback of discrimination protection, and (g) passing and conforming to norms. Also, five themes about participants' sources of coping and strength in reply to the political climate: (a) pride and resilience, (b) hope for a better future, (c) religion and spirituality, (d) family and community support, and (d) short-term avoidance as a form of resistance.
Budge et al. (2010).	N = 18 MTF transsexuals, FTM transsexuals, female-bodied (biologically female), gender queer, male cross-dresser 20 to 67 years old. USA.	Semi structured interviews.	Pretransition: do not disclose their transgender status. During the transition: reframing the situation and seeking social support. Post transition: stay true to themselves and consider themselves fortunate for the experiences they have had during the transition.	Work experiences of individuals who have started transitioning from their biological sex to a different gender expression.	The study shows two work experience models: (a) the process of gender affirmation at work, with five major themes, and (b) the career decision-making process, with six major themes. Also, the first model included a pre-affirmation phase, during the affirmation phase, and post-affirmation phase.
Budge et al., (2013b).	N = 18, male-to-female transsexuals (MTF), female-to-male transsexuals (FTM), gender-queer individuals, and (biologically) male cross-dresser 20 to 67 years old. USA.	Semi structured interviews.	Avoidant strategies: a) Cognitive strategies: denial of identity, negative metaphors, deal with it b) Behavioral strategies: hiding, getting away. Facilitative strategies: a) Cognitive coping strategies: self-sufficiency, spirituality, responsibility to others, positive metaphors, positive reframing, true to self, letting go and importance of support, seeking social support, seeking professional support, acting "as if, engaging in hobbies, using humor, activism, education of others, helping other.	Emotional experiences of transgender individuals during the transition process.	The study developed a model to describe the role of coping mechanisms and support experienced throughout the gender affirmation process. Also, it describes three phases: (a) pre-affirmation, (b) during the affirmation, and (c) post-affirmation.

Author Year	Sample (N, participants, Age, Country)	Data collection techniques	Coping Strategies	Context and situations where the strategies are used	Results
Gorman et al. (2022).	N = 30 Woman, trans-male/trans-man (FTM), trans-fe-male/trans-woman (MTF), gender queer, male/man, gender fluid, mas-culine of center, transboy, yin male, transsexual 25 to 40 years old USA	Semi structured interviews.	Coping with gender-related stress: eva-luate context before revealing identity; avoidance of gendered contexts; down-play gender identity; disengage from hurtful experiences; engage in gender stereotyped behavior and supporting others with similar identities.	Gender-related stress experienced.	The research shows that parti-cipants underscored the strain of having to educate cisgender friends, family, and health care providers about their experiences. Also, they use strategic avoi-dance or modulate their gender presentation to manage gender-related stress.
Mizock et al. (2017).	N =45 Trans women, trans men, and genderqueer or gender-fluid participants 21 to 71 years old. USA.	Semi structured interviews.	Gender-presentation strategies; gender detachment; relationship navigating va-rious interpersonal strategies; resource utilization strategies; job-performance strategies; maladaptive strategies; struc-tural strategies and power-acquisition strategies.	Gender-related stigma in the workplace.	The study identifies eight coping-strategies: gender-presentation strategies, gender detachment, relationship navigating, resource utilization, job performance strategies, maladaptive coping strategies, structural strategies, and power-acquisition strategies.
Mizock & Mueser (2014).	N = 100 Trans women or male-to-female ([MTF], trans men or female-to-male ([FTM], gender queer or gender fluid, undecided 21 to 50 years old. USA.	Semi structured interviews.	Gender-normative coping; self-affir-mative coping; emotional-regulation coping and, cognitive-reframe coping. Seek Social-relational coping; preventa-tive-preparative coping; disengagement coping. Resource-access coping; spiritual, religious coping and, political-em-powerment coping.	Transgender individuals with mental health problems and transphobia.	The research indicated that par-ticipants reported higher levels of stigma. Also, the research identifies coping strategies that TGNC individuals use to cope with transphobia. These strategies were categorized into individual, interpersonal and systemic factors.
Lampe et al. (2020).	N = 40 Trans-feminine/ woman, transmas-culine/man, transfeminine/ nonbinary, nonbinary, and transmasculine/ nonbinary 21 to 50 years old. USA.	Semi structured interviews.	Coping strategies: exit strategies in case a situation starts to feel unsafe or if harassment occurs; move quickly; standing up to harassment, law enforce-ment; avoid places or neighborhoods after an experience of discrimination; vigilance and awareness of their su-rroundings in neighborhoods; discussed the anxiety and mental energy required in preparing for and expecting stigma in certain neighborhood.	Neighborhoods and Public Spaces in New York City.	The research described spatial stigma and how this stigma is found not only in neighbor-hoods, but in transit, stores, and restaurants. Additionally, demographic compositions of neighborhoods impact individual experiences of stigma. Also, the study described how people employ coping strategies when experiencing stigma in neigh-borhoods.
Alanko et al. (2018).	N =19 Transgender identified as male, and female 21 to 62 years old. Finland.	Semi structured interviews.	Social relations (it is not clearly stated if it is an active search), experiences of having a congruent gender and body identity and meaningful leisure time. Some general coping strategies and some with elements specifically connected to transitioning to live in the desired gender.	Elements in transgender lives that helped them deal with the cha-llenges related to having a transgen-der identity.	The results indicated that TGNC people use several coping mechanisms, some general and some with elements specifically connected to gender - affirmation process to live in the desired gen-der. Also, identify three sources of support: social relations, ex-periences of having a congruent gender and body identity and meaningful leisure time.

Author Year	Sample (N, participants, Age, Country)	Data collection techniques	Coping Strategies	Context and situations where the strategies are used	Results
Rood et al. (2016).	N = 30 Transgender identified as women or as transmen 30.4 (mean) USA.	Semi structured interviews.	Avoidance or escape: when expecting rejection and experiencing intense distress. Substance use in response to the stress associated with expecting rejection. Cognitive or emotional coping strategies (ruminating on what could occur, or what had already happened in the past).	Proximal stress experiences and expecting rejection.	The research identifies four categories that emerged about expecting rejection: (1) where to expect rejection; (2) thoughts and feelings associated with expectations of rejection; (3) coping strategies used to manage the expectation of rejection; and (4) the intersection of race and ethnicity with rejection expectations.
Simons et al. (2021).	N =11 Transgender female, transgender male, man of transgender experience 24 to 48 years old. USA.	Semi structured interviews.	Behavioral coping strategies included joining sports teams, transferring schools, and running away. Coping verbally included correcting misuse of pronouns and telling bullies to stop. Coping cognitively includes using positive self-talk.	Retrospective school-age experiences during youth and adolescence.	The study identified four themes including a model of TGNC of people of color (TPOC) identity development.
Sherman et al. (2022).	N = 19 Black transgender women 24 to 60 years old. USA.	Semi structured interviews (secondary analysis of qualitative individual interview data from TransConnect).	Approach coping strategies: help-seeking, seeking guidance and support, self-protecting behavior, positive reappraisal, self-affirmation, self-care, connection to a higher power, and acceptance. Avoidant coping strategies: cognitive avoidance, substance, alcohol, and tobacco use, emotional discharge, and seeking alternative rewards.	Experience of interpersonal violent victimization.	The study describes avoidant and approach coping behaviors. Also, the research shows how participants employed similar coping behaviors as seen among cisgender women survivors of violence.
Chakrapani et al. (2022).	N =27 Trans-masculine people and Thiru Nambi (indigenous Tamil term) 25 (mean) India	Focus groups and in-depth interviews.	Certain coping strategies reported by participants, such as heavy alcohol use or smoking, ultimately affect physical health. In the presence of support from family or friends, participants in this study reported not engaging in such coping behaviors.	Family and social spaces, including educational settings and workplace.	The study describes inside family, the pressure to conform to assigned gender roles, and how participants left parental homes due to violence. Also, the research describes different types of discrimination in different contexts and its effects on mental health.

Table 2

Quantitative studies' characteristics

Author Year	Sample (N, participants, and Age, Country)	Data collection techniques	Coping Strategies	Context/ situations where the strategies are used	Results
Trujillo et al. (2017).	N = 78, Transmen, transwomen, and identified as a gender other than these two, 23 to 26 years old. USA.	Questionnaires assessing demographic characteristic, discrimination and harassment, mental health, suicidal ideation, and social support (Multidimensional Scale of Perceived Social Support).	Social support with three dimensions: family, friends, and from a significant other. It is not specified whether it is an active search; rather, the moderating role of social support is analyzed.	Psychological distress.	The study found that harassment/rejection discrimination was a unique positive predictor of mental health symptoms and suicidal ideation, with depression positively predicting suicidal ideation. Moreover, the research shows that the association between harassment/rejection discrimination and suicidal ideation was mediated by depression and, discrimination predicted suicidal ideation most strongly when participants had low social support from a significant other in comparison to moderate or high support.
Sánchez & Vilain (2009).	N = 53, Male to Female (MTF) transsexuals 21–77 years old. USA.	Demographic Questionnaire, Collective Self-Esteem Scale, Transgender Adaptation and Integration Measure, Brief Symptom Inventory–18.	Positive identification with one's social group, known as collective self-esteem.	Psychological distress.	The study found that negative feelings about the transsexual community and fears regarding the impact of a transsexual identity were positively associated to psychological distress. Also, research shows that the fear of how a transsexual identity would affect one's life was the best predictor of the severity of psychological distress.
Puckett et al. (2020).	N = 695 Transgender men or transgender women, genderqueer, non-binary, and other options 16 – 73 years old. USA.	Online survey, demographics measures; discrimination; coping with discrimination Scale; Patient Reported Outcomes Measurement Information System – Depression scale; PROMIS – Anxiety scale.	Coping approach-oriented (for example, education and advocacy) and detachment/withdraw-oriented strategies (detachment, drug and alcohol use, internalization).	Psychological distress.	The study found that most participants reported discrimination over the past year. Greater exposure to discrimination was associated with more symptoms of depression and anxiety. Also, the research found that these associations were mediated by coping via detachment and via internalization.
Romanelli et al. (2018).	N = 4190 Transgender, 37.9 (mean) USA.	Secondary data analysis of the National Transgender Discrimination Survey (NTDS). The National Center for Transgender.	Perceived Emotional Social Support, which reflected the degree to which respondents perceived that family and friends provided emotional social support (i.e., acceptance) surrounding their gender identity.	Help-seek in three health care settings—doctors' offices, emergency rooms, and mental health clinics—.	The research shows that being denied a greater number of services and discriminated against in more settings were associated with lower levels of treatment receipt. Also, that service denial was correlated with improved rates of coping-motivated substance use and elevated rates of attempted suicide. Treatment receipt mediated the relationship between service denial/discrimination and substance use. Substance use mediated the relationship between treatment receipt and attempted suicide. Finally, this study found that higher levels of support were protective to treatment receipt when denied services in one setting.

Author Year	Sample (N, participants, and Age, Country)	Data collection techniques	Coping Strategies	Context/ situations where the strategies are used	Results
She et al. (2022).	N =235, Trans-gender women sex workers 34.7 and 33.5 mean China	Questionnaire with sociodemographic measures, mental health variables, variables related to the minority stress theory, mental health service utilization, perceived barriers against MHSU, Multidimen-sional Scale of Perceived Social Support, and Adaptative coping (Chinese version of Brief COPE).	Perceived Social Support: adaptative coping inclu-des active coping, using instrumental support, using emotional support, positive reframing and acceptance.	Mental health services.	This research found that unwilling-ness to disclose minority identity and gender non - affirmation were negatively associated with mental health service utilization (MHSU). Factors for behavioral intention of MHSU involved unwillingness to disclose minority identity and social support and adaptive coping.
Schvey et al. (2020)	N = 174 trans male, Trans female, and nonbinary active-duty service members in the U.S. Military, 28.8 (mean) USA.	Online measures of stigmatizing within the military, health, psychosocial functio-ning, eating pathology, risk behaviors, and the 28-item Brief Cope adapted for the current study: participants were queried about coping "with the stress in your life due to your gender identity."	Brief Cope measured 14 types of coping: active coping, planning, instrumental social support seeking, emotio-nal social support seeking, expression of feelings, behavioral disengage-ment, distraction, blame, positive reinterpretation, humor, denial, acceptan-ce, religion, and substance use. Positive reframing was the only coping style signi-ficantly associated with better mental health.	U.S. Military.	The study found that most of the participants reported at least 1 instance of gender identity–related stigma in the military. Also, that stig-ma in the military was significantly associated with poorer overall mental health and greater depression, anxie-ty, and stress. Stigma was unrelated to self-reported physical health. Fina-lly, the research evaluates 14 different coping behaviors assessed, and only positive reframing was associated with better mental health.

Studies Contents

In addition to examining CS, studies mapped other topics: Five studies were also focused on psychological distress or mental health prob-lems (Alanko et a., 2018; Budge et al., 2013a; Mizock & Mueser, 2014; Puckett et al., 2020; Trujillo et al., 2017). Other four focused on gender-related stigma (Budge et al., 2010; Gorman et al., 2022; Mizock et al., 2017; Simons et al., 2021). Two dealt with work experiences (Budge et al., 2010; Mizock et al., 2017); and another two on health care or health access experiences (Rood et al., 2016; Schvey et al., 2020), same as with gender–affirming processes (Budge et al., 2010; Budge et al., 2013b).

One study was on military service (Chakrapani et al., 2022); another one, on government administration (Abreu et al., 2021); a third one,

on neighborhoods and public spaces (Sánchez & Vilain, 2009); a fourth one on family and social contexts, including educational settings and workplace (Tsang, 2020); a fifth one on retrospective school-age experiences during youth and adolescence (Sherman et al., 2022); a sixth one on intimate partner violence (Tsang, 2020); and a seventh one on interpersonal violent victimization (She et al., 2022).

Results

Minority stress-related CS

The MSM was explicitly used as an analytic perspective in almost all but three of the studies. However, in these, the use of MSM only could be inferred. Although the CS reports were all specific to stress due to gender bias, only three studies mentioned that CS were particularly associated with minority stress (Gorman et al., 2022; Mizock et al., 2017; Romanelli et al., 2018).

In only one paper, proximal stressors were described (Simons et al., 2021). In the other studies, CS were not identified as confronting proximal or distal stressors, although in some papers the described strategies seem to be associated with one or another type of stressor. For example, strategies such as evaluating context before revealing identity, avoidance of gendered contexts or disengage from hurtful experiences, allowed for managing distal stressors; strategies such as engaging in gender stereotyping or downplaying gender identity, were stratagems to cope with proximal stressors.

Gender-affirmation process and CS

Only two studies explicitly mention CS regarding the stages of the gender-affirmation process in which the person is (Budge et al., 2010, 2013b). Specific strategies appear to be employed at each stage. In the pre-gender affirmation phase, people do not disclose their TGNC status. During the affirmation process, people reframe the situation and seek social support. Finally, when the process is over, people stay

true to themselves and consider themselves fortunate for the experiences they have had during the process.

Types of CS used

Five studies clearly mention the classic typology that distinguishes between avoidance/ detachment/withdrawal (i.e., stratagems to distract oneself and not to think about the problem or to avoid it), and approach/ adaptive strategies (i.e., stratagems aimed at dealing with the problem) (Alanko et a., 2018; Budge et al., 2013b; Mizock & Mueser, 2014; Simons et al., 2021; She et al., 2022). In three other studies, although this typology could have been used, it was not (Abreu et al., 2021; Sánchez & Vilain, 2009; Simons et al., 2021). TGNC would tend to cope by avoiding, fleeing, moving away, or using approach or rapprochement strategies depending on the specific situation or context situations. These strategies can be behavioral or cognitive (Budge et al., 2013b; Mizock & Mueser, 2014). For example, among the behavioral CS, there were those that attempt to educate the person by exercising the prejudicial action (approach strategy), and those that referred to hiding or getting away (avoidance strategies). Among the cognitive CS, there were those that involved the use of positive metaphors, positive reframing or true to self (approach strategies), and those referring to identity denial, negative metaphor use or deal with it (avoidance strategies).

Social support

Among the most frequently mentioned strategies was social support (n = 11) (Budge et al., 2010, 2013a; Chakrapani et al., 2022; Mizock & Mueser, 2014; Romanelli et al., 2018; Rood et al., 2016; She et al., 2022; Schvey et al., .2020; Tsang, 2020; Trujillo et al., 2017; Tsang, 2020). However, only six of these studies explicitly state that this strategy involves an active search for social assistance, while the other studies only mention social support without indicating whether it constitutes an active strategy or is due to the initiative of others. The studies that specify an active search for support generally include friends, relatives or significant others as helpers (Tsang, 2020). In some cases, seeking professional support is mentioned (Budge et al., 2013a).

Discussion

The objective of this systematic review was to analyze and summarize literature examining CS employed by adolescent, young or adult TGNC people to handle minority stress. This review involved the use of a CS definition based on Lazarus and Folkman (1984) and a particular attention to Ibero- and Latin-American research.

According to this review, in general terms, we can point out that TGNC consistently experience diverse experiences of social rejection which are expressed as stigma, prejudice, or discrimination. This situation is especially noticeable in Latin America (Malta et el., 2019). Many of these experiences generate minority stress related to gender identity. It seems that there are specific experiences of social rejection and minority stress among TGNC compared with other gender/sex groups. For example, only TGNC are discriminated against for using public restrooms. In addition, unlike other gender/sex groups, TGNC suffer unique social rejection incidents due to their gender– affirmation process. This allows us to understand why the classic formulation of Meyer's MSM has been particularly adapted for TGNC populations (Testa et al., 2015), in response to criticisms that the pre-adapted model had received concerning cisheteronormativity biases (Linander et al., 2024). Cisheteronomativity is a belief system that de-naturalizes gender-diverse people´s experiences and expressions considering them as exceptions from the neutral position of the norm. Gay, lesbian or bisexual persons are not confronted with this belief system; it affects only TGNC persons. Additionally, the studies analyzed show that TGNC do not remain impassive in the face of such social rejection. On the contrary, they respond to it by using various CS which vary in their degree of activity-passivity and their effectiveness in controlling minority stress. This finding is relevant since literature indicates that TGNC people suffer more social rejection than gays and lesbians.

One of the aspects that emerged from the review carried out is the predominance of qualitative studies (n = 13), which may be related both to the emphasis on understanding the subjective experiences of individuals from an approach that allows us to deepen such experiences,

and to the difficulty of obtaining larger samples (Miner et al., 2012), as it is a population that is difficult to access. This prevalence could be also explained because this is a relatively new topic. The accumulation of qualitative evidence would allow, in the near future, the development of specific coping scales for TGNC, which are scarce, such as the Trans and Nonbinary Coping Measure (TNCM; Lindley & Budge, 2022).

The literature reviewed has a very uneven both geographic and national distribution which can be explained by at least two reasons. First, CS in TGNC people appear to be a topic that has so far failed to capture the interest of researchers, at least outside the United States. Second, the limited research in these geographic and national areas seems to suffer from low methodological quality. In our literature selection process, five studies that, although they met the inclusion criteria, were finally discarded due to their insufficient methodological value; of these, only one study came from the United States. Most of the studies reviewed were carried out in North America revealing that other regions/countries are underrepresented in this topic research. This gap raises doubts about the transcultural validity of the findings and represents a relevant line of future research. As already noted, none of the studies were made in Ibero- and Latin-American populations, a very serious situation if one considers that, in many of the countries in the region, TGNC people face high levels of violence due to their gender identity.

Furthermore, CS seem to vary depending on the stage in the gender-affirmation process (Budge et al., 2010), which makes it necessary to consider this aspect when designing interventions that support and accompany TGNC people. However, this review did not find other papers that specifically described CS as a function of gender-affirmation process stages (Budge et al., 2010, 2013a) and, therefore, more research is needed on the matter.

Regarding the type of CS used by TGNC people, this review identified diverse stratagems that complied with the particular CS definition we employed. As mentioned before, CS were conceptualized as the intentional deployment of specific cognitive and/or behavioral responses directed at eliminating, reducing or tolerating gender minority stress. Then, we used a narrower CS definition than other

studies (Lazarus & Folkman, 1984). For this reason, according to this definition, alcohol consumption or suicide attempts, for example, were not considered, in themselves, as CS, unless their intentional nature and contingent link with gender minority stress were evident. The intentional quality of coping is important because it assumes that people purposely could learn (or unlearn) strategies by themselves or with the support of others, including mental health professionals. In sum, two aspects of the CS would seem appropriate to consider for research: a) its focus should be on the specific immediate or mediate response (and not on the emotions concomitant with it or on its positive or negative outcomes); and b) the response should be contingent on gender minority stress.

The CS found in this review could be differentiated in approach/approximation and distancing/avoidance ones. Within the first category, social support was the CS most frequently mentioned. Although some studies explicitly conceived social support as a person´s active search for assistance, others did not specify whether this support was sought. Social support appears to be a crucial stratagem due to its proven mental health-protective role in both general populations (Harandi et al., 2017) and sexual/gender diversities (Frost et al., 2016). Thus, considering the difficulties TGNC may face to seek or obtain social support in hostile contexts, special attention should be given to promoting more inclusive environments.

In addition to narrowing the definition of CS to address gender minority stress, this study makes other contributions. First, this review focused solely on research that specifically examined TGNC people, independently of other sex/gender groups such as gays, lesbians or bisexuals. Studies usually mix TGNC people with these other groups (Logie et al., 2018), not allowing the identification of specific strategies TGNC people use to cope with the own TGNC minority stress. However, we are aware that establishing a restricted coping criterion, looking for specific strategies preferentially used by TGNC people, limits the scope of this review. But, at the same time, this study is relevant because it identifies only strategies explicitly deployed to

cope with gender minority stress. That is, these strategies are linked to diverse forms of social rejection motivated by their gender identities (Gorman et al., 2022), and not by other situations in which people use CS (Oorthuys et al., 2022).

This systematic review considered research published not only in English, but also in Spanish, Portuguese and French. This inclusion constitutes an important contribution to the study of TGNC populations, expanding the scope and the generalization of its findings. Hence, developing research in diverse sociocultural contexts is a promising avenue for future research. This approach can provide a deeper understanding of how cultural factors influence CS and the unique challenges faced by TGNC individuals. Our findings also highlight the need for examining the effectiveness of interventions tailored to improve CS for TGNC individuals, considering their specific circumstances in various contexts such as work, school, and clinical practice. Also, future studies should aim to capture differences in CS both at different life stages and gender identity-affirmation stages to enhance the effectiveness of available interventions. Furthermore, exploring the intersectionality of TGNC identities with other marginalized identities could offer valuable insights into the unique stressors and CS employed by these individuals.

In conclusion, this study shows the relevance of applying MSM to understand both the effect of stressors and the coping strategies that TGNC use to address them. In this way, valuable information emerges that can be useful both for the development of public policies and for clinical work with this population from a sensitive perspective to their particularities.

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