

# **Lived Experiences of Menstruation among Transgender and Gender Diverse People:**

## **Intersectional Stigma and Calls for Resistance**

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### **Authors' contribution**

**Amélie Pasmanns:** conceptualization, formal analysis, investigation, methodology, project administration, visualization, writing – original draft; **Lilith A. Whiley:** supervision, validation, writing – review & editing; **Latifa Abidi:** supervision, validation, writing – review & editing; **Sarah E. Stutterheim:** conceptualization, methodology, project administration, supervision, validation, writing – review & editing.

### **Positionality statement**

Mindful that our identities can influence our approach to science (Roberts, et al. 2020), we wish to provide the reader with information about our backgrounds. The authors have intersecting identities relating to the work reported in this article. All authors are cis-gender menstruating individuals who identify as intersectional feminists. Some are part of the LGBTQIA+ community and others are allies. All authors are passionate about addressing inequalities and injustice, hence our involvement in efforts to reduce stigma and transphobia. Overall, much of our work is driven by a desire to promote social justice and well-being.

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#### **Abstract**

Because menstruation is often framed as a feminine experience and transgender and gender diverse (TGD) people transgress cis-hegemony, TGD people navigate the complex intersection of two stigmas: menstrual stigma and transphobia. In this qualitative interview study with reflexive thematic analysis, we explored TGD people's lived experiences of menstruating in a gender diverse body, paying particular attention to how TGD experience menstruation and navigate (intersectional) stigma. Findings revealed varied levels of internalized stigma, with some participants feeling ashamed or uncomfortable, and others perceiving menstruation neutrally. Anticipated stigma, stemming from societal views linking menstruation to femininity, led to fears of misgendering and medical discrimination. Enacted stigma included negative reactions and limited access to menstrual products and suitable restroom infrastructure. Participants resisted intersectional stigma by reframing menstruation positively or neutrally, and urged for the promotion of inclusivity. Participants further recommended gender-neutral language, menstrual products and disposal bins in all restrooms, and increased representation in period advertising.

**Keywords:** transgender and gender diverse, menstruation, stigma, transphobia, resistance.

#### **Public Significance Statement**

Transgender and gender diverse people can internalize, expect, and experience negativity around menstruation but they can also resist this negativity. This study highlights how transgender and gender diverse individuals view their menstruation, and the types of stigma they face. The findings show a need for an intersectional and gender inclusive approach to menstrual stigma reduction interventions and policies. Moreover, practical solutions such as gender-neutral language and restrooms can reduce negative experiences and improve well-being.

## Introduction

In cisheteronormative patriarchal societies, female bodies are regarded as inferior to male bodies (Bigalky et al., 2024) and menstruation is framed as dirty, undesirable, and taboo, thus shaming people who menstruate for their bodily functions (Bettella et al., 2025; Bobel, 2020; Braun et al., 2025; Johnston-Robledo & Chrisler, 2020; McHugh, 2020). The experience of menstrual stigma among cisgender women is well documented and shows that women often hide their menstrual status and self-monitor for leaks or odors (Braun et al., 2025; Barrington et al., 2021; Johnston-Robledo & Chrisler, 2020; McHugh, 2020). Similarly, transgender and gender diverse people (TGD) transgress hegemonic and binary gender norms (Rydström, 2020). Research on this important topic is scarce, but Bigalky et al.'s (2024) recent scoping review identifies challenges experienced by TGD people as they navigate their identity and their menstruation. Challenges include gender dysphoria, menstruation management in precarious spaces, and open dialogue about the topic. TGD individuals who menstruate embody two marginalized identities simultaneously. This is known as intersectional stigma (Logie et al., 2024; Turan et al., 2019) and is a useful lens for understanding the lived experiences of TGD people who menstruate as their identities entail overlapping characteristics that provoke stigma in cisheteronormative societies.

Intersectionality theory posits that all systems of oppression affecting an individual interact to create unique stigma and stressors (Crenshaw, 1991). Exploring the concept of double, layered, or intersectional stigma in TGD people is especially urgent because the human rights of TGD people are currently, and globally, at risk (Flores et al., 2021), with, for example, TGD people struggling to access even restrooms (Martin and Narushima, 2024; Rydström, 2020), making menstruation in TGD individuals potentially a safety threat (Chrisler et al., 2016). Furthermore, addressing the needs of TGD people who menstruate is crucial if we are to adequately counter cis-normative hegemonic standards around menstruation and advance menstrual equity (Lane et al., 2021). It is additionally important in endeavors to co-create inclusive ways of reducing menstrual stigma (Frank & Dellaria, 2020; Rydström, 2020).

With this in mind, based on interviews we set out to explore TGD people's lived experiences

of menstruating in a gender diverse body in Germany, the Netherlands, and Ireland. The central research question guiding our study was *how do TGD people experience menstruation and navigate (intersectional) stigma?*

### **Intersectional Stigma: Transphobia and Menstrual Stigma**

According to Goffman (1963), stigma is an attribute that is deeply discrediting, resulting in a spoiled identity. Goffman (1963) outlines three types of stigma, namely those of the body (visible physical characteristics), those of the character (behavior and traits), and social markers (social group membership). More recently, Pescosolido and Martin (2015) defined stigmatization as a socially constructed process whereby a person is labelled as different and subsequently devalued. This can occur across socioecological levels thus in interpersonal interactions, community and institutional contexts, and, more broadly, in society (Stutterheim & Ratcliffe, 2021). Stigmatization does not occur in isolation. It requires the exercise of power (Stutterheim & Ratcliffe, 2021). According to Link and Phelan (2008), stigma has three functions: to keep people down and exploit them, to enforce norms and keep people within them, and to keep people away by avoiding them. Additional, stigmatized conditions and identities can layer with one another. When two or more marginalized identities overlap, this is called intersectional stigma (Turan et al., 2019). Intersectional stigma has its roots in intersectionality theory, which was originally proposed by Crenshaw (1991) to describe how Black women were marginalized by both racism and sexism. Intersectionality theory posits that multiple identities interact, that systems of power and oppression are interconnected, and that a person's position in society shapes their privilege or marginalization (Crenshaw, 1991).

According to Earnshaw and Quinn (2012), stigma, including intersectional stigma, can be internalized, anticipated, and enacted. Internalized stigma is the extent to which people apply negative beliefs to themselves, such as internalized stereotypes about gender and gender identity. Anticipated stigma is the expectation of experiencing negative reactions and discrimination from others, which can be based on past experienced stigma and/or internalized stigma. Enacted stigma is the extent to which people have experienced negative reactions from others, including differential

treatment, abuse, and rejection (Earnshaw & Quinn, 2012). Both transgender stigma (hereafter termed transphobia) and menstrual stigma can be internalized, anticipated, and enacted. For example, TGD individuals may internalize society's negative stereotypes and feel shame about their gender identity and/or their menstruation; they may expect discrimination based on prior experiences or internalized negative beliefs about their gender identity (Golding et al., 2020) or about menstruation, or the intersection of both. They may also experience actual discrimination in the form of, for example, harassment, violence, misgendering, or denial of services (Flores et al., 2021).

Transphobia is highly prevalent, with TGD people often being subjected to discrimination, rejection, and violence due to their gender identity or expression (Cancela et al., 2025; Hendricks & Testa, 2012; ILGA-Europe, 2024c). In 2022, the International Lesbian, Gay, Bisexual, Trans and Intersex Association of Europe (ILGA-Europe, 2024a) reported a 22% increase in discrimination toward LGBTQIA+ people in Germany, with 21% of those cases being based on gender. In the Netherlands, Transgender Network Netherlands' annual report described that anti-TGD discrimination cases nearly doubled from 78 in 2021 to 149 in 2022 (ILGA-Europe, 2024b). Clearly, transphobia is alive and well. Transphobia has significant negative impacts, including high levels of loneliness and social isolation, as well as negative mental health outcomes (ILGA-Europe, 2024a).

Furthermore, transphobic rhetoric often instrumentalizes children and employs scare tactics to stop TGD minors from accessing healthcare (ILGA-Europe, 2024b). For example, recently, the Dutch right-wing party, Forum for Democracy (FVD), proposed a bill to ban puberty blockers and hormone therapy for minors, with similar motions happening in the UK and Ireland as well.

Moreover, a study by the Dutch Ministry of Health showed that, due to a lack of knowledge about transgender identity, healthcare providers in the Netherlands are currently not able to support TGD individuals seeking treatment, with waiting lists for specialized physicians exceeding more than a year (Das et al., 2023; ILGA-Europe, 2024b). Additionally, fact-based education on gender identities is increasingly being removed from curricula in schools (ILGA-Europe, 2024b), and adult TGD people in

Europe face multiple discriminatory laws. For example, in Hungary, name and sex changes on official documents is now forbidden (Primecz & Pelyhe, 2023). These laws are an indication of how transphobic policies in Europe and beyond make access to information, care, and safe spaces difficult, thereby endangering the wellbeing of TGD people.

Menstrual stigma is also prevalent. Menstrual stigma encompasses negative perceptions of menstruation and individuals who menstruate, portraying the menstruating body as abnormal and undesirable (Johnston-Robledo & Chrisler, 2020). Johnston-Robledo and Chrisler (2020) argue that menstrual blood can invoke all three types of stigma put forth by Goffman: Menstrual blood can be seen, for example, as a stain on clothes, can be used to devalue menstruating individuals' emotions as irrational, and can serve to exclude people from social activities such as worship. Menstrual stigma significantly affects various aspects of the lives of people who menstruate, including their health, education, economic prospects, and engagement in public and social activities (Johnston- Robledo & Chrisler, 2020; McHugh, 2020; Olson et al., 2022). In fact, research has demonstrated the various negative impacts of menstrual stigma. For example, McHugh (2020) found that even hints of menstruation, such as unused, wrapped tampons, can lead to social distancing and avoidance. Moreover, menstrual stigma serves to perpetuate misogynistic stereotypes, in that people who menstruate are frequently labeled as 'irrational', 'overly emotional', or, worse yet - given its history in misogynistic medical practice - 'hysterical'. These stereotypes about people who menstruate undermine their perceived capability in, for example, workplaces, and limit their participation in public life and economic opportunities (Bettella et al., 2025; Olson et al., 2022). Clearly, like transphobia, menstrual stigma is embedded in social dynamics, subtly contributing to the reproduction of unequal power structures that hinder the realization of human rights (Olson et al., 2022; Stutterheim & Ratcliffe, 2021).

Menstruation is almost always framed as something 'feminine', something that only happens to cis gender women. However, not all women menstruate, and not all people who menstruate are

cis women (Bobel, 2010). In fact, many TGD people menstruate and may also experience menstrual stigma, but the ways in which TGD people experience menstruation and navigate stigma at the intersections of their gender identity and their menstruation is understudied (Rydström, 2020). In fact, to our knowledge, there is little research on the intersection of transphobia and menstruation (for exceptions, see e.g., Bigalky et al., 2024; Chrisler et al., 2016; Rydström, 2020; Schwartz et al., 2022). The research that has been conducted has shown that menstruation can be a significant source of discomfort for TGD people (Mehringer & Dowshen, 2019). The cessation of menstruation may, in fact, be a goal for transmasculine and gender diverse individuals when starting gender-affirming hormone therapy (GAHT). Such cessation generally does occur within six months, although successful cessation may depend on the type of testosterone administered (Zwickl et al., 2024). However, regardless of whether or not an individual decides to seek GAHT, TGD people assigned female at birth may feel pressured to reject any signs of menstruation, because menstruation it is often linked to femininity, and rejecting signs of menstruation aligns better with masculine stereotypes (Chrisler et al., 2016). This may be further amplified by the fact that the marketing and labelling of menstrual products often alludes to, and depicts, femininity; Menstrual product and advertisement for menstrual products are rarely inclusive of all genders in terms of language and packaging (Frank & Dellaria, 2020; Rydström, 2020). This may exacerbate negative attitudes towards menstruation because the bodily processes associated with menstruation are seen as inconsistent with one's gender identity (Chrisler et al., 2016). Accordingly, TGD individuals may experience difficulty accepting parts of their identity and feel pressure to prove other parts of their identity (Casanave, 2019).

Clearly, TGD people are likely to have unique experiences with menstruation as a result of interactions between their gender identity, and associated transphobia, and their experiences with menstrual stigma (Bigalky et al., 2024). It is this intersectionality that we focus on in this paper.



## Methods

### Study Design and Setting

We explored lived experiences of menstruating in a gender diverse body among TGD individuals living in Germany, the Netherlands, and Ireland via semi-structured interviews and subsequent reflexive thematic analyses (Braun & Clarke, 2006). All three European countries scored between 54% and 56% on the scale of realizing full human rights and equality, a tool used to measure the legal and policy situation of LGBTQI+ people in Europe. With these scores, Germany, the Netherlands, and Ireland ranked slightly above the EU average of 50.61%, and are thus considered 'progressive' countries (ILGA-Europe, 2024c). As estimation of how many people are TGD in these countries is hard to ascertain. In Germany and Ireland, exact prevalence rates are not available as gender diversity is not registered in national statistics (de Vries et al., 2022; Pöge et al., 2022). In the Netherlands, 2.6% of the population is estimated to be trans feminine and 1.9% trans masculine; no prevalence rates for gender diverse identities have been registered (Wiepjes et al., 2018). Ethical approval for this study was given by <University anonymized> in April of 2024. For the design and reporting of this study, we used the Consolidated Criteria for Reporting Qualitative Research (COREQ) by Tong et al. (2007).

### Sampling and Recruitment

Inclusion criteria for participation were: 1) identifying as transgender and gender non-conforming or TGD including transgender, nonbinary, or genderqueer, 2) currently experiencing or having had experienced menstruation in the past, and 3) residing in a European country. We sampled purposively and via snowball sampling, a method often utilized to reach underrepresented marginalized populations whereby study participants refer researchers to other potential participants that meet the inclusion criteria (Sadler et al., 2010). Recruitment was done directly through social media post and posters, as well as in collaboration with our strong networks in the LGBTQI+ community from prior projects. Personal and professional contacts engaged in direct recruitment, hung up posters, and posted recruitment texts to their social media accounts. Once in touch with a potential participant, we explained the study purpose and procedures, and gave the participant time to

consider participation.

In total, ten participants participated in a semi-structured interview. Due to time restraints, we could not extend the recruitment time. In this study, we used information power (Malterud et al., 2015) as our sample size tool. Information power is used for qualitative studies since power calculations to determine sample size are not applicable in the same way as they are for quantitative studies. We believe that even though the sample is small, it does provide sufficient information for our research aim. Information power is influenced by (a) the aim of the study, (b) sample specificity, (c) use of established theory, (d) quality of dialogue, and (e) analysis strategy (Malterud et al., 2015). Given that TGD communities are under-represented in research and the novelty of intersectional stigma vis-à-vis transphobia and menstrual stigma, we think that our sample has sufficient information power. Participant characteristics are summarized in Table 1 below.

**Table 1**  
*Participant demographics*

Pseudonym	Age (years)	Nationality	Country of Residence	Gender Identity	Menstrual status	Time since last menstruation
Alex	19	German	Germany	Nonbinary	Currently	N/A
Milo	17	German	Germany	Trans/Nonbinary	Currently	N/A
Sam	23	German	Netherlands	Nonbinary	Currently	N/A
Sasha	21	Polish	Netherlands	Male	Currently	N/A
Leon	22	German	Netherlands	Trans man	Currently	N/A
Ari	22	Dutch	Netherlands	Genderfluid/Genderqueer	Currently	N/A
Gio	25	British/Austrian	Netherlands	Nonbinary	Currently	N/A
Luca	22	Italian	Netherlands	Male	No	2 years
Toni	26	USA/Italian	Ireland	Nonbinary	Currently	N/A
Jamie	26	Dutch	Netherlands	Nonbinary	Currently	N/A

*Note:* Pseudonyms have been used in order to protect participants' identity

## Data Collection

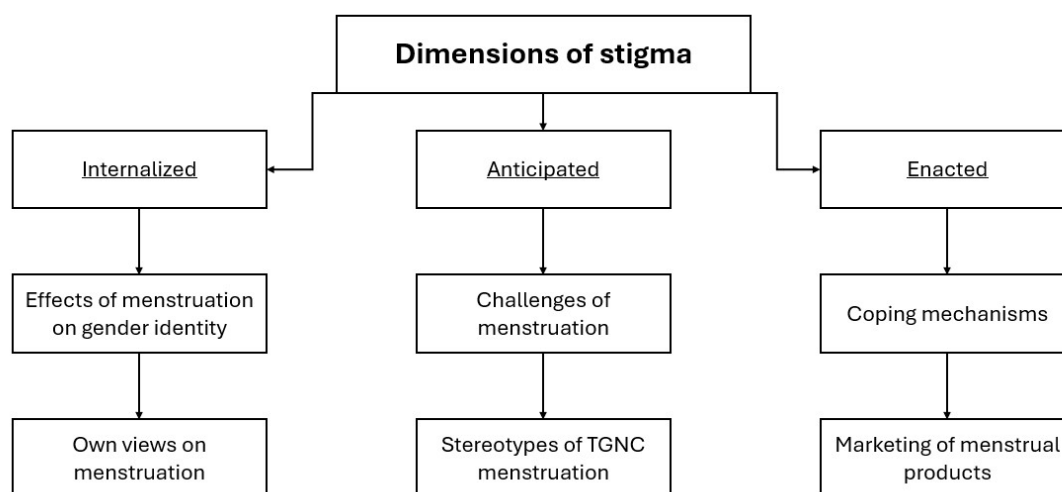
We co-developed a semi-structured interview guide with a TGD advisor who brought personal experience and a background in health research with them, loosely based on Earnshaw and Quinn (2012). Questions focused on the effects of menstruation on everyday life and self-perceived gender identity (*e.g., How does your menstruation affect your view of your gender identity?*), reactions from others towards menstruation (*e.g., Have you ever told someone about your menstruation? What was their reaction?*), and emotional responses to these reactions (*e.g., How did you feel?*). Participants were also encouraged to bring in their own topics. Interviews were conducted in German and English, in-person (N = 3) and via Zoom (N = 7). All participants were fully informed about the aims of the study and their right to withdraw. All participants provided informed consent. Only the first author and the participant were present during the interviews. After each interview, we asked participants for feedback so that we could continue to improve data collection efforts throughout the study. Participants were also given the opportunity to ask questions. Following interviews, we took reflexive notes on our impressions of the interview and our interactions with the participants.

## Data Processing and Analysis

All interviews were transcribed in the language in which they were conducted. We used the coding software Atlas.ti to code the transcripts and maintained a decision trail throughout our coding process. Our analytical approach was reflexive thematic analysis (RTA; Braun and Clarke, 2006). They propose six steps in order to complete this analysis. First, the researcher should familiarise themselves with the data before generating initial codes. Then, themes are searched for, reviewed, defined and named, and lastly, the report is produced. We applied this analytical approach by first familiarizing ourselves with the data through reading it multiple times and applying deductive codes based on Earnshaw and Quinn's (2012) theory of internalized, anticipated, and enacted stigma (see Figure 1). Then, we coded text on the effects of menstruation on gender identity, challenges related to menstruation, coping mechanisms for

enacted stigma, views on the marketing of menstrual products, stereotypes of TGD menstruation, and personal views on menstruation. In line with Earnshaw and Quinn (2012), our perspective was that internalized and anticipated stigma is tied to social and cultural context and not something that solely arises from individuals. As such, in our analysis, we paid attention to the context when exploring individual experiences and, to ensure rigor, credibility, and confirmability, conferred with one another, and with a larger research team in the context of <anonymized> Lab, as coding took place. We additionally developed inductive codes based on participants accounts and the raw data, such as pink tax/free menstrual products, medicalization of menstruation, and resistance to stigma (see Table 2). Lastly, we integrated the deductive and inductive codes in our thematic mapping, reviewed themes, and consolidated, where appropriate. In short, we set out explore stigma and many of our findings indeed deductively corroborate this. At the same time, we also found pockets of positive resistance against cisheteronormativity and calls to make menstruation more inclusive, which are all based on participant accounts' and inductively identified. In our reporting, we aimed to provide thick descriptions of the themes so that readers can ascertain the possible transferability of the results.

**Figure 1**  
*Codes used for each theme*



**Table 2**

*Themes (in bold) and quotes linked to each theme*

<b>Internalized stigma</b>	"In my own experience it's been much different than the abstract idea that I would have around it, because my experience is obviously negative. I feel like it was a very heavy reminder of my sex assigned at birth, and every month it was experienced as suffering. Of course there was physical pain, there was emotional pain, and there was also always the pain around gender dysphoria and how menstruation reminded me how much of a different man I was from the other man. And so definitely it was something negative"
<b>Anticipated stigma</b>	"I knew that people regard menstruation as something inherently feminine, so obviously talking about menstruation was always related to women and the sex I had assigned at birth. So it wasn't easy for me to talk about menstruation with others. Even if they knew about my identity and they regarded me as a man, talking about menstruation made me feel like there was a kind of shift, in the sense of them seeing me as more feminine, because I had a feminine biological process going on. But I don't think it impacted myself cause I feel very safe in my gender identity, and I'm not too shaken by the ideas that others have on my gender. It made me change maybe how and what I talked about with others."
<b>Enacted stigma</b>	"I remember it being proof that there was this disdain, this sort of disrespect as well and disregard for my ability to be rational."
<b>Pink tax/ free menstrual products</b>	"I do want to stress the pink tax once again. I really think menstrual products should be free and people should just get them, because it's not a luxury, it's simply a physiological function of your body and it's not your fault, or it's not something which you should have to afford, and it's definitely not products that should be taxed as luxury goods, because in the end if you look at socioeconomic differences, it's always going to hit people of lower socio economic status. It is always going to hit them harder."
<b>Medicalization of menstruation</b>	"It's like you have this organ and then you have a bunch of hormones and the hormones are making endometrium grow and then it sheds, and essentially it's like supposed to be for reproduction, but I don't know. I mean definitely not every menstruating person is going have a child every menstruation, that would also be very unhealthy. I guess, through evolution it came to be this way for reproduction, yet I think reproduction in our society these days is also not what it used to be."

**Resistance to stigma**

"I don't see it as dirty. Or if I see it as dirty, I am almost fond of that part of it."

**Making menstruation inclusive**

"I think a good step would be to just have trans men in period ads, that would be a nice step, but also to not describe things like feminine hygiene products. So, you can just start calling them pads or like period products or menstrual products, it doesn't need to be feminine hygiene products, because that just really sounds like a euphemism, because someone doesn't want to say the word tampon."

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**Positionality and Reflexivity**

All authors are cis-gender menstruating women who identify as intersectional feminists. Some are part of the LGBTQIA+ community and others are allies. All authors are passionate about addressing inequalities and injustice, hence our involvement in efforts to reduce stigma and transphobia. Overall, much of our work is driven by a desire to promote social justice and well-being, and this influences our approach to science (Roberts, et al. 2020) as activist researchers. We also are strong proponents of participatory research methodologies. As cisgender women, we have lived experience of menstruation and menstrual stigma, and we have experienced intersectional stigma related to other aspects of our identities (e.g., sexual orientation, social class etc.), but we do not have lived experience relating to transphobia. We are allies to the TGD community and, as academic researchers in gender and health, we can use our platform to serve the TGD community and conduct inclusive research. We have longstanding relationships with the TGD communities in our respective countries and internationally, which we believe enhances the credibility of our findings.

**Results**

We present how participants experienced internalized, anticipated, and enacted stigma but also how they resisted cisheteronormative binary gender norms. Menstrual stigma coincided with (internalized) transnormativity and transphobia but participants also pushed back at these narratives and advocated for ways to make menstruation more inclusive.

### **Internalized Stigma: Menstruation as Feminine and Intersections with Gender Identity**

Participants exhibited varying degrees of internalized stigma surrounding menstruation and gender identity. Most participants expressed feelings of shame connected to menstruation and avoided discussing it with others to ensure that they do not ‘out’ themselves as people who menstruate. Sam for example shared that, “On days where I don't feel feminine, I might be triggered by things that society deems feminine. But then I am almost angry at myself for letting that influence my experience”. Milo explained how visual signs of menstruation, such as menstrual products, make him uncomfortable:

I don't use tampons, I only use pads, and somehow having something with me makes me almost ashamed or dysphoric, just because I have the stuff with me - because it is something that is seen in society as female, feminine, etc. And it is not my fault that I still have my period. And, of course, I immediately reinforce the image in other people's heads that I should be a woman or something like that.

This feeling of shame comes with two consequences. On the one hand, Milo felt ashamed to be menstruating, even though he knew that menstruation is not something he could control. On the other hand, Milo was afraid of how his menstruation influenced *other* people's perceptions of him. These feelings appear to be cyclic, reinforcing each other – internalized stigma about menstruation leads to anticipated stigma, which leads to more internalized stigma.

Moreover, internalized stigma led to participants to connect menstruation with feeling “gross”, and reinforced the need to hide menstruation from others. This was done through euphemisms such as “my thing” or not having menstrual products visible when taken to the restroom. These actions make manifest the shame participants felt in relation to menstruation, both in language and physical actions. Showing an unused tampon may not reveal menstruation itself, but, clearly, the connotations are strong enough to put shame on the menstrual product itself. For example, Luca recalled that, “When I was in high school, we would hide the pad in any way,

specifically for the men not to see it”.

Most participants viewed their menstruation as a sign or a reminder of femininity. Leon said, “For me, my menstruation was the only sign of me being female”. Analogously, the feeling of not being male enough was conveyed up by Leon:

I felt a degree of shame that was bigger than the normal degree of shame attached to menstruation. I always had the feeling that menstruation is so bad for me because it feels like it betrays me. I could somehow fit in better than I do now.

This quote exemplifies the intersection of stigma stemming from menstruation and gender identity. Leon’s mention of a “normal degree of shame” demonstrated how shame about menstruation is normalized and accepted. What is particularly interesting is how Leon described an additional shame related to being TGD, and extended that shame to include shame about *not* fulfilling his gender role of being a man, thus feeling like he fits in even less. Sasha also explained this as follows:

In the context of me being transgender, I do experience dysphoria related to menstruation, and I find it quite uncomfortable physically but psychologically as well. In a way, it does contribute to the overall challenge of being transgender and the psychological burden of having to experience this.

Menstruation further led participants to question their gender identity. Jamie, for example, said: “[Menstruating] made me question whether I was actually trans for a while”. This suggests multiple layers of internalized stigma, not only relating to menstruation itself, but also to being TGD. As menstruation is socially tied to being female, accepting menstruation as a TGD person may challenge processes of self-acceptance, and fuel fears of being perceived as *insufficiently* TGD. This suggest that participants held themselves to some undefined level of transnormativity that they perceived to be fitting with society’s expectations of what it is to be a TGD individual.



Interestingly, in our sample, participants who expressed less internalized stigma often identified as nonbinary, genderqueer, and genderfluid, suggesting perhaps a more nuanced relationship between gender identity and comfort with menstruation. Gio illustrated this as follows:

I feel like I'm fine with menstruating as a non-binary person. I mean, of course, it's not something that I really like because I think every menstruating person is going to somewhat relate to that - that your menstrual cycle and your hormones and everything do kind of influence your functioning and your mental health and stuff like that. I mean, I wouldn't say it doesn't bother me; it does bother me to a normal extent. I guess it's not something that makes me personally feel very dysphoric or anything but I know that there are a lot of people for whom that does play an important role.

Similarly, Sam highlighted that:

For me, menstruation connects to my gender identity in terms of 'this is my body'. I don't have dysphoria around my menstruation, which I'm very happy about. For me, it's like 'this is my body, this is what my body does, and it should do that'. I don't want to have expectations or frustration around that.

In these extracts, we note how, for binary trans participants, transnormativity, based on cisheterhegemony and gender binaries, is internalized, resulting in feelings of shame for breaching both gender norms. In contrast, participants who identified as nonbinary, genderqueer, and genderfluid rejected these gender binaries and thus potentially experienced less shame at fluidly embodying spectrums of social masculinity (by gender identity and expression) and biological femininity (by menstruating) at the same time.

#### **Anticipated Stigma: Menstruation as Exclusively Feminine, Expected Discrimination, and Stigma Related to Physical Characteristics**

Anticipated stigma experienced by participants stemmed largely from societal perceptions linking menstruation exclusively to femininity. Leon conveyed this as follows: "Though people

struggle to see me as a man, anyway, it still feels like [my menstruation] is the final factor that gives it away in the end". Luca further elaborated:

I knew that people regard menstruation as something inherently feminine, so obviously talking about menstruation was always related to women and the sex I was assigned at birth. So, it wasn't easy for me to talk about menstruation with others. Even if they knew about my identity and they regarded me as a man, talking about menstruation made me feel like there was a kind of shift, in the sense of them seeing me as more feminine because I had a feminine biological process going on.

Evidently, the anticipation of menstruation being seen as inherently female had a profound impact on Leon and Luca, who both identify as male. They felt like their menstruation undermines their identity, and the expectation of not meeting that which is required for societal acceptance. Particularly the shift in others' perception, mentioned by Luca, highlights the deep-seated stigma and stereotypes that arise from associating menstruation exclusively with cisgender women, and this was reported to exacerbate discomfort in TGD people who menstruate.

Additionally, Sasha mentioned that often people assume that TGD individuals do not experience menstruation due to hormone therapy. This was reported to be assumed for all TGD individuals even though, "In my personal case, that's not part of my trans experience. That's not part of me, the way that I navigate gender". Sasha highlighted the fact that there is substantial diversity within the TGD community that is often unrecognized or disregarded by individuals outside of the TGD community. Sasha's personal way of navigating gender may clash with the expectations that cisgender people have of TGD people who menstruate, and this appears to reveal a broader issue of TGD identities and experiences being oversimplified. It points to the presence of inaccurate transnormative generalizations about what being TGD entails.

Furthermore, participants mentioned that discussions around menstruation often invoke

discomfort and stigma from heterosexual cisgender men. This taboo surrounding menstruation, as mentioned by Jamie, was explained by participants as men not wanting to be confronted with menstruation. Toni moved even further to connect discomfort and stigma from heterosexual cisgender men to misogyny, claiming that stereotypes such as the stereotype that hormones make menstruating individuals irrational contribute to and reproduce misogyny. Moreover, Gio expressed:

So many people, especially cis het white men see it as disgusting when people menstruate, when there's, like, stains of blood on their pants or in bed or whatever. And then they somehow think it is okay to shame people because they menstruate once a month.

Evidently, cis men were perceived to have one-sided and mostly negative views of menstruation more generally, leading them being less involved in discussions about menstruation. These perspectives on how cis men view menstruation emphasize how societal attitudes, influenced by gender and deep-rooted misogyny, contribute to the stigma surrounding menstruation.

More specifically in regard to the intersection between menstruation and gender identity. Toni conveyed a fear or anticipation of possible medical discrimination. Toni specifically described concerns about being manipulated into medical decision-making based on their menstruation and being perceived as female. This fear may, as was the case for Toni, lead to care avoidance, in spite of an awareness that health concerns may need to be addressed: "What if there's some sort of cyst or something that needs to be dealt with? But I'd rather not know for now. I know, at some point, I'll need to go". Toni further specified:

I've avoided going to gynecologists since I was like 19 - I'm 26 now - specifically because I know that they will tell me to go on the pill, which is something that I don't want to do. I don't want to do it because it makes me sad, but I also don't want to do it because I know the gendered implications of me possibly going to a gynecologist would enhance my dysphoria.

Toni's experience is a dire example, illustrating how fear of discrimination can have seriously

dangerous effects on TGD people who menstruate. Despite recognizing potential health risks, Toni chose to delay medical consultations to avoid anticipated discrimination. This may potentially underscore a broader issue of medical distrust experienced by TGD individuals and highlight the detrimental impact of gendered healthcare practices on TGD individuals (Von Der Warth et al., 2024). Toni's experience clearly shows that there is an unmet need for increased accessibility and inclusivity in medical settings.

Further anticipated stigma was linked to the impacts of using hormone therapy. At the time of data collection, Jamie still felt comfortable using the women's restroom in public spaces but, as given the therapy, they fear future discrimination. As their physical transition continues, they anticipated being more able to pass as male and thus less able to access women's restrooms, which was perceived as needed. Men's restrooms often lack stall and disposal bins for menstrual products. This clearly shows that anticipated stigma is not only an issue for present interactions but extends into the future as well.

Lastly, participants reported that anticipation of stigma led to non-disclosure of menstruation. Two participants highlighted that they carefully choose the spaces in which they allow themselves to talk about menstruation. In front of friends or their queer community, these participants do occasionally discuss menstruation but, in other contexts, there is a fear of negative reactions. Milo added that he only discusses menstruation with people he deeply trusts because he does not want the male image people have of him to change. Not mentioning menstruation can thus be seen as stemming from anticipated stigma and as a form of self-protection from enacted stigma in relation to gender identity.

### **Enacted Stigma: Societal Framing, Exclusion in Marketing, and Intrusive Questions**

Some participants experienced enacted stigma. They reported being called "disgusting", dismissed when talking about menstruation, and being mocked. Gio, for example, had received hate comments online, insinuating that only women can menstruate and calling TGD people who

menstruate hurtful terms and slurs. Beyond individual level enacted stigma, participants reported that stigma is also enacted at a societal level, again by its framing as something solely experienced by women. This leads to TGD individuals being forgotten in conversations about menstruation and this has concrete implications for TGD people. For example, male restrooms might not provide menstrual products and infrastructure, and indeed, participants found it difficult to use men's restrooms while menstruating because menstrual product disposal bins are often not provided. Leon shared:

I do panic when I go to the ladies' restroom in general. It's uncomfortable enough for me but the fact that people could find out would justify for them why they misgender me, why they have so much difficulty seeing me as a man.

These experiences show that enacted stigma appears in connection with multiple aspects of everyday life, including, for example, social interactions, clothing, and access to menstrual products. Leon described his experience as follows:

When I have my period, I have to wear underwear where a period product fits in. So, I normally wear men's underwear but I can't do that because I don't use tampons because that doesn't work for me, so I basically have to wear double underwear. I wear tops that are clearly too wide for me at work, just so that they still cover the area in case something does happen. I'm kind of panicky. I go to the toilet a lot more often. So, it's really just this panic that's there.

Leon's story illustrates the anxiety and discomfort faced by some TGD individuals when menstruating and when using gendered spaces like restrooms. This demonstrates how deeply entrenched gendered assumptions surrounding menstruation can reinforce stigmatization and invalidate TGD identities.

Menstrual products are an extension of this enacted stigma, and multiple participants expressed their disdain for menstrual product advertisement: "It hurts me when it is written somewhere, and it is always like 'feminine hygiene products' or something like that" (Milo). Aside

from such description being incorrect, as Gio pointed out, labelling menstrual products as feminine hygiene products invalidates TGD individuals' masculine identity. Sam explained that "my menstrual cup comes in pink and purple packaging. Society might say it is a product for women and using this product could trigger me because of that". Clearly, when menstrual products are marketed as exclusively for women, they exclude and marginalize TGD individuals who menstruate. Diverse representation is fully lacking and this kind of exclusion contributes to feelings of discomfort and alienation in the world of menstruating bodies.

Another form of enacted stigma reported was the overstepping boundaries in the form of questions about menstruation that would not be posed to a cisgender woman. Leon reported a heightened interest in his menstruation, which made him feel sensationalized at times. Intrusive questions about TGD people's menstrual experiences may reflect a broader societal fascination with TGD bodies, which often leads to boundary violations and discomfort. Similarly, Toni described how friends who were cis men made offensive 'jokes' about their menstruation: "I remember it being proof that there was this disdain, this sort of disrespect as well, and disregard for my ability to be rational". This quote underscores the societal gender dynamics and misogyny, often disguised as humor, but humor is not harmless. These seemingly casual remarks reinforce deeper societal biases and were reported to negatively impact interpersonal relationships.

### **Resistance**

In participants' descriptions of their experiences with menstruation and the intersection of their menstruation and their gender identity, we saw efforts to push back and resist internalized transnormativity and menstrual stigma. Many participants perceived menstruation as an a-gender phenomenon and called for making menstruation more inclusive. Ari, for example, presented menstruation as a natural bodily function - independent of gender identity:

I think [menstruation] is not necessarily tied to my gender or gender identity or my sex. I just think it's something that my body is experiencing every few weeks. I think 'Oh well,

unfortunate that it's painful', but it doesn't do anything to me in terms of how I identify or how I feel about myself.

Ari's account shows that, although they may be bothered by the physical pain of menstruation, they nonetheless perceive menstruation as an a-gender experience. Similarly, Sam reported having made a deliberate decision to treat menstrual products as mundane items, like pens, rather than items symbolic of femininity:

When I'm using the menstrual product, I will carry that menstrual product like I would carry a pen. But this is an active decision on my part, right? It is a position that is ultimately defensive, the same way that me bringing up my menstruation every time I'm menstruating is ultimately defensive. For me, this is resistance.

Both Ari and Sam's proactive and thoughtful stances showcase their active resistance of binary gender hegemonies. They demonstrate efforts to reclaim control over their bodily experiences and advocate for broader societal acceptance of menstruation as a natural aspect of human – not exclusively feminine – physiology. Similarly, Toni reported efforts to neutralize menstruation by seeing it as a biological process that is part of their body, and this not only helped them to accept their menstruation but also to overcome exotification from others. Participants also reported that being in queer-affirming spaces additionally helps them feel more comfortable with being gender diverse and its intersection with menstruation.

Furthermore, some participants rationalized negative reactions and stigma by applying a broader political lens that allowed them to see stigmatization as being (re)produced by broader political contexts. This way, they were able to see more overarching patterns and processes that contribute to stigma toward queer people and women. For Toni, this approach not only helped them to navigate personal comfort with gender non-conformity but also highlighted their understanding of the systemic impact of menstrual stigma on marginalized communities, ultimately shifting the

focus from individual shame to the impact of broader societal structures.

Sam took this a step further and proudly shared that they disclosed menstruation as a form of resistance, as a political act of resistance to reclaim menstruation as a normal aspect of TGD people's experiences. They specifically chose to reframe menstruation as something to be celebrated, even if dirty, in order to maintain a positive attitude and not experience frustration. "I don't see [menstruation] as dirty. Or, if I see it as dirty, I am almost fond of that part of it". Gio additionally critiqued the reductionist approach to gender and identity, highlighting the complexity and diversity of human experiences beyond biological determinism. He explained: "For trans people, people use biology as a way to explain everything, but biology does not explain everything". One of the primary wishes for the future was to de-gender menstruation and discuss it as a neutral topic instead of a solely biologically female one. Using more gender-neutral language such as 'people who menstruate' instead of 'women' was perceived to help TGD people who menstruate feel more included in conversations about menstruation, and this was posited to lead to a more inclusive and holistic discourse around menstruation.

Participants also expressed desires for more inclusive practices with regard to menstrual products, such as providing menstrual product disposal bins in men's restrooms and offering free products outside of women's restrooms. Ari also advocated for TGD representation in menstrual advertisements and the use of non-gendered terms, thus instead of saying 'feminine hygiene products', Ari suggested the following:

I think a good step would be to just have trans men in period ads. That would be a nice step but also to not describe things like feminine hygiene products. So, you can just start calling them pads or like period products or menstrual products. It doesn't need to be feminine hygiene products because that just really sounds like a euphemism because someone doesn't want to say the word tampon.

Ari's stance echoes a broader call for language inclusivity and representation that accurately



reflects diverse gender identities and experiences, reducing menstrual stigma for TGD individuals. The quote further highlights how euphemisms, used to convey menstruation, sugar-coat menstruation to make it socially acceptable.

Lastly, participants highlighted the important role of education in destigmatizing TGD menstruation. Luca said, “I think treating trans people just as this homogenous group is very harmful because it's extremely heterogeneous”. Milo echoed this sentiment, advocating for sensitivity in discussing menstruation, and recognizing differing individual preferences among TGD people. Education may also help to de-sensationalize and demystify the topic of menstruation, as was mentioned by Leon, who urged people to respect the boundaries of TGD people. Specifically, Leon indicated that education could teach cisgender individuals about the harms of asking invasive questions or assuming menstrual status based on appearance or gender presentation.

### Discussion

This study set out to explore TGD people’s lived experiences of menstruating in a gender diverse body, paying attention to how TGD people experience menstruation and navigate (intersectional) stigma relating to not only their menstruation but also their gender identity. By applying Earnshaw and Quinn’s (2012) stigma framework, we investigated how internalized, anticipated, and enacted intersectional stigma is experienced by TGD individuals. Through this exploration, we sought to contribute to research on the unique TGD experiences of menstruation, a phenomenon that is often positioned as feminine in binary cisheteronormative societies.

The findings of our study highlight heterogeneity in the TGD community. Navigating gender and menstruation is an entirely personal and subjective experience. Internalized menstrual stigma and its intersection with gender dysphoria varied greatly among participants in our study. Although dysphoria is known to increase during puberty, there is little research on the relationship between menstruation and dysphoria (Schwartz et al., 2022). While some participants did not struggle with dysphoria relating to menstruation, others were heavily burdened by it. These findings are in line

with Chrisler et al. (2016) who found that the attitudes of TGD individuals towards menstruation were mixed. This heterogeneity was further evidenced by our finding that some TGD people discuss menstruation in relation to their gender identity negatively, others positively, and yet others discuss it with ambivalence. Via (2019) also found similar results, with some participants accepting menstruation as a naturally occurring cycle for themselves. According to Via (2019), some TGD individuals find power and pride in their menstruation. Incorporating menstruation in one's view of masculinity can offer transmasculine individuals a way to cope with dysphoria and redefine what menstruation means to them. Additionally, some binary participants in Via's (2019) study indicated being able to relate to, and empathize with, cis women who menstruate, highlighting this as a strong point of menstruating as a man. The findings from our study and other literature suggest that conversations surrounding TGD people who menstruate should not presume that menstruation is always perceived negatively but rather give TGD individuals opportunities to frame their own experiences in whatever way they want.

Another key finding of our study is that anticipated stigma, driven by societal perceptions linking menstruation to femininity, profoundly impacted participants. This led to fear of one's gender not being perceived as one identifies, which in turn hindered TGD people who menstruate from disclosing their identity and engaging in conversations around menstruation. Consistent with this, Hill et al. (2025) found that anticipated stigma not only discredits and undermines TGD identities but also leads individuals to engage in visibility management in order to conceal their identities in hostile environments. These findings also align with earlier research indicating that TGD people make strategic and contextual decisions about whether to disclose their identities based on an assessment of the safety of the environment (Mizock & Mueser, 2014). In our study, we also observed that TGD participants made safety assessments about whether to disclose their menstrual experiences, and in their intersections with their TGD identities, as the former is posited to reveal the latter. Such tactical decisions reflect the pervasiveness of transnormative expectations and the rigidity of binary gender norms in society. Challenging them is essential to dismantling internalized pressures to

conform, for example, by positioning menstruation as an a-gender bodily process, decoupled from femininity and womanhood.

Moreover, in our study, enacted stigma experiences, although reported less frequently, still had profound impacts on participants' lives. We found that the framing of menstruation as something exclusively for cis women led to TGD individuals feeling forgotten in discourse on menstruation. This invisibility can then lead to a lack of access to, and representation in, menstrual products. Similarly, Bigalky et al. (2024) found that menstrual products, and the marketing thereof, can exacerbate dysphoria, something that was also confirmed by participants in our study in their accounts of intersectional stigma. Many suggested offering menstrual products and infrastructure outside of the women's restrooms in order to create more accessibility for individuals who do not feel comfortable entering a women's restroom. Additionally, we found that enacted stigma in the form of framing menstruation as a cis-female-only experience made TGD people who menstruate feel invisible, and this invisibility leads to structural issues such as barriers in accessing menstrual products. This phenomenon suggests that stigma at the intersection of menstruation and gender identity extends beyond the personal realm into structural and institutional levels, aligning with Bigalky et al. (2024) who emphasized the need for systemic changes to reduce stigma.

Despite internalized, anticipated, and enacted intersectional stigma, our study showed that resistance to all forms of stigma was performed in a number of ways. For example, in line with other literature, some of our participants refuted the notion that menstruation is solely negative and framed it as something positive and even something to accept, despite how their menstruation might transgress transnormative regulations (i.e., rejecting femaleness; e.g. Rydström, 2020). However, societal expectations placed on TGD individuals often make it difficult to push back against gender stereotypes and, for this reason, some of the participants in our study mentioned a fear of being perceived as less than a "real trans man" due to their menstruation. This internal struggle between wanting to fit in with binary norms of being TGD and wanting to frame one's own body in a more fluid way can also silence TGD people and prevent acceptance of their menstruation as part of

their TGD identity.

Avenues for de-gendering menstruation found in this study, and underscored by Babbar et al. (2023), include inclusive language use, gender-neutral restroom options, and education. Inclusive language use may mean saying 'people who menstruate' instead of 'women' or using the term 'menstrual products' instead of 'feminine hygiene products' (Babbar et al., 2023). Moreover, participants in our study explicated the desire for adequate restroom infrastructure. TGD individuals are often not comfortable using men's restrooms, even less so when menstruating (Babbar et al., 2023; Chrisler et al., 2016; Via, 2019). To alleviate this struggle, gender neutral restrooms could be introduced. As this may not always be a safe or feasible choice, men's restrooms should include bins to dispose of menstrual products. Overall, our study findings suggest that anticipated stigma is a critical point to address if we are to increase the inclusion of TGD individuals in menstruation discourse. This further highlights the need to de-feminize menstruation through language, infrastructure, and education (Babbar et al., 2023).

In line with our participants' accounts of their wishes and desires, we advocate for a more fluid understanding of gender that accommodates not only binary trans identities but also nonbinary, gender diverse, and genderqueer identities. As menstrual stigma coincides with gender dysphoria and transphobia, it is important to consider the intersectionality of stigma. The experience of stigma is uniquely formed through various the aspects of each person's TGD identity that interact. Therefore, research, policies, and practical interventions aiming to address the multifaceted nature of stigma should take an intersectional approach (Martin & Narushima, 2024). In line with Von Der Warth et al. (2024), we urge for more inclusive medical training that equips healthcare professionals with the knowledge and skills to provide good TGD care, such that barriers to access are decreased. Additionally, we see value in offering menstruation education in a gender neutral and comprehensive way from a young age onwards, in order to break the cycle of menstrual stigma more broadly, but also the intersection of menstrual stigma and transphobia.

### *Strengths and Limitations*

The findings of this study should be interpreted in light of its strength and limitations. We are grateful to the ten participants who participated and acknowledge that, although this is a relatively small sample size, it is representative of other studies conducted with under-represented and marginalized communities, who are often disproportionately asked to participate in research (Austin, 2016; Muhr et al., 2016). At the same time, we believe that the rich and nuanced accounts in our data were sufficient in addressing our research aims and, importantly, given voice to TGD individuals experiences.

We note that our sample was predominantly white, middle class, and Western European. Future research should explore intersectional experiences that also take ethnicity, faith, and socioeconomic position into account. Future research should also seek to include more participants so that we can disentangle the unique experiences of binary-trans versus nonbinary or genderqueer people. Further, we suggest conducting longitudinal studies that provide insights on how experiences of stigma at the intersection of menstruation and gender identity evolve over time, how various stages of gender transition impact these experiences, and how access to care and hormone therapy impacts these experiences. We also suggest broaden the research to include the investigation of menopause among TGD individuals. Lastly, we recommend further research on TGD people's healthcare experiences related to their sexual and reproductive health.

### **Conclusion**

This study explored the lived experiences of menstruation among TGD individuals in Europe, paying particular attention to their experiences with internalized, anticipated, and enacted intersectional. We found that internalized stigma varied and was mostly connected to internalized pressure to fulfil stereotypes about what it is to be a man or a TGD person, both of which do not leave room for menstruation. Anticipated stigma stemmed from the societal expectations that menstruation is inherently feminine. Participants thus anticipated stigma as they are not female, and some participants feared being seen as less masculine as a result of their menstruation. This led to avoidance of discussions about, and non-disclosure of, menstruation. Stigma was mostly enacted in

the form of degrading comments and a lack of access to menstrual products and infrastructure.

Overall, the findings underscore the need for a more inclusive discourse on menstruation, one that considers the varied experiences of TGD people who menstruate, and one that challenges traditional gender norms. Overall, this study contributes to a more comprehensive understanding of intersectional stigma among TGD people who menstruate, emphasizing the need for inclusive language, gender-neutral (restroom) infrastructure, and educational initiatives to de-gender menstruation.

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## References

- Austin, A. (2016). "There I am": A grounded theory study of young adults navigating a transgender or gender nonconforming identity within a context of oppression and invisibility. *Sex Roles*, 75(5–6), 215–230. <https://doi.org/10.1007/s11199-016-0600-7>
- Barrington, D. J., Robinson, H. J., Wilson, E., & Hennegan, J. (2021). Experiences of menstruation in high income countries: A systematic review, qualitative evidence synthesis and comparison to low- and middle-income countries. *PLOS ONE*, 16(7), e0255001. <https://doi.org/10.1371/journal.pone.0255001>
- Bettella, O. A., Whiley, L., Maldonado-Carreño, C., Wasner, P. E., & Stutterheim, S. E. (2025). Menstruation in the workplace: Exploring cis-men's perceptions through the lenses of femmephobia and dirty femininity. *PsyArXiv*. [https://doi.org/10.31234/osf.io/7knf4\\_v2](https://doi.org/10.31234/osf.io/7knf4_v2)
- Bigalky, J., Mackey, A., Safaralizadeh, T., & Petrucka, P. (2024). Degendering menstruation: A scoping review exploring the experiences of transgender and non-binary people. *Journal of Homosexuality*, 1–29. Advance online publication. <https://doi.org/10.1080/00918369.2024.2353057>
- Bobel, C. (2010). *New blood: Third-wave feminism and the politics of menstruation*. Rutgers University Press. <https://muse.jhu.edu/book/14264>
- Bobel, C. (2020). Introduction: Menstruation as lens—Menstruation as opportunity. In C. Bobel & I. Winkler (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 1–6). Springer. [https://doi.org/10.1007/978-981-15-0614-7\\_1](https://doi.org/10.1007/978-981-15-0614-7_1)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., Whiley, L., Lichter, A., O'Keeffe, M., & Stutterheim, S. E. (2025). Menstrual stigma and

perceived academic performance and well-being in menstruating higher education students.

*PsyArXiv*. <https://doi.org/10.31234/osf.io/kzv7h> v1

Cancela, D., Stutterheim, S. E., & Uitdewilligen, S. (2025). The workplace experiences of transgender and gender diverse employees: A systematic literature review using the minority stress model. *Journal of Homosexuality*, 72(1), 60–88.

<https://doi.org/10.1080/00918369.2024.2304053>

Casanave, S. (2019). Dealing with double stigma. *Boston University Today*.

<https://www.bu.edu/articles/2016/dealing-with-double-stigma/>

Chrisler, J. C., Gorman, J. A., Manion, J., Murgo, M., Barney, A., Adams-Clark, A., Newton, J. R., & McGrath, M. (2016). Queer periods: Attitudes toward and experiences with menstruation in the masculine of centre and transgender community. *Culture, Health & Sexuality*, 18(11), 1238–1250. <https://doi.org/10.1080/13691058.2016.1182645>

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>

Das, E., Wasserbauer, M., Loopuijt, C., Plug, I., Uilhoorn, A., van der Vleuten, A., & Verhaak, C. (2023). *Mijn gender, wiens zorg? Onderzoek naar de toename in en veranderingen van de vraag naar transgenderzorg* [Onderzoeksrapport]. Radboud Universiteit.

<https://open.overheid.nl/documenten/ronl-7e8b1d64d04c2b20cc8dc2a1989cc3e40634d4d8/pdf>

de Vries, J. M. A., Downes, C., Sharek, D., Doyle, L., Murphy, R., Begley, T., McCann, E., Sheerin, F., Smyth, S., & Higgins, A. (2022). An exploration of mental distress in transgender people in Ireland with reference to minority stress and dissonance theory. *International Journal of Transgender Health*, 24(4), 469–486. <https://doi.org/10.1080/26895269.2022.2105772>



- Earnshaw, V. A., & Quinn, D. M. (2012). The impact of stigma in healthcare on people living with chronic illnesses. *Journal of Health Psychology*, 17(2), 157–168.  
<https://doi.org/10.1177/1359105311414952>
- Frank, S. E., & Dellaria, J. (2020). Navigating the binary: A visual narrative of trans and genderqueer menstruation. In C. Bobel & I. Winkler (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 69–76). Springer. [https://doi.org/10.1007/978-981-15-0614-7\\_7](https://doi.org/10.1007/978-981-15-0614-7_7)
- Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender identity disparities in criminal victimization: National Crime Victimization Survey, 2017–2018. *American Journal of Public Health*, 111(4), 726–729. <https://doi.org/10.2105/ajph.2020.306099>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.  
<https://opus4.kobv.de/opus4-Fromm/frontdoor/index/index/docId/27864>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>
- Hill, J. H. L., Perry, Y., Lin, A., & Ohan, J. L. (2025). “An expected part of being trans”: The experienced and anticipated stigma of trans adolescents. *International Journal of Transgender Health*, 1–16. <https://doi.org/10.1080/15532739.2025.2463598>
- ILGA-Europe. (2024a). *Annual review of the human rights situation of lesbian, gay, bisexual, trans, and intersex people in Germany*. [https://www.ilga-europe.org/files/uploads/2024/02/2024\\_germany.pdf](https://www.ilga-europe.org/files/uploads/2024/02/2024_germany.pdf)
- ILGA-Europe. (2024b). *Annual review of the human rights situation of lesbian, gay, bisexual, trans, and intersex people in the Netherlands*. [https://www.ilga-europe.org/files/uploads/2024/02/2024\\_netherlands.pdf](https://www.ilga-europe.org/files/uploads/2024/02/2024_netherlands.pdf)

- ILGA-Europe. (2024c). *Rainbow Europe map and index 2023*. ILGA-Europe. <https://www.ilga-europe.org/report/rainbow-europe-2023/>
- Johnston-Robledo, I., & Chrisler, J. C. (2020). The menstrual mark: Menstruation as social stigma. In C. Bobel & I. Winkler (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 181–199). Springer. [https://doi.org/10.1007/978-981-15-0614-7\\_17](https://doi.org/10.1007/978-981-15-0614-7_17)
- Lane, B., Perez-Brumer, A., Parker, R., Sprong, A., & Sommer, M. (2021). Improving menstrual equity in the USA: Perspectives from trans and non-binary people assigned female at birth and health care providers. *Culture, Health & Sexuality*, 24(10), 1408–1422. <https://doi.org/10.1080/13691058.2021.1957151>
- Logie, C. H., Winkler, I. T., Narasimhan, M., Bhakta, A., Hutchingame, T., Reynolds, T., & Barrington, D. J. (2024). Menstruation and sexual health, well-being and justice. *Bulletin of the World Health Organization*, 102(12), 904–905. <https://doi.org/10.2471/BLT.23.333191>
- Martin, H., & Narushima, M. (2024). Bleeding beyond binaries: A critical interpretive review of trans, non-binary and gender non-conforming experiences with menstruation. *Culture, Health & Sexuality*, 1–17. <https://doi.org/10.1080/13691058.2024.2375606>
- McHugh, M. C. (2020). Menstrual shame: Exploring the role of “menstrual moaning.” In C. Bobel & I. Winkler (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 409–422). Springer. [https://doi.org/10.1007/978-981-15-0614-7\\_32](https://doi.org/10.1007/978-981-15-0614-7_32)
- Mehringer, J. E., & Dowshen, N. (2019). Sexual and reproductive health considerations among transgender and gender-expansive youth. *Current Problems in Pediatric and Adolescent Health Care*, 49(9), 100684. <https://doi.org/10.1016/j.cppeds.2019.100684>
- Muhr, S. L., Sullivan, K. R., & Rich, C. (2016). Situated transgressiveness: Exploring one transwoman’s lived experiences across three situated contexts. *Gender, Work & Organization*, 23(1), 52–70.

<https://doi.org/10.1111/gwao.12093>

Olson, M. M., Alhelou, N., Kavattur, P. S., Rountree, L., & Winkler, I. T. (2022). The persistent power of stigma: A critical review of policy initiatives to break the menstrual silence and advance menstrual literacy. *PLOS Global Public Health*, 2(7), e0000070.

<https://doi.org/10.1371/journal.pgph.0000070>

Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology*, 41, 87–116. <https://doi.org/10.1146/annurev-soc-071312-145702>

Primecz, H., & Pelyhe, V. (2023). Hungary as a precarious context for the lesbian, gay, bisexual, and transgender community: Interviews with transgender people. *Gender, Work & Organization*, 31(5), 1812–1827. <https://doi.org/10.1111/gwao.13038>

Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: One animal or two? *Social Science & Medicine*, 67(3), 358–367. <https://doi.org/10.1016/j.socscimed.2008.03.022>

Pöge, K., Rommel, A., Starker, A., Prütz, F., Tolksdorf, K., Öztürk, I., Strasser, S., Born, S., & Saß, A. (2022). Erhebung geschlechtlicher Diversität in der Studie GEDA 2019/2020-EHIS – Ziele, Vorgehen und Erfahrungen. *Journal of Health Monitoring*, 7(2), 1–19. <https://edoc.rki.de/handle/176904/9885>

Rydström, K. (2020). Degendering menstruation: Making trans menstruators matter. In C. Bobel & I. Winkler (Eds.), *The Palgrave handbook of critical menstruation studies* (pp. 945–959). Springer. [https://doi.org/10.1007/978-981-15-0614-7\\_68](https://doi.org/10.1007/978-981-15-0614-7_68)

Sadler, G. R., Lee, H., Lim, R. S., & Fullerton, J. T. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & Health Sciences*, 12(3), 369–374. <https://doi.org/10.1111/j.1442-2018.2010.00541.x>

Schwartz, B. I., Effron, A., Bear, B., Short, V. L., Eisenberg, J., Felleman, S., & Kazak, A. E. (2022).

Experiences with menses in transgender and gender nonbinary adolescents. *Journal of Pediatric and Adolescent Gynecology*, 35(4), 450–456.

<https://doi.org/10.1016/j.jpag.2022.01.015>

Stutterheim, S. E., & Ratcliffe, S. E. (2021). Understanding and addressing stigma through qualitative research: Four reasons why we need qualitative studies. *Stigma and Health*, 6(1), 8–19.

<https://doi.org/10.1037/sah0000283>

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>

Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Pescosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Medicine*, 17(1), 7. <https://doi.org/10.1186/s12916-018-1246-9>

Von Der Warth, R., Körner, M., & Farin-Glattacker, E. (2024). Trans-inclusive communication and self-perceived barriers to it, as reported by doctors: A mixed-methods survey in Germany. *Healthcare*, 12(7), 707. <https://doi.org/10.3390/healthcare12070707>

Via, E. (2019). *Menstruating and doing masc: Trans experiences of menstruation* [Undergraduate thesis, New College of Florida]. New College of Florida Digital Commons. [https://digitalcommons.ncf.edu/theses\\_etds/5832](https://digitalcommons.ncf.edu/theses_etds/5832)

Wiepjes, C. M., Nota, N. M., de Blok, C. J. M., Klaver, M., de Vries, A. L. C., Wensing-Kruger, S. A., de Jongh, R. T., & Kreukels, B. P. C. (2018). The Amsterdam Cohort of Gender Dysphoria Study (1972–2015): Trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, 15(4), 582–590. <https://doi.org/10.1016/j.jsxm.2018.01.016>

Zwickl, S., Wong, A. F. Q., Burchill, L., Leemaqz, S. Y., Cook, T., Angus, L. M., Eshin, K., Elder, C. V.,

Grover, S. R., & Cheung, A. S. (2024). Persistent menstruation in transgender people using testosterone gender-affirming hormone therapy. *International Journal of Transgender Health*, 1–12. <https://doi.org/10.1080/26895269.2024.2403140>

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