ORIGINAL ARTICLE

FAMILY PROCESS

Experiences of cisgender youth with a transgender and/or nonbinary sibling

Eli G. Godwin[1,2] | LB. M. Moore[1] | Annie Pullen Sansfaçon[3] |
Melissa MacNish Nishman[4] | Milagros C. Rosal[5] |
Sabra L. Katz-Wise[1,2,6]

[1]Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, Massachusetts, USA

[2]Department of Social and Behavioral Sciences, Harvard T. H. Chan School of Public Health, Boston, Massachusetts, USA

[3]School of Social Work and the Centre for Public Health Research, University of Montréal, Montréal, Quebec, Canada

[4]SAYFTEE, Boston, Massachusetts, USA

[5]Division of Preventive and Behavioral Medicine, Department of Population and Quantitative Health Sciences, University of Massachusetts Chan Medical School, Worcester, Massachusetts, USA

[6]Department of Pediatrics, Harvard Medical School, Boston, Massachusetts, USA

Correspondence
Eli G. Godwin, Division of Adolescent/ Young Adult Medicine, Boston Children's Hospital, 300 Longwood Ave, Boston, MA 02115, USA.
Email: eli.godwin@childrens.harvard.edu

Abstract

While recent research has begun to address the effects of family support on transgender and/or nonbinary youth (TNY), almost no studies have directly examined how cisgender siblings in families with TNY navigate their sibling's gender disclosure and affirmation within both their families and their larger communities. We conducted an exploratory secondary analysis of in-person, semi-structured interviews with 15 adolescent and young adult siblings (age 13–24 years) of TNY from the northeastern United States from the baseline wave of the community-based, longitudinal, mixed methods Trans Teen and Family Narratives Project. Interview transcripts were analyzed using immersion/crystallization and template organizing approaches. Analyses yielded three main themes: gender-related beliefs and knowledge, peri- and post-disclosure family dynamics, and assessing responses to their sibling. Subthemes included anticipation of their sibling's TN identity, expectations post-disclosure, participants' level of involvement in gender-related family processes, perceptions of changes in family relationships, concern for their sibling (including a high degree of attunement to gender-affirming name and pronoun usage), and concern for themselves. Findings from this study suggest the need to engage directly with siblings of TNY to further elucidate their intrapersonal, intra-familial, and extra-familial experiences related to having a TN sibling and determine their unique support needs. Implications for families, clinicians, and communities are discussed.

KEYWORDS
adolescence, family systems, nonbinary, siblings, transgender, young adults

INTRODUCTION

Over the past few decades, an increasing number of transgender and/or nonbinary (TN) people, including youth, have recognized and disclosed their gender identities (Eisenberg et al., 2017). Factors such as the advent of widespread internet access and increased societal acceptance have facilitated earlier self-recognition (and subsequent disclosure to parents/caregivers) for transgender and/or nonbinary youth (TNY), enabling some to take steps toward gender affirmation (transition) at ages when many youth still live with their families of origin (Chen et al., 2016; Spack et al., 2012). With this development, many family members are experiencing their own psychosocial "transitions," with research increasingly focused on TNY's family-based experiences (Bhattacharya et al., 2020; Katz-Wise et al., 2018, 2020; Westwater et al., 2019). Such research has demonstrated the impact of parental acceptance/rejection on TNY's access to gender affirmation (Clark et al., 2020; Taylor et al., 2020), which is associated with health sequelae into adulthood (Turban et al., 2020). This has led to an increased focus on the experiences and support needs of TNY's parents/caregivers (Ashley, 2019; Hillier & Torg, 2019; Pullen Sansfaçon et al., 2020). However, short shrift has been given to the family members with whom TNY will typically have the most enduring relationships – their siblings (McHale et al., 2012; Westwater et al., 2019). Among young adults, sibling support has been associated with lower loneliness and depression scores and higher self-esteem and life satisfaction (Milevsky, 2005). Therefore, given the association between parental support and lower prevalence of negative mental health outcomes for TNY (Brown et al., 2020; Taylor et al., 2020), it stands to reason that sibling relationships may also serve as significant sources of support for TNY. Indeed, recent studies of TNY perceptions of family support have found associations between *perceived* sibling support and better mental health outcomes for TNY (Bosse et al., 2022, 2023; Pariseau et al., 2019). However, these studies evaluated sibling relationships only from the perspective of the TNY; they did not include their siblings' perspectives.

Until recently, most studies that have included siblings of TN persons have represented one of two types. The first type, generally reflecting an earlier mindset of transness as disordered, aimed "to clarify the question of whether transsexualism is a familial phenomenon" (Gómez-Gil et al., 2010, p. 546), and have been conducted exclusively with adults. With evolving understanding that transgender identity is not disordered, more recent studies have included siblings as controls to compare TN persons' life experiences (e.g., Factor & Rothblum, 2007) or gender-related processes (e.g., Olson & Enright, 2018). While these studies have more often involved youth, only a handful have directly asked siblings about their TN sibling or family life (e.g., Barron & Capous-Desyllas, 2017).

To our knowledge, only three studies have focused on the qualitative experience of being a cisgender sibling of a TNY. A UK study conducted semi-structured interviews with such siblings ($n = 8$, aged 11–25 years) who attended a youth gender clinic's "family days" event in 2014; this study "focused solely on participants' common identity as siblings of gender-diverse young people" (Wheeler et al., 2019, 261). A German study conducted semi-structured interviews with both TNY who were outpatients at a clinic for child and adolescent psychiatry and their siblings ($n = 12$, ages 11–25 years), focusing on their relationship with each other and their support needs (Kuhlmann et al., 2020). An Australian study conducted semi-structured interviews in 2018 with TNY's siblings ($n = 17$, ages 14–26) who had been recruited through LGBTQ$^+$ support services and advocacy groups and "organizations with publicized non-affirmative stances regarding trans issues" (Parker & Davis-McCabe, 2021, 190). That study aimed to explore the experiences and needs of such siblings to inform clinical practice with families with TNY. To our knowledge, no such studies with TNY siblings have yet been conducted in the US. Given the current anti-transgender political climate in the US and its negative impacts on families with TNY (Kidd et al., 2021), the lack of first-hand data about the experiences of siblings (not just caregivers) of TNY in the US could hamper efforts to support these families effectively. To

address this gap, we conducted an exploratory secondary analysis of interviews with cisgender siblings of TNY who participated in the Trans Teen and Family Narratives Project, a longitudinal, community-based study of families with a TNY in the northeastern US. We sought to learn how siblings responded to and navigated their sibling's gender disclosure and affirmation within both their families and their larger communities.

METHOD

Participants

Participants were 15 cisgender siblings (ages 13–24 years, 8 girls/women, 7 boys/men) of TNY. Participants' families (*N* = 33 families) were recruited for the primary study through community partners serving TNY and family members in the New England area, including LGBTQ organizations, gender clinics, and online support groups. To be eligible as a family for the primary study, a TNY age 13–17 years and at least one caregiver needed to participate. Up to one sibling could elect to participate per family (*n* = 15 families). Siblings were eligible if they were at least 13 years old; this minimum age for TNY and siblings was chosen to ensure that youth had the cognitive capacity to reflect on their/their siblings' relationship with gender. Sibling age was not capped because we wanted to be inclusive of older siblings who are also part of the family system and could give insight into family dynamics. Age relationships to the TN sibling included 11 older siblings, three younger, and one twin. Time since TNY disclosure to their sibling ranged from less than 1 year to just over 3 years (mean: 1.1 year). See Table 1 for other demographics.

Procedure

Data for this secondary analysis came from baseline interviews (range: 19–86 min; mean 45 min) conducted in January–July 2016 with siblings of TNY participating in the Trans Teen and Family Narratives Project, a longitudinal study examining family functioning and TNY health that was approved by the Boston Children's Hospital Institutional Review Board.

One-on-one semi-structured interviews occurred in a private room in either the participant's home or the researchers' institution. Post-interview, participants completed an electronic survey on an iPad using the REDCap platform (Harris et al., 2009). Participants gave informed consent/assent prior to the study session (parent consent was also obtained for minors) and received $20 for participating. Interviews were audio-recorded and professionally transcribed, then masked by study staff before being uploaded to the Dedoose qualitative coding platform (Dedoose, 2018).

Measures

The primary study's semi-structured interview guides contained approximately 20 main questions (asked of all participants), half of which had suggested probes. During interviews, participants were asked about family functioning and community experiences, including how the participant supported their TN family member and how their TN sibling's gender identity had affected them. See Table 2 for a list of domains and sample questions. Survey questions, developed for the primary study, focused on family functioning, attitudes toward TN people, and social support. For this analysis, only the demographic questions from surveys were included to contextualize the interview data.

TABLE 1 Sample demographic characteristics for siblings of transgender and nonbinary youth (TNY) in the Trans Teen and Family Narratives Project (N = 15).

Variable	Participants
Age of participants, range 14–24 years (mean, SD)	18.3 (3.2)
Age of participants' TNY siblings, range 13–17 years (mean, SD)	15.9 (0.9)
Age relationship to TNY sibling (n, %; mean age gap in years, SD)	
Older sibling	11 (73.3); +3.8 (2.3)
Younger sibling	3 (20.0); −2.0 (0.7)
Twin	1 (6.6); 0 (0)
Gender modality of participants (n, %)	
Cisgender girl/woman	8 (53.3)
Cisgender boy/man	7 (46.7)
Gender modality of participants' TNY siblings (n, %)	
Transgender girl/woman	6 (40.0)
Transgender boy/man	7 (46.7)
Nonbinary/genderqueer	2 (13.3)
Race/ethnicity (n, %)	
White	11 (73.3)
Asian	2 (13.3)
American Indian or Alaska Native	1 (6.6)
Mixed race/ethnicity	1 (6.6)
Sexual orientation (n, %)	
Completely straight/heterosexual	11 (73.3)
Bisexual and/or pansexual	2 (13.3)
Completely lesbian/gay	1 (6.6)
Asexual	1 (6.6)
Current grade or highest completed (n, %)	
8th grade or equivalent	3 (20.0)
9th grade or equivalent	1 (2.1)
10th grade or equivalent	0 (0.0)
11th grade or equivalent	2 (13.3)
12th grade or equivalent	5 (33.3)
High school graduate/GED or higher	4 (26.6)

Note: Percentages for sexual orientation may sum to greater than 100% because participants were able to select more than one response option. For TNY gender modality, any TNY endorsing a binary gender (e.g., boy/man or girl/woman) incongruent with their sex assigned at birth were classified as having a transgender modality; those endorsing a different gender from boy/man or girl/woman were classified as nonbinary or genderqueer.

Reflexivity statement

Both the primary study and this analysis were undertaken with the explicit goal of supporting the well-being of TNY and their families, with particular foci on family functioning and social support needs. The first two authors, both TN adults, were inspired to conduct this analysis both personally – having navigated transition processes in relationship to their own siblings – and professionally – noting the dearth of research focused on siblings of TNY and the complexity of experiences shared by sibling participants in the primary study.

TABLE 2 Sample semi-structured interview questions and probes by primary study domain of interest.

Domain	Sample interview questions	Sample interview probes
Family composition	Who do you consider to be part of your immediate family?	How is this person related to you?
Family experiences	How did you respond when you first learned about [SIBLING]'s gender identity?	How are your feelings or actions different than when you first learned about [SIBLING]'s gender identity?
	What has been easy and what has been challenging for you regarding [SIBLING]'s gender identity?	How have you responded to [SIBLING]'S chosen name and pronouns?
	How would you describe your role in the family?	[N/A]
Community experiences	How have people outside of your immediate family responded to [SIBLING]'s gender identity?	How have their responses affected you?
	In what ways, if any, has [SIBLING]'s gender identity impacted your social life?	[N/A]
Stress and coping	Everyone experiences stress at different times in their life. What causes you the most stress related to your family?	Can you give an example of a stressful situation that you faced recently related to your family?
	What brings you happiness related to your sibling's gender identity?	
Support and community	What kinds of support do you feel like you need related to [SIBLING]'s gender identity?	Who has been most supportive and how have they shown their support?

The full co-author team brought a range of relevant personal experiences to this research, including transgender, nonbinary, and cisgender gender modalities[1]; heterosexual and LGBQ⁺ sexual orientations; and White, Latinx, and Indigenous identities. Areas of professional expertise included adolescent and developmental psychology, clinical mental health practice, gender and women's studies, LGBTQ⁺ health, qualitative research, epidemiology, and education. During analysis, the team reflected on how their positionality impacted both data collection and the themes developed. Some examples of this process are noted below (see Analytic methodology).

Theoretical frameworks

The *primary study* was informed by two theories: (1) Ecological Systems Theory (Bronfenbrenner, 1979) and (2) Family Systems Theory (Cox & Paley, 1997; Minuchin, 1985). Ecological Systems Theory holds that youth are developing as individuals within nested systems – their families, communities, and wider cultures; therefore, the interview guides included questions about gender-related experiences at each of those levels. Family Systems Theory holds that any significant change for one family member affects the entire family unit, so the primary study included the direct perspectives of not just TNY but also their caregivers and siblings to illuminate how the TNY's gender disclosure and affirmation impacted others in the family. Although the current analysis was limited to one type of family member (siblings), the lack of information about sibling experiences in families with TNY necessitates a focus on these family members to inform how their individual experiences may affect the functioning and well-being of the larger family system (and vice-versa).

In addition, this analysis was informed by Goffman's (1963) theory of social stigma, particularly courtesy (associate) stigma, which describes the effects of stigma on the close associates and loved ones of members of stigmatized groups. We surmised that adolescent and young adult siblings, both due to their developmental stage and the cultural climate of the US with respect to TN people, would talk about experiencing forms of associate anti-trans stigma.

Analytic methodology

Godwin and Moore completed the analysis for this study, under the supervision of Katz-Wise. Before beginning, they discussed and documented how their personal experiences and professional training might affect their analytic process. This included creation of a document cataloging team members' beliefs and experiences relevant to the research. This document evolved over the course of analysis from a list of "biases and assumptions" (which the team realized was rooted in a positivist framing of researcher as liability to "truth") toward one describing how those experiences and beliefs became salient at particular moments in data analysis (more aligned with feminist methodologies of the researcher as an instrument in co-creation of knowledge with participants (Wilkinson, 1988)).

The team used a thematic analysis approach (Braun & Clarke, 2006) that began with immersion/crystallization (Borkan, 1999), in which they listened to the audio recordings and read the interview transcripts, noting any patterns, unanticipated responses, and outliers (e.g., a participant who kept using their sibling's former pronouns). Next, using a template organizing style (Crabtree & Miller, 1999), they created an initial codebook with deductive codes based

---

[1]"Gender modality" refers to the relationship between an individual's gender identity and their assigned sex (and therefore assigned social gender) at birth (Ashley, 2022).

on the primary study's interview questions and theoretical frameworks (e.g., *convogen* (conversations about gender), *stress_fam* (stress related to family)), and inductive codes that arose during immersion/crystallization (e.g., *feelres_proxy* (feelings about others' behavior toward trans people who were *not* their sibling)). The team tested the codebook using four transcripts representing varied age relationships and perspectives (older sister, younger sister, younger brother, and twin brother), then refined it (e.g., deleting unused deductive codes more germane to the primary study), using the final version to code the full set of transcripts in Dedoose. Analysts independently coded each transcript, using regular meetings (with each other and the senior author) and the in-app memo system to resolve discrepancies and discuss the addition of new inductive codes (e.g., *usage* (of gendered language for trans sibling)) until inductive code saturation (Hennink et al., 2017) was reached. Coding (and recoding of transcripts with any added/amended codes) was completed for all 15 interviews. Analysts then independently generated themes. The team discussed and refined these iteratively until no further themes or subthemes were developed.

During coding and theme development, the analysts re-examined (and sometimes changed) their previously documented beliefs and discussed their own positionality at regular team meetings and through interactive memos. For example, both Godwin and Moore are transgender people who had very different familial responses to their initial disclosures, partly due to generational differences. This resulted in frequent discussions/disagreements about how to code the valence of familial responses – Godwin (Generation X, experienced negative family response) was more likely to code non-rejecting behavior as "positive," while Moore (Generation Y, more neutral response) coded it as neutral. This in turn led to discussions about the relevance of whether the *researchers* themselves viewed a familial response as positive/negative vs. how the *participants* viewed the responses, which was instrumental in the development and refinement of Theme 3 (Assessing responses to their sibling).

The authors presented a 2-page lay summary of findings to the scientific advisory board and community partners for feedback and assistance with interpretation. This document was also sent to all participants in the primary study (siblings, TNY, and caregivers) for their commentary. The first two authors presented refined themes at a transgender health conference, at which they received feedback from TN community members, clinicians serving TNY and families, and TN health researchers. These perspectives and reviewer feedback were used to refine the themes into the final version.

RESULTS

Analyses yielded three themes (each with subthemes): *Gender-related beliefs and knowledge*, *post-disclosure family dynamics*, and *assessing responses to their sibling*; these were particularly salient at different points in the TNY sibling's (and therefore the family system's) gender affirmation process. See Figure 1 for a thematic map, including subthemes, sample codes for each theme, and a timeline indicating during which timepoints themes were most salient.

Theme 1: Gender-related beliefs and knowledge

The first theme described the ways in which participants' gender-related beliefs and knowledge impacted their responses (internal and external) to their sibling's gender identity disclosure and gender affirmation process. It manifested primarily in two ways: *anticipating their sibling's TN identity* and *expectations post-disclosure*.
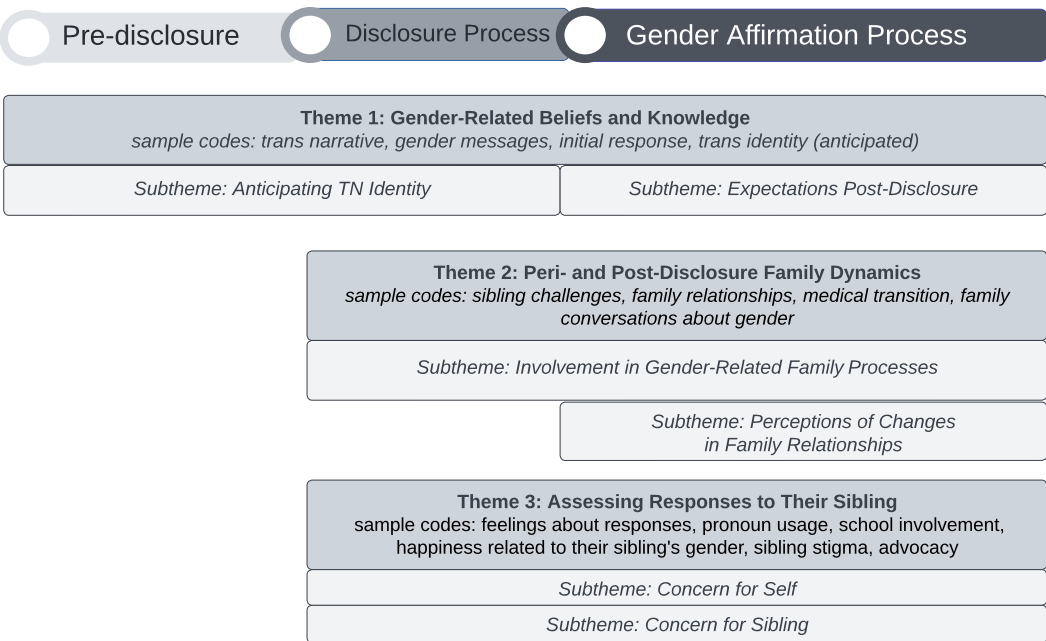
Pre-disclosure | **Disclosure Process** | **Gender Affirmation Process**

Theme 1: Gender-Related Beliefs and Knowledge
sample codes: trans narrative, gender messages, initial response, trans identity (anticipated)

Subtheme: Anticipating TN Identity | *Subtheme: Expectations Post-Disclosure*

Theme 2: Peri- and Post-Disclosure Family Dynamics
sample codes: sibling challenges, family relationships, medical transition, family conversations about gender

Subtheme: Involvement in Gender-Related Family Processes

Subtheme: Perceptions of Changes in Family Relationships

Theme 3: Assessing Responses to Their Sibling
sample codes: feelings about responses, pronoun usage, school involvement, happiness related to their sibling's gender, sibling stigma, advocacy

Subtheme: Concern for Self

Subtheme: Concern for Sibling

FIGURE 1 Themes with respect to timing of gender-related processes for TNY and their families. (1) "Disclosure process" includes both intra- and extra-familial disclosures occurring over a period of time (varies with each family). "Gender Affirmation Process" refers to steps taken post-disclosure to affirm the TNY's gender identity. (2) While these phases are represented as mutually exclusive for ease of visualizing how the themes related to these distinct processes, in reality there may be some overlap (e.g., family begins affirming gender at home prior to disclosure to school community).

Subtheme 1a: Anticipating their sibling's TN identity

Over half of participants, regardless of relative age of sibling, commented on the extent to which they had *anticipated their sibling's TN identity* prior to their sibling's gender identity disclosure. Those who had "seen it coming" connected their lack of surprise to having observed behaviors in their sibling from early childhood that were *discordant* with stereotypes participants had learned about their sibling's birth-assigned gender. One 17 year old referred to her younger brother's[2] coming out as: "… not really a surprise to me because growing up, I'd have my Barbies. He'd have his superhero action figures." These observations were remarkably similar and cut across gender and relative age relationships. A 14 year old observed about his older sister:

> …you could tell that there was something up like from a young age. When she was really young, she preferred Barbies, she liked dressing up; it wasn't a huge shock…. It was kind of obvious that that she wasn't like the average or typical heterosexual male.

Those participants who were *surprised* when their sibling came out associated their reaction with their impression that their sibling had displayed behavior *concordant* with stereotypes associated with their assigned gender, as did this 24 year old regarding her younger sister:

---

[2]We refer to TNY using gendered words (e.g., "girl," "brother") that match the gender they endorsed on the baseline survey in the primary study.

…I feel like, you know, growing up as a child, there were no signs… [S]he[3] was all boy growing up…So it was absolutely shocking when [s]he said it. I wasn't prepared for it at all. And I think it would have been easier if those signs had been there along the way, you know?

Just as gender stereotypes informed how participants interpreted their siblings' initial gender identity disclosures, these messages were also salient as participants made meaning of their sibling's post-disclosure gender affirmation.

Subtheme 1b: Expectations post-disclosure

This subtheme described how gender-based beliefs influenced participants' expectations about the effects of their sibling's gender affirmation on their sibling and/or their relationship. An 18 year old recounted how stereotypes about boys and aggression created initial difficulty accepting his younger sibling as male, whereas gender norms about exposing one's chest had the opposite effect:

But still getting the mindset that he's a male, that was harder. I think I really, really started believing that once I first saw [BROTHER] shirtless and I was like, "Okay, male, male, male, male, male." But I didn't believe it for a long time…. I just thought something would change…. Maybe [BROTHER] would start being more aggressive, more sporty…

Several participants, either explicitly or implicitly, tied their gender-related knowledge to reflections on the effect of their sibling's gender affirmation on their relationship. A 14-year-old was concerned that an already-close sibling relationship would become strained, which he connected to his lack of prior knowledge about TN people:

Well, at first, I was shocked because…I wasn't really educated on it. I thought that when she became a girl and had all her stuff done that she wouldn't be the same person because I had a very tight bond with [ASSIGNED NAME] – her… when she was a boy. Then after the operation…she was happier with herself, but she wasn't a different person. So I felt, like, nervous before but then I learned to accept it.

Regardless of participants' prior gender-related beliefs, all described navigating changes not only in the sibling relationship but also in their family system during and after disclosure.

Theme 2: Peri- and post-disclosure family dynamics

The second theme described participants' perspectives on overall family processes and relationships during and after their sibling's initial disclosure of their gender identity.

---

[3]In places where participants used pronouns that did not correspond to their sibling's gender identity, we have indicated the TNY's affirmed pronoun using bracketed text out of respect for the TNY participants in the study.

Subtheme 2a: Involvement in gender-related family processes

The first subtheme described participants' *perceptions of and feelings about the extent to which they were involved in family processes related to their sibling's gender.* A common thread was a sense of being left out or behind. A 14 year old was "a little upset actually" at being the last in his family to find out that his older sister had come out as transgender, "because I was worried it was because [SISTER] thought I was gonna be not okay with it. I understand that it was scary and it was hard, but I was like, 'Did you not trust me?'" Siblings mentioned feeling excluded from family discussions and/or counseling sessions. A 20-year-old older sister wished she could be more involved in family counseling: "[BROTHER] has a gender counselor, which is helpful. I wish I knew a little more about what they talked about. I've been to one meeting…to help with genealogy…I'd like to be a little more included in the process." Similarly, an 18 year old reflected on how his family's way of processing his younger brother's disclosure in relative isolation was difficult: "like, we were all separate in figuring it out ourselves. My parents went to therapy for a while. I never went to therapy. I never talked to anyone about it. I sort of just figured it out on my own."

For a few older siblings, concerns about their lack of involvement in the gender affirmation process were specifically related to medical interventions. A 24 year old expressed concern related to parental decision-making about medical interventions and fear that her sister "will go through everything – hormone blockers, [s]he wants to have surgery eventually… I am terrified that at the end of all of it, [s]he still won't love himself, herself." A 20 year old shared similar concerns about her younger brother, but chose not to share them with him due to a family role she had assumed:

> And I do still have a few reservations about having [BROTHER] take hormones, because it's not something you can undo. But…. I kind of see my role as sibling as being the one who is completely supportive, even if I'm not always sure if [BROTHER] understands the consequences. Because I'm not ultimately the one who makes the legal decision…. I think that [BROTHER] needs someone who is just completely supportive, and my parents can have the doubts.

While these sentiments were not shared by many respondents, they were illustrative of both the meaning-making that siblings of TNY engaged in about gender affirmation and their conceptualizations of what it meant to be "supportive" at various points in their sibling's gender affirmation process. As siblings considered their own roles related to their TN sibling's gender-affirmation, they also shared perceptions about how this process affected family relationships.

Subtheme 2b: Perceptions of changes in family relationships

This subtheme consisted of *ways that siblings perceived shifts in family relationships post-disclosure.* A few siblings lamented what they saw as a loss of parental resources that were now being diverted to their TN sibling. A 17 year old related a loss of one-on-one time with her mother to her younger brother's gender-related medical needs:

> I don't feel as close with my mom now, like once [BROTHER] started going to the doctors about everything, so… [trails off] [*Interviewer: How has it changed?*] I normally don't tell her anything, like what's going on now, just because, like, she's always taking him to doctors' appointments and stuff.

Similarly, a 14 year old expressed frustration at shifts in parental attention to his TN sibling, remarking that "everything has now been pushed and based over to [SISTER]'s aspect. She gets

more attention than I would or [YOUNGER BROTHER] would." However, a few other participants saw their TN sibling's gender affirmation as positively impacting family relationships and communication. A 14-year-old brother mused: "I think I definitely became closer to [SISTER] through it. We were still close before that, but we have definitely become closer through it. Same thing with Mom and Dad." A 19-year-old older sister attributed greater closeness to an increase in intra-family communication:

> I think it's really brought us all a lot closer… There's just a lot more talking going on and [BROTHER] is a lot more open about his whole journey and process through this. So it really has opened a lot of boundaries that were shut earlier I guess.

Siblings' attention to how family members navigated the gender affirmation process included not only their own intra-family relationships (e.g., degree of closeness among family members; attentional focus on the TNY sibling) but also their perceptions of how people both within and outside their family were engaging in affirmation (or not) of their sibling's gender.

Theme 3: Assessing responses to their sibling

The third and most prevalent theme describes *the extent to which participants monitored and evaluated both their own and others' responses to their TN sibling.* There were two subthemes: *concern for sibling* and *concern for self.*

Subtheme 3a: Concern for sibling

All but two participants expressed having had concerns about how responses to their TN sibling by family members, their school community, and others would affect their sibling's social, emotional, and physical well-being. Many participants were concerned about anti-trans stigma and discrimination, including this 16 years old, who feared possible violence against his younger brother: "I worry sometimes about him…that something bad is going to happen to him because of this eventually. That someone who is not as accepting is going to be violent against him. I worry about that a lot." A 17-year-old expressed fears about denial of medical care for her younger brother: "I just heard about people being turned down at hospitals because of how they identify, and that just blows my mind. I just really hope that never happens to him." In some cases, previously held worries were unfounded. For example, a 19 year old felt relief at the positive reception her younger brother received in their school community: "That's something I was so worried about. I was like, 'What will kids say at school?' But from everything I've heard, it's been nothing but a lot of support." For some, this concern about anti-trans prejudice manifested as protectiveness of their sibling, as with this 14-year-old younger brother:

> …now that she transitioned, it's obviously not good for people to not be educated and picking on her. It seems to have put a target on her back. So I'm there for her more when she needs it because not everyone is going to be supporting her. It's important that we do it as a family and especially with me.

Of these participants, a subset also noticed their protectiveness extending more broadly to TN people. A 24-year-old described how her protectiveness of her younger brother arose even when he was not the specific target of anti-trans statements:

> …when people start spewing ignorance about transgender people, you will, 95% to 99% of the time, hear me put my input in like, "No, you're going to listen to what I have to say now, because I have a transgender little brother and you're not going to sit here and be disrespectful about who and what he is."

Two-thirds of participants had a high level of attunement to, and tended to evaluate, the speed and ease with which people, themselves included, adapted to using the affirmed name and pronouns of their TN sibling. A 16-year-old interpreted his grandparents' acceptance of his younger brother's gender in light of their pronoun usage: "They occasionally do mess up, but they are very accepting of [BROTHER] – get all of his pronouns right, usually." Usage of new pronouns and affirmed names by friends brought happiness and a sense of greater closeness for some participants, such as this 17-year-old older sister of a gender-queer youth, who said, "some of my really close friends use 'they' and I know that made me respect them more I guess and want to stay friends with them more." Gendered language usage from strangers was noted as a sign that their sibling was being "read" as their affirmed gender. When asked what brought her happiness related to her younger brother's gender, a 24-year-old sister responded with a smile:

> When we go out to restaurants. We were out the other night and they're like 'And for you, sir?', 'Buddy.' It's cool to see people kind of respond to how he's identifying.

Some participants also evaluated their own usage of affirmed names/pronouns. A 19-year-old described the effort he put into using "they/them" pronouns for his genderqueer younger sibling: "I'm trying incredibly hard to use the correct pronouns because it's been difficult…. I think I'm getting better at it." A 24-year-old was hard on herself when she noticed herself accidentally mis-gendering her younger sister during the interview: "I can't get the pronouns right. I'm even doing it now and I'm, like, super aware of it." The self-consciousness of these adolescents and young adults was central to the second subtheme, in which they considered the impact of their sibling's gender affirmation process on their own social standing.

Subtheme 3b: Concern for self

About half of participants expressed concerns about their extrafamilial relationships and social status in relation to how they might be viewed as the sibling of a TN person. A 17-year-old older sister expressed fears that she would lose her friends and romantic partner based on their religious beliefs: "I don't want to tell my friends about it, because I'm afraid they're going to judge me…. because a lot of my friends are Christian - that's another problem, because my boyfriend is also Christian." Sometimes, concerns for sibling and self were explicitly tied together, as with this 21-year-old older brother who shared: "I feel like people are going to judge h[er]. If they judge h[er], they're going to judge me, too." Likewise, a 14-year-old younger brother recalled worrying about his school experience:

> I remember the day that [SISTER] was first going to come out in school and I was kind of stressed out… I didn't want her to be treated poorly, I didn't want, like, to be treated poorly because of that, so I was kind of stressed out, but everyone took it well, I think. No one really cared.

Others in this group expressed both concerns, but at different points during their interview.
   A few participants explicitly noted their *lack* of concern for self, attributing this to the liberal mindsets of their family or their communities. For example, a 14-year-old younger brother

noted "People still view me in the same way. No one's been rude about it…. We're lucky to live in [CITY], [STATE]; it's pretty liberal."

Regardless of whether participants expressed concern for their own social standing, it was clear that societal acceptance or rejection of their sibling was a major concern for siblings of TNY.

DISCUSSION

This exploratory study about the experiences of siblings of TNY from the northeastern US mirrors findings from similar studies conducted in Australia, Germany, and the UK, supporting possible transferability across sociopolitical contexts. It also adds its own unique findings that may be context-dependent and warrant further exploration, both within the US and other nations. Below we summarize the commonalities and differences in themes from the current study compared to extant research and discuss the implications of each theme for both research with and support of families with TNY.

Our first theme—the ways that prior beliefs about gender affected siblings' responses to TNY's disclosures—had strong echoes in a theme from the UK sample, in which participants "sought memories that confirmed, or made sense of, their siblings' gender diversity, such as their siblings always having been seen as 'tomboys'" (Wheeler et al., 2019, 266). Similarly, the Australian study found a connection between lack of prior information about TN people and experiencing "surprise or confusion" after a sibling's gender disclosure (Parker & Davis-McCabe, 2021, 196). Among our participants who expressed stereotypical beliefs about gendered behavior, those whose TN siblings exhibited patterns of behavior that matched these expectations (e.g., a trans girl who had liked dolls) adapted more easily to their sibling's disclosure than those with less "gender conforming" siblings (e.g., the trans boy who was not "sporty"). Taken together, these findings suggest that a society's gender stereotypes and roles, as well as how messages about gender are communicated within the family system, influence how youth make meaning of their TN siblings' gender disclosure and affirmation. Thus, youth with either nonbinary siblings or binary trans siblings who are less "gender conforming" to their affirmed gender may struggle more with acceptance.

Consistent with Family Systems Theory (Cox & Paley, 1997; Minuchin, 1985) in recognizing the relevance of the larger family system to individual family members' experiences and vice versa, participants in this study experienced their sibling's gender affirmation process as impacting dynamics in the family system (Theme 2). Several siblings shared perceptions of being left out of discussions about disclosure and desires to have more access to family supports, such as counseling. This was also echoed among Australian siblings of TNY (Parker & Davis-McCabe, 2021), who mentioned family counseling explicitly as an arena in which they wanted more involvement. Interestingly, in the German study (Kuhlmann et al., 2020), several TNY expressed beliefs that their siblings did *not* need to attend family counseling sessions because they thought it would not change relationship dynamics at home. This indicates potential discordance in the perceptions of different family members about whether siblings want or need to be involved in family counseling related to the TNY's gender affirmation. This discordance was evident, but in the opposite direction, in recent quantitative research with a different sample of Australian siblings ($n = 40$, ages 12–17), in which a majority of both TNY (54%) and caregivers (79%) believed siblings needed support related to the TNY's gender identity, but only 9% of siblings shared this belief about themselves (Westwater et al., 2022). These findings point to a need for further research that includes siblings along with TNY to shed more light on assumptions that family members make about each other's support needs related to the TNY's gender affirmation process.

Several participants shared desires to be more involved in or knowledgeable about family-level discussions related to medical gender care, with older participants in particular

expressing concern about irreversible/side effects. Wheeler et al. (2019) found an even keener interest among UK siblings in gender-affirming care, noting that "all eight sibling participants…wished to be kept updated regarding their siblings' care" and "sibling participants are fearful about potential complications or side effects" (270). To some extent, such concerns were also voiced by siblings in both the German sample (Kuhlmann et al., 2020) and the Australian one (Parker & Davis-McCabe, 2021). Together, this research suggests that it may be helpful to siblings to at least be apprised of their TNY sibling's medical gender care, especially given the current proliferation of mis/disinformation in the US about gender-affirming care for TNY.

Consistent with Ecological Systems Theory (Bronfenbrenner, 1979), which acknowledges societal-level effects on individual's experiences, siblings of TNY in this study were acutely aware of social stigma against TN people and others' responses to their sibling. They evaluated those responses through lenses of concern for the well-being of their TNY sibling (subtheme 3a, i.e., *vicarious stigma*: the emotional effects of concern on behalf of a stigmatized person or group (Corrigan & Miller, 2004)) and their own social standing (subtheme 3b, i.e., *public stigma*: the stigma felt directly by a person affiliated with a stigmatized person or group) (Goffman, 1963). Concern about *vicarious* stigma was related to actual and/or hypothetical systemic, community-level, and/or family-level responses to their TN siblings. This concern and a resultant sense of protectiveness were thematically echoed among siblings in the German study, among whom a quarter of the siblings reported an instinct to protect their transgender siblings (Kuhlmann et al., 2020, 531) and siblings in the Australian study, for whom "the responsibility to support and protect" was salient for so many participants that it was deemed an "umbrella theme" (Parker & Davis-McCabe, 2021, 192). In the UK sample, this concern was not named as a separate theme but was evident across three themes, mostly focused on fear for TNY siblings due to stigma and stress related to having to keep track of to whom their TNY sibling had disclosed and monitoring their own speech to avoid "outing" them (Wheeler et al., 2019). Our results confirm the salience of this concern among US youth, indicating that this is likely a key area in which siblings of TNY may need both psychological (e.g., support groups) and logistical support (e.g., family discussions about how to handle mistreatment of their TNY sibling) across sociocultural contexts, especially given the escalation of anti-TNY legislation in the US.

Consistent with the increased focus on peer relationships during adolescence, participants in this study shared developmentally appropriate concerns about *public stigma* (e.g., possible rejection by friends or romantic partners, being bullied at school) in response to larger societal prejudice against TN people. Notably, this study found that the subtheme of concern for self was a more salient part of siblings' experiences than in the other studies. A possible explanation is that the TNY in this study were almost all completely "out" as TN in multiple settings; this visibility may have affected the salience of their siblings' concern about public stigma compared to the UK or Australian studies, in which not all TNY were known to be trans outside their families. Future research with families with TNY in various stages of "outness," in different parts of the US and internationally, may help elucidate the extent to which siblings' concern for public stigma may also be a sociocultural phenomenon (e.g., related to US cultural emphasis on individual vs. collective needs).

Implications for practice

These findings indicate that siblings of TNY experience changes in their family and social environments related to their sibling's gender affirmation process, and therefore may need support and resources from family, providers, and communities to navigate these changes.

Families and clinicians

Families and clinicians should recognize that siblings of TNY may not necessarily have foundational knowledge about TN people, including their own sibling. Findings from this study indicated that siblings' beliefs about gender affected their initial responses to and experience of their TN sibling's gender affirmation and related disclosures. Provision of accurate and age-appropriate information not only about their own TN sibling's gender affirmation process but also about TN people and gender stereotypes more broadly could help facilitate adolescents' acceptance and support of their TNY sibling. Indeed, evidence shows that access to current and accurate gender-related information is a key element of parental affirmation of TNY (Pullen Sansfaçon et al., 2020). When providing or referring families to such information, clinicians should ensure that siblings, as part of the family system, are included in this process and have access to developmentally appropriate information. In meeting with the family together, clinicians can gain a better understanding of each family member's foundational knowledge and understanding about gender identity/expression and TN people, which can in turn help them determine what resources could be the most appropriate to support all family members' understanding of the TNY's unique experience of gender.

The concerns about medical procedures expressed by siblings in our study suggest that families and medical providers should consider including siblings, particularly older ones, in age-appropriate explanations of the ramifications of certain medical interventions (e.g., pubertal blockade, hormone therapy) to allay concerns about the effects of these on their TNY siblings, which may be in part the result of anti-TNY rhetoric and disinformation in the US. Family counseling sessions can provide opportunities for each family member to process fears, including those about medical interventions and the current sociopolitical climate, and generate questions they have for medical and/or mental health providers.

Participants in our study seemed to interpret delay or avoidance of involving them in disclosure or discussion of their sibling's gender affirmation as a reflection of the strength of their family ties. Further, many emphasized the importance of merely being included in family processes and supports related to their trans sibling's gender affirmation process as a key intervention. Therefore, inclusion of interested adolescent/young adult siblings in family counseling, family-focused interventions, and/or conversations about the gender affirmation process could foster better family communication and closeness in families with TNY. Assumptions by caregivers and/or mental health providers that sibling inclusion is not warranted may be interpreted by cisgender adolescents and young adults as a lack of trust in them or as communication that their experiences are irrelevant or unimportant. Exclusion may also deprive siblings of a chance to feel fully integrated in their family's approach to affirming their sibling's gender, including through family counseling, or to discuss their own concerns privately with a mental health provider. A study of adult transgender persons recommended that clinicians "think expansively about…supportive family members like siblings" for more inclusive clinical practice; our findings suggest that this recommendation may also be warranted for those working with youth (Edwards et al., 2019). A recent systematic review of recommendations for family-based interventions with TNY and their families also recommended working with siblings both separately and with their other family members (Malpas et al., 2022). Based on our data and those of these additional studies, the key recommendation for clinicians working with families of TNY at this time is seemingly a simple one: include siblings. As members of the family system, siblings both benefit from and contribute to improvements in family communication, emotional processing, and collective identity development.

Clinicians and community-based support providers serving TNY should consider the unique developmental and relational needs of adolescent/young adult siblings when working with TNY and their families. For example, this study found that youth interpreted use of affirmed name and pronouns as a proxy for support for their TN sibling. Given their

unique position as both family members and (often) age mates of TNY, young siblings may need support not only in their own use of affirmed name and pronouns but also talking through their feelings about others' usage. Adolescents may also understate/underestimate their true support needs. A 2022 Australia-based study by Westwater et al. found that over half of siblings surveyed ($n = 40$, ages 12–17 years) indicated it was important for "health care staff to ask everyone's experience in your family." However, only 14% of this same cohort said it was important for health care staff to ask them about *their* specific thoughts/experiences. This disconnect was also evident across enough of this study's interviews to be a topic of discussion during research team debriefs—when asked directly about their needs, siblings would often say they had none. But elsewhere in their interviews, they would describe multiple support needs. Therefore, families and clinicians should be aware that "I'm fine" may be a starting point, not an ending one, in conversations with siblings about their needs. Normalization by families and clinicians of the participation of siblings in processes such as family counseling (e.g., through use of questions for/about siblings and their needs during intake), as well as explicit and repeated invitations for siblings to participate may serve as important cues that siblings matter within the family-level process of affirming the TNY's gender.

Beyond inclusion with other family members in receiving support services, siblings may also need targeted supports. Siblings in our study expressed concerns about shifts in family dynamics that they saw as unfavorable for them (e.g., loss of time with parents), reservations about medical interventions, and/or keen awareness of the ramifications for their sibling and themselves of anti-trans prejudice in their communities and/or country. Yet, they did not speak of sharing these concerns with their family members; indeed, some spoke of conscious choices *not* to share these concerns. Clinicians and community providers can support siblings of TNY by creating and/or referring them to sibling-only spaces where they can confide in and support each other. Prompted by our findings, the first two authors facilitated such affinity spaces specifically for siblings of TNY at two regional conferences serving TN people and their families; participants (and several parents of TNY) expressed appreciation for these offerings and hoped that they would recur at future conferences. Practices like these could be implemented more widely at such conferences or in clinical practices serving TNY and their families to provide peer social support for siblings of TNY.

School environments

The current research also has implications for educational advocates and school-based professionals. Multiple participants mentioned school environments not only as places where they fielded invasive questions about their TN siblings or felt obligated to protect them but also as places where affirmation of their TN sibling by their peers strengthened those relationships. Among siblings of TNY in the German sample (Kuhlmann et al., 2020), several expressed that they would have liked to have received support related to navigating harassment in school settings related to their TN sibling, and others' ignorance about TN people was cited by some Australian youth as a problem for them at school (Parker & Davis-McCabe, 2021). Given how prevalent concerns about social stigma were in our own sample, siblings may need additional help from caregivers and/or school professionals to navigate school environments, particularly in areas where laws and policies specifically target their families (e.g., laws criminalizing gender-affirming care for youth). As a specific activity independent of or as part of family interventions, it may be appropriate to role-play ways that siblings (and other family members) can handle situations related to their TNY sibling outside the home that are acceptable to and safe for all family members, including and especially the TNY. Affinity groups such as those mentioned above could be a safe setting in which to discuss and practice such scenarios.

Improving legal protections for TNY in schools and creating gender-affirming school policies and procedures may result in improved health and academic performance for *both* TNY and cisgender siblings. Indeed, research has shown that having a gender and sexuality alliance in a school is associated with improved educational outcomes for not only sexual and gender minority students but also for cisgender and heterosexual students (Toomey et al., 2011). Notably, only one participant in this study mentioned a class at school as a helpful source of information about TN people. LGBTQ-inclusive curricula in schools have been shown to reduce incidence of homophobic bullying, increase bystander willingness to intervene, and expand students' awareness of gender-based systems of oppression (Goldfarb & Lieberman, 2020). Given that two themes from this study were the impact of gender-based beliefs and participants' concerns about mistreatment of their siblings and/or themselves by proxy (particularly in school environments), LGBTQ-inclusive curricula hold promise for positively impacting the well-being not only of TNY but also their cisgender siblings (and by extension, their families) on multiple axes.

Study limitations and strengths

As with much extant research involving TN people, this study had certain limitations. Over one-third of families in the sample were recruited through gender clinics serving TNY, which disproportionately serve patients who are White and/or higher SES (Pyne, 2018) and who have at least one parent who is supportive enough to pursue medical gender affirmation for them. The sample consisted of families from New England, a region relatively accepting of LGBTQ$^+$ people compared to much of the US (Kosciw et al., 2016). Given that both family support (Brown et al., 2020) and legislative protections (Blosnich et al., 2016) are associated with better health outcomes for TN people, the current sample may not fully describe the experiences of siblings of TNY within less supportive micro *and* macro environments or with less racial and/or class privilege. For example, a nationwide sample or a sample from a less progressive area of the country might report different concerns about public and/or vicarious stigma. Because the primary study had a lower age limit but not an upper one for siblings, older siblings ($n=11$) greatly outnumbered younger ones ($n=3$) and included several young adults (i.e., ages 18–24), whose greater cognitive maturity may have facilitated contemplation of complex sociocultural factors affecting their TN sibling and/or reduced concerns for their own social standing (Zarrett & Eccles, 2006). Studies with larger, more geographically diverse samples that include a variety of age ranges and multiple siblings per family are needed to elucidate more completely the family experiences of siblings of TN youth, including dyadic relationships between TN and cisgender siblings.

This study has several strengths. To our knowledge, this is the first exploratory investigation of the experiences of adolescent and young adult siblings of TNY conducted in the US, and only the fourth study ever to focus on siblings' experiences in families with TNY. This study recruited participants from across six US states and varied geographic settings (e.g., rural, suburban, and urban), using multiple sources (including both clinic-based and community-based sampling), with the TNY siblings of the participants having multiple gender identities and being at various stages of gender affirmation.

Conclusions

This study provides evidence that cisgender siblings of TNY in the US have unique perspectives and needs related to their TN sibling's gender affirmation process and the resultant shifts in family dynamics and the interactions they have in their communities. Common threads across

similar studies in other nations indicate that there may be certain aspects of the experience of having a TNY sibling that are likely to be similar across cultures. The differences that we found may be related in part to the vast geographic, political, and cultural diversity of the US with respect to acceptance of TN people. This study also demonstrates that siblings of TNY are affected by the same societal forces (e.g., legislation about and attitudes toward TN people) that affect their TN sibling and parent(s)/caregiver(s). Given the disturbing escalation of discrimination targeting TNY and their families in the US, there is a profound need not only for additional research with these populations but also for initiatives at the family, community, and institutional levels that support both TNY and their entire family unit, siblings included. Caregivers, clinicians, schools, and community organizations all have a critical role to play in supporting siblings of TNY, which in turn supports the entire family system and TNY themselves.

CONFLICT OF INTEREST STATEMENT

Sabra L. Katz-Wise is a diversity consultant for McGraw Hill and Viacom/CBS, neither of whom provided funding for the current project. The other authors have no conflicts of interest to disclose.

ORCID

Eli G. Godwin https://orcid.org/0000-0002-9713-5125
LB. M. Moore https://orcid.org/0000-0002-1413-4558
Annie Pullen Sansfaçon https://orcid.org/0000-0003-2286-8997
Melissa MacNish Nishman https://orcid.org/0000-0002-0988-8646
Milagros C. Rosal https://orcid.org/0000-0001-8497-5558
Sabra L. Katz-Wise https://orcid.org/0000-0003-4825-6673

REFERENCES

Ashley, F. (2019). Puberty blockers are necessary, but they don't prevent homelessness: Caring for transgender youth by supporting unsupportive parents. *The American Journal of Bioethics*, *19*(2), 87–89. https://doi.org/10.1080/15265161.2018.1557277

Ashley, F. (2022). 'Trans' is my gender modality: A modest terminological proposal. In L. Erickson-Schroth (Ed.), *Trans bodies, trans selves* (2nd ed., p. 2). Oxford University Press.

Barron, C., & Capous-Desyllas, M. (2017). Transgressing the gendered norms in childhood: Understanding transgender children and their families. *Journal of GLBT Family Studies*, *13*(5), 407–438. https://doi.org/10.1080/1550428X.2016.1273155

Bhattacharya, N., Budge, S. L., Pantalone, D. W., & Katz-Wise, S. L. (2020). Conceptualizing relationships among transgender and gender diverse youth and their caregivers. *Journal of Family Psychology*, *35*, 595–605. https://doi.org/10.1037/fam0000815

Blosnich, J. R., Marsiglio, M. C., Gao, S., Gordon, A. J., Shipherd, J. C., Kauth, M., Brown, G. R., & Fine, M. J. (2016). Mental health of transgender veterans in US states with and without discrimination and hate crime legal protection. *American Journal of Public Health*, *106*(3), 534–540. https://doi.org/10.2105/AJPH.2015.302981

Borkan, J. (1999). Immersion/crystallization. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 179–194). Sage Publications.

Bosse, J. D., Clark, K. D., Dion, K. A., & Chiodo, L. M. (2023). Transgender and nonbinary young adults' depression and suicidality is associated with sibling and parental acceptance-rejection. *Journal of Nursing Scholarship*, 1–16. https://doi.org/10.1111/jnu.12917

Bosse, J. D., Dion, K. A., Campbell Galman, S., & Chiodo, L. M. (2022). Transgender and nonbinary young adults' perception of sibling and parental support for gender identity. *Research in Nursing & Health*, *45*(5), 569–579. https://doi.org/10.1002/nur.22251

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Brown, C., Porta, C. M., Eisenberg, M. E., McMorris, B. J., & Sieving, R. E. (2020). Family relationships and the health and well-being of transgender and gender-diverse youth: A critical review. *LGBT Health*, *7*, 407–419. https://doi.org/10.1089/lgbt.2019.0200

Chen, M., Fuqua, J., & Eugster, E. A. (2016). Characteristics of referrals for gender dysphoria over a 13-year period. *Journal of Adolescent Health*, *58*(3), 369–371. https://doi.org/10.1016/j.jadohealth.2015.11.010

Clark, B. A., Marshall, S. K., & Saewyc, E. M. (2020). Hormone therapy decision-making processes: Transgender youth and parents. *Journal of Adolescence*, *79*, 136–147. https://doi.org/10.1016/j.adolescence.2019.12.016

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*, *13*(6), 537–548. https://doi.org/10.1080/09638230400017004

Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology*, *48*, 243–267. https://doi.org/10.1146/annurev.psych.48.1

Crabtree, B. F., & Miller, W. L. (1999). Using codes and code manuals. In B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research* (2nd ed., pp. 163–177). Sage Publications.

Dedoose. (2018). *Dedoose* (8.0.42) [Computer software]. SocioCultural Research Consultants, LLC. www.dedoose.com

Edwards, L., Goodwin, A., & Neumann, M. (2019). An ecological framework for transgender inclusive family therapy. *Contemporary Family Therapy*, *41*(3), 258–274. https://doi.org/10.1007/s10591-018-9480-z

Eisenberg, M. E., Gower, A. L., McMorris, B. J., Rider, G. N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *Journal of Adolescent Health*, *61*(4), 521–526. https://doi.org/10.1016/j.jadohealth.2017.04.014

Factor, R. J., & Rothblum, E. D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research*, *3*(3), 11–30. https://doi.org/10.1080/15574090802092879

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.

Goldfarb, E. S., & Lieberman, L. D. (2020). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, *68*, 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

Gómez-Gil, E., Esteva, I., Almaraz, M. C., Pasaro, E., Segovia, S., & Guillamon, A. (2010). Familiality of gender identity disorder in non-twin siblings. *Archives of Sexual Behavior*, *39*(2), 546–552. https://doi.org/10.1007/s10508-009-9524-4

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, *42*(2), 377–381. https://doi.org/10.1016/j.jbi.2008.08.010

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, *27*(4), 591–608. https://doi.org/10.1177/1049732316665344

Hillier, A., & Torg, E. (2019). Parent participation in a support group for families with transgender and gender-nonconforming children: "Being in the company of others who do not question the reality of our experience". *Transgender Health*, *4*(1), 168–175. https://doi.org/10.1089/trgh.2018.0018

Katz-Wise, S. L., Ehrensaft, D., Vetters, R., Forcier, M., & Austin, S. B. (2018). Family functioning and mental health of transgender and gender-nonconforming youth in the trans teen and family narratives project. *The Journal of Sex Research*, *55*(4–5), 582–590. https://doi.org/10.1080/00224499.2017.1415291

Katz-Wise, S. L., Godwin, E. G., Parsa, N., Brown, C. A., Pullen Sansfaçon, A., Goldman, R., MacNish, M., Rosal, M. C., & Austin, S. B. (2020). Using family and ecological systems approaches to conceptualize family- and community-based experiences of transgender and/or nonbinary youth from the trans teen and family narratives project. *Psychology of Sexual Orientation and Gender Diversity*, *9*, 21–36. https://doi.org/10.1037/sgd0000442

Kidd, K. M., Sequeira, G. M., Paglisotti, T., Katz-Wise, S. L., Kazmerski, T. M., Hillier, A., Miller, E., & Dowshen, N. (2021). "This could mean death for my child": Parent perspectives on laws banning gender-affirming care for transgender adolescents. *Journal of Adolescent Health*, *68*(6), 1082–1088. https://doi.org/10.1016/j.jadohealth.2020.09.010

Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C., & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools.* GLSEN.

Kuhlmann, A.-L., Romer, G., & Möller, B. (2020). "Wenn man sich so besser fühlt …": Jugendliche geschwister-beziehung im kontext transidenter entwicklungen (T. Higman, Trans.). *Praxis der Kinderpsychologie und Kinderpsychiatrie*, *69*(6), 524–540. https://doi.org/10.13109/prkk.2020.69.6.524

Malpas, J., Pellicane, M. J., & Glaeser, E. (2022). Family-based interventions with transgender and gender expansive youth: Systematic review and best practice recommendations. *Transgender Health*, *7*(1), 7–29. https://doi.org/10.1089/trgh.2020.0165

McHale, S. M., Updegraff, K. A., & Whiteman, S. D. (2012). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and Family*, *74*(5), 913–930. https://doi.org/10.1111/j.1741-3737.2012.01011.x

Milevsky, A. (2005). Compensatory patterns of sibling support in emerging adulthood: Variations in loneliness, self-esteem, depression and life satisfaction. *Journal of Social and Personal Relationships*, *22*(6), 743–755. https://doi.org/10.1177/0265407505056447

Minuchin, P. (1985). Families and individual development: Provocations from the field of family therapy. *Child Development*, *56*, 289–302. https://doi.org/10.2307/1129720

Olson, K. R., & Enright, E. A. (2018). Do transgender children (gender) stereotype less than their peers and siblings? *Developmental Science*, *21*(4), e12606. https://doi.org/10.1111/desc.12606

Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology*, *7*(3), 267–277. https://doi.org/10.1037/cpp0000291

Parker, E., & Davis-McCabe, C. (2021). The sibling experience: Growing up with a trans sibling. *Australian Journal of Psychology*, *73*(2), 188–199. https://doi.org/10.1080/00049530.2021.1882269

Pullen Sansfaçon, A., Kirichenko, V., Holmes, C., Feder, S., Lawson, M. L., Ghosh, S., Ducharme, J., Temple Newhook, J., & Suerich-Gulick, F. (2020). Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues*, *41*(8), 1214–1236. https://doi.org/10.1177/0192513X19888779

Pyne, J. (2018). *Thinkable futures, permissible forms of life: Listening to talk about trans youth and early gender transition.* McMaster University.

Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics*, *129*(3), 418–425. https://doi.org/10.1542/peds.2011-0907

Taylor, A. B., Chan, A., Hall, S. L., Saewyc, E. M., & Canadian Trans & Non-binary Youth Health Survey Research Group. (2020). *Being safe, being me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey.* Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia.

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2011). High school gay–straight alliances (GSAs) and young adult well-being: An examination of GSA presence, participation, and perceived effectiveness. *Applied Developmental Science*, *15*(4), 175–185. https://doi.org/10.1080/10888691.2011.607378

Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, *145*(2), e20191725. https://doi.org/10.1542/peds.2019-1725

Westwater, J. J., Riley, E. A., & Peterson, G. M. (2019). What about the family in youth gender diversity? A literature review. *International Journal of Transgenderism*, *20*(4), 351–370. https://doi.org/10.1080/15532739.2019.1652130

Westwater, J. J., Riley, E. A., & Peterson, G. M. (2022). A nationwide survey of individual family member experiences of youth gender dysphoria and diversity in Australia. *International Journal of Transgender Health*, *24*, 447–460. https://doi.org/10.1080/26895269.2022.2104417

Wheeler, N. L., Langton, T., Lidster, E., & Dallos, R. (2019). Understanding more about how young people make sense of their siblings changing gender identity: How this might affect their relationships with their gender-diverse siblings and their experiences. *Clinical Child Psychology and Psychiatry*, *24*(2), 258–276. https://doi.org/10.1177/1359104519830155

Wilkinson, S. (1988). The role of reflexivity in feminist psychology. *Women's Studies International Forum*, *11*(5), 493–502. https://doi.org/10.1016/0277-5395(88)90024-6

Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Youth Development*, *2006*(111), 13–28. https://doi.org/10.1002/yd.179