"If Extended Family Can't Deal…" Disclosing Trans and Gender Non-Conforming Children's Identity

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Abstract

Parents are core decision-makers and advocates for their pre-adolescent transgender and gender non-conforming (TGNC) children, yet there is a dearth of research on their experiences, particularly their relationships with extended family members. This study explored how parents make decisions of whether or not to disclose their children's TGNC identity to extended family members. In Phase 1, 34 parents of TGNC youth under the age of 13 described in interviews their experiences pertaining to disclosure of their child's TGNC status to extended family members. Phase 2 replicated and expanded these findings with 11 additional parents. Across both phases, two disclosure processes were identified: *casual unfolding disclosure*, where parents allowed extended family members to witness their child's TGNC identity development, or *explicit direct disclosure*, in which parents wrote mailed or emailed letters to help organize their thoughts and direct the course of the conversation. Parents avoided disclosure to select family members, based on five factors: geographical or emotional distance, age, and how conservative or religious family members were. While some relationships were strengthened with disclosure, many parents described tense or unsupportive relationships with extended family members, and some relationships dissolved. The findings suggest extended family members are both potential supporters and stressors, and parents engage in a variety of strategies to bolster their supportive networks while anticipating rejection and mitigating stress. These findings have implications for social work research, practice, and policy.

Keywords Transgender children · Parents · Disclosure · Extended family · Gender identity · Family

Between 2.6 and 6% of pre-adolescent boys, and 5% to 12% of girls, are transgender or gender non-conforming (TGNC; Moller et al., 2009). TGNC pre-adolescent children are becoming more visible in the public eye (Aramburu Alegria, 2016; Minter, 2012; Moller et al., 2009). These youth are also increasingly visible in school systems (de Jong, 2015), increasingly referred to mental health facilities for clinical care (Zucker, 2004), and are over-represented in the child welfare system (Fish et al., 2019; McCormick, Schmidt, & Terrazas, 2017). Thus, the likelihood that social workers will work with TGNC youth and their families at some point is high (Austin, 2018). Social workers must therefore be prepared to encounter and affirmatively work with TGNC

children and their families in their various professional roles (Austin, 2018; de Jong, 2015). Their unique ecological perspective and social justice value orientation, coupled with the multiple professional touch-points in which social workers might encounter TGNC youth, position social workers to be positively impactful professionals on the lives of TGNC youth (Asakura, 2016; Austin, 2018). Yet, there are documented gaps in social worker's knowledge of and preparation to work with TGNC youth and their families (de Jong, 2015; Gridley et al., 2016).

Transgender and gender non-conforming children exhibit behaviors that are inconsistent with the prescribed norms for their assigned sex at birth (Moller et al., 2009). Children's sex is assigned based on the presence of a penis, or the lack thereof, at birth. While all children occasionally exhibit behaviors that are inconsistent with the prescribed norms for their assigned sex at birth (Mallon & DeCrescenzo, 2006; Piper & Mannino, 2008), TGNC children typically engage in more persistent, insistent, and consistent gender non-conforming behaviors (Simons, Liebowitz, &

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Hidalgo, 2014). TGNC children, for instance, might exhibit the body language, speech patterns, and mannerisms, and may prefer interests and activities that differ from those stereotypically associated with their assigned sex at birth. Some TGNC children socially transition, or change their outward appearance, pronoun, and/or name, allowing them to live openly as their affirmed gender. Although the developmental trajectories of TGNC experiences in childhood remain unknown (Drescher, 2014; Hill et al., 2005; Moller et al., 2009), being TGNC in childhood is generally believed to be associated with being homosexual or bisexual (Wallien & Cohen-Kettenis, 2008) with some children becoming transgender in adulthood (Moller et al., 2009). The fact that developmental trajectories for TGNC youth remain unclear can lead to conflation of gender identity and sexual orientation. While we acknowledge that multiple identities exist, including nonbinary and abinary identities, we will use the terminology "TGNC" throughout this paper, in order to be consistent with terminology used in the existing literature.

Parental Acceptance and Support

Being transgender or gender non-conforming is more than just an internal process: it also impacts social relationships (Lev, 2004). This is particularly the case for young TGNC children, who are dependent on their parents as both advocates (Schlehofer, Cortez-Regan, & Bush, under review) and core decision-makers regarding their care (Drescher & Byne, 2012). While mothers are often the first to notice or be notified by the child of an emerging gender identity, other members of the immediate household, such as fathers and siblings, also become engaged in the process of identity exploration and transformation (Kuvanlanka, Weiner, & Mahan, 2014). How parents react and respond to their TGNC children has a significant and long-lasting impact on their child's mental health (Wren, 2002). It is important that parents be supportive, affirming, and encouraging of their child's identity exploration and self-acceptance (Brill & Pepper, 2008; Ehrensaft, 2007; Lev, 2004). This supportive and affirming parenting style improves children's psychosocial outcomes (Hill et al., 2010, 2005; Olson et al., 2016; Stieglitz, 2010). However, parents face substantial societal and cultural forces that can create barriers towards adopting a facilitative parenting approach.

Parents typically expect that their children's assigned sex at birth and gender identity will "match" (Lev, 2004), and may experience confusion or be unsure how to interpret TGNC children's gender behavior (Aramburu Alegria, 2018; Caprous-Desyllas & Barron, 2017; Pyne, 2016). Parents may not have a prior connection to the TGNC community, which can impede their ability to recognize their own TGNC child and parent affirmatively (Caprous-Desyllas & Barron, 2017;

Pyne, 2016). Although parents generally feel unconditional love for their children, they might have worries regarding their future or fear that their children will be bullied (Rule, 2018). There is societal pressure placed on parents to raise gender conforming children (Mallon & DeCrescenzo, 2006), which translates to parents of TGNC youth experiencing stigma, feeling blame for "allowing" their child to be TGNC, and being judged for affirming parenting practices (Barron & Capous-Desyllas, 2015; Capous-Desyllas & Barron, 2017; Menvielle, Tuerk, & Perrin, 2005; Pyne, 2016). It is not surprising, therefore, that some parents struggle to accept and embrace their TGNC children (Aramburu Alegria, 2018; Sansfaçon, Robichaud, & Dumais-Michaud, 2015; Wren, 2002), and that some parents report initial responses of anxiety, stress, and depression upon learning of a child's TGNC identity (Abreu et al., 2019; Aramburu Alegria, 2018; Kolbuck et al., 2019; Kuvalanka et al., 2017). Given these outcomes, it is important that parents of TGNC children have strong social support networks, which have been found to mitigate parental stress and anxiety, and bolster parent's confidence in their choice to affirm their children (Menvielle & Hill, 2010; Menvielle & Rodnan, 2011; Menvielle & Tuerk, 2002). With their understanding of ecological context and the field's social justice value orientation, social workers are well-positioned to work with TGNC youth and their families in order to bolster supportive, affirming networks for TGNC youth (Asakura, 2016).

The Role of the Extended Family

Parents are perhaps the most immediate family caregiver that most TGNC children would regularly interact with. However, parental roles are nestled within a larger family dynamic, which includes extended family members. For our purposes, extended family members include any family member who resides outside the immediate household. TGNC children's identity exploration is typically not limited to the home, and the disclosure of TGNC identity to and involvement of extended family members, including grandparents, aunts, uncles, cousins, and other individuals described as family to the child, is the last stage of family transition processes (Kuvalanka et al., 2014).

Little is known about the process by which parents engage in disclosure of their child's TGNC identity to extended family members, including whether parents directly and deliberately inform extended family members of their child's TGNC status, or allow extended family to discover their child's identity through regular course of interaction. However, it is likely that decisions to directly inform the extended family of a child's TGNC identity are made after careful deliberation (Kuvalanka, Gardner, & Munroe, 2019; Olson et al., 2019). Parents of TGNC youth are simultaneously

both ingroup and outgroup members of the broader lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ +) community, and experience tangential marginalization and stigma (Ishii, 2018; Ramirez, 2017). Parents of TGNC youth are often in great need of, and seek out, supportive communities and networks (Menvielle & Hill, 2010; Menvielle & Rodnan, 2011; Menvielle & Tuerk, 2002; Olson et al., 2019). Extended family members may be an easily accessible network that parents turn to for support. Parents often describe themselves as "having a level of mistrust for those not in their inner circle" (Capous-Desyllas & Barron, 2017, p. 533). This inner circle, consisting of supporting and accepting individuals, may consist of or include extended family members of a young child.

The child's and parent's desire for acceptance and support in an inner circle require disclosure to establish this trust. Disclosure of a TGNC status is often treated with great significance for the child and parents involved, as reactions to a change in identity (especially a change associated with a gender identity) can vary (Capous-Desyllas & Barron, 2017; Gold, 2008; Kuvalanka et al., 2019). There are many potential reasons a parent or child may disclose a TGNC status to extended family members, including geographical distance, religiousness, political beliefs, and emotional closeness prior to disclosure (Capous-Desyllas & Barron, 2017; Kuvalanka et al., 2019, 2014). Disclosure with extended family members is an action that ranges in difficulty; some parents, though stressed, have little difficulty opening up to their family members, while other parents genuinely struggle to confront grandparents, siblings, and other extended family members (Capous-Desyllas & Barron, 2017). Some parents may leave disclosure to be determined by the child, whereas other parents may painstakingly pick and choose the who, when, where, and how of disclosure (Capous-Desyllas & Barron, 2017).

Although growing, the existing body of research describing the experiences of parents of pre-adolescent TGNC youth remains severely limited (Abreu et al., 2019; Capous-Desyllas & Barron, 2017; Gregor, Hingley-Jones, & Davidson, 2014; Kuvalanka et al., 2019; Riggs & Due, 2014) and deficits-focused (Lev, 2004). The little research that does exist has largely focused on either adult recollection of childhood experiences, or clinical populations of youth presenting with gender dysphoria in gender clinics or treatment centers (Capous-Desyllas & Barron, 2017; Kuvalanka et al., 2014; Riley et al., 2013; Stieglitz, 2010). To our knowledge, only two studies have explored the relationships parents and their TGNC children have with extended family members. There is thus a high need for additional information on the experiences of families with TGNC children (Capous-Desyllas & Barron, 2017; Ehrensaft, 2012; Olson et al., 2019). This study contributes to this gap by exploring which extended family members parents disclose their pre-adolescent child's TGNC identity to, their reasons for doing or not doing so, how they do so, and the impact of disclosure on their extended family relationships.

Methodology

Data were collected via grounded theory approach (Strauss & Corbin, 1998) over two phases as part of a larger qualitative project on the experiences of parents of TGNC pre-adolescent children. Grounded theory is a qualitative research methodology best suited for exploratory projects, and is focused on the process of theory-building versus theory-testing (Strauss & Corbin, 1998). The approach is useful in situations in which there are no prior assumptions or knowledge about the interrelationships among variables (Patton, 2002). Given the limited prior research in this area, a grounded theory approach is appropriate for the project.

Procedure

Participant Recruitment

Parents were recruited through a combination of network sampling supplemented with snowball sampling. These sampling methods are consistent with methods used in similar studies of parents of LGBTQ + people (Birnkrant & Przeworski, 2017; Ramirez, 2017), and are appropriate for research with hard-to-reach populations. First, using network sampling, parents were recruited through five listservs and Facebook groups devoted to raising TGNC children. All groups in which parents and caregivers were recruited from were closed or private groups. Second, authors of four popular blogs focusing on parenting TGNC children were contacted, and asked to assist in participant recruitment. These blog authors recruited people by word of mouth with personal networks. Finally, parents were recruited via two professional listservs of mental health care providers who may work with TGNC children and their families with a request to disseminate to parents of TGNC children they might come in contact with. Snowball sampling of participants who completed interviews was used to gain additional participants. Inclusion criteria for both phases was as follows: (1) Be aged 18 or older; (2) Have at least one child under the age of 13 who is, or exhibits characteristics of being, TGNC; (3) Be the primary caretaker of the TGNC child; (4) Be a current resident of the United States. Parents and caregivers of any gender could participate.

A total of N = 51 parents and guardians expressed interest in participating in Phase 1; one of these participants was not eligible for the study as their child was over age 13. Of the remaining 50 parents and guardians expressing interest, 43

(86%) participants signed a consent form, of which we were able to follow up with 35 for an interview (68% of those expressing initial interest). Up to three contact attempts were made to reach parents who had expressed interest before they were removed from the study.

In the beginning stages of Phase 1 of the study, the PIs were contacted anonymously and informed that one of the interviews was fabricated; the whistleblower provided correspondence with a blogger where the blogger stated they had participated and gave a fabricated interview for purposes of undermining the project. As only four interviews had been conducted at that point, we were able identify and remove the fabricated interview through a combination of participant back-tracing and reviewing audio recordings. The fabricated interview was significantly shorter than the others, contained inconsistencies, was vague, and was conducted with an "unknown" participant who could not be back-traced. The interview was discarded, and study protocol was tightened to require back-tracing and verification of participants prior to their interview. Final sample size for Phase 1 was thus N = 34.

Back-tracing and participant verification procedures instituted in Phase 1 were retained in Phase 2. A total of N = 23 participants expressed interest in participating in Phase 2 of the study. From this group of participants, n = 21 met study criteria. We were able to follow up with N = 11 for interviews (57% of those who expressed interest and met study criteria).

Interview Protocol

Because families with TGNC children are a numerical minority, participants were geographically dispersed. Interviews were conducted in all U.S.-based time zones. As such, all interviews were conducted via telephone by the first two authors or trained undergraduate research assistants. All undergraduate research assistants underwent ethical training and signed a confidentiality agreement prior to assisting with any part of the project.

Interviews were approximately 1 ½ to 2 h in length. Interviews in both Phases of the study were conducted until theoretical saturation, defined as the point at which additional interviews do not yield any new information (Strauss & Corbin, 1998).

All telephone interviews were recorded with voice-recording hardware. Participants were given the option to opt-out of voice recording; all participants consented to being voice recorded. Recording of interviews ensured that participants' responses were accurately captured in their entirety. In addition to electronically signing a consent form at the point of recruitment, at the start of the interview, and prior to turning on audio recording equipment, verbal consent to both participate in the interview and to be audio

recorded was secured. Audio recordings were transcribed by members of the research team using DragonSpeak, a voice-to-text transcription software program. During the transcription process, all personally identifying information (names of parents, TGNC children, or other family members, any names of hometowns or schools that were disclosed, names of doctors or medical centers providing treatment, etc.) was omitted from the transcript. After transcription was completed, the audio file was permanently deleted. Transcripts of interviews were accessible only to project staff.

Data Coding and Data Analytic Approach

Consistent with a grounded theory approach (Strauss & Corbin, 1998), transcripts were coded using an inductive process. First, all transcripts were read by research team staff for emergence of possible themes. Based on notes and discussion of transcript content, a coding scheme was developed. In line with recommendations by Strauss and Corbin (1998), coding began with lower-level concepts, at the phrase or sentence level. Two independent researchers applied content coding. Given the small number of transcripts, both independent coders coded all transcripts. Coding and transcripts were reviewed, clarified, and if necessary modified, until the two independent coders reached 85% agreement.

Participants

Phase 1

Participants were 34 parents or guardians (33 parents and one grandparent) of TGNC youth aged 13 or younger. As the sample was largely composed of parents, the word "parent" will be used throughout the paper for ease of reading. Parents were drawn from 32 separate families; in two families, both parents were interviewed. Parents ranged from 34 to 52 years old (M = 42.4; SD = 6.73) and were predominantly female (31 [91.2%] were female identified, 2 [5.9%] male identified, and one [2.9%] identified as genderqueer). Participants were predominantly White (n = 29; 85.3%); three (8.8%) identified as mixed race, one (2.9%) as Spanish, and one was missing information on their race or ethnicity. Twenty-eight (82.3%) stated they were married or living with a partner, three (8.8%) stated they were divorced, and one (2.9%) was seeing someone; two did not report their relationship status. Participants largely self-identified their political orientation as "Democrat," "liberal," "progressive," or "left;" with 32 (94%) participants describing themselves in these terms; one described themself as "not political" and one as "middle," which when prompted was described by the participant as socially liberal but otherwise conservative. When asked to describe the type of community they resided

in, n = 17 (50%) described it as "suburban," n = 7 (20.6%) as "urban," four (11.8%) as "rural" or a "small town," and one (2.9%) said they lived on a military base (5 did not report).

Participants reported their family size as between 2 and 6 (*M* = 3.97, *SD* = 1.12). Their TGNC child ranged in age from 2 to 12 (*M* = 8.52, SD = 2.25); three families had two TGNC children. In families with more than one TGNC child, they were interviewed in regards to either their child that was age 13 or under, or, if both children were under 13, their older TGNC child. Participant's 32 TGNC children identified as transmale (n = 12; 35.3%), transfemale (n = 15; 44.1%), non-conforming/nonbinary assigned male at birth (n = 3, 8.8%), or nonconforming assigned female at birth (n = 1; 2.9%); specific TGNC identity status was missing for one child. All 27 trans children had socially transitioned; five children had not socially transitioned. TGNC children were significantly more racially and ethnically diverse than their parents; n = 19 (52.8%) were described by their parent as White and n = 12 (33.3%) were described as mixed race (race and ethnicity were missing for one youth).

Phase 2

Participants in Phase 2 were 11 parents TGNC youth aged 13 or younger. Parents ranged from 26 to 48 years old (*M* = 40; *SD* = 9.76) and were predominantly female (10 were female identified, 1male identified). Participants were predominantly White (n = 9); one identified as mixed race, and one as Latino. Ten were married, and one was divorced. Most participants self-identified their political orientation as "Democrat," "liberal," or "left" (n = 9); one was Libertarian and one was Communist. Eight lived in a "suburb," two lived in an "urban," and one lived in a "rural" area.

Family size was between 3 and 5 (*M* = 4.09, *SD* = 0.70). Their TGNC child ranged in age from 5 to 13 (*M* = 7.64, SD = 2.58). TGNC children identified as transfemale (n = 8), transmale (n = 2), or nonconforming assigned female at birth (n = 1). All 10 trans children had socially transitioned. TGNC children were again more racially and ethnically diverse than their parents: seven identified as White, two identified as mixed race (both were Asian and White), one as Hispanic, and one as African American.

Measures

Phase 1 measures consisted of general, broad questions designed to explore parents' experiences raising their TGNC children. Interviews were started by asking participants to provide any contextual information on their home environment that they felt was relevant, including their family size, and ages, genders, and races of all family members. Participants were also asked to describe their home community in

terms of its type (e.g., urban, suburban, or rural), and their political orientation or political leaning.

After this contextual information, parents in Phase 1 were prompted with the statement, "We would like to talk to you about your early experiences of parenting your TGNC child. Please think back to when you first noticed that your child's gender behaviors were not consistent with the gender they were assigned at birth, or their biological sex." They were then asked, "We would like you to describe this time in your life. Could you tell us a little bit about these early experiences?" If not provided, participants were asked several follow-up questions: "How old was your child at this time? Could you describe your child's gender behaviors? How did you feel about your child's gender behaviors? What did you think about them? Can you tell me how you initially responded?".

Parents participating in Phase 2 were asked more specific, focused questions regarding their decisions to disclose their TGNC child's status to extended family members. After asking contextual information, Phase 2 participants were prompted with the statement, "We would like to ask a few questions about your decisions to disclose your child's TGNC status to other people in your or your child's life." They were then asked, "In terms of disclosure, have you disclosed your child's TGNC status to extended family members (family members living outside of your household and who do not regularly interact with your child)?" If they answered "yes," they were additionally prompted with "Can you describe this experience for me? How did you decide whom to tell? What did you decide to share? How did you communicate this information to them (in person, phone call, email, etc.)? How was this information received? How is your relationship with this person now?" If they answered "no," they were asked, "Can you explain what factors you considered when coming to this decision?".

Results

As an initial starting point, we looked at general patterns by which parents participating in Phase 1 disclosed their child's TGNC identity to extended family members. We next discuss methods of disclosure, and instances of unsupportive family relationships as a result of disclosure. We then turn to reasons why parents choose *not* to disclose their child's TGNC identity to extended family members. Following, we present Phase 2 findings, discuss consistencies between Phase 1 and Phase 2 findings, and start to organize findings into a larger, more comprehensive framework of family disclosure processes. After discussing general methods of disclosure, impact on extended family relationships, and reasons why parents choose *not* to disclose their child's identity to extended family members, we turn to specific types of family

members commonly mentioned by parents: grandparents, aunts and uncles, and other extended family members.

Phase 1

All parents participating in Phase 1 (100%) spontaneously mentioned during their interview that extended family members were aware of their child's emerging TGNC identity, and all parents in Phase 1 (100%) had intentionally disclosed their child's emerging gender identity to at least one extended family member. Eighteen parents (50%) stated they had at least one supportive extended family member. A mother of a six year old trans son states:

> I would say 100% support from everyone in our family. Everyone loves (child)… they try to use the proper pronouns and they usually do. A couple of his grandparents will forget sometimes… they'll self-correct or somebody else will catch them and incorporate the right pronouns.

The good will of some family members surprised parents in our sample. Parents reported finding support from people they did not expect. As an example of a typical response, one father of a seven year old expressed surprise for how his conservative grandfather affirmed his trans daughter:

> It has been blowing my mind, extended family as well… My mom had told my 92 year old, at the time, grandfather who is a Trump voter. Really conservative. My grandfather had a really good bond with (my child). They just had this weird connection and so my mom had to tell him that (my child) was now his granddaughter. She was worried about it and I was worried about it but she told him and his response 'well then I have a granddaughter' and that was it.

For a few parents (n = 3), disclosure to an extended family member brought them closer together or improved their relationship with that person. For instance, one mother of a nine year old trans daughter describes how she became closer to her uncle:

> I had one uncle who was very supportive because he's part of the gay community, and he recognized that the journey was similar, and he was learning alongside with me, you know. He was the one that I had reached out to back in the beginning and he said 'I don't understand it but I'm so sorry because I get that this is painful for you, we'll figure it out.' And he started figuring things out alongside with me, which was great because it made the journey less lonely.

Methods of Disclosure

Many participants in Phase 1 (n = 11) indicated that they identified specific family members for explicit, direct disclosure of their child's TGNC identity. Parents tended to disclose to grandparents of the child. Participants varied in the method by which they disclosed their child's TGNC identity to extended family members. Th modality of disclosure varied by relationship. For instance, three grandparents that were explicitly told about a child's TGNC status were all told via phone (n = 3). Four parents informed extended family members about their child's gender identity by either a postal letter or email. All parents who sent letters expressed that the content of the letter emphasized several points. This mother of an 11-year old trans son exemplifies this process:

> I was really adamant that we had to put it in only positive terms, a positive change that is happening in our family, that we were 100% supportive, and that we were happy to answer questions, here's some information, and we just look forward to you see these changes for yourself the next time you're around our kid.

A few parents did not explicitly tell extended family members about their child's TGNC identity. Rather, they allowed extended family members to find out through a casual, unfolding exposure or interaction with their children. One mother of an 11-year old trans son who took this approach with most of her extended family members described this process as follows:

> Once we did start telling (extended family), we decided that a picture is worth a thousand words, so we never told anybody anything; we brought our little boy to visit with them, and they could see for themselves, clearly, that there was a little boy at their house, and we said 'he's a little boy now and prefers to be called (name)'. And it was just of like, oh. And there had to be a lot of educating of the extended family, and that was a challenge, like to, to try to explain things in a way that one side, like my side of the family is extremely religious.

Unsupportive Relationships

Many described tense or unsupportive relationships with extended family members. Fifteen parents (42%) stated that at least one family member was passive aggressive, and/or gave unsolicited parenting advice. A mother of a 10-year old trans son describes one such example of criticism, and how she now feared being "blamed" by her grandparents for her son's gender identity:

> (The child's father) was really into Nascar, I sewed this dress for (our trans son's six month old profes-

sional portrait)… it was like really, really frilly and girly, but it had Nascar things on it. And I brought my Grandmother this picture and she was like "Why would you put that baby in a race car?!" "Cause it's a dress and I made it." And she's like "Mark my words, you're going to turn that baby into a boy!" So really it's all my fault.

Another mother of an eight year old trans son expressed a similar experience:

My mom thinks that like I am putting this on him which is absurd you know… I said to her "I just don't understand what kind of person you think I am that I would be able to do that to my child, regardless I really think that you must think I'm a crazy mother." And she's like "No no no, I don't think you're a crazy mother, I think you're a very good mother, it's just that you're misguided.

Some participants in the sample distanced themselves from unsupportive extended family members. Seven parents indicated that they emotionally pulled away from one or more unsupportive relatives, primarily grandparents and great-grandparents. For instance, one mother of a gender non-conforming 10-year old states that her mother's (the child's grandmother) passive aggressive treatment "definitely hurt (my child's) relationship with her and (my child) doesn't want to spend a lot of time with her, stay the night at her house, or anything like that." Another mother of a 5-year old trans daughter stated of unsupportive family, "we have been questioning whether or not we want to continue fostering those relationships".

Decisions not to Disclose

Thirteen parents (36%) chose to not disclose that their child was TGNC to at least some family members. The most common reason for choosing non-disclosure was because the family member was seen as conservative (n = 9), too old (n = 5), religious (n = 4), or a combination of these factors. Two parents stated they did not disclose to a family member because they were geographically distant, and did not see each other often. Disclosure in these instances were seen as "more trouble than it's worth," as expressed by this mother of an eight year old trans daughter:

I have one living grandparent, she's in California and she's extremely conservative. And we have not told grandma. She is also 92 and not in the greatest of health so it seems like… It seems like something that might add more trouble than it's worth to go through the process with her at this point?.

Phase 2

General Patterns

The two processes identified in Phase 1 by which parents disclosed their child's TGNC identity to extended family members: casual, unfolding disclosure and explicit, direct disclosure, were replicated in Phase 2. Four parents indicated that there was at least one member of their extended family who knew that their child was TGNC without having to be directly told. Consistent with the process of casual, unfolding disclosure identified in Phase 1, these parents either had extended family members who were around their TGNC child with enough frequency such that the extended family members witnessed the child's gender identity exploration process, or they used social media to imply to the extended family that their child was undergoing a social transition. For instance, one mother of a six year old trans daughter describes not needing to tell extended family members about their child's social transition, as they witnessed it on Facebook: "A specific family (member) that I'm friends with on Facebook saw my daughter's transition from obviously looking like a boy to dressing like a girl. So there wasn't that need to tell them directly."

All 11 parents had, however, explicitly and directly disclosed information about their child to at least one extended family member. Parents made the decision to disclose to extended family members after careful deliberation. For two parents we interviewed, this deliberation occured with input and permission from their TGNC child. These two parents had older children (ages 13 and 10), and emphasized that their children were, in the words of the parents, "old enough to really have a say in this," and "that was really (my 10-year old's) decision, we've really let her decide how she wants all these things to go."

Methods of Disclosure

Many parents disclosed their child's TGNC status to family members that are geographically distant before family visits. Doing so was an intentional, preemptive move by parents to ensure that their extended family members were not caught off guard by their child's gender presentation. One mother of a five year old trans daughter who had socially transitioned describes using this approach, and being pleasantly surprised by the response received:

Well I don't see my family very much because they live in (city) so I periodically see them maybe once or twice once every 1 to 2 years. A few years ago they were coming to visit my home which would be the first time they had been out here in 10 years, so I let

them know ahead of time before they came and I just said that (child) basically had just been transitioning at home but not too much publicly and I just let them know that she was wearing girls clothes. And then my aunt who is like maybe 70 with a (regional) accent said (imitating accent) "Maybe she's transgender…" (I) found out that she is extremely supportive and very much an advocate for LGBTQ.

This same mother went on to describe how disclosure to other extended family members has increased her ability to receive emotional support from her family:

My dad's family that all came to visit- two aunts and uncles and a cousin that came to visit-and I was concerned about how they would respond, but I felt like they will be coming to the home so they were going to see that (my child) is wanting to wear girls clothes, and I felt like I didn't want to put anyone in a difficult or uncomfortable situation because I feel like you're not able to process ahead of time and it's just a surprise that wouldn't be good for anybody…They better understand the level of stress and are more emotionally supportive than they have been before.
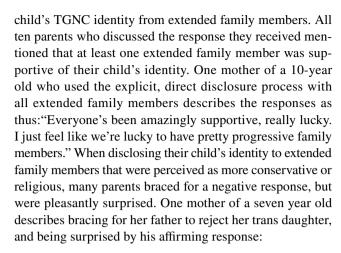
Participants carefully thought through the modality in which they communicated their child's gender identity to various extended family members. As a result, they used a variety of modalities, and modality differed among family members. Most parents (n = 8) reported using different modalities with different family members. Because parents used different modalities with different family members, percentages exceed 100%. Seven disclosed their child's identity via a mailed or emailed letter. Six disclosed identity via phone, and four in person.

A mailed or emailed letter was a popular modality in part because it provided parents the opportunity to organize their thoughts, and also allowed the parent to control the course of the disclosure. With a letter or email, the recipient was prohibited from swaying or directing the course of the conversation in an unfavorable direction, which both protected the parent from hurtful conversations and helped the parent avoid arguments and conflict. One parent of a trans daughter, who had used various methods of modality before, stated:

I have a hard time getting through my thoughts if I'm on the spot. I wanted to word everything, I wanted to say this is the way it is, and I didn't want to falter. I didn't want to be intimidated by anyone's words. I wanted to have my strength behind the written word.

Response Received

Most parents (n = 10) spent ample time describing the various responses they received regarding disclosure of their

child's TGNC identity from extended family members. All ten parents who discussed the response they received mentioned that at least one extended family member was supportive of their child's identity. One mother of a 10-year old who used the explicit, direct disclosure process with all extended family members describes the responses as thus:"Everyone's been amazingly supportive, really lucky. I just feel like we're lucky to have pretty progressive family members." When disclosing their child's identity to extended family members that were perceived as more conservative or religious, many parents braced for a negative response, but were pleasantly surprised. One mother of a seven year old describes bracing for her father to reject her trans daughter, and being surprised by his affirming response:

My dad who is…really, really religious and really, really Republican, and I was really afraid to tell him. But, again, we're not close like there's not a lot of time we spent together in our lives so again I was like, 'no skin off my back. It's really sad, I enjoy your time, but if you can't accept my daughter, it's been nice.' I told him and he was like, the first response back to my news (via email) of her, he used all the right pronouns, her/she. He still can't get her name right, I'm not sure what it is, he just does it very badly, but he came for (a family event), and she-her-princess…He treats her every bit like the girly girl that she is and is completely accepting, so that was kind of a surprise.

However, six parents received a negative response: unsolicited and non-affirming parenting advice (n = 1), passive aggressive comments from extended family members (n = 2), or directly unsupportive responses (n = 3). For instance, one father of a seven year old trans daughter describes the response he and his wife received when informing his father-in-law that their granddaughter was transgender:

He pretty much just was like, basically just told us we were making terrible decisions as parents and had no idea what we were doing…we argued back and forth a little bit and that was pretty much because he wasn't going to change our mind about how we were handling it.

Impact of Disclosure on Relationships

Eight participants indicated that disclosure of their child's TGNC identity with an extended family member impacted or changed the nature of their relationship with the family member in some way. Five of these participants indicated that disclosure made the relationship closer or stronger. One mother of a nine year old trans daughter who used the casual, unfolding disclosure pathway via Facebook to inform extended family described how her cousin noticed

photos of her child suggested a gender transition, and reached out to her via text to express support:

> This cousin of mine sent me a message and said hey I noticed things are different and I just wanted to let you know that my youngest daughter is trans also and that was a big surprise, I have not, absolutely no idea… we definitely had a rather nice conversation after that for the first time in many years, we were super close and then it kind of just gave us something to bond about I guess.

Four indicated that disclosure to an extended family member made the relationship weaker, worse, or that there was reduced emotional closeness after disclosure of their child's identity. For two participants, disclosure to an extended family member led to temporary or permanent dissolution of the relationship. One mother of a seven year old trans daughter who called a family meeting to disclose her daughter's identity explained how afterwards they temporarily stopped taking their trans daughter to see her grandparents, until the grandparents started supporting her:

> They refused to cooperate with anything that we had advised, you know, the proper pronouns. We hadn't done name change initially but she was really uncomfortable with the pronouns and they wouldn't, so we had to quit going over there, but now it's different…it's all better, I mean it is pretty much all better now. They use all the proper pronouns and everything. So if they have anything against it they have not said anything to me.

Another mother of a 6 year old trans daughter, who told extended family members of her daughter's social transition over the phone, similarly describes choosing to withdraw from family due to the family not being supportive: "My parents, my grandparents, my aunt, they did not take it well. And they are not accepting of the situation and we do not see them anymore."

While parents did not necessarily want to terminate relationships with extended family members, they prioritized the needs of their child, and went into discussions of their child's TGNC identity with the understanding that if their extended family members were not supportive, the relationships would be terminated. This is succinctly expressed by this mother of a 7 year old trans daughter: "When we realized this is really her reality, we spoke about it and I told my husband "you know what? I'm going to tell them. We have to tell them, and if they can't be kind and supportive then they're not welcome." Another mother of a 7 year old trans daughter expressed a similar sentiment: "If the extended family can't deal, then they don't need to bother."

Decisions not to Disclose

As with Phase 1, parents in Phase 2 also made decisions *not* to disclose their child's TGNC status to certain extended family members. Five factors emerged as variables that parents considered when deciding whether to disclose their child's TGNC identity to grandparents: the age of the family member, how emotionally close they were, how geographically close they lived, how conservative they were, and how religious they were. Parents expressed hesitation towards disclosing their child's TGNC identity to extended family members that were older, whom they were not emotionally or geographically close to, and who were perceived as being more conservative or religious.

Findings by Family Member

Parents in Phase 2 reported disclosing their child's TGNC identity to a variety of different categories of family members: the child's grandparents, aunts or uncles, great-aunts and great-uncles, or second cousins. We next explored patterns of disclosure experiences within different family member targets.

Disclosure to Grandparents

All 11 participants had disclosed their child's TGNC status to at least one of the child's grandparents. In total, our 11 parents provided 20 separate descriptions of disclosure to grandparents. The five factors parents considered when deciding whether to disclose their child's TGNC identity, mentioned above, applied to grandparents. Most parents disclosed their child's identity to grandparents in person, however, phone or mail (either a letter or email) were also frequently used, depending on geographical distance of the grandparent. Of the 20 disclosures to grandparents described to us, 12 of the grandparents' responses were supportive. However, other grandparents responded to disclosure of their grandchild's TGNC identity by either being passive aggressive (e.g., saying they were supportive, but making snide comments or jokes), giving parents unsolicited or unwanted critical parenting advice, or by being vocally unsupportive.

Disclosure to Aunts and Uncles

The next most common family member parents disclosed to was the TGNC child's aunts or uncles. Seven of the parents stated that they had disclosed their child's TGNC status to an aunt or uncle. Factors influencing decisions to disclose their child's TGNC identity to an aunt or uncle of the child were physical distance, and how conservative or religious the aunt or uncle was. Of the aunts and uncles disclosed to, six reported positive experiences in which the relative

was supportive; three of these relationships grew closer with time. However, two parents stated that their disclosure evoked a negative response, one of whom led to the family member withdrawing from the relationship.

Disclosure to Other Family Members

Other extended family members that parents mentioned disclosing their child's TGNC identity to included great-aunts and great-uncles of their child, and second cousins. Intentional disclosures to these people were less common: only three participants stated they directly disclosed their child's TGNC identity to a great-aunt or great-uncle, and only two stated they disclosed information about a child to a second cousin. All of these individuals were supportive, with the exception of one great-aunt, who the parent stated was "cut off" from the family as a result.

Discussion

Parents have a significant, lasting impact on their transgender and gender nonconforming children's mental health and well-being (Wren, 2002). Despite the benefits of an affirmative parenting approach (Hill et al., 2010, 2005; Olson et al., 2016; Stieglitz, 2010), adopting this approach remains challenging for parents due to the substantial societal and cultural forces which both pressure them to raise gender conforming children (Mallon & DeCrescenzo, 2006) and create stigma and judgment of affirming parenting practices (Barron & Capous-Desyllas, 2015; Capous-Desyllas & Barron, 2017; Menvielle et al., 2005; Pyne, 2016). It is important parents have a strong social support network to mitigate the effects of stigma and reinforce affirmative parenting practices (Menvielle & Hill, 2010; Menvielle & Rodnan, 2011; Menvielle & Tuerk, 2002; Olson et al., 2019). Extended family members are one potential source of social support for families, to which they may naturally turn. Yet, little is known about how parents of TGNC enlarge their protected "inner circle" (Capous-Desyllas & Barron, 2017) to include extended family members.

This study used a grounded theory approach (Strauss & Corbin, 1998) to explore the processes by which parents disclosed their child's TGNC identity to extended family members. In Phase 1, while conducting interviews with a sample of parents of TGNC youth, we discovered that parents of young TGNC children engage in careful, intentional disclosure of their child's gender identity to extended family members. Consistent with grounded theory (Strauss & Corbin, 1998), we conducted 11 additional interviews in a second phase of the study to more systematically explore decisions regarding parents' disclosure to extended family. Phase 2 findings replicated and extended Phase 1. In this

discussion, we will review the general pattern of findings, discuss two trajectories of parental disclosure processes: casual, unfolding disclosure and explicit, direct disclosure, and provide recommendations for social workers working with TGNC youth and their families in practice, research, and policy advocacy capacities.

Disclosure Pathways

Across two Phases of data collection totaling the experiences of 45 parents of TGNC youth, we found that parents of pre-adolescent TGNC youth frequently engage with extended family members, most notably their parents and in-laws (grandparents of their child) and siblings (aunts and uncles of their child) in an attempt to build social support and safe spaces for their children. The fact that so many parents in Phase 1 spontaneously mentioned the role of extended family members as either supportive or obstructive of their parenting is indicative of the importance of the extended family. All parents had experiences navigating disclosure of their child's gender identity with extended family members. However, the process by which these disclosures occurred varied depending on several interpersonal and intrapersonal factors, demonstrating the complexities surrounding disclosure of a child's TGNC status to extended family members. Across both phases, disclosure took one of two different pathways: casual, unfolding disclosure and/or explicit, direct disclosure, each of which is discussed below.

Casual, Unfolding Disclosure

The first pathway by which parents disclosed their child's identity to family members is best characterized as *casual, unfolding disclosure*: a process in which parents allowed extended family members to discover on their own that their child was TGNC. In this disclosure pathway, extended family members became gradually aware of their child's TGNC identity through the process of naturally or casually interacting with the child. These families were, for the most part, geographically close and regularly interacted. For these families, extended family members were able to witness and participate in the very initial stages of a child's emergent TGNC identity. Thus, specific discussions in which a child's identity was disclosed were circumvented.

Although on face value allowing identity disclosures to casually unfold over time might seem to be processes in which parents were not actively involved, the experiences from parents suggest the opposite. Parents were highly involved in shaping and directing the manner by which disclosures of their child's TGNC status unfolded to extended family; this was particularly the case for parents whose extended family members lived geographically distant. Parents who lived geographically distant from extended family

members were able to allow those family members to witness and participate in their child's emergent TGNC identity by leveraging social media. Parents strategically dropped subtle "hints" about their child's gender identity by intentionally selecting to share photos of their child in which they presented gender non-conforming. This strategy may not be consistently effective, as it relies on the ability of extended family members to recognize changes in patterns of children's behavior via photograph or video, which may vary depending on the nature of the relationship with the family member, their existing beliefs about an "acceptable" range of gender expression for children, and how frequently a family member is engaged online. Yet, this tactic was seen by some parents in our sample as a preferable way to communicate their child's gender identity as it helped set the stage for difficult conversations, and in some cases circumvented them. Social workers who work with families of TGNC youth should be prepared to help them navigate disclosure decisions on social media. Our sample of parents were all very affirming of their child's gender identity. This raises the question of whether and how parents who are obstructive or prohibitive of their child's gender expression or TGNC identity would share information about their child on social media. It may be that obstructive parents engage not only in more gender hedging with their child, but also manage their child's gender presentation on social media in a way that selectively limits extended family member's access to information about the child's gender identity. These are topics for future research.

Explicit, Direct Disclosure

The other pathway which emerged was an *explicit, direct disclosure* pathway, in which parents elected to make a formal, official announcement of their child's TGNC identity to extended family members. All parents had directly disclosed their child's TGNC identity to at least one family member, with parents and in-laws (grandparents of their child) and siblings (aunts and uncles of their child) being the most frequent family member disclosed to. While decisions regarding their child's identity disclosure sometimes involved the child, in most instances, these decisions were largely made by parents. It is reasonable that parents in our sample would make decisions regarding disclosure for their child, given the child's young age, and the role of parents as core decision-makers for their children in other domains, such as medical and educational spheres (Drescher & Byne, 2012).

Decisions to disclose their child's TGNC status to extended family members were in many instances driven by parents' desires to increase their support networks. However, for some parents, disclosure was an intentional preemptive move in preparation for in-person family visits. In-person family visits with extended family members can be potentially risky for TGNC youth and their parents. Unsupportive extended family members can pressure TGNC youth to revert to their assigned sex at birth, commit microaggressions, or intentionally or accidentally "out" children to other family members or the general public. Advance disclosure to extended family members, therefore, helped parents decide whether or not to visit, and ensured these environments would be safe. Consistent with research by Capous-Desyllas and Barron (2017), parents approached these disclosure experiences in a deliberate, thoughtful manner. They made decisions on who to disclose to based on characteristics of the family member, including how conservative or religious the family member was perceived to be, as well as based upon the nature of the relationship (emotional closeness), and the likelihood of frequently seeing the family member.

Parents also thought through the modality by which they communicated this information: what Capous-Desyllas and Barron (2017) refer to as the "art of disclosure." Parents sometimes deliberately chose to disclose their child's TGNC status to extended family members via mail or email. Parents who preferred these methods chose them because writing gave them the opportunity to organize their thoughts on the issue. As well, as a one-directional means of communication, letters protected the parent from being asked uncomfortable questions or negative reactions and conflict. While parents were willing to answer family members' questions and provide additional information, they preferred to do so after the extended family member had ample opportunity to process the information parents were sharing. Parents are aware that conversations pertaining to their child's gender identity, like all "coming out" conversations, have the potential to be difficult, hurtful, and end in disruption of family stability; as such, they attempt to take steps to mitigate the effect of these difficult conversations on both themselves and their children. Social workers who work with parents and their TGNC children should be prepared to help them work through decisions regarding disclosure to the family, and recognize that parent's experiences in many ways mirror the coming out experiences of gender and sexual minorities.

Negative Responses

While many times parents' disclosure of their child's TGNC identity led to broadening of social support, all parents could recall an experience where disclosure resulted in negative reactions, leading to some relationships becoming distant or simply end altogether. The findings are consistent with prior work (Ehrensaft, 2012; Kuvalanka et al., 2014) which found that extended family can be simultaneously a source of support, as well as a source of stress. Extended family members who were unsupportive of parents in our sample were either very vocally opposed to the child's TGNC identity, or let their opposition be known in the form of passive aggressive
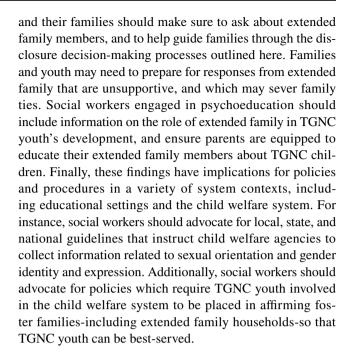
comments and unsolicited advice. Educating a family member that is otherwise uneducated on the topic of TGNC youth is an additional stressor on parents. These experiences are complicated by the fact that, in many instances, parents themselves lack critical information on TGNC children's identity development (Caprous-Desyllas & Barron, 2017; Pyne, 2016), and thus may not be able to effectively explain or justify their parenting approaches with extended family members. Social workers working with parents of TGNC children should be prepared to provide parents with adequate resources and information regarding TGNC children's gender development and the importance of affirmative parenting. Materials that are developed specifically for parents to pass off to extended family members would be particularly useful.

Passive aggressive comments and unsolicited parenting advice that parents received from extended family members centered around pressures to adopt an obstructive or prohibitive parenting approach. Parents were encouraged by extended family members to engage in what Rahilly (2015) calls "gender hedging": to negotiate with their child to "tamper down" their gender presentation, or to present differently with people outside their immediate home. Parents were also encouraged by extended family members to "correct" the child for displays of gender nonconformity. Although previous research has found TGNC children lead their own transition without interference or influence from parents (Olson et al., 2019), many parents in these studies feel the added pressure and judgment from family members who infer the parent is either allowing or even forcing the child to be a different gender. For many parents in our sample, the additional stress from extended family members led to eventual dissolution of the familial relationship. It is important that social workers working directly with TGNC children and their parents adequately prepare parents for the possibility of rejection by extended family members, and the shifting family dynamics which may subsequently result.

Implications for Social Work Practice and Policy

Social workers are increasingly likely to encounter TGNC youth in professional contexts (Austin, 2018). The ecological framework of the discipline makes social workers well-situated to provide comprehensive, affirming care (Austin, 2018; de Jong, 2015). However, there are significant gaps in many social worker's knowledge and preparation to work with TGNC youth and their families (de Jong, 2015; Gridley et al., 2016). The findings have implications both for licensed clinical social workers as well as those working with children and families outside of the therapeutic setting. Social workers who provide therapy for TGNC youth

and their families should make sure to ask about extended family members, and to help guide families through the disclosure decision-making processes outlined here. Families and youth may need to prepare for responses from extended family that are unsupportive, and which may sever family ties. Social workers engaged in psychoeducation should include information on the role of extended family in TGNC youth's development, and ensure parents are equipped to educate their extended family members about TGNC children. Finally, these findings have implications for policies and procedures in a variety of system contexts, including educational settings and the child welfare system. For instance, social workers should advocate for local, state, and national guidelines that instruct child welfare agencies to collect information related to sexual orientation and gender identity and expression. Additionally, social workers should advocate for policies which require TGNC youth involved in the child welfare system to be placed in affirming foster families-including extended family households-so that TGNC youth can be best-served.

Limitations and Future Directions

Limitations we faced in the study included many of the same limitations that occur when working with a specialized population. Due to the nature of our study, most of our parents were supportive of their child's TGNC identity. A majority of the parents were White, female, from cities or urban areas, and identified as being liberal or democrats. Our inability to recruit a sample of parents that were diverse in gender, race, or ethnicity is consistent with other studies with parents of LGBTQ + youth, which have faced similar recruitment barriers (Aramburu Alegria, 2018; Birnkrant & Przewoski, 2017; Ramirez, 2017). As cultural factors influence parenting processes (Abreu, et al., 2019), future research should examine families of Color to identify additional obstacles that may be faced due to cultural gender roles and expectations. All of the parents in our sample lived independently from extended family members. It is likely that patterns of disclosure might differ in families who are from more collectivist cultures, and/or who live in multi-generational households. While we did have some parents that identified as part of the LGBTQ + community, a majority of the parents were cisgender and in heterosexual relationships. LGBTQ + parents may have already navigated relationships with extended family around these or similar issues, which may change the nature of how disclosure processes occur.

We did not specifically ask about social class, however, many parents acknowledged attending events such as gender conferences or summer camps specifically for TGNC youth. From this we can infer that the parents in our group may have had access to more economic capital than the average

family. We also recommend looking closely at families who live in rural areas. Oftentimes these families do not have access to trained specialists or community resources, making social support from extended family members all the more critical. Another area of focus would be to look at working class families and examine the impact social class has on disclosure to extended family members, and the role of extended family as a source of social support or stress.

It would be useful to study how relationships with extended family change over time, as children grow up. Extended family members may feel comfortable accepting young TGNC children, but these patterns of acceptance might change as children mature into adults and develop secondary sex characteristics. Extended family members in our sample sometimes "slipped up" with their pronoun use. It is possible that children's pronoun use might cause conflict in the extended family: a value system that links pronouns and appearance may lead to family conflict as children mature into adults, or if children choose nonbinary pronouns. Finally, in this study, we sought the perspective of parents, but not their children. TGNC children remain understudied, and it is important to include children's perspectives, both to validate the reports of parents, but also as involvement of youth themselves in research on this nature can provide a sense of agency. Additional research is needed to answer these and other questions.

Conclusions

Overall, our findings highlight the important role extended family members play in the lives of parents and their TGNC children. Extended family members are part of the family transition process (Kuvalanka et al., 2014), yet parental experiences with extended family members are understudied in the research literature. Parents in our sample saw extended family members as both potential sources of support and sources of stress. They used a number of strategies to simultaneously build support for themselves and their child among extended family members, while anticipating rejection and mitigating stress. This held true even for parents who lived geographically far from extended family members. Their children's TGNC identity at times was a source of conflict, which parents tried to mitigate through use of various disclosure tactics tailored to both the parents' preferred communication style and the perceived likelihood of the family member being supportive. Social workers who work to foster affirmative parenting practices with parents of TGNC youth should inquire about the presence and support of the extended family, and include them in the family transition process as warranted. Our sample was homogenous and derived from a highly individualistic culture; it is likely that extended family members play an even larger role as

supporter or stressors among parents who are from collectivist cultures and/or live in multigenerational households. Additional research into family processes which include extended family members will best-prepare professionals working directly with parents and their TGNC children to navigate these complex relationships in a way that both maximizes their potential as supporters and minimizes their potential as stressors.

Data Availability The datasets generated during and/or analyzed during the current study are not publicly available due to the sensitive nature of the data, but are available from the corresponding author on reasonable request.

Compliance with Ethical Standards

Conflict of interest All authors declare that they have no conflict of interest.

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