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# Family Processes and Relational Actions That Support the Well-Being of Transgender and Non-Binary Family Members: A Scoping Review

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## ABSTRACT

The aim of this review is to identify detailed descriptions of specific family processes and relational actions that contribute to and support well-being in transgender and non-binary (TGNB) family members. A scoping review was conducted using the Arksey and O'Malley framework and PRISMA-ScR guidelines. Five databases (APA PsycINFO, MEDLINE, Web of Science, Scopus and PubMed) were searched for keywords relating to transgender and non-binary identity, family processes and well-being. The search was run in April 2025 and yielded a total of 1359 studies; 152 texts were selected for full review and 68 articles were included in the analysis. Basic content analysis was used to synthesise the results. Sixty-eight studies were included in the final review and content analysis identified that families engage in three main family processes underpinned by specific relational processes; this appears to have a developmental trajectory for families adjusting to change. The three key processes are (i) actively seeking out education and support independently from the TGNB family member, (ii) acceptance and affirmation communicated through specific relational actions and (iii) engaging in advocacy on behalf of the TGNB family member inside and outside the family system. Findings suggest that future research should include TGNB adults and their family systems, and explore the perspectives of transfeminine family members, fathers as parents of TGNB people and TGNB people from diverse cultural and ethnic backgrounds.

## 1 | Introduction

Research findings consistently report that transgender and non-binary (TGNB) people are at increased risk of mental health disorders (Price-Feeney et al. 2020; Veale et al. 2019); with high levels of psychological distress in this population, between 32% and 50% will attempt suicide in their lifetime (Pinna et al. 2022; Virupaksha et al. 2016). A supportive family environment has been identified as a significant protective factor in TGNB people's lives. An accepting and open family environment not only acts as a mediator in minority stress experiences but significantly reduces the risks for poor mental health (Allen and dickey 2022;

Ryan et al. 2010) and increases resilience and well-being in TGNB people (Shahram et al. 2021; Wilson and Cariola 2020).

Although the quality of family environments (supportive, accepting, open) has been identified as a significant contributor to the mental health of TGNB people, well-being and resilience are commonly framed as within the individual, rather than in the relationality of their life worlds (de Lira and de Morais 2018). Several family therapy frameworks (Epstein et al. 1978; Walsh 2003; Rolleston et al. 2021) have described how family processes contribute to well-being and resilience in family members. In these frameworks, family processes are defined as the

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## Summary

- Family processes and relational actions contribute to the well-being of transgender and non-binary (TGNB) family members develop over time.
- Offering and facilitating access to psychoeducation on TGNB identity is an important first process for families with TGNB members.
- Specific skills development can be a target for therapeutic intervention and includes demonstrating care and respect, practical support and expressing interest in the TGNB family member.
- Becoming an advocate is not only a position of support for the TGNB family member but provides a vehicle for family members to develop purpose, meaning and identity in the process of supporting the TGNB family member.

various functions within a family, which also support and enable families to cope with new challenges and adapt to change. These functions include communication patterns, relational interactions and providing emotional and practical support to each other.

Within the body of literature on the relationship between family support and well-being for TGNB family members, there is less information available on the *specific* processes and relational actions that contribute to the well-being of TGNB family members. Acceptance, openness and support are often reported as qualities of a positive family environment (Katz-Wise et al. 2016) but a detailed articulation of process(es) and relational actions is underexplored and/or reported. This has implications for family therapists, as the current body of knowledge does not assist in identifying a focus and target for intervention, nor does it support families in considering and practicing relational action skills.

Barras and Jones (2023) report that although there is a strong positive association between parenting support and quality of life for TGNB youth, clinical contexts for clinicians and families would benefit from the support of evidence-based knowledge. The World Professional Association for Transgender Health (WPATH) international guidelines (Coleman et al. 2022) strongly encourage clinicians to identify family processes as a therapeutic target in their work towards creating a resilient family environment to support the well-being of TGNB family members. This scoping review aims to contribute to the body of knowledge on systemic family well-being by identifying and articulating specific processes and relational actions that contribute to the well-being of TGNB family members.

## 2 | Method

A systematic scoping review was conducted to identify empirical studies that provide detailed and specific descriptions of family processes and relational actions that support the well-being of TGNB family members. A scoping review was deemed to be appropriate to chart data in an underresearched

field as it can be used to identify questions for future research, which can then be addressed by a full systematic review (Munn et al. 2018). This review was conducted by following the Arksey and O'Malley (2005) five-step process for scoping reviews. The steps are (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data and (5) collating, summarising and reporting results. The review is reported in line with the extended Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines for scoping reviews (PRISMA-ScR) (Tricco et al. 2018).

The following databases were systematically searched in July 2024 and April 2025 for relevant articles: APA PsycINFO, MEDLINE, Web of Science, Scopus and PubMed. Initial search terms were determined in discussion with all authors (Table 1). The search strategy was adapted for use across all selected databases (see File S1).

### 2.1 | Study Selection

Search results were imported into Zotero to collate articles and remove duplicates, then articles were exported to Rayyan for further screening. The first and third authors independently screened study titles and abstracts for the inclusion criteria, with all authors screening full-text articles as well as the final selection. Any disagreements were resolved through discussion to reach a full consensus. See Figure 1 for a PRISMA-ScR flowchart displaying the selection process.

**TABLE 1** | Key search terms and phrases.

Key words	Synonyms and search phrases
Gender diversity	Transgender, transexual, genderqueer, gender identity, gender diverse, gender fluid, non-binary, gender minority, trans, LGBT*, GLBT*, agender, takatāpui <sup>a</sup>
Family processes	Family functioning, family adaptability, family cohesion, family conflict, family climate, family environment, family relations, family resilience, family quality of life, family connectedness, parental acceptance, family acceptance, family rejection, parental support, family support
Well-being and resilience	Well-being, mental health, mental well-being, mental well-being, resilience, coping

<sup>a</sup>Takatāpui is a traditional Māori term (the indigenous language of Aotearoa New Zealand), originally meaning 'intimate partner of the same sex' (Kerekere 2015). It has been reclaimed and is now used to describe Māori who are gender or sexuality-diverse or who are born with variations in sex characteristics.

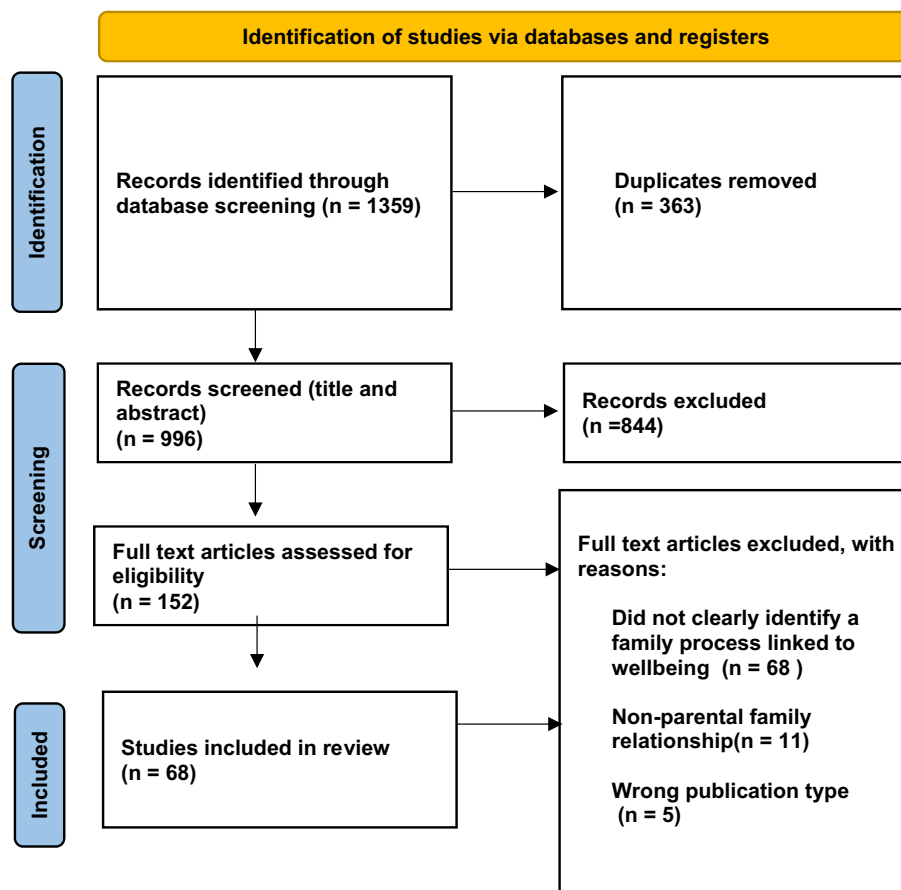


FIGURE 1 | Charting the data.

This review includes only studies that explore how specific family processes can support TGNB family members' well-being. Studies were included if they: (1) referred to, focused on or included parenting of TGNB people, (2) explored at least one family process through descriptions of action taken by family members (e.g., parents using their child's chosen name or expressing affection), (3) were published between 2010 and April 2025. Any studies that did not meet these criteria, such as those exclusively focusing on romantic relationships or sibling relationships, were excluded. See File S1 for full inclusion and exclusion criteria.

A structured Excel spreadsheet was developed to capture:

1. Study characteristics: author, year, study design, location and sample size.
2. Participant characteristics: family member role (parent or child), age, gender and ethnicity.
3. Family process(es) explored (e.g., communication, emotional support).
4. Key findings relevant to well-being and resilience.

To synthesise the data, the authors used basic content analysis to identify key processes or relational actions within family contexts. Going beyond developing descriptive categories of the data was necessary as it is hoped that the findings of this scoping

review will contribute to a family therapy framework for intervention (Pollock et al. 2023).

### 3 | Results

#### 3.1 | Characteristics of Studies Published

Of the 68 studies included in the review, most employed qualitative methodologies (51), with the majority (66%) using semi-structured interviews for data collection. There were also nine mixed methods studies, four case studies and four quantitative studies included in the review. Studies were published between 2013 and April 2025. Almost 75% of included studies were published within the last 4 years. Over half of the studies were conducted in the US (41), with others primarily in Western English-speaking countries: Canada (six), Australia and New Zealand (seven) and the UK (six). Most of the studies were community-based, with samples recruited through social media, support groups and gender clinics. A smaller number of studies were clinic-based and explored family therapy interventions and parenting programs (see File S1).

#### 3.2 | Characteristics of Study Participants

Study participants in the reviewed studies were either TGNB children, youth or young adults (21), or parents (26), or a

combination of parents, TGNB family members and professionals (21). Most TGNB participants identified as transmasculine youth or young adults, European/White, while parents who participated were mostly mothers.

Study participants were largely of European ethnicity, with over 60% of participants identifying as White/European in 44 studies. Eleven studies primarily included participants from other ethnic backgrounds (largely Latinx, mixed/multiracial and Black). Five studies included a mix of European (40%–60%) and other ethnicities. Eight studies did not report ethnicity.

### 3.3 | Content Analysis

Across the selected studies, three key processes in families were identified, with each supported by specific relational actions. These were:

1. Actively seeking out education and support independently from the TGNB family member.
2. Acceptance and affirmation communicated through specific relational actions.
3. Engaging in advocacy on behalf of the TGNB family member inside and outside the family system.

#### 3.3.1 | Actively Seeking out Education and Support Independently from the TGNB Family Member

Parental openness to and engagement in education and information was reported in 38% of the studies as a central family process that supports well-being in TGNB family members. A variety of sources of education/information were identified in the reviewed studies. Parents accessed online information and in-person and online support groups through which they received good quality information. Education was further accessed through professional relationships and watching documentary films (Allen and Leslie 2025; Arora et al. 2025; de Bres and Morrison-Young 2023; Carmona et al. 2021; Ehrenschaft 2013; Kantor et al. 2023; Katz-Wise, Galman, et al. 2022; Katz-Wise, Gordon, et al. 2022; Morgan et al. 2024; Matsuno et al. 2021; Marx et al. 2024; Riley et al. 2013; Pullen Sansfaçon et al. 2020; Schlehofer et al. 2021; Schlehofer and Cortez-Regan 2022). Accessing information was experienced as an important starting point in the journey of parental acceptance of the TGNB family member (Kidd et al. 2024).

Parents reported that learning about the remarkably high suicide and depression rates for TGNB people helped them rapidly come to terms with their child's transition as they wanted to avoid negative outcomes for their child (Horton 2022a, 2022b, 2023; Kuvalanka et al. 2014; Morgan et al. 2022, 2023; Sheikhmoonesi et al. 2023). Regarding examples of parents who were unaccepting of their child's TGNB identity until challenged by supportive outsiders, new information and data on well-being outcomes include, for example, Frigerio et al. (2021), Gamio Cuervo et al. (2023), Gray et al. (2016), Matsuno et al. (2021), Morgan et al. (2024), Romney et al. (2020) and von Doussa

et al. (2020). From the perspective of TGNB adult participants (Riley et al. 2013; Katz-Wise et al. 2024) parents should independently educate themselves and meet with other parents of TGNB youth.

TGNB youth reported that when their parents sought information (articles, documentaries) on trans identity, they noticed an increase in empathy from their parents (Andrzejewski et al. 2021; Marx et al. 2024). Parents described increased empathy and understanding for their child after hearing positive and diverse stories of TGNB people and found attending support groups for parents to be helpful in providing an opportunity to process negative emotions away from their child (Dangaltcheva et al. 2021; Gray et al. 2016; Kantor et al. 2023).

#### 3.3.2 | Acceptance and Affirmation Communicated through Specific Relational Actions

Demonstrating acceptance of the gender identity of the TGNB family member, through various relational affirmative actions, was identified as a key family process that contributes to the well-being of TGNB family members. Acceptance as an explicit family process was identified in 44% of the studies, affirmation of gender identity in 50% of the studies, and acceptance and affirmation appeared together in 75% of the studies. Both TGNB and parent participants reported better physical and mental health for the TGNB family member in the context of active accepting and affirming family processes (Gray et al. 2016; Sinclair-Palm 2023; Tsati 2022; Teran et al. 2023). TGNB study participants reported that they prefer active support by parents as a means of expressing or demonstrating acceptance and affirmation. Active support is both expression/demonstration of a combination of both acceptance and affirmation, as opposed to acceptance only, which can be experienced as a passive family process (Sansfaçon et al. 2021; Weinhardt et al. 2019). The relational actions that contribute to acceptance and affirmation were identified as care and respect, practical support and being interested.

**3.3.2.1 | Care and Respect.** Relational actions by parents that demonstrate acceptance and affirmation *within* the family system were reported as actions of care and respect for the gender of the TGNB family member. Care and respect were demonstrated through using the TGNB family member's chosen name and pronouns, despite making mistakes (Muzzey et al. 2021; Weinhardt et al. 2019) and even while parents were still experiencing their own grief and sadness (Sansfaçon et al. 2018, 2021; Sánchez-Ferrer et al. 2023). A TGNB person engages in many options when it comes to negotiating the expression of their identity. A name or names can be a representation of identity. Selecting a name that aligns with who they are is a core aspect of a TGNB person's transition. Care, respect and inclusivity are further demonstrated when parents are involved in the naming process (González-Mendondo et al. 2024; Katz-Wise et al. 2016; Morgan et al. 2023; Schimmel-Bristow et al. 2018; Sinclair-Palm 2023). Parental involvement in the naming process was experienced as an action of inclusion in the lineage of the family. Examples of relational actions of acceptance and affirmation *outside* the family system include public displays of expressing pride in the TGNB family member (Burnett et al. 2024), physical

and verbal affection (Hale et al. 2021) and being talked about to others in the TGNB person's affirmed gender outside the family system (Goffnett et al. 2022). This also includes demonstrating acceptance and affirmation of their gender identity in social media posts (Aaron and Rostosky 2019).

**3.3.2.2 | Practical Support.** TGNB participants reported enjoying spending out-of-home time with their mothers, shopping for gender-affirmative clothing, makeup, toys and binders (Burnett et al. 2024; González-Mendiando et al. 2024; Hale et al. 2021; Jones et al. 2024; Shah et al. 2024). TGNB participants provided many specific examples of support within their family systems, such as helping with their hair or makeup, helping with paperwork for name changes, and providing financial support for medical care or words of encouragement (Andrzejewski et al. 2021). Active practical support outside the home included parents accompanying TGNB family members to medical and psychological appointments (Budge et al. 2018, 2022; Bhattacharya et al. 2021; Marx et al. 2024). Complimenting the TGNB family member on their appearance, and using words of encouragement and appreciation (Aaron and Rostosky 2019; Andrzejewski et al. 2021; Arora et al. 2025; Curth and Mayeux 2024) was reported as a supportive action that signalled acceptance. Arora et al. (2025) highlight that even within affirming and accepting familial communication, unrecognised perpetuation of binary embodiment might occur unintentionally, which calls for greater awareness in parents of the power of social discourse. Parents also reported that recognising positive traits in their children, such as courage, caring qualities, resilience and integrity, was associated with a closer bond with the TGNB family member (Morgan et al. 2024).

**3.3.2.3 | Being Interested.** TGNB participants reported that acceptance of their gender identity *within* the family system included a willingness by parents to talk about gender identity in the family (von Doussa et al. 2020) and parents demonstrating interest through engaging in resources outside the family and asking the TGNB family member about their experience (Johnson et al. 2020; Fahs 2021). TGNB youth reported better mental health, self-esteem and resilience when they perceived their family communication had improved. In one intervention study, the therapist supported the parents in listening to their child's needs, and the transgender youth felt more accepted by his parents, resulting in a decrease in suicidal thoughts at the end of therapy (Romney et al. 2020). Heiden-Rootes et al. (2025) highlight the importance of LGBTQ youth developing confidence in discussing gender and identity-related topics with parents, without fear of escalating conflict.

### 3.3.3 | Engaging in Advocacy on Behalf of the TGNB Family Member Inside and Outside the Family System

Advocacy by parents, on behalf of the TGNB family member, was reported in 50% (28) of the reviewed studies. Advocacy was often described as the end point in the parental journey of acceptance. Parents described personal growth through their child's transition, and as they became more open-minded, they took on advocacy roles (Allen and Leslie 2025; Gray et al. 2016; Morgan et al. 2024). Most parents identified as advocates not only for their children but for TGNB children in general. Parents reported that

they felt their advocacy had helped their child to become a better self-advocate and believed it had helped strengthen their parent-child bond (Schlehofer et al. 2021; Tsfati 2022; Teran et al. 2023). In the journey of taking up an advocacy role, mothers reported that it provided them with meaning, purpose and identity, and provided a way for them to express their love for their children (Tsfati 2022). In a study with Latinx fathers, the fathers became involved in advocacy and came to view themselves as part of the LGBTQ+ community (Teran et al. 2023).

In the reviewed studies, parents also described advocacy for their children as an important form of support for the TGNB family member. Support through advocacy occurred on different levels of the family and social system—parents advocated for the TGNB family member within the immediate as well as the extended family system (Gajek 2025). This included educating family members and sometimes cutting ties with unaccepting family members (Aaron and Rostosky 2019; Marx et al. 2024; Teran et al. 2023). Aramburu Alegría (2018) and Higgins et al. (2023) reported that advocacy could include a parent participant mailing their extended family a positive letter about their child's transition and that they would not tolerate any negative words about their child.

Parents advocated for medical and psychological support (Carlile et al. 2021; Matsuno et al. 2021; Vance Jr et al. 2024), engaged in advocacy in school systems through modelling gender-appropriate language, and expressed a strong desire to protect their child from social harm (Capous-Desyllas and Barron 2017; Gajek 2025; Horton 2023; Johnson et al. 2020; Kidd et al. 2024; Sleath and Melia 2025).

## 4 | Discussion

The prevalence of mental health distress among TGNB people, and the protective and mediating function of supportive family environments, are well established through international large-scale research studies (Allen and Dickey 2022; Ryan et al. 2010; Shahram et al. 2021; Wilson and Cariola 2020). However, there are fewer research studies examining the question: Which specific family processes and relational actions support the well-being of TGNB people? The findings of this scoping review identified that families engage in three main relational processes of seeking education and information, demonstrating acceptance and affirmation through action, and becoming advocates on behalf of their TGNB family members and the wider TGNB communities. The analysis of the findings identified that within and between these processes, there was a developmental trajectory (Bosse et al. 2022; Ford et al. 2024) and that all processes are reported to be associated with the well-being and resilience of the TGNB family member. Raab et al. (2025) discuss that these processes are all embedded in the experience of empowerment in parents. Results revealed an overrepresentation of research from the perspectives of mothers and of transmasculine youth as participants, and a lack of research from the perspectives of TGNB adults and their family systems, of fathers as parents and of transfeminine people.

The findings of this review have implications for family therapeutic practice as they provide an evidence base for systemic

family therapy with families with TGNB family members. This includes providing a framework that is targeted towards resource building in families, normalising struggles encountered in families in adjusting to the change, and supportive of the parental journey from seeking education and information to becoming an advocate for the TGNB family member.

## 5 | Strengths and Limitations

A strength of this scoping review is that it was conducted using the systematic process developed by Arksey and O'Malley (2005) and reported in accordance with the Prisma-ScR guidelines (Tricco et al. 2018). Limitations are that it included English language studies only, a lack of ethnic diversity or representation of non-Western cultures in the studies, and grey literature (including dissertations and conference presentations) was not included. Whilst it is likely that the included studies were of higher quality than grey literature, some relevant studies may not have been identified. The review was limited by inconsistent use of gender terminology across studies when reporting on findings. Additionally, most of the research was qualitative and interview-based, and there was limited longitudinal and interventional data. Such limitations may limit the generalisability of the current findings.

## 6 | Conclusion

This scoping review offers an overview and analysis of research on family processes and relational actions that support the well-being and resilience of TGNB family members. The review contributes to family therapy practice through defining a development framework for family therapists to guide their practice. Future research should include TGNB adults and their family as participants, and explore the perspectives of transfeminine family members, fathers as parents of TGNB people, and TGNB people from diverse cultural and ethnic backgrounds.

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### Conflicts of Interest

The authors declare no conflicts of interest.

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### Supporting Information

Additional supporting information can be found online in the Supporting Information section.