The Potential Harm of Loss and Grief Narratives Among Families of Transgender and Nonbinary Youth

Russell B. Toomey[1], Lizette Trujillo[2], Roberto L. Abreu[3], Ari Rios Garza[1],
Sydney Hainsworth[1], and Zhenqiang Zhao[4]
[1] Norton School of Human Ecology, Family Studies and Human Development, The University of Arizona
[2] Southern Arizona Gender Alliance, Tucson, Arizona, United States
[3] Department of Psychology, University of Florida
[4] Department of Psychology, Fordham University

Grief and loss perspectives are frequently used in clinical and nonclinical (e.g., parent-facilitated support groups) settings to support families who are navigating awareness or disclosure of a child's diverse gender identity (i.e., as transgender or nonbinary [TNB]). Little to no research has examined the mental health consequences of TNB youth of having parents and caregivers conceptualize their child's gender transition or journey through the lens of loss and grief. Framed by minority stress theory, this study examines associations between 319 TNB youths' (ages 13–22) awareness of familial grief related to their TNB identity and their own mental health (i.e., depression, anxiety, and suicide thoughts and behaviors). Results indicate that TNB youth who experience familial grief or loss due to their TNB identity reported higher levels of anxious and depressive symptoms and were more likely to have attempted suicide. We discuss how clinicians and providers in community settings can better support TNB youth by reducing the use of a grief and loss lens in interventions with families. Clinicians and other providers are encouraged to help families integrate a child's developing gender identity and expression within the family context and to interrogate the meaning of loss of cisgender privilege for the youth and their parent and family systems.

Public Significance Statement
This study examines the association of awareness of familial grief and loss with mental health among transgender and nonbinary youth. The findings suggest that transgender and nonbinary youths who perceive that their family members conceptualize their gender identities and expressions through a grief and loss perspective report worse mental health.

Keywords: adolescents, gender identity, grief and loss, parent–child relationships, transgender and nonbinary

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Grief and loss narratives have been utilized frequently in the literature and in clinical and community-based settings (e.g., parent-facilitated support groups) to understand the unique experiences of parents and caregivers (henceforth referred to as parents, collectively) of transgender and nonbinary (TNB) youth during and after the period of awareness or disclosure of their child's TNB identity (Abreu et al., 2019; Catalpa & McGuire, 2018). The literature widely acknowledges parents' difficulty in adapting to their child's TNB identity (Abreu et al., 2019), but the implications for TNB youths'

mental health related to the use of loss and grief narratives to understand these difficulties are not well studied. Experiences of loss and grief may be directly communicated (e.g., a parent stating that they miss their girl/boy or requesting a death certificate) or indirectly communicated (e.g., a family member may cry every time they see a picture of their child prior to their transition). Parents' experiences of loss and grief have been reported to be the main roadblocks to family resilience and parental support of TNB youth (Abreu et al., 2019; Lev, 2004; Zamboni, 2006). Thus, there is a significant need to address this empirical gap and to potentially shift narratives and practice applications away from grief and loss to focus on TNB youth's identity in a positive way. A shift to focus on positive narratives of TNB identities aligns with APA guidelines that position TNB identities and expressions as normal and healthy variations of the human experience (American Psychological Association, 2015).

Given the salient role of family relationships for TNB youths' mental health (Brown et al., 2020), it is critical to understand the nuances of family support and rejection for TNB youth, including the communication of loss and grief. It is particularly important to understand ways to support TNB youth and their families in the context of an ever-increasing hostile sociopolitical climate for TNB youth; the number of bills targeting the rights and autonomy of TNB youth (e.g., access to gender affirming medical care, participation in sports) has increased from approximately 42 in 2018 to 510 in 2023 (Billard, 2024; Lepore et al., 2022; McNamara et al., 2023; Movement Advancement Project, 2023). Thus, this study examined how family communication of loss and grief specific to their child's TNB identity is associated with TNB youths' psychological distress.

Family Support and TNB Youth

The majority of TNB youth do not experience family support or affirmation, particularly following the initial disclosure of their gender diversity (e.g., Grossman et al., 2021; The Trevor Project, 2022). Estimates across studies find that nearly 50%–67% of TNB youth report lack of family affirmation or support specific to their TNB identities (Grossman et al., 2021; The Trevor Project, 2022). Lack of family support and acceptance may be experienced by TNB youth as a minority stress experience that contributes negatively to TNB youths' well-being and mental health (Hendricks & Testa, 2012; Meyer, 2003; Toomey, 2021). These negative family experiences may partially explain the significant health disparities experienced by TNB youth, including, for example, elevated risk of suicide thoughts and behaviors, depressive symptoms, and anxiety symptoms (Toomey, 2021). Indeed, several studies document associations between lower levels of family support or high levels of family rejection and compromised mental health among TNB youth (e.g., see Abreu et al., 2019; Bosse et al., 2024; Brown et al., 2020). Further, because of familial rejection or lack of support, TNB youth are more likely to experience housing insecurity compared to their cisgender peers (Robinson, 2018; Shelton & Bond, 2017).

Positive family relationships among TNB youth are integral for several facets of development, such as positive mental health (e.g., fewer depressive and anxiety symptoms), self-esteem, and life satisfaction (Gower et al., 2018; Olson et al., 2016; Pariseau et al., 2019; Schimmel-Bristow et al., 2018; Simons et al., 2013; The Trevor Project, 2022). For example, Simons et al. (2013) found that family identity support was associated with higher resilience, higher quality of life, and lower levels of depression in a sample of TNB youth.

Notably, many studies demonstrate that while family members' responses to disclosure or awareness may initially be negative, families tend to shift toward more acceptance and support over time, particularly among mothers compared to fathers (e.g., Abreu et al., 2019; Kuvalanka et al., 2014).

Parental Grief and Ambiguous Loss

Previous work regarding clinical and community support for parents of TNB youth has focused on guiding parents through their experience of the emotional state of grief and loss (McGuire et al., 2016). The notion of ambiguous loss, more specifically, has been widely utilized to explain and validate parents' struggles to accept their child's TNB identity (Testoni & Pinducciu, 2019). Ambiguous loss is a framework specifically used when there is ambiguity in the loss encountered (e.g., physical absence with a psychological presence or psychological absence with a physical presence; Boss, 2007; Testoni & Pinducciu, 2019). Ambiguous loss perspectives have been applied in clinical application to parents of TNB youth, as previous work suggests that parents of TNB youth might perceive that their child is not present either physically or psychologically because of shifts in gender expression or presentation (Norwood, 2013; Wahlig, 2015). Parents may be grieving the loss of cisnormative and/or heteronormative expectations and images of their child (Wahlig, 2015).

Grief and loss narratives imply that parents have *lost* their child or significant aspects of their child that existed prior to the disclosure or outward expression of their child's authentic gender (McGuire et al., 2016). Additionally, parents of TNB youth may fear that their child's transition is irreversible and withhold support for their child (Buckloh et al., 2022). Parents who have constructed rigid expectations of their children's lives based on traditional social roles are more unsupportive of those children when they deviate from those expectations (Canitz & Haberstroh, 2022). Additionally, as they learn more about their children's gender identities, caregivers often vacillate between enacting accepting and rejecting behaviors, which could foster stress and uncertainty for both the children and the family systems (Catalpa & McGuire, 2018). Notably, recent studies have suggested that parents' grief and loss are positively associated with uncertainty and misinformation about TNB identities and experiences (Pullen Sansfaçon et al., 2022).

Current interventions for parents of TNB youth offer education on TNB identities, possible pathways of transitioning for youth, connecting families to community-based resources, and tools to navigate emotional reactions to their child's gender, including grief and loss (Malpas et al., 2022). Although clinical and community support tailored to account for the unique challenges and barriers that parents of TNB youth experience are needed, it is also necessary to address how these approaches affect all members of the family—including the TNB child—as evidence suggests that the way parents communicate their feelings about TNB identities is critical to youth's self-perceptions and well-being (Catalpa & McGuire, 2018). There is no question that professionals should validate parents' range of emotions and feelings, including uncertainty and confusion, regarding their child's TNB identities and related social and medical transitions; however, they should also help raise parents' awareness that their reactions may impact their children (Larson, 2021). A child's transition may be reframed from an obstacle for the family to surmount or burden to bear to an opportunity to better understand and

affirm their child. Previous work by Coolhart et al. (2018) notes that parents of TNB youth need guidance in understanding that their child's gender identity or expression does not change who the child is. As such, it is critical to question how grief and loss perspectives may directly or indirectly impact TNB youth when they are used.

Minority Stress Theory

Minority stress theory (Meyer, 2003) has been widely utilized to conceptualize and explain the mechanisms of stressors unique to marginalized populations. This conceptual model posits two overlapping stressors: distal, such as interpersonal or structural discrimination, and proximal, or internal processes such as internalized prejudice. These stressors contribute to a range of negative psychological and physical health outcomes, such as depression, anxiety, substance abuse, and chronic illness, among sexual minority populations (Flentje et al., 2020; Hoy-Ellis, 2023; Meyer, 2003).

The minority stress model has been expanded on to reflect the ways cisnormativity and transphobia harm TNB populations broadly (Hendricks & Testa, 2012) and TNB youth specifically (Toomey, 2021). When parents and other family members express a grief and loss perspective about a TNB youth's transition, they may (intentionally or inadvertently) communicate to TNB youth that their gender identity or expression is undesirable, burdensome, or even harmful to their loved ones. Such interactions may represent a specific manifestation of the distal stressor family rejection, which has consistently yielded negative associations with well-being (Toomey, 2021). Furthermore, TNB youth may internalize the messages conveyed in these interactions, enhancing proximal stressors such as internalized transphobia. Thus, family interactions are critical to understand as they have numerous implications for TNB youths' well-being.

The Present Study

Framed by a minority stress perspective (Meyer, 2003; Toomey, 2021), the purpose of the study was to examine the association between TNB youths' awareness of their family members' communication of grief and loss surrounding their TNB identity and their own mental health (anxiety, depression, and suicide thoughts and behaviors). We hypothesized that TNB who more frequently heard that their family members were grieving them because of their TNB identity would report poorer mental health (i.e., higher levels of depressive and anxious symptoms, and greater likelihood of suicide thoughts and behaviors).

Method

Procedure

Participants for the present study were recruited through Qualtrics Panel Services in the Spring of 2022 as part of a larger study to examine the contextual correlates of mental health outcomes among TNB youth. Qualtrics Panel Services members are recruited by Qualtrics from several sources including social media and various websites, and members are validated by third-party verification measures. Members are compensated for their participation on panels by Qualtrics, and a compensation contract is agreed upon between members and Qualtrics.

Participants were eligible to participate in the present study if they met the following inclusion criteria: (a) self-identified as transgender, trans, or nonbinary; (b) were between the ages of 13 and 22 years; and (c) currently lived in the United States or a U.S. territory. Qualtrics Panel members who met the inclusion criteria were sent the initial invitation to participate in the study, which directed them to a screener survey to confirm eligibility followed by assent (for youth aged 13–17 years) and consent (18–22 years) procedures.

Sample

The sample included 319 trans and nonbinary youth ages 13–22 years ($M = 18.64$, $SD = 2.18$). Sample demographics are provided in Table 1. Because responses were open-ended and participants could indicate multiple identity labels, some percentages within identity categories exceed 100%. Most youth identified their current gender as nonbinary (77.1%; e.g., nonbinary, gender fluid, gender queer); 23.2% were boys/men (e.g., man, boy, transman, transmasc, transboy), 10% were girls/women (e.g., woman, girl, transwoman, transfem, transgirl), and 15.7% noted multiple gender identity descriptors (e.g., nonbinary transfem, genderfluid femme). In terms of sexual identity, the majority identified with plurisexual identity labels (73.4%; e.g., pansexual, bisexual, queer, omnisexual), while fewer identified with monosexual identity labels (26.6%; e.g., gay, lesbian, straight). Nearly half of the sample identified as BIPOC (Black, Indigenous, and other people of color), including 17.6% as Latinx, 14.7% as Black, 9.1% as multiracial/ethnic, 6.3% as Asian, 2.2% as Indigenous/Native American, and 0.9% as Middle Eastern/ North African; 57.4% of the sample identified as non-Latinx White. Open-ended response questions were recoded into mutually exclusive categories for quantitative analysis.

Measures

Experience of Family Grief

Participants responded to one question about perceived family grief that was developed for the present study in collaboration with community partners and based on extant qualitative literature: "How often do member(s) of your family tell you that they are grieving because you are trans?" Response options ranged from *never* (1) to *many times* (4). Evidence for face validity and content validity was established through working with community partners and piloting the survey for comprehension and understanding with TNB youth prior to dissemination of the survey on Qualtrics Panel Services. Additional research is warranted to ensure the convergent, predictive, and discriminant validity of the item created for this study.

Suicide Thoughts and Behavior

Past-year suicide thoughts were assessed by a single item: "During the past 12 months, have you seriously thought of taking your own life?" Past-year suicide behavior was assessed by a single item: "During the past 12 months, have you attempted to take your own life?" Response options included *no* (0) and *yes* (1). These items were adapted from the 2021 Centers for Disease Control and Prevention Youth Risk Behavior Survey Questionnaire. In support of validity, both items yielded medium-to-large positive correlations with symptoms of depression.

Table 1
Characteristics of the Sample (N = 319)

Demographic characteristic and study variable	*n/M*	*%/SD*
Current gender identity		
Nonbinary (e.g., nonbinary, gender fluid, gender queer)	246	77.1%
Man (e.g., man, boy, transman, transmasc, transboy)	74	23.2%
Woman (e.g., woman, girl, transwoman, transfem, transgirl)	32	10%
Multiple categories (e.g., nonbinary transfem, genderfluid femme)	50	15.7%
Sexual identity		
Plurisexual (e.g., pansexual, bisexual, queer, omnisexual)	234	73.4%
Monosexual (e.g., gay, lesbian, straight)	85	26.6%
Racial/ethnic identity		
Youth of color	136	42.6%
Black	47	14.7%
Indigenous/Native American	7	2.2%
Asian	20	6.3%
Latinx/Hispanic	56	17.6%
Middle Eastern/North African	3	0.9%
Multiracial/ethnic	29	9.1%
White	183	57.4%
Age (range = 13–22)	18.64	2.18
Outness to parents (range = 1–4)	2.46	1.34
Internalized transnegativity (range = 1–5)	2.66	1.06
Family acceptance (range = 1–4)	1.48	1.25
Family grief (range = 1–4)	1.79	1.12
Depression (range = 1–5)	3.13	1.14
Anxiety (range = 1–5)	2.96	1.18
Suicide thoughts	198	62.1%
Suicide attempt	72	22.6%

Note. Current gender identity, sexual orientation, and racial/ethnic identity were assessed with open-ended response questions and coded for quantitative analysis. Categories were not mutually exclusive and total frequencies sum above 100%.

Anxiety and Depressive Symptoms

Anxiety and depressive symptoms were assessed with the National Institutes of Health's Patient Reported Outcomes Measurement Information System Scale–Short Form measures (Quinn et al., 2014). The depressive symptoms measure includes eight items (e.g., "I felt lonely"), and the anxiety symptoms measure includes eight items (e.g., "I got scared really easy"). Response options for both measures ranged from *never* (1) to *always* (5). These measures have been validated in psychometric studies with clinical and school-based samples of adolescents (Irwin et al., 2010). In that same sample, internal consistency was demonstrated for anxiety (Cronbach's α = .95) and depressive symptoms (Cronbach's α = .95). Internal consistency in the current sample was strong for anxiety (Cronbach's α = .95) and depressive symptoms (Cronbach's α = .95).

Level of Disclosure to Parents

Level of disclosure to parents was assessed by a single item: "How many people in each group are aware of your trans identity?" Response options ranged from *none* (0) to *all* (4), and only reports to the parents' group were used for the analyses. The measure was adapted for the present study from the Outness Inventory (Mohr & Fassinger, 2000). Prior studies have demonstrated construct validity in a sample of 3,624 TNB youth by documenting negative correlations between disclosure and depressive symptoms (McKay & Watson, 2020).

Internalized Transnegativity

Internalized transnegativity was assessed with the eight-item Shame subscale of the Gender Minority Stress and Resilience Measure—Adolescent (Hidalgo et al., 2019), which was adapted from the Transgender Identity Survey. Response options were rated on a 5-point Likert-type scale, ranging from *strongly disagree* (0) to *strongly agree* (4). Internal consistency was strong for the current sample (Cronbach's α = .89). Prior research has demonstrated strong reliability (Cronbach's α = .92) in a sample of 258 TNB adolescents; the same study demonstrated expected correlations between internalized transnegativity and mental health outcomes, providing evidence of psychometric validity of this scale for use among TNB youth (Hidalgo et al., 2019).

Family Acceptance

Family acceptance was assessed with four items modified from the Family Acceptance Project (Miller et al., 2020). Prior research with a national sample of over 6,000 lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth has demonstrated strong content and psychometric validity of this adapted scale, documenting negative associations between family acceptance and compromised mental health outcomes (Abreu, Lefevor, Gonzalez, Barrita, et al., 2022; Abreu, Lefevor, Gonzalez, Teran, et al., 2022; Miller et al., 2020; Pollitt et al., 2023). Participants reported on how often their parents or caregivers engaged in accepting behaviors (Cronbach's α = .75), ranging on a 4-point Likert-type scale from *never* (0) to *often* (3). Prior studies have demonstrated strong reliability for this measure (Cronbach's α = .75; Miller et al., 2020).

Analytic Plan

Linear (anxiety and depressive symptoms) and logistic (suicide thoughts and behaviors) path models were conducted in Mplus v.8.9 (Muthén & Muthén, 2022) to examine the relationships between awareness of family grief and mental health and health risk behaviors. These analyses controlled for gender identity (nonbinary [referent group], boys/men, or girls/women), sexual identity (monosexual identity [referent group] or plurisexual), racial and ethnic identity (White [referent group] or BIPOC), age, outness to parents, internalized transnegativity, and family acceptance because prior research indicates they are also associated with mental health among TNB youth (for review, see Tankersley et al., 2021).

Missing data were minimal (<1%) given that Qualtrics Panel Services replaces surveys that have even moderate amounts of missing responses to survey items. Missingness was handled with full information maximum likelihood estimation in Mplus. Model fit was evaluated using multiple fit indices, including the comparative fit index (CFI; acceptable ≥.90), the root-mean-square error of approximation (RMSEA; acceptable ≤.10), and the standardized root-mean-square residual (SMRR; acceptable ≤.10; Hu & Bentler, 1999). Of note, CFI and RMSEA are less reliable indicators of model fit when the outcomes examined are binary in nature (Savalei, 2021).

Transparency and Openness

The study was not preregistered. Study data and materials are available upon request from the corresponding author. All decisions about sample size, data exclusions, manipulations of data, and all measures are reported in the present study. The study protocol was approved by The University of Arizona's Institutional Review Board. The protocol included a waiver of parental consent for minors in the case that they had not yet disclosed their gender to their legal guardians, which is considered best practice when conducting research with sexual and gender-diverse youth populations (Cwinn et al., 2021).

Results

Correlations, means, standard deviations, and frequencies among key study variables are presented in Table 2. Just over half of participants reported that they *never* experienced their families telling them that they were grieving because they are trans (61.6%), whereas 10.7% reported that their families have told them this *once or twice*, 14.5% reported that their families have said this *a few times*, and 13.2% reported that their families have told them this *many times*.

Table 3 displays the results from path analyses. The model that examined depression and anxiety symptoms had acceptable fit: $\chi^2(249) = 574.07$; RMSEA = .06 (.05, .07); SRMR = .04; CFI = .93. Results indicated that hearing that their families were grieving them because of their TNB identity was significantly positively associated with symptoms of anxiety ($\beta = .30$) and symptoms of depression ($\beta = .18$). The model that examined suicide thoughts and behaviors had acceptable fit, with the exception of the CFI value: $\chi^2(20) = 43.19$; RMSEA = .06 (.04, .09); SRMR = .06; CFI = .83. Results indicated that hearing that their families were grieving them because of their TNB identity was associated with significantly higher odds of suicide behaviors (*adjusted odds ratio* = 1.22), but not suicide thoughts (*adjusted odds ratio* = 1.11).

Discussion

Grief and loss frameworks are frequently invoked in both clinical and nonclinical community-based settings when working with families who have a TNB child (Abreu et al., 2019; Catalpa & McGuire, 2018). Several scholars have written about grief and loss as mechanisms that families use to cope with the emotional reactions related to the awareness or disclosure of a TNB child's gender identity or expression. It is suggested that these approaches help parents cope with the misalignment of parents' expectations and anticipated futures for the child that are rooted in cisnormative and/or heteronormative values (McGuire et al., 2016). While it is critical that parents and other family members cope with and navigate emotional distress that may arise when navigating their child's gender journey, it is important to understand how the narratives of grief and loss impact the TNB youths themselves. This study found that awareness of family grief related to the youth's gender identity was associated with higher levels of anxiety and depression symptoms and greater risk of suicide behaviors.

Our findings are aligned with qualitative studies that have documented that grief is a barrier to family resilience when families are navigating learning about and supporting their TNB youth (Abreu et al., 2019; Lev, 2004; Zamboni, 2006). Consistent with Hatzenbuehler's psychological mediation framework (Hatzenbuehler, 2009), awareness of grief may precipitate poorer mental health by enhancing TNB youths' shame, internalized transnegativity, and/or expectations of rejection. From the perspective of the minority stress framework (Hendricks & Testa, 2012; Meyer, 2003; Toomey, 2021), perceived family grief can be conceptualized as a unique, family-based, distal stressor for TNB youth. Given the preliminary findings of this study, family grief may partially contribute to the compromised health outcomes among TNB youth populations (Toomey, 2021). This association may occur because of direct or indirect family communication about grief; thus, healthy family communication practices, which have been identified in the literature as a promotive factor for TNB youth (Katz-Wise et al., 2018), may be a target in family-based

Table 2
Correlations and Descriptive Statistics Among Key Study Variables

Key study variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Family grief	—												
2. Family acceptance	.14*	—											
3. Suicide thoughts	.09	−.18***	—										
4. Suicide attempts	.19***	−.05	.42***	—									
5. Depression	.20***	−.16**	.50***	.41***	—								
6. Anxiety mean	.31***	−.08	.39***	.34***	.72***	—							
7. Internalized transphobia	.17**	−.04	.27***	.24***	.38***	.36***	—						
8. Out to parents	.13*	.36***	−.08	−.05	−.18***	−.15**	−.07	—					
9. Man[a]	.20***	.14*	−.012	.00	.01	.10	.09	.15*	—				
10. Woman[a]	.05	.00	−.00	.07	.02	.02	−.01	.04	−.11*	—			
11. Plurisexual[b]	−.08	−.06	−.01	−.14*	−.10	−.06	−.08	−.04	.07	−.10	—		
12. Youth of color[c]	−.03	.03	.00	.14*	−.06	−.08	−.05	−.10	−.09	.05	.03	—	
13. Age	.14*	.02	−.05	.03	−.05	−.02	−.04	.09	.04	.08	.05	−.00	—
M/frequency	1.79	1.48			3.13	2.96	2.66	2.46	24%	10%	74%	43%	18.64
SD	1.12	0.67			1.14	1.18	1.06	1.34					2.18

[a] Nonbinary identity was the referent group for gender identity.   [b] Monosexual identity (i.e., gay, lesbian) was the referent group for sexual identity.   [c] White was the referent group for racial/ethnic identity.
* *p* < .05.   ** *p* < .01.   *** *p* < .001.

Table 3

Findings Predicting Trans and Nonbinary Youth Psychological Distress From Reports of Family Grief

	Model 1		Model 2	
	Anxiety symptom	Depression symptom	Suicide thought	Suicide attempt
Predictor variable	β, b (SE)	β, b (SE)	OR, b (SE)	OR, b (SE)
Family grief	0.29, 0.30 (.06)***	0.18, 0.18 (.06)***	1.11, 0.11 (.07)	1.22, 0.20 (.07)**
Man[a]	0.06, 0.16 (.15)	−0.00, −0.01 (.14)	0.95, −0.05 (.17)	1.13, 0.12 (.19)
Woman[a]	0.02, 0.09 (.20)	0.01, 0.05 (.20)	0.98, −0.02 (.24)	1.26, 0.23 (.26)
Plurisexual identity[b]	−0.04, −0.09 (.14)	−0.07, −0.18 (.13)	0.98, −0.02 (.16)	0.66, −0.41 (.18)*
Youth of color[c]	−0.04, −0.10 (.14)	−0.03, −0.06 (.12)	1.04, 0.04 (.15)	1.55, 0.44 (.16)**
Age	−0.04, −0.02 (.03)	−0.05, −0.02 (.03)	0.96, −0.04 (.03)	1.01, 0.01 (.04)
Outness to parents	−0.18, −0.15 (.05)**	−0.15, −0.13 (.05)**	0.95, −0.05 (.06)	0.97, −.03 (.07)
Internalized transnegativity	0.31, 0.34 (.06)***	0.33, 0.36 (.06)***	1.38, 0.32 (.06)***	1.31, 0.27 (.07)***
Family acceptance	−0.05, −0.09 (.10)	−0.12, −0.21 (.10)*	0.72, −0.33 (.10)***	0.86, −0.15 (.13)
Adjusted R^2	24.7%	21.8%	19.1%	22.4%

Note. SE = standard error; OR = odds ratio.
[a] Nonbinary identity was the referent group for gender identity. [b] Monosexual identity (i.e., gay, lesbian) was the referent group for sexual identity. [c] White was the referent group for racial/ethnic identity.
* $p < .05$. ** $p < .01$. *** $p < .001$.

intervention programs to reduce mental health burden in TNB youth populations. The findings of this study also contribute to the emerging evidence of the critical nature of family relationships on fostering healthy TNB youth development (e.g., Abreu et al., 2019; Brown et al., 2020; Katz-Wise et al., 2018). That is, families should reduce behaviors that convey grief about children's TNB identities and expression and focus on affirming behaviors.

Notably, even when controlling for an affirming family environment for TNB youth, the experience and awareness of grief were positively associated with psychological distress. Thus, while families may believe that they are supportive or affirming of their TNB youth, if their child nevertheless perceives that their family members are grieving them, TNB youth may still experience heightened risk for compromised well-being. Thus, future research is necessary to more thoroughly investigate family grief perceptions of TNB youth, family-based dyadic research that includes both TNB youth and their family members' perceptions of the family (to assess for discordance or concordance of respondents), and applied prevention and intervention work with families in clinical and nonclinical social settings. This is particularly important to acknowledge given that acceptance, support, and rejection are usually conceptualized as single continuum variables (e.g., Johnson et al., 2020)—which ignores the complexity of real family experiences (e.g., a family might consider themselves to be supporting yet engage in behaviors such as grief that send mixed messages to TNB youth).

Our findings are also important in the context of findings that many parents report feeling grief and loss as an initial reaction to learning that their child is TNB (Abreu et al., 2019). In our study, nearly 40% of the sample had experienced hearing that their family members were grieving them because they were TNB. While family members may navigate difficult emotions when dealing with name or pronoun changes, changes to the expectations and aspirations that they previously had for the TNB youth, or the experience of loss of cisgender privilege experienced as secondary minority stress (i.e., experience of gender minority stress while parenting a TNB youth; Hidalgo & Chen, 2019), the present study suggests that family members should explore different avenues to express their grief and

loss in ways that do not further harm the TNB child. For example, future research could implement family interventions and program development that could build on the work of Matsuno and Israel (2021) to help family members interrogate and work through their experiences of grief in relation to their trans youth.

Clinical and Practice Implications

The findings of the present study suggest that clinicians and community-based practitioners should (a) help families to conceptualize emotional distress as an adjustment process rather than grieving process in order to facilitate positive youth outcomes, (b) emphasize that families should not communicate feelings of loss or grief to their TNB child, and (c) utilize strengths-based approaches to focus on what is gained versus what is lost when a TNB child discloses or explores their gender identity. Given that our findings provide evidence that family members' expressions of grief and loss may have negative consequences for the mental health of the TNB child, it is important for practitioners to help family members identify the source of emotions related to grief and loss while not further harming the TNB child. Practitioners can help parents find healthy verbal and nonverbal avenues to express their feelings (e.g., in individual therapy sessions, or parent support group settings that do not have children present).

Regarding verbal ways to express one's feelings in a safe space, clinicians can recommend joining groups for family members who are also struggling to accept and understand their TNB child. In this space, family members of TNB youth will not only be able to connect with people who are experiencing similar feelings and struggles, but they can connect with other individuals who are at different stages of their journey toward accepting a TNB child and who can provide multiple perspectives on how to best interact with their child in a healthy and affirming manner. It is important to note that clinicians must investigate such groups before recommending them to clients, as not all spaces might be safe for family members of TNB youth and, in turn, TNB children themselves. For example, because of increased antitrans laws and bills in the United States,

there has been a rise in groups whose goal is to invalidate, erase, and harm TNB people (Movement Advancement Project, 2023). It is crucial that practitioners find a space where their clients can be vulnerable in a manner that is not invaliding of themselves or the TNB child.

Practitioners can also work with family members of TNB youth to identify nonverbal ways of expressing their feelings. Given previous research that shows that engaging in expressive writing is a successful intervention to express one's feelings and emotions about having an LGBTQ child (Abreu, Townsend, et al., 2022; Gonzalez et al., 2013), practitioners can recommend that family members of TNB children journal their thoughts related to their feelings of grief and loss. This approach allows family members to process their thoughts and feelings in a safe and intimate matter without exposing their TNB child to grief and loss narratives.

Practitioners should also consider engaging in family-level interventions such as family therapy. For example, practitioners may draw from structural family therapy (Minuchin, 2018) and encourage family members to describe for each other, in a safe space, their individual needs and boundaries. In such a context, TNB youth might share the toll that hearing their parents express grief about their identity or expression takes on their emotional well-being, while parents could dig deeper and express the root of their grief (e.g., feeling helpless that the world might not be safe for their child; feeling shame about what other might think about their parenting competence as a result of having a TNB child). We do caution, however, that before beginning family therapy, practitioners should ensure (perhaps through individual therapy) that each member of the family knows healthy ways of expressing their feelings in a way that does not invalidate others' feelings or cause further harm.

Furthermore, given the high number of BIPOC participants in our study, as well as previous research that shows that BIPOC caregivers are aware of the heightened challenges that their racial–ethnic minoritized child will experience as they navigate a double minority status (Averett, 2016), it is important for practitioners to be mindful of how the grieving process and parent–child relationship might be different for BIPOC TNB youth and their parents. As noted by Froyd et al. (2021), few studies have examined how grief and mourning are impacted by culture; however, culture is critical for shaping family communication about grief and emotional regulation in the family context. Additionally, BIPOC parents of TNB youth might be grieving not only that the world will be an unfair place for their child because of their gender identity, but also because of the intersection of their gender and race/ethnicity. Therefore, before making recommendations—such as which support groups parents or families join—practitioners should reflect on the ways that families of BIPOC TNB youth are potentially impacted by multiple systems of oppression (Abreu, Lefevor, Gonzalez, Teran, et al., 2022).

Consistent with counseling psychology values, it is crucial that practitioners find ways to support TNB youth and their families beyond individual and family therapy, including advocacy efforts in community settings to educate families about the potential impact of grief and loss narratives for TNB youth. Research shows that parents of TNB youth often advocate for their child's safety within various settings such as schools and health care (e.g., see review in Abreu et al., 2019). Counseling psychologists can collaborate with parents of TNB youth as they advocate for their children within these systems.

For example, practitioners can be present during school meetings where parents of TNB youth often find themselves advocating for their child's right in order to provide information to school staff and administrators about risk and protection factors for TNB youth.

Strengths, Limitations, and Conclusions

There are several strengths of this study that are worthy of mention. First, the conceptualization of the study was driven by a collaboration between the first (academic, researchers) and second author (parent of a TNB child, community organizer) following discussions about what the second author was observing as a volunteer facilitator of the community-based support group for parents of TNB youth. This centering of embodied knowledge in the research process is critical for addressing and responding to pressing needs from a community perspective (Wesp et al., 2019), as well as consistent with calls for counseling psychologist to work with community members who are most affected by systemic social justice issues (e.g., DeBlaere et al., 2019).

Another important strength of our study is that it aligns well with core counseling psychology values such as engaging in prevention science, understanding person–environment interactions, and promoting well-being across the lifespan (e.g., Alexander & Allo, 2021; Packard, 2009; Scheel et al., 2018). As noted by Abreu, Townsend, et al. (2022) in a systematic review of 24 LGBTQ-focused qualitative and mixed studies in counseling psychology journals, there is a need in the field for scholarship that addresses how systemic oppression impacts relationships among LGBTQ people and their families. Our findings provide evidence of how systemic oppression impacts not only the family unit, but individuals within that unit—and in different ways.

Furthermore, the sample was diverse in terms of the racial and ethnic composition, with over 40% identifying as BIPOC. This is a strength given that the bulk of research on TNB populations has focused exclusively on White TNB participants (Wesp et al., 2019). The sample was also diverse in terms of the gender composition of TNB youth, with over half of the youth identifying as nonbinary. Future research is needed to examine whether grief narratives are experienced differently by TNB youth who identify as boys/men or girls/women or as nonbinary.

While this study is the first to quantitatively examine the association between TNB youths' perceptions of family grief and their own psychological distress, there are aspects of the study design that limit generalization and implications of the study's findings. The study's design was cross-sectional, relied solely on youth reports, and used single-item measures of key constructs. Longitudinal research is needed to determine if exposure to grief and loss narratives worsens mental health or if TNB youth with worse mental health symptoms are more likely to interpret their family or parent's communication in negative ways. Similarly, little research has examined parent–adolescent dyad concordance or discordance in reports of family experiences; thus, it is important for future research to understand how both youth and family members perceive family interactions, and whether their (dis)similarity on family functioning perceptions is associated with more family resilience (or conflict). Last, the single item used to assess awareness of family grief and loss may not have fully captured the ways that these narratives are expressed or perceived. Furthermore, we did not provide a definition or examples of the term "grieving" in the item developed for the

study, which could have created heterogeneity in interpretation by respondents. Qualitative research is needed to enrich our understanding of the various ways grief and loss narratives are expressed, which may aid in the development of a more robust measure of the construct.

Despite these limitations, our study is the first to examine how perceived grief is associated with TNB youths' mental health. Our findings suggest that current clinical and nonclinical social practices that help frame and support family reactions and responses to learning that a child is TNB should be adapted to reduce a focus on grief and loss, given that TNB youths' perceptions of family grief were associated with worse mental health and the loss of cisgender privilege for the youth. Further, given that qualitative research finds that uncertainty and misinformation are associated with family members' experiences of grief, interventions that are focused on providing evidence-based information to family members about how to navigate their child's gender journey are warranted. Parents of TNB youth have also reported a strong need for access to information and resources regarding their child's identity (Matsuno et al., 2022). The present political climate and nationwide legislative attack of TNB youths' rights have exacerbated the spread of misinformation through media and social interactions, which heightens the need for professionals to educate families of TNB youth with medically accurate and science-based information (Ashley, 2020). Given the results of this study, it is also clear that families and professionals need to reduce a focus on grief and loss and instead focus on TNB youths' identity affirmation and related joy.

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