



SAPIENZA
UNIVERSITÀ DI ROMA

Ph.D. in Social Psychology, Developmental Psychology, and Educational Research

Developmental Psychology and Educational Research Curriculum

XXXVIII cycle

**Family Functioning, Coming Out, and Chosen Names:
Exploring Family Experiences and Well-Being in Nonbinary Individuals**

Ph.D. Dissertation

Ph.D. Candidate: Chiara Commone

Supervisor: Prof. Roberto Baiocco

Co-Supervisor: Prof.ssa Jessica Pistella

Department of Developmental and Social Psychology,

Faculty of Medicine and Psychology

A/A 2024/2025

This document is published under the All Rights Reserved license.

Summary

OVERVIEW AND INTRODUCTION.....	4
STUDY 1	11
Method.....	14
Results	17
Discussion	29
Limitations and future directions	33
Conclusions and Implications.....	34
STUDY 2	36
Method.....	42
Results	46
Discussion	59
Limitations and future directions	67
Conclusions and Implications.....	68
STUDY 3	71
Method.....	74
Results	76
Discussion	90
Limitations and future directions	96
Conclusions and Implications.....	97
GENERAL DISCUSSION.....	99
CONCLUSION.....	107
REFERENCES.....	114
TABLES AND FIGURES.....	145
APPENDIX 1.....	162
APPENDIX 2	165

Overview and introduction

Nonbinary individuals are part of the broad spectrum of people who experience an incongruence between their expressed or experienced gender and the sex assigned at birth (APA, 2015). Differently from those who identify themselves as the “opposite” of their sex assigned at birth, according to a binary conception of gender (Chew et al., 2020; Richards et al., 2016; Todd et al., 2019), nonbinary people define their gender identity as existing between, outside of, or beyond the gender binary (Matsuno & Budge, 2017; Thorne et al., 2019). Nonbinary gender identities encompass a wide range of identities, including genderfluid, genderqueer, pangender, and agender (Richards et al., 2016). Several studies have highlighted the importance of family relationships for the well-being of nonbinary individuals. Specifically, family support and family connectedness are associated with greater life satisfaction and higher self-esteem, and also contribute to a reduced risk of depressive symptoms (Bradford & Catalpa, 2018; Eisenberg et al., 2020). However, nonbinary individuals often experience complex family relationships and may feel excluded or marginalized by their families, which may nevertheless remain an important source of support (Commone et al., 2025; Savin-Williams, 2001; Simons et al., 2013).

Research examining the influence of family dynamics on individual well-being has a long-standing tradition in psychological literature. Murray Bowen developed the Family Systems Theory, according to which the family is conceived as a system in which a compensatory change occurs in response to a change in one part of the system, thereby affecting the other parts (Bowen, 1966). Moreover, the family system itself is embedded within broader systems on which it depends. Over the years, numerous studies have built upon Bowen’s theoretical legacy, giving rise to various models that revolve around the central idea that family members are interconnected and interact with one another to meet their social and emotional needs within the framework of their relationships. Indeed, as Bowen already

suggested, the family exists within a wider social environment that shapes both individual behaviors and intra-familial dynamics (Cox & Paley, 1997; Jagers et al., 2015; Kerr & Bowen, 1988; Minuchin, 1985). More recent studies have emphasized the role of the family system in the development and well-being of youth, highlighting family connectedness and parental supportiveness as key protective factors for young people's well-being (Izzo et al., 2022; Hutton et al., 2019; Kerr et al., 2019; Ong et al., 2018).

As mentioned earlier, for nonbinary individuals, family relationships can represent both a protective and a risk factor for mental health (Bradford & Catalpa, 2018; Eisenberg et al., 2020). Over the years, several studies have sought to identify various protective and risk factors for the mental health of individuals with a minoritized sexual orientation or gender identity. One of the most influential frameworks developed in recent decades is the minority stress theory (Meyer, 2003), which posits that stigma, prejudice, and discrimination create a stressful social environment that can lead to mental health problems. This model was initially developed with reference to lesbian, gay, and bisexual individuals, and was later applied to TNB (Transgender and Nonbinary) populations (Hendricks & Testa, 2012; Testa et al., 2015). Within this framework, two types of stressors are distinguished: distal and proximal minority stressors. Distal stressors are external to the individual and are not dependent on personal perception or identification with a minority status (Clements-Nolle et al., 2006; Diamond, 2000; Kenagy & Bostwick, 2005; Kobrynowicz & Branscombe, 1997; Lombardi et al., 2001; Operario & Fiske, 2001; Xavier et al., 2005). Typical distal stressors include discriminatory or violent events. Proximal stressors, on the other hand, are internal processes that depend on the individual's perception and subjective experience related to their minority identity. These include expectations of rejection, concealment, and internalized transphobia (Beemyn & Rankin, 2001; Sánchez & Vilain, 2009; Testa et al., 2012). In a subsequent expansion of the model, Testa and colleagues (2015) also examined protective factors, identifying resilience-

related elements such as community connectedness and pride as particularly relevant for TNB individuals.

With regard to the family context, studies specifically exploring family functioning among nonbinary individuals are still limited, whereas most research has focused on TNB populations more broadly. What emerges from the existing literature is that, for many nonbinary individuals, the family is not always a supportive environment, and feelings of marginalization and exclusion may instead be experienced (Eisenberg et al., 2017; Simons et al., 2013). Additionally, more frequent experiences of family rejection have been reported among TNB people (Bradford et al., 2013; Factor & Rothblum, 2007; Graham et al., 2014; Koken et al., 2009), and nonbinary individuals present a higher prevalence of family-based violence and victimization (Martinez & McDonald, 2021; Puhl et al., 2019; Radusky et al., 2021). Also, nonbinary individuals report lower levels of family cohesion and support not only compared to cisgender people but also to binary transgender individuals (Bradford & Catalpa, 2018; Commone et al., 2025b; Fuller & Riggs, 2018; Kaltiala et al., 2023; Reisner & Hughto, 2019). Moreover, the literature has also highlighted the limited acceptance of nonbinary gender identities within families (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2022; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Seibel et al., 2018), a phenomenon that may partly reflect the broader lack of societal understanding of nonbinary identities (Rosati et al., 2020).

One of the significant events that can modify family relationships is the coming out process (Goodrich et al., 2019; Grafsky, 2014; Pistella et al., 2020, 2025; Willoughby et al., 2008). The coming out process refers to the experience of disclosing one's gender identity or sexual orientation to others (Grafsky, 2014). In the family context, coming out should not be understood as a single event involving only the individual, but rather as a developmental task—a process that engages all family members (Baiocco et al., 2020; LaSala, 2010). The

literature shows that the impact of coming out is mainly related to others' reactions (Baiocco et al., 2016; Rosati et al., 2020). Family reactions to coming out can be interpreted through the Family Adjustment and Adaptation Response (FAAR) Model developed by Patterson (Baiocco et al., 2023a; Patterson et al., 1988, 2002). This theory explains how families cope with normative and non-normative developmental tasks, such as a family member coming out.

Specifically, the way in which a family adapts to such an event depends on risk factors (e.g., everyday life stressors), protective factors (e.g., adaptive family resources and social support), and family meanings, such as how a minority identity is perceived and how family members relate to one another when facing life challenges. According to the model, the family first goes through an adjustment phase, during which a crisis in the family system may emerge. This crisis often results from a negative meaning attributed to the coming out, which can undermine family resources. Subsequently, the family may reach an adaptation phase, in which it attempts to mobilize its internal and external resources to integrate the change brought about by the coming out. This process leads to a transformation in family functioning, including possible changes in the quality of certain relationships.

The literature on family reactions to coming out specifically among nonbinary individuals remains very limited. Most studies focus on TNB populations, within which data on nonbinary participants are often included. These studies generally highlight a limited level of acceptance (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2022, 2023; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Seibel et al., 2018), although some have also reported more positive reactions from certain family members (Bennett & Donatone, 2022; Bhattacharya et al., 2021; Budge et al., 2025; Gonzalez et al., 2022; Stone et al., 2022). However, there are very few studies focusing exclusively on nonbinary individuals, and none exploring family reactions within the Italian context.

The particularities of coming out among nonbinary individuals are also connected to their distinct characteristics compared to binary transgender people, including factors related to the medical and social gender affirmation processes they may undertake (Mirabella et al., 2022). For nonbinary individuals, coming out may take different forms, such as sharing their gender identity, self-defined name, or preferred pronouns, as well as discussing aspects of medical or legal transition (Bennett & Donatone, 2022). Moreover, coming out represents an important means of gaining recognition and affirmation of one's gender identity (Mosher, 2001). Another element that contributes to affirming one's gender identity is the use of a chosen name, adopted by TNB individuals instead of their legal name, to better align it with their gender identity (Beckwith et al., 2017; Muzzey et al., 2021). Similar to the process of coming out, the use of a chosen name has been shown to have a significant impact on the psychological well-being of TNB people. Its use across multiple contexts—including the family environment—has been associated with reduced depressive symptoms, as well as increased resilience and self-esteem (Pollitt et al., 2021; Russell & Fish, 2016; Russell et al., 2018; Singh et al., 2014). Also, regarding the use of a chosen name within the family and the process of choosing the name, existing studies have primarily focused on general TNB populations, with no research specifically addressing nonbinary individuals.

Aims of the dissertation

The aim of this dissertation, grounded in the theoretical framework described above, is to examine the family functioning of nonbinary individuals, particularly in relation to significant stages of their gender affirmation process, such as coming out and the use of a chosen name. To achieve a comprehensive understanding of this topic, three studies were conducted: a systematic review and meta-analysis of the literature, and two empirical studies focusing respectively on the perspectives of nonbinary individuals and their parents. The first study, employing a systematic review and meta-analytic methodology, examines the family

functioning of nonbinary individuals, its impact on well-being, and provides a comparison with cisgender and binary transgender individuals. The second study examines the coming out experiences of nonbinary individuals, focusing specifically on family members' reactions as narrated from the perspective of the non-binary individuals themselves. The third study explores the perspectives of parents of TNB individuals regarding the choice and use of the chosen name. In the latter study, considering the relevance of this topic, I decided to interview parents of both transgender and nonbinary individuals to highlight potential differences and similarities.

These studies aim to fill the gap in the literature regarding nonbinary individuals, who have been understudied in their uniqueness, and to differentiate the experiences of the various family members (Fish & Russell, 2022; Richards, 2016; Scandurra et al., 2019). Furthermore, it is essential to examine these experiences within the Italian context, distinguishing them from those observed in other countries, as Italy presents distinct cultural and structural characteristics that may make it particularly challenging for non-binary individuals. One of the main difficulties concerns language, as Italian is a highly gendered language, making the use of neutral linguistic forms extremely challenging (Baiocco et al., 2023b). In addition, at present, it is not possible in Italy to obtain a legal gender marker change that allows the selection of a third gender option; individuals are still forced to conform to the gender binary. These aspects are both a consequence and a reinforcement of the deeply rooted binary genderism within Italian society (Rosati et al., 2024).

In the empirical studies, we adopted a qualitative methodology, which is particularly suitable for fully exploring the lived experiences of TNB individuals (Eisenberg et al., 2018), for giving meaning to their experiences, and for producing findings that can be interpreted within a broader cultural context (Hammack & Toolis, 2014, 2015). The Territorial Ethics Committee for the Lazio Area approved the protocols for empirical studies, and rigorous

measures were taken to ensure the confidentiality and anonymity of the participants. Informed consent was obtained from all the participants.

Study 1

Family functioning of nonbinary people: Risk and protective dimensions, and impact on well-being

This paragraph is based on the following published paper:

Commone, C., Pistella, J., Pellegrini, V., & Baiocco, R. (2025b). Nonbinary people in the family context: A systematic review and meta-analysis. *International Journal of Transgender Health*, 26(2), 282–304. <https://doi.org/10.1080/26895269.2024.2310540>

The present systematic and meta-analysis aims to examine the support received from family members, the reactions to coming out, and the experiences of nonbinary people within the family context. In literature emerges how although most transgender people identify themselves as “opposite” to the sex assigned at birth according to a binary conception of gender (Chew et al., 2020; Richards et al., 2016; Todd et al., 2019), a considerable part of this population identifies itself as nonbinary (James et al., 2016; Richards et al., 2016), with a percentage that varies considerably between various studies and populations. Overall, in non-clinical surveys, a percentage ranging from 20% to 70% of young transgender individuals are defined as nonbinary (Atteberry-Ash et al., 2021; Clark et al., 2018; McKay & Watson, 2020; Roberts et al., 2021; Thoma et al., 2019). Clinical studies indicate that 6-26% of young people with specialized services identify themselves as nonbinary (Baiocco & Pistella, 2019; Cheung et al., 2020; Mirabella et al., 2022; O'Bryan et al., 2018; Thorne et al., 2018; Twist & de Graaf, 2019).

Furthermore, research conducted by James and colleagues (2016) indicates that nonbinary gender identities are more prevalent among younger individuals. Consequently, the proportion of transgender individuals identifying beyond the traditional gender binary is

likely to increase over time (Scandurra et al., 2019). However, most clinical research on transgender adolescents tends to focus on comparing them to cisgender individuals (Turban & Ehrensaft, 2018). Such studies often treat transgender individuals as a homogeneous population or, at best, stratify them based on the gender spectrum. Meanwhile, the nonbinary population remains an unstudied subgroup that has recently gained increased visibility in clinical research on these issues (Fish & Russell, 2022; Richards et al., 2016; Scandurra et al., 2019). People generally lack fundamental knowledge and competence concerning nonbinary gender identities and experiences, and this gap extends to family members, employers, healthcare providers, and broader societal systems (Baiocco et al., 2023c; Goldhammer et al., 2018).

For young people belonging to the LGBTQ+ population, relations with the family of origin are often complex; in some situations, the family becomes a necessary support. In others, adolescents and young adults may feel marginalized or excluded from the family (Savin-Williams, 2001; Simons et al., 2013). Nonbinary adolescents may perceive lower family cohesion compared to their cisgender and binary transgender peers (Kaltiala et al., 2023). They may also experience less family support than binary transgender people (Bradford & Catalpa, 2018; Fuller & Riggs, 2018; Reisner & Hughto, 2019).

Regarding family reactions, studies have underlined the reduced number of positive models and cultural knowledge in comprehending and respecting nonbinary gender identities (Aparicio-García et al., 2018; Baiocco et al., 2023c). This lack of understanding reflects the difficulties family members face in reacting positively to a nonbinary gender identity, due to the reduced likelihood that other people in different social contexts (e.g., school or sports-related contexts) will comprehend this unique gender identity (Rosati et al., 2022). Indeed, the majority of existing literature indicates a limited acceptance of nonbinary gender identity within the family (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2023,

2022; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Seibel et al., 2018). However, limited research demonstrates the contrary (Nakhid et al., 2022). Another relevant issue is the disclosure of nonbinary people regarding their gender identity in different social contexts. Some studies have indicated that when nonbinary or genderqueer individuals receive adverse reactions outside the family contexts, they may be less inclined to come out to their families compared to binary transgender men and women (Factor & Rothblum, 2008; Thorne et al., 2018).

It is also evident that nonbinary youth face a high prevalence of sexual, physical, and psychological abuse by caregivers (Eisenberg et al., 2020; Puhl et al., 2019). Family rejection is often associated with various adverse outcomes concerning the health of young LGBTQ+ individuals (Russel & Fish, 2016), such as depression, suicidal thinking, and sexual risk behaviors (Ryan et al., 2009; Yadegarfar et al., 2014). Studies that exclusively concentrate on transgender children also indicate a correlation between parental rejection and instances of physical, emotional, and sexual abuse. Again, discrimination and aggressive behavior in the family context are associated with adverse health consequences, including a higher risk of suicide attempts and engaging in risky sexual behaviors (Grossman et al., 2006, 2011; Grossman & D'Augelli, 2007).

Finally, in the literature, it has been shown that family relationships and functioning are crucial factors in the well-being of children and adolescents (Detric & Lease, 2007; Izzo et al., 2022) and, in particular, affect the psychological health of transgender children and adolescents (Levitan et al., 2019; McConnell et al., 2016; Sievert et al., 2021; Simons et al., 2013). Specifically, for adolescents and young adults identifying as LGBTQ+, a heightened sense of belonging and family support has been associated with more positive social and academic functioning and fewer mental health problems (Kosciw et al., 2020; Wong et al., 2014). Additionally, increased self-esteem has been linked to this sense of belonging (Barr et

al., 2016; Simons et al., 2013). Furthermore, both transgender and nonbinary individuals experience higher life satisfaction when they receive more support from their families (Bockting et al., 2013; Bradford & Catalpa, 2018; Fuller & Riggs, 2018; Puckett et al., 2019; Singh et al., 2011). Moreover, family acceptance and support emerge as protective factors for mental health aspects (Di Giannantonio et al., 2024), including suicidality, depression, and substance use (Grossman et al., 2011; Katz-Wise et al., 2016; Olson et al., 2016; Ryan et al., 2010; Simons et al., 2013).

To our knowledge, few studies have investigated the well-being of nonbinary individuals, focusing on at-risk and protective factors related to family context. Thus, the present systematic review and meta-analysis aim to summarize the studies investigating the life experiences of nonbinary people within their family context, the support received from family members, the reactions to the children's coming out, and the experiences of violence and victimization faced by non-binary people.

Method

Search strategy

The present systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2015). The articles were identified through the following databases: PsycINFO, PubMed, Scopus, and Web of Science. Moreover, some studies were selected through hand searches of the reference lists of the included articles or by external sources. The investigation was conducted between March and October 2023, and the search had all original research articles published.

The exact search term combinations were: ([transgender* OR transsex* OR "female-to-male" OR "male-to-female" OR "trans female" OR "trans wom*" OR "trans male" OR "trans man" OR "trans men" OR "trans people" OR "trans person*" OR "trans individual*" OR "trans-sexuality" OR transvestite OR nonbinary OR non-binary OR "non binary" OR "gender

non-conforming” OR “gender non-conforming” OR “gender non conforming” OR queer OR genderqueer OR gender-queer OR “genderfluid” OR gender-fluid OR “gender fluid” OR pangender OR agender OR demigender OR demi-gender OR bigender OR trigender OR “gender varian*” OR “gender divers*” OR gender-divers* OR “gender creativ*” OR “gender minorit*”] AND [“family funct*” OR “family conflict” OR “family cohesion” OR “family communication” OR “family flexibility” OR “family problem-solving” OR “family problem solving” OR “family satisfaction” OR “family relation*” OR “family member*”]). They were all placed within titles and abstracts to retrieve extensive data.

Study Screening Selection

Language filters were applied to the databases to limit the search to studies reported in only English, French, German, Italian, Spanish, and Portuguese. The authors included original research articles published in scientific journals and pure qualitative studies in the systematic review. We applied the following criteria to include the studies: (a) data regarding family functioning of only nonbinary persons, also including parents’ or other relatives’ perceptions; (b) all measures, including self-report; (c) the research design was either cross-sectional/comparative, cohort/longitudinal, qualitative, or quantitative; (d) categorical, dimensional and qualitative (e.g., interviews) measures were considered. We have decided to include only original research articles to focus specifically on empirical studies addressing this topic. This choice allowed us to highlight the existing original contributions in the literature and to capture the full range of methodological approaches used in prior research, without excluding any relevant evidence. Since the review's objective was to focus on the family functioning of nonbinary people, we included only studies with nonbinary participants or studies in which data relating to nonbinary participants were separable from the total sample. We contacted the study's authors when the data regarding nonbinary persons was not separated from the rest of the sample. Four authors provided additional data. In contrast, other

qualitative study authors identified examples of quotes from the interviews that belonged to nonbinary participants ($n=2$), so we also included these articles. To still focus only on the specific nonbinary population, studies in which participants reported not identifying with binary gender but did not define themselves as nonbinary were excluded (i.e., gender non-conforming, queer). Articles in which no original data was available were also excluded. Four papers were excluded because the full text was unavailable (the researchers contacted the authors to request the full text), and another study was excluded because its sample was identical to that of Puhl and colleagues (2019). Figure 1.1 displays the PRISMA flowchart of the systematic review process.

Data Extraction

The primary publications were screened, and the studies were removed from databases according to the inclusion criteria. The resulting information was independently extracted using a structured template, which included the following details: author(s), year of publication, country, study design, method (i.e., qualitative, quantitative, or both), sample size, age of participants, and type of measure. To summarize the main results of the various publications, we conducted a qualitative analysis to identify the prevailing research areas. In the process, we followed three steps: (a) the first author conducted a thematic analysis (Braun & Clark, 2006) to codify the primary outcomes of the articles into research themes (i.e., the support received from the family, violence, and victimization); (b) the second and fourth authors reviewed the codification of the primary outcomes of the articles and revised the names of the thematic areas, combining two themes previously considered as separate (violence and victimization) (c) the studies were divided by the thematic areas; (d) all authors have reviewed and approved the division of the articles into thematic areas. For the meta-analytic approach, analyses were conducted using the metafor R package (Viechtbauer, 2010) through the RStudio graphical interface (2023). Heterogeneity across studies was estimated

with the Q statistic and the I2 index. Egger's linear regression method and Kendall's tau were used to test the publication bias.

Results

We identified 2837 articles regarding family functioning and nonbinary people: 1319 from PsycInfo, 304 from Pubmed, 842 from Scopus, 371 from Web of Science, and 11 other records were added through other sources. After removing the 861 duplicates, the authors decided to exclude records other than journal articles ($n=395$), articles without original data ($n=79$), and studies written in languages other than English, French, Spanish, Italian, Portuguese, and German ($n=153$). The titles and abstracts of the remaining articles were screened based on the inclusion criteria: 1144 records were excluded due to failure to meet all necessary criteria. According to the inclusion criteria, we included 37 articles in the review. No time filter was considered to select items; however, the present review was restricted to 2016–2023 because no articles published before 2016 met the inclusion criteria.

The final selection comprised quantitative ($n = 15$), qualitative ($n = 20$), and mixed methods ($n = 2$) research. The studies were all scientific papers. Regarding the study characteristics, the nonbinary sample sizes ranged from one (in qualitative research) to 4,094 nonbinary individuals. Almost half of the studies ($n=16$) included participants under 18 years in their sample; the other studies included only participants over 18 years. In three studies, the family functioning of nonbinary people was explored through case series. In the other studies, family functioning was explored from the point of view of the nonbinary person ($n=29$) or the point of view of the family members (parents, siblings; $n=5$). The studies were conducted in different countries: 62% in the United States ($n = 23$), 13% in Europe (two in Spain, one in Italy, one in Germany, one in Finland), 11% in Oceania (three in Australia, one in New Zealand), 8% in Canada ($n=3$) and 5% in South America (one in Argentina, one in Brazil). No studies were conducted in Asia.

The authors categorized articles based on their outcomes. Five research themes have been identified: (a) *family support* ($n=16$), (b) *family reactions* ($n=14$), (c) *disclosure* ($n=8$), (d) *violence and victimization* ($n=7$), and (e) *family functioning, well-being, and mental health* ($n=4$). Some publications were included in more than one theme. When data were available, we focused separately on comparing binary and nonbinary people ($n=12$ included in two themes). We presented details about the research in Table 1.1 (i.e., country, sample size, research design, and measures or constructs).

Family Support

We identified 16 articles exploring support from the family by nonbinary people: 12 of these articles analyzed family support exclusively from the point of view of nonbinary persons (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Coburn et al., 2022; Doucet & Chamberland, 2020; Fuller & Riggs, 2018; Hawke et al., 2021; Herrmann et al., 2023; Kaltiala et al., 2023; Langarita et al., 2023; Reisner & Hughto, 2019; Seibel et al., 2018; Stone et al., 2022), two articles from the point of view of nonbinary persons and their caregivers (Bhattacharya et al., 2021; Reczek & Bosley-Smith, 2021), one study from the point of view of nonbinary persons, parents and siblings (Pletta et al. 2022), while another one work from the siblings perspectives (Parker & Davis McCabe, 2021). Among these studies, nine employed quantitative measures (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Coburn et al., 2022; Fuller & Riggs, 2018; Hawke et al., 2021; Herrmann et al., 2023; Kaltiala et al., 2023; Reisner & Hughto, 2019; Seibel et al., 2018), six utilized qualitative methods such as interviews (Bhattacharya et al., 2021; Doucet & Chamberland, 2020; Parker & Davis McCabe, 2021; Pletta et al. 2022; Reczek & Bosley-Smith, 2021; Stone et al., 2022), and one was mixed-method research (Langarita et al., 2023).

Only three articles explored the support and the relationship with the siblings of nonbinary people (Doucet & Chamberland, 2020; Parker & Davis McCabe, 2021; Seibel et

al., 2018). Douchet & Chamberland (2020) and Seibel and colleagues (2018) found better support received from siblings than from parents, the first through a qualitative analysis (interviews) and the second with a quantitative design. Again, in the study by Seibel and colleagues (2018), the authors found that a higher percentage of nonbinary people claimed to receive support from siblings (14.9%) than from parents (4.8% received support from their mother and father). Instead, Parker and Davis McCabe (2021) interviewed the siblings of nonbinary people, who claimed they felt responsible for helping the siblings with their emotional and relational difficulties related to their nonbinary identity. Other participants reported that their relationship with their siblings became closer after coming out: "...they can just be more comfortable to be themselves...we've just become a lot closer and just watching them, like, flourish into like the beautiful person they are is really rewarding to see" (Participant 14, Parker & Davis McCabe, 2021, p.8).

The article of Langarita and colleagues (2023) found that nonbinary people reported (during the first wave of the COVID-19 pandemic in Spain) a higher level of support from their mothers than from their fathers. Three studies described the formation of alliances between LGBTQ+ family members (Bhattacharya et al., 2021; Pletta et al., 2022; Stone et al., 2022): a) the study conducted by Pletta and colleagues (2022), which focused on the impact of the 2016 US presidential election on the well-being of families with transgender and nonbinary teenagers, found that supportive alliances were stronger when family members had similar political interests and values; b) Stone and colleagues (2022), found a tendency of nonbinary individuals to provide support to other LGBTQ+ family members (i.e., as a gay uncle or bisexual sister) aiming to assist them and promote a supportive environment; c) Bhattacharya and colleagues (2021) underlined that the existing quality of the family members' relationship might predict acceptance and support of the nonbinary identity after disclosure. Indeed, for some authors, family's acceptance and support may improve with

specific “parenting guidebooks” for raising a binary or nonbinary transgender child (Bhattacharya et al., 2021); even if some nonbinary children consistently work to educate their parents about their gender identity, reporting some successes and some failures (Reczek & Bosley-Smith, 2021). Finally, one study explored family support through the family subscale of the Multidimensional Scale of Perceived Social Support (Hawke et al., 2021). We received the separate data from the authors for nonbinary participants and included the study in both meta-analyses.

Comparison between binary and nonbinary people

In eight of these articles (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Coburn et al., 2022; Fuller & Riggs, 2018; Herrmann et al., 2023; Kaltiala et al., 2023; Langarita et al., 2023; Reisner & Hughto, 2019), the authors reported a comparison between the family functioning and support received from nonbinary people and binary people (cisgender or transgender). In four studies, a lesser family support was received by nonbinary people than that obtained by cisgender people (Bradford & Catalpa, 2018), transgender people (Fuller & Riggs, 2018; Reisner & Hughto, 2019), and both cisgender and transgender people (Aparicio-García et al., 2018). Again, Langarita and colleagues (2023) reported less family support received from nonbinary people than from male and female people without specifying if they were cisgender or transgender people. Additionally, in the study conducted by Fuller and Riggs (2018), which focused on gender-based family support, the authors underlined lesser family support perceived by nonbinary people than agender participants. On the contrary, Coburn and colleagues (2022) did not find any difference between the perceived family support of the nonbinary sample compared to the transgender counterparts. Only one study reported (Herrmann et al., 2023) no differences between the family functioning of binary and nonbinary adolescents with gender dysphoria, and one study (Kaltiala et al., 2023) found less family cohesion among nonbinary people than cisgender and transgender

participants.

Meta-analysis: Family support disparities for non-binary, transgender, and cisgender individuals

We selected eight articles that met the eligibility criteria for our meta-analysis, focusing on the support perceived by non-binary individuals from their families compared to cisgender or transgender binary individuals. Among these articles, three included relevant data for comparing the perceived support for non-binary individuals with that of cisgender and binary transgender individuals (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Hawke et al., 2021). Three articles exclusively compared non-binary people with binary transgender individuals (Coburn et al., 2022; Kaltiala et al., 2023; Reisner & Hughto, 2019), while two others solely compared non-binary individuals with cisgender people (Fuller & Riggs, 2018; Langarita et al., 2023).

The effect sizes of each study included in the meta-analyses were summarized in terms of Cohen's *d*. Cohen's *d* was computed using the mean and standard deviation of family support when available (i.e., Bradford & Catalpa, 2018; Coburn et al., 2022; Hawke et al., 2021; Langarita et al., 2023; Reisner & Hughto, 2019). For studies including a binary dependent variable, Cohen's *d* was obtained by transforming the available odds ratio (i.e., Kaltiala et al., 2023) or computing the odds ratio of interest and then transforming it (i.e., Aparicio-García et al., 2018). For Fuller and Riggs's study (2018), Cohen's *d* was derived from the *p*-value and sample sizes of the two groups of interest (non-binary vs. cisgender) presented in a post-hoc comparison. Once Cohen's *d* of each study was obtained, the Hedges correction was applied to deal with the positive bias of *d*. Analyses were conducted using the R package *metafor* (Viechtbauer, 2010) through the RStudio environment (2023).

Regarding the comparison of the familiar perceived support of nonbinary people and transgender binary people across six studies ($N_{\text{nonbinary}} = 4645$, $N_{\text{binary}} = 1703$), the analysis

revealed that nonbinary people perceive less support than binary transgender people ($d = 0.18$, $se = 0.08$, $z = 2.31$, $p = 0.02$, $95\%CI = 0.028, 0.341$), producing a *small* effect size according to conventional criteria (Choen, 2013; Gignac & Szodorai, 2016). Figure 1.2 shows the forest plot. Heterogeneity across the studies was detected ($\tau^2 = 0.023$, $se = 0.023$, $\tau = 0.15$, $Q_{[5]} = 14.28$, $p = 0.01$, $I^2 = 70.73\%$, $H^2 = 3.42$). Results from Begg's rank test ($\tau = 0.33$; $p = 0.47$) and Egger's regression test ($b = 0.007$, $t = 1.45$, $df = 4$, $p = 0.22$, $95\%CI = -0.230, 0.243$) indicated the absence of publication bias. However, two studies fall outside the confidence region in the funnel plot (Figure 1.3).

No moderators were tested because there was not a sufficient number of studies for the type of publication (all published articles), measures ($k = 2$ MSPSS; $k = 4$ ad hoc questionnaire), and year of publication (all published after 2000). Mean age was available for only two studies among those examined. Again, regarding the comparison of the familiar perceived support of nonbinary people and cisgender people, across the five studies investigated ($N_{\text{nonbinary}} = 353$, $N_{\text{cisgender}} = 2437$), the analysis revealed that nonbinary people perceive less support than cisgender people ($d = 0.61$, $se = 0.10$, $z = 6.04$, $p < 0.001$, $95\%CI = 0.411, 0.806$), highlighting a *medium* effect size according to conventional criteria (Cohen, 2013; Gignac & Szodorai, 2016). Figure 1.4 shows the forest plot.

No significant heterogeneity across studies was detected ($\tau^2 = 0.026$, $se = 0.036$, $\tau = 0.16$, $Q_{[4]} = 8.12$, $p = 0.09$, $I^2 = 52.64\%$, $H^2 = 2.11$). As suggested by Begg's rank test ($\tau = 0.40$; $p = 0.48$) and Egger's regression test ($b = 0.14$, $t = 1.23$, $df = 3$, $p = 0.31$, $95\%CI = -1.021, 1.306$), publication bias was not found (Figure 1.5). No moderators were tested for the reasons mentioned above.

Family reactions

Of the 37 articles included in the review, 14 explored how the family accepts or does not accept the gender identity of the nonbinary person from the child's perspective (Decker &

Schrodt, 2022; Di Giannantonio et al., 2024; Doucet & Chamberland, 2020; Eisenberg et al., 2020; Gamio Cuervo et al., 2023, 2022; Gonzalez et al., 2022; Jackson Levin et al., 2020; Nakhid et al., 2022; Petit et al., 2017; Seibel et al., 2018) or both nonbinary person and parents (Riggs et al., 2020) or through case series (Fey et al., 2020; Golden & Oransky, 2019). Among these studies, three employed quantitative measures (Decker & Schrodt, 2022; Eisenberg et al., 2020; Seibel et al., 2018), 10 utilized qualitative methods such as interviews and focus groups or case series (Di Giannantonio et al., 2024; Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2023, 2022; Golden & Oransky, 2019; Gonzalez et al., 2022; Jackson Levin et al., 2020; Nakhid et al., 2022; Petit et al., 2017; Riggs et al., 2020).

In almost all studies, negative feelings emerged from the family toward nonbinary gender identity (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2023, 2022; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Nakhid et al., 2022; Seibel et al., 2018). In the studies conducted by Gamio Cuervo and colleagues (2022) and in the study of Di Giannantonio and colleagues (2024), some participants affirmed that they continue to maintain relationships with the family despite poor acceptance, hoping to be able to change family members' attitudes, while others claimed to limit contact with the family both for their well-being and that of the family. In two case series studies, it emerged that the families of nonbinary people feel feelings of loss and mourning because of the identity affirmation of their children or other family members (Fey et al., 2020; Golden & Oransky, 2019).

However, in the study of Golden & Oransky (2019), a clinical case illustrating a family with a child with a nonbinary gender identity was presented. Following a series of family therapy sessions, the father gained a deeper understanding of the sense of loss experienced after the child's coming out. Consequently, the father reported greater acceptance of their gender identity. In two other qualitative studies, from which we have extracted examples of

interviews of nonbinary participants, some reported a positive acceptance of their gender identity by their families (Nakhid et al., 2022; Riggs et al., 2020). In the study of Nakhid and colleagues (2022), one of the participants stated that the mother and grandmother accepted their gender identity but not the extended family. Also, in the study conducted by Doucet & Chamberland (2020), most participants reported a poor understanding of nonbinary gender identity by parents, while siblings are more understanding and are seen as allies. Decker and Schrodtt (2022) studied how parents' non-accommodative behaviors (divergent values and giving unwanted advice to children) regarding nonbinary gender identity were related to children's mental health. We have received separate data from the nonbinary population. No significant differences between the mean scores of mothers and fathers on the divergent values ($r = 0,08$) and unwanted advice ($r = 0,04$) were found.

In some studies, factors that impact the acceptance of nonbinary gender identity by the family were described. In the study of Gamio Cuervo and colleagues (2022), the relationship between parents' experiences of past intra-family abuse and the low acceptance of the child's gender identity was reported by a participant. Instead, the study by Gonzalez and colleagues (2022) reported the influence of religion on the rejection of families with nonbinary gender identities. Another theme that emerged is the influence of the culture of families (i.e., Chinese or Latin culture) on the difficulty of accepting the nonbinary identity of children or family members (i.e., Chinese or Latin culture; Gamio Cuervo et al., 2022; Golden & Oransky, 2019; Nakhid et al., 2022). Only one study (Petit et al., 2017) explored the perspective of a nonbinary parent and their worries about the child's learning to discriminate between safe and unsafe spaces for communicating the nonbinary identity of the parent. Eisenberg and colleagues (2020) studied the acceptance of family members toward LGBTQ+ children. The only nonbinary sample obtained a similar average score as the whole sample of LGBTQ+ persons included in the study regarding general family connectedness, family belonging, and

family functioning scales.

Disclosure

Only eight articles described the disclosure of nonbinary people to family members regarding their gender identity (Bedera et al., 2023; Bennett & Donatone, 2022; Chandra & Hanckel, 2022; Doucet & Chamberland, 2020; Gonzalez et al., 2022; Pollitt et al., 2023; Schmitz et al., 2020; Stone et al., 2022). All of these studies explored this theme from the point of view of nonbinary people, except for a case series study (Bennett & Donatone, 2022). One of them employed quantitative measures (Pollitt et al., 2023), and the other used a qualitative design (Bedera et al., 2023; Bennett & Donatone, 2022; Chandra & Hanckel, 2022; Doucet & Chamberland, 2020; Gonzalez et al., 2022; Schmitz et al., 2020; Stone et al., 2022).

The Doucet and Chamberland (2020) study documented negative experiences related to coming out. For some participants, these experiences resulted in a shift in their relationship with family members, manifesting, for instance, as a breach of trust. Additionally, some participants noted a decreased reliance on family support, expressing hesitation in seeking assistance following their coming out. Other studies (Bennett & Donatone, 2022; Schmitz et al., 2020) reported that some people avoid coming out because they are concerned about potential changes in their relationships with family members. Also, in the study conducted by Chandra and Hanckel (2022), which explored family connections via social media, a participant reported not showing their gender identity on social media for fear of homophobic comments from family.

In contrast, some studies have described positive disclosure experiences, even with only some family members (Bennett & Donatone, 2022; Gonzalez et al., 2022; Stone et al., 2022). Specifically, in the qualitative study of Gonzalez and colleagues (2022), a participant said that he had no difficulty talking about their gender identity with their parents, while they had

negative experiences with other family members. Also, in the study of Bennett & Donatone (2022), there were different experiences based on the family members (i.e., adverse reactions from parents and positive responses from their brothers or sisters). Instead, in another study (Stone et al., 2022), a participant claimed to feel free to express their nonbinary gender identity and talk about it with members of the maternal family branch, some of whom are LGBTQ+ people.

In the paternal branch of the family, on the other hand, a nonbinary person avoids speaking about their gender identity. Similar results were obtained from another qualitative study (Bedera et al., 2023), in which a nonbinary participant's narrative indicated the difficulty of disclosing their gender identity to parents due to transphobia and the family members' consideration of existing only two genders. Finally, Pollitt and colleagues (2023) explored family rejection and family acceptance in sexual and gender minority youth, divided into two groups according to disclosure status. We received separate data from nonbinary participants, which shows that family rejection correlates negatively with family acceptance both in non-disclosed and disclosed groups.

Violence and victimization

We identified seven articles that explored violence and victimization suffered by nonbinary persons by members of their families. All these articles considered only the point of view of nonbinary people (Eisenberg et al., 2020; Klein & Golub, 2016; Martinez & McDonald, 2021; Puhl et al., 2019; Radusky et al., 2021; Seibel et al., 2018), except for one, which considered the perspectives of both nonbinary individuals and their caregivers (Bhattacharya et al., 2021). In addition, five studies used quantitative measures (Eisenberg et al., 2020; Klein & Golub, 2016; Puhl et al., 2019; Radusky et al., 2021; Seibel et al., 2018), only one is mixed-method research (Martinez & McDonald, 2021), and another one employed qualitative measures (Bhattacharya et al., 2021). Specifically, two of the articles (Radusky et

al., 2021; Seibel et al., 2018) reported that more than a quarter of the nonbinary sample experienced violence from family members (30% and 44%, respectively). Also, from the study of Martinez & McDonald (2021), it has emerged how often nonbinary people are victims of violence by family members, and, in this case, participants believed that parents and siblings used this violence to exercise power over them. The study by Bhattacharya and colleagues (2021), which used interviews with parents of nonbinary children (n=2), highlighted parents' roles in protecting their children from discrimination by extended family members.

Other two articles (Eisenberg et al., 2020; Puhl et al., 2019) focused on weight-based victimization and reported that more than half of the sample suffered weight-based victimization from family members (52.6% of assigned male at birth nonbinary-adolescents, and 61.6 % of assigned female at birth nonbinary adolescents of the first study, 65.6% of all the nonbinary sample of the second study). In the article by Klein and Golub (2016), the level of family rejection was explored, and it emerged that 8.1% of the sample experienced high family rejection, while 65.4% experienced low family rejection. Klein and Golub (2016) examined associations between family rejection and risk of suicide attempts and substance misuse among a national sample of transgender and gender-nonconforming adults. Individuals reporting high levels of family rejection were more likely to have a binary gender identity. Lower odds of suicide attempts were associated with a nonbinary gender identity.

Comparison between binary and nonbinary people

In four of these articles (Klein & Golub, 2016; Martinez & McDonald, 2021; Puhl et al., 2019; Radusky et al., 2021), a comparison was made between the violence and victimization suffered by family members among nonbinary people and binary people (cisgender or transgender). In two of these articles, it emerged that nonbinary people have more frequently experienced episodes of intrafamily violence than binary people. This pattern was noted

among both transgender (Radusky et al., 2021) and cisgender males. Moreover, cisgender females experienced higher levels of violence than nonbinary people (Martinez & McDonald, 2021). The latter study explored the violence perpetrated by parents against children, including both the children with nonbinary gender identity and their siblings.

Regarding family rejection, the study by Klein and Golub (2016) showed a higher level of family rejection among transgender people than among nonbinary people. Specifically, 17.8% of the transgender binary sample reported experiencing high levels of family rejection, while only 8.1% of the nonbinary sample reported a similar level of family rejection. Instead, in the study of Puhl and colleagues (2019), it emerged that nonbinary adolescents undergo more weight-based victimization by the family than cisgender males. Also, transgender males and assigned females at birth nonbinary people expressed more weight-based victimization of cisgender both males and females, transgender females, and assigned males at birth nonbinary adolescents.

Family functioning, well-being, and mental health

Only four articles (Bradford & Catalpa, 2018; Coburn et al., 2022; Eisenberg et al., 2020; Kaltiala et al., 2023) examined the correlation between family functioning and different well-being or mental health indicators. All these studies considered only the perspective of nonbinary individuals and employed quantitative measures. Two studies reported a correlation between family dimensions and well-being. Bradford and Catalpa (2018) found a positive association between family support and life satisfaction, while Eisenberg and colleagues (2020) reported that family connectedness was positively associated with self-esteem and negatively associated with depressive symptomatology. Again, in the study by Kaltiala and colleagues (2023), the authors found that a lack of family cohesion further differentiated between adolescents who identified with the opposite gender and those who reported non-binary/other gender identification. Unlike what was just described, Coburn and

colleagues (2022) have not found a correlation between psychological well-being and perceived family support, which correlated positively with religiosity. No differences were found between binary transgender and nonbinary people regarding perceived family support.

Discussion

Over the last decade, there has been a growing interest in studying the nonbinary population, as evidenced by our systematic literature review, which yielded results exclusively from studies conducted after 2016. To our knowledge, no previous study had explored the family contexts of nonbinary individuals (Baiocco et al., 2023c; Richards et al., 2016). To our knowledge, this is the first systematic review to explore family functioning in nonbinary individuals. The articles included in the systematic review explored five themes: (a) family support, (b) family reactions, (c) disclosure, (d) violence and victimization, and (e) family functioning, well-being, and mental health. In addition, for some themes, we summarized results from studies that reported comparisons between nonbinary and binary transgender individuals or between nonbinary and cisgender individuals.

In almost all studies exploring nonbinary gender identity and family reactions, negative feelings were found within families towards individuals identifying with a nonbinary identity (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2023, 2022; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Nakhid et al., 2022; Seibel et al., 2018). However, it is noteworthy that such adverse reactions did not invariably lead to the nonbinary individual's expulsion from their family (Di Giannantonio et al., 2024; Gamio Cuervo et al., 2022). Included studies showed that family acceptance of gender identity was influenced by past intra-family abuse, religion, and ethnic culture (Gamio Cuervo et al., 2022; Golden & Oransky, 2019; Gonzalez et al., 2022; Nakhid et al., 2022). In a study focused on parenting non-binary individuals, participants expressed concerns about their children learning to discern between safe and unsafe spaces for discussing the nonbinary identity of the

parent (Petit et al., 2017).

On the contrary, other studies revealed that some family members, though not all, exhibited positive acceptance of nonbinary gender identity or provided adequate support (Langarita et al., 2023; Nakhid et al., 2022; Riggs et al., 2020). Additionally, one study emphasized the father's ability to understand the child's gender identity more positively after engaging in family therapy (Golden & Oransky, 2019). It also emerged that sometimes there were positive experiences of coming out only with some family members (Bennett & Donatone, 2022; Gonzalez et al., 2022; Stone et al., 2022), especially when the family members were LGBTQ+ (Pletta et al., 2022; Stone et al., 2022). Additionally, the quality of family members' relationships might predict acceptance and support of the nonbinary identity after disclosure (Bhattacharya et al., 2021). The evidence, as reported by some parents, suggests that family acceptance and support could improve with specific guides for raising a binary or non-binary transgender child (Bhattacharya et al., 2021), along with the necessity for some non-binary children to educate their parents about their own gender identity (Reczek & Bosley-Smith, 2021), underscores the crucial need for support, understanding, and parental training.

Regarding the different quality of relationships with various family members, many studies highlighted the positive siblings' reactions in terms of (a) understanding their gender identity, protecting them from discrimination by becoming allies (Doucet & Chamberland, 2020); (b) providing more relevant support than parents (Bennett & Donatone, 2022; Doucet & Chamberland, 2020; Seibel et al., 2018); (c) helping their nonbinary siblings with emotional challenges related to their gender identity (Parker & Davis McCabe, 2021).

As for coming out experiences, other studies reported that nonbinary individuals prefer to avoid disclosing their identity to their family due to fear of their reaction (Bennett & Donatone, 2022; Chandra & Hanckel, 2022; Schmitz et al., 2020) or due to transphobia and

the family members' consideration of existing only two genders (Bedera et al., 2023). Another study reported generally negative experiences of coming out, leading to a deterioration of the relationship with the family (Doucet & Chamberland, 2020). Another aspect that emerged from studies exploring this issue is the negative correlation between family rejection and family acceptance, both among those who came out to their family and those who did not (Pollitt et al., 2023).

Another salient issue is the occurrence of violence and victimization experienced by nonbinary individuals within their families. Some studies showed that nonbinary people are often victims of violence by family members (Martinez & McDonald, 2021; Radusky et al., 2021; Seibel et al., 2018), with a percentage ranging from 30% to 44% of the sample (Radusky et al., 2021; Seibel et al., 2018). It emerged that nonbinary people are often subjected to weight-based victimization, as indicated by three studies specifically exploring this aspect (Eisenberg et al., 2020; Klein & Golub, 2016; Puhl et al., 2019). A study conducted by Bhattacharya and colleagues (2021) revealed that parents play a crucial role in protecting their children from discrimination within the extended family.

Some studies compared nonbinary and binary people (both cisgender and transgender) on some family dimensions. From the data of the nonbinary sample alone received by Eisenberg and colleagues (2020), it emerged that the attitudes of nonbinary individuals' family members towards the LGBTQ+ community are equal to those reported by the entire LGBTQ+ sample, including nonbinary individuals. In most studies, it emerged that nonbinary people perceive less support from the family than cisgender, transgender, and agender people (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Fuller & Riggs, 2018; Hawke et al., 2021; Langarita et al., 2023; Reisner & Hughto, 2019; Zimet et al., 1988), but also less cohesion within the family (Kaltiala et al., 2023). Other studies, however, reported the same level of support received and family functioning among nonbinary and transgender binary

people (Coburn et al., 2022; Herrmann et al., 2023).

We opted to investigate the support received from the family through a meta-analytic approach. Eight articles met the eligibility criteria for our meta-analysis, centering on the perceived support from families among nonbinary individuals compared to cisgender or binary transgender people. Regarding the comparison of the familiar perceived support of nonbinary people and transgender binary people, analysis of the 6 studies highlighted a significantly *small* effect size for comparisons about nonbinary and binary transgender people. Again, regarding the comparison of the familiar perceived support of nonbinary people and cisgender people, analysis of the five studies revealed a significant medium effect size for the comparison between nonbinary and cisgender people. Thus, our findings indicate that nonbinary individuals perceive less support than both binary transgender and cisgender counterparts, aligning with the majority of articles included in our systematic review (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Fuller & Riggs, 2018; Hawke et al., 2021; Langarita et al., 2023; Reisner & Hughto, 2019; Zimet et al., 1988).

Concerning the violence and victimization experienced by nonbinary individuals within their families, the findings were not univocal. Some studies indicated that nonbinary individuals endure both higher levels of violence compared to cisgender and transgender individuals (Martinez & McDonald, 2021; Radusky et al., 2021), as well as greater weight-based victimization in comparison to cisgender males (Puhl et al., 2019). However, in the study by Martinez & McDonald (2021), it emerged that nonbinary people suffer: (a) more violence from their family than cisgender and transgender males; (b) less violence from their family than cisgender and transgender females. Finally, only one study showed a lower level of family rejection among nonbinary people than among transgender people (Klein & Golub, 2016). The latest theme highlighted the association between family functioning, well-being, and mental health. Specifically, Bradford and Catalpa (2018) found a positive correlation

between family support and life satisfaction, while Eisenberg and colleagues (2020) reported that family connectedness was positively associated with self-esteem and negatively related with depressive symptomatology. Only one study stated no correlation between psychological well-being and family support (Coburn et al., 2022).

Limitations and future directions

This systematic review and meta-analysis had some limitations. We may have overlooked valuable data specific to the nonbinary sample, given that most studies investigated family context and relationships in LGBTQ+ individuals without considering nonbinary people in the sample or including them in a monolithic gender-diverse category. Therefore, we excluded many relevant works when they did not consider nonbinary identities separately from other gender minority categories. For instance, 20 of the 37 studies employed a qualitative methodology, including those involving both binary and nonbinary transgender individuals. Moreover, nonbinary individuals are often a small percentage of the total LGBTQ+ sample, although the number of youths presenting with nonbinary gender identity has been increasing in recent years (Baiocco et al., 2023c; Chew et al., 2020; Richards et al., 2016).

Future studies should place a predominant, or at least differentiated, focus on the nonbinary identities to better characterize this specific gender identity. Focusing primarily on nonbinary people, we aim to gather a larger sample to gain a deeper understanding of their family experiences and psychological adjustment. Furthermore, only a few studies also consider the perspective of family members, including siblings (Pistella et al., 2020). Hence, it would be beneficial to incorporate the perspectives of siblings and other family members into future studies, given the significant role these relationships play.

Also, the overrepresentation of White participants is evident in existing studies. To comprehensively address the variety of experiences and cultural factors shaping parental reactions and processes, including ethnically and racially diverse parent samples, is deemed

essential (Abreu et al., 2019). It is imperative to gather data from non-White, non-US-based populations to achieve a thorough understanding of the cultural context of parents of nonbinary people. Ultimately, research on interventions is necessary to develop evidence-based practices that support families in accepting their nonbinary children. While some interventions, such as PFLAG and the Family Acceptance Project, are already in existence, there is a need for systematic and rigorous empirical testing of these interventions, specifically with parents of nonbinary people.

Conclusions and Implications

The present systematic review and meta-analysis may have significant social and policy implications for enhancing the well-being of nonbinary individuals. Primarily, a more comprehensive examination of this identity, exploring not only vulnerabilities but also strengths, is crucial for a more precise delineation of the needs of nonbinary people and the implementation of affirmative and effective interventions (in educational and clinical settings), which may differ not only from those of the LGBTQ+ community at large but also from those of transgender individuals. It is essential to increase society's awareness of non-binary gender, ensuring a distinction between non-binary and transgender people. The aspiration is that this heightened awareness will foster better understanding and consciousness within the families of non-binary individuals. This aspect is pivotal, considering the association between family functioning, support, psychological well-being, and mental health, as highlighted in this systematic review (Bradford & Catalpa, 2018; Eisenberg et al., 2020; Kaltiala et al., 2023). Therefore, this systematic review and meta-analysis confirmed the role of the family in the well-being of nonbinary people and emphasized the importance of considering the family in potential interventions, particularly for children and adolescents. This importance is also underlined in the eighth version of the Standards of Care for the Health of Transgender and Gender Diverse People (for more details, see: <https://www.wpath.org/publications/soc>; Coleman et al., 2022), highlighting the pivotal role

of collaborating with families to foster acceptance and affirmation of transgender and nonbinary identities and expressions.

From a developmental psychology perspective, the results underscore the crucial influence of family relationships on the psychological adjustment of nonbinary individuals. Evidence of lower family support, reduced cohesion, and higher victimization among nonbinary people demonstrates how family environments can serve as both protective and risk factors during key developmental stages. Furthermore, these findings contribute to the understanding of gender identity formation within developmental contexts. Nonbinary youth often navigate identity disclosure and affirmation processes within family systems embedded in sociocultural frameworks that remain largely binary in their conception of gender. This tension can generate unique developmental challenges—such as reconciling self-definition with familial and societal expectations—potentially heightening vulnerability to stress and minority stress-related outcomes. Consequently, developmental psychologists and clinicians should consider the family as a pivotal context for intervention and support.

Finally, these findings highlight the importance of integrating intersectional and lifespan perspectives into developmental research. The experiences of nonbinary individuals vary across adolescence, emerging adulthood, and adulthood, and are shaped by multiple intersecting factors such as ethnicity, culture, and socioeconomic background. Future research should therefore adopt longitudinal and multicultural designs to better capture how trajectories of family support evolve and influence mental health outcomes over time.

Study 2

Nonbinary identity and coming out to family members

This paragraph is based on the following submitted paper:

Commone, C., Pistella, J., Rosati, F., Lorusso, M. M., Albanesi, C., Baiocco, R. (2025c). Nonbinary identity and coming out with family members in the Italian context: A family developmental task. *LGBTQ+ Family: An Interdisciplinary Journal*, under review.

The nonbinary population remains an under-researched subgroup that has only recently begun to receive sustained attention within psychological scholarship (Fish & Russell, 2022). For nonbinary individuals, family relationships are often complex, as they may experience exclusion and rejection (Commone et al., 2025b). At the same time, family can also serve as a crucial protective factor for their well-being and social adjustment (Bradford & Catalpa, 2018; Di Giannantonio et al., 2024; Fuller & Riggs, 2018). Coming out, which some scholars conceptualize not merely as an individual experience but as a developmental task within the family system, constitutes a pivotal moment that can illuminate core relational dynamics (Baiocco et al., 2023c; LaSala, 2010). It may also be understood as a prolonged and evolving journey for parents and their extended families (Carbone et al., 2022; Pistella et al., 2020, 2025). Building on these theoretical frameworks, we designed a study to explore how family members respond to the coming out of nonbinary individuals regarding their gender identity, as narrated from the perspective of the nonbinary individuals themselves.

Recent literature documents an increase in the number of individuals who identify as nonbinary, alongside a growing diversification of the identity categories available for self-definition (Hammack et al., 2022; Watson et al., 2020). Within this diverse population, some individuals identify as trans, others do not, and still others prefer not to engage with such labels. Nonbinary individuals identify themselves as existing between, outside of, or beyond

the gender binary (Matsuno & Budge, 2017; Thorne et al., 2019). The term nonbinary is used both as a specific gender identity label and as an umbrella term that encompasses a variety of identities, including genderfluid, genderqueer, pangender, and agender (Richards et al., 2016). Despite growing visibility, nonbinary individuals continue to face significant social challenges.

They often encounter misunderstanding, misrecognition, and exclusion across multiple contexts, including healthcare, education, the workplace, and the family (Allen & Leslie, 2024; Barker & Iantaffi, 2017; Commone et al., 2025b; Croteau & Morrison, 2022). These dynamics can be explained through the lens of cisnormativity—an ideological system that frames cisgender and binary identities as more natural and legitimate than trans and nonbinary ones. It reinforces assumptions such as the existence of only two genders, the alignment of gender identity with sex assigned at birth, and the attribution of fixed familial roles based on gender (Bauer et al., 2009; Kivalanka et al., 2018; Tan et al., 2019). Moreover, experiences of misunderstanding and misrecognition among nonbinary individuals—who may express or live their gender differently from binary trans people—can be seen as a consequence of transnormativity, according to which trans individuals are expected to conform to specific and socially accepted gender expressions to be considered “trans enough” (Johnson, 2016; McIntyre, 2018).

Cisnormativity is a belief system that operates within institutional and educational settings, as well as in family environments, shaping how nonbinary individuals are perceived and supported (Baiocco & Pistella, 2019). As a result, nonbinary people often face distinct forms of stigma and invalidation, including experiences of invisibility and rejection, which may lead to their gender identity not being acknowledged as legitimate (Gheno, 2020; Rosati et al., 2022, 2024). These challenges are particularly salient within the family, where nonbinary individuals often experience rejection and a lack of support (Commone et al.,

2025b). One factor that may contribute to these experiences is a widespread lack of basic knowledge and cultural competence regarding nonbinary identities, which extends beyond institutions and healthcare providers to include family members, who may find it challenging to understand and validate the lived experiences of nonbinary relatives fully (Baiocco et al., 2023c; Goldhammer et al., 2018).

In the Italian context, the affirmation of nonbinary identities is limited by structural and cultural barriers, such as the gendered nature of the language and binary legal frameworks, resulting in inadequate protection for gender and sexual minorities (Baiocco et al., 2023c), whereas, for example, pronouns serve as a relevant form of identity reinforcement (StAmant et al., 2025). Moreover, the perception of stigma among LGBTQIA+ individuals is shaped by the broader sociopolitical climate, which in Italy is presently particularly adverse to LGBTQIA+ people (Lorusso & Albanesi, 2021). Legal protections remain limited, and their civil rights are frequently depicted as controversial and incompatible with traditional family values (Rosati et al., 2025). In addition, at present, it is not possible in Italy to obtain a legal gender marker change that allows the selection of a third gender option; individuals are still forced to conform to the gender binary. Despite this, the experiences of nonbinary individuals remain understudied, underscoring the need for further research into their specific realities, challenges, and support needs (Lindley et al., 2022; Mirabella et al., 2022, 2023; Rosati et al., 2022; Scandurra et al., 2023). Due to the pervasive influence of cisnormativity, the sexual orientation and gender identity of LGBTQIA+ individuals — including nonbinary people — are not taken for granted. As a result, they are often required to come out repeatedly across different social contexts in order to be recognized as legitimate and to gain visibility, while concealment of their gender identity can lead to psychological stress (Miller & Major, 2000; Rood et al., 2017).

In contrast, cisgender and heterosexual individuals are not expected to disclose or define

who they are, as their identities and relational experiences are presumed to align with societal norms. Coming out is typically defined as the process of disclosing one's sexual orientation or gender identity to others. It is considered one of the most stressful and pivotal experiences in the lives of LGBTQIA+ individuals, including nonbinary people (Cass, 1979). At the same time, it also represents a fundamental step toward psychological well-being and social adjustment (Cass, 1979; Rosario et al., 2001; Rose Ragins, 2004; Savin-Williams, 1989). Coming out is best conceptualized as a life-long process rather than a singular event (Baptist & Allen, 2008; Rosati et al., 2020), one that involves not only the individual but the entire family system (LaSala, 2010; Pistella et al., 2020). Indeed, coming out affects the entire family, as it is a significant challenge that can revolutionize family relationships (Goodrich et al., 2019; Grafsky, 2014; Heatherington & Lavner, 2008; Pistella et al., 2020, 2025; Willoughby et al., 2008).

Moreover, when the coming out involves, for example, a child, parents must decide whether or not to come out themselves by disclosing their child's gender identity to other family members, as well as to other significant people in their lives, such as friends and colleagues (Jaspal, 2020; Pistella et al., 2016). Therefore, coming out can be understood as a family process that engages all members and represents a developmental task for the family as a whole (Baiocco et al., 2020; LaSala, 2010). From this perspective, the degree to which each family member internalizes cisheterosexist norms — that is, the belief system that privileges cisgender and heterosexual individuals while marginalizing those who do not belong to these categories (Hibbs, 2014; VandenBos, 2007) — significantly influences their reactions to the coming out of a nonbinary or transgender relative (Wheeler et al., 2011). Other factors that may influence family members' reactions to coming out, as well as the decision to come out, include religious and political factors (Baiocco et al., 2013; Newman & Muzzonigro, 1993; Schope, 2002). Literature suggests that, for LGBTQIA+ individuals, the act of coming out

entails a higher risk of experiencing stigma and rejection, such as from family members (Baiocco et al., 2015).

Consequently, the impact of coming out appears more closely related to others' reactions than the act of disclosure itself (Baiocco et al., 2016; Rosati et al., 2020). For nonbinary individuals, coming out can take on various forms and serve multiple purposes. It may involve sharing a self-defined name, preferred pronouns, or expressing a gender identity that does not align with the sex assigned at birth. The process may include discussing medical or legal transitions, such as initiating hormone therapy or updating gender markers on official documents (Bennett & Donatone, 2022). Importantly, for some individuals, coming out is also a way to seek recognition and affirmation of their gender identity, particularly from family members or other significant figures (Mosher, 2001). Coming out can be particularly challenging for nonbinary people—especially within the Italian context, where such identities have only recently emerged in public discourse. Consequently, the coming out process often carries an additional burden compared to other sexual and gender minorities, as it typically requires nonbinary individuals to explain identity terms that are frequently unknown or misunderstood (Paechter et al., 2021).

A growing body of research underscores that family responses to the disclosure of transgender and nonbinary identities can have a direct impact on individuals' mental health and overall well-being (Olson et al., 2016; Simons et al., 2013). Specifically, family rejection predicts depressive symptoms, suicidal ideation, and sexual risk behaviors (Yadegarfar et al., 2014). Conversely, family acceptance and support emerge as protective factors for mental health (Di Giannantonio et al., 2024), leading to higher self-esteem and lower levels of depressive symptoms, suicidal behaviors, and substance use (Ryan et al., 2010). The first study of this dissertation highlights that nonbinary people report a limited level of acceptance of their identities within families, as evidenced by several studies (Doucet & Chamberland,

2020; Fey et al., 2020; Gamio Cuervo et al., 2022, 2023; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Seibel et al., 2018), although some have documented more supportive experiences (Nakhid et al., 2022).

Notably, several nonbinary individuals report positive reactions from specific family members, such as LGBTQIA+ relatives or siblings (Bennett & Donatone, 2022; Bhattacharya et al., 2021; Budge et al., 2025; Gonzalez et al., 2022; Riggs et al., 2020; Stone et al., 2022), who emerge as particularly important figures in various studies on coming out, not only those concerning nonbinary individuals (Parker & Davis-McCabe, 2021; Pistella et al., 2020; Salvati et al., 2017). Other relevant family figures for LGBTQIA+ individuals are grandparents, who in some cases are excluded from the coming out process due to concerns about their fragility, while in other cases they serve as significant sources of support (Herdt & Koff, 2000; Scherrer, 2010, 2016). Experiences that nonbinary people may also encounter include those in which families of non-heterosexual and non-cisgender individuals ignore the coming out, thereby denying visibility to the person's sexual orientation and/or gender identity (Brown, 1988).

Family acceptance and support throughout the coming out process have been identified as key protective factors for the psychological well-being of nonbinary individuals (Bradford & Catalpa, 2018; Di Giannantonio et al., 2024). Accordingly, the family environment can be experienced either as a space of affirmation and support or as a challenging context characterized by rejection, marginalization, and emotional neglect (Commone et al., 2025b). Experiences of rejection from family members can be conceptualized as distal stressors, according to the gender minority stress model (Testa et al., 2015), which may have different origins compared to those experienced by binary transgender individuals, such as binary normativity and interpersonal invalidation (Matsuno et al., 2024). In Italy, where the study was conducted, family acceptance and its impact on the individual can be influenced by the

specific sociocultural context, in which young people are typically deeply involved in family dynamics. Moreover, Italy is a conservative country where traditional family values—emphasizing the importance of the family understood in its traditional form—are further reinforced by the influence of religion (Baiocco et al., 2015, 2018).

There is a notable lack of research on the coming out experiences of nonbinary individuals within their family contexts. This gap is particularly relevant considering the significant impact that family relationships can have on the well-being of sexual and gender minoritized people. To our knowledge, in the Italian context, there are no studies that explore family members' reactions to the coming out of nonbinary individuals. Therefore, this study aims to fill this gap by examining the reactions of family members (e.g., mother, father, siblings, grandparents) to the coming out of nonbinary individuals about their gender identity within the Italian sociocultural context, to highlight the specificities of this underexplored setting. Moreover, existing studies have mainly focused on parents or siblings, without considering the reactions of other family members. Therefore, this exploratory study aims to investigate the reactions of family members of nonbinary individuals to coming out within the specific Italian context and whether these reactions influence family relationships, as highlighted in the international literature. To investigate these experiences, the study draws on semi-structured interviews that provide a platform for nonbinary individuals to share their narratives in depth.

Method

Measures

A brief oral questionnaire was used to collect sociodemographic information, including age, pronouns used, gender identity, sexual orientation, nationality, city of residence, educational level, socioeconomic status, housing situation, and relationship status. Collecting this information helps us achieve a more detailed characterisation of the sample and provides essential context for interpreting the data. Then, participants were invited to take part in a

semi-structured interview. The interview protocol was developed based on existing literature on family functioning among nonbinary individuals and through consultations with experts in the field, as well as nonbinary individuals and their family members. This approach aimed to base the instrument on current theoretical knowledge while also exploring whether it adequately reflects the lived experiences and needs of nonbinary individuals and their relatives (Veldhuis et al., 2024).

The final interview protocol consisted of seven sections examining different dimensions of family functioning and the relationships between nonbinary individuals and their family members. The present analysis focuses on a specific section dedicated to coming out experiences, where participants were asked to describe their experiences with each family member (i.e., parents, siblings, aunts, and grandparents). In cases where participants had not disclosed their gender identity to some or all family members, they were asked to explain the reasons for this non-disclosure and their expectations.

Positionality and Procedure

The research team consists of two heterosexual cisgender women, a lesbian cisgender woman, a pansexual cisgender man, a nonbinary transmasc queer individual, and a trans nonbinary queer individual. All team members are Italian, white, and non-disabled. All the authors are researchers with varying levels of academic experience (Ph.D. student, researcher, professor). Five members are psychologists, and one is a neuropsychiatrist. Having individuals with diverse gender and sexual identities involved in the research process allowed for multiple perspectives on the topic, both from people with lived experience of the topic under investigation and from those within and outside the LGBTQIA+ community.

The interviews were conducted by the first author, a heterosexual, cisgender woman, Ph.D. candidate, actively engaged in different forms of collaboration with the nonbinary community as an ally. The author reflected on whether her positionality might have

influenced participants' openness during the interviews: no particular reluctance to share was observed; on the contrary, due to a lower level of personal involvement, the interviewer's outsider status may have contributed to a greater sense of impartiality, both during the interviews and in the analysis, although complete impartiality is not possible given the methodology employed. Importantly, input from nonbinary individuals was present throughout the entire research process, from study design to manuscript preparation. As mentioned earlier, during both the study design and data analysis phases, as well as throughout the manuscript writing process, the different positionalities of the researchers influenced the entire process. In particular, it was crucial to incorporate the perspectives of nonbinary researchers, who, having personally experienced these issues, played a significant role in shaping the interviews to create a welcoming interview setting. Moreover, the perspectives of both nonbinary and other non-heterosexual members of the research team—who had themselves undergone a coming out process—were valuable in interpreting the collected data and gaining a better understanding of certain dynamics. In this regard, it helped balance their perspectives with those of the two heterosexual cisgender researchers, who were less personally involved from a biographical standpoint.

Participants were initially recruited through promotional efforts on the first author's personal social media profile (e.g., Instagram) and via flyers distributed at the Faculty of Sapienza University of Rome. Subsequently, team members who identified as nonbinary shared the interview flyer on their social media profiles, allowing for greater visibility within the nonbinary community. Finally, the participants contributed to further disseminating the study, enabling the implementation of a snowball sampling method. Once informed about the study, participants directly contacted the first author via email or telephone. The first author then provided them with detailed information regarding the study's purpose, the procedures involved, potential risks and benefits, and clarified that all data would be anonymized.

Participants did not receive compensation for their participation in the interview.

All interviews were conducted by the first author, face-to-face or via video call, when in-person meetings were not practicable (e.g., due to participants residing outside of the city where the research took place or facing travel constraints). Each interview lasted approximately one and a half hours on average. Before the interview, participants completed and signed an informed consent form outlining the study procedures. The study was approved by the Territorial Ethics Committee of the Lazio Area (Protocol ID: 0609/2024) and adhered to the ethical standards outlined in the 1964 Declaration of Helsinki. To ensure data anonymization, participants' names were not used. Instead, each participant was assigned a code composed of the first letter of their name and the first letter of the first author's last name, followed by a sequential number (e.g., CC1, CC2, ...).

Participants

The inclusion criteria were being over 18 years of age and identifying as nonbinary. A total of 22 nonbinary individuals, aged between 20 and 36 years ($M = 29.1$, $SD = 2.34$), participated in the study. All individuals who applied to participate in the study were deemed eligible for the interview, and all conducted interviews were included in the analysis. All participants were Italian, with one participant holding dual Italian and Brazilian citizenship. All participants referred to both their mother and father when describing their parental unit; however, 21 of them had both parents alive, while in one case, the father was deceased. Also, 16 participants had siblings, while six were only children. Additional participant information is provided in Tables 2.1 and 2.2.

Data Analysis

Data were analyzed using reflexive thematic analysis, following the approach outlined by Braun and Clarke (2006, 2022), in which data coding acknowledges the researcher's subjectivity as an integral part of the analytic process. Moreover, we coded the data without

fitting it into a pre-existing coding framework. The analysis proceeded through several phases. First, all interviews were fully transcribed, which allowed for an initial reading and familiarization with the data. Transcripts were then reread in full, with particular attention to the sections addressing coming out, although the entire interviews were reviewed to identify any relevant references to this topic in other sections. The first author then began to outline preliminary (raw) codes for each excerpt. These initial codes were subsequently reread and grouped together. The various groups of raw codes were then renamed and organized into themes and subthemes. Finally, the entire process was reviewed collaboratively with the research team, with whom all stages of the analysis were discussed and refined. Following this process, final themes and subthemes were defined and named. Lastly, we calculated the frequency of each theme and subtheme based on the number of associated coded extracts.

To ensure the trustworthiness of the analysis, several strategies were adopted following Lincoln and Guba's (1985) criteria. Credibility was supported through multiple readings of the transcripts and peer debriefing within the research team. Transferability was enhanced by providing a description of the participants and of the Italian sociocultural context. Confirmability was ensured by maintaining detailed documentation of each stage of the analytic process, allowing transparency and consistency. Dependability was promoted through reflexive discussions among the authors, aimed at recognizing and mitigating the influence of personal biases and assumptions.

Results

Thematic analysis of the results revealed three main themes and 14 subthemes. Some subthemes were further divided into more specific categories. The first theme is *family reactions* ($n = 67$) and includes the following subthemes: 1) affirmation ($n = 21$); 2) rejection ($n = 17$); 3) avoidance ($n = 6$); 4) limited understanding ($n = 15$); 5) anxiety/concern ($n = 8$). The second theme is *effects on relationships* ($n = 14$) and includes the following subthemes: 1) no change ($n = 7$); 2) bonding ($n = 4$); 3) distancing ($n = 3$). The third theme is *non-*

disclosure ($n = 88$) and includes the following subthemes: 1) individual negative expectations ($n = 24$); 2) not ready ($n = 19$); 3) cultural/political negative expectations ($n = 18$); 4) unnecessary coming out ($n = 15$); 5) pre-existing weak bonds ($n = 7$); 6) mixed expectations ($n = 5$). Although the third theme had the highest number of excerpts, we presented it last, as the paper's primary focus is reactions to coming out.

The themes and subthemes are not mutually exclusive; therefore, each extract may be categorized under more than one theme or subtheme. Moreover, individual participants may have reported different experiences with various family members, resulting in multiple extracts per participant that reflect diverse perspectives. A detailed description of the themes, along with illustrative extracts, is provided in Table 2.3. Moreover, Table 2.4 displays the specific family members to whom each participant disclosed their gender identity.

As shown, all participants who came out to at least one family member did so to their mother, while some chose not to disclose to their father. A considerable number also came out to their siblings, whereas only a minority disclosed their gender identity to aunts, uncles, or cousins. Only one participant stated that they came out to their grandparents. Notably, three participants had not disclosed their gender identity to any family member.

Family reactions

Affirmation (n=21)

The most common reactions reported are of affirmation. However, some participants reported an initially positive reaction from family members at the time of coming out, which did not later lead to supportive behaviors. For example, some participants reported that the family had seemingly accepted the nonbinary gender identity but later refused to use the chosen name. “And she [grandmother], mm, I mean, she took it well, but she never made the slightest effort to use either masculine pronouns or my name” (M., 24 years old, nonbinary, he/him).

Other participants, by contrast, described positive reactions accompanied by congruent behaviors, such as expressions of acceptance, affection, warmth, and a sense of genuine understanding. “He [brother] knows, I told him much earlier than my parents, but right away he said, 'Okay,' simply. I mean, the best reaction in the world, 'Okay, let’s just keep talking” (V., 31 years old, genderqueer, all pronouns). Many of these reactions were related to the mother and father, but in many instances, it was reported that siblings also exhibited similar reactions. Two participants reported positive reactions from a cousin and a grandmother.

Rejection (n = 17)

The second subtheme encompasses reactions of rejection and non-acceptance of the gender identity. While some participants reported observing reactions through behaviors from family members following the coming out, others stated that family members explicitly verbalized their rejection of their gender identity, such as pathologizing the nonbinary gender identity or justifying the rejection by saying they had not expected it. In most cases, the reactions of non-acceptance were from mothers, in some cases from fathers, in three cases from siblings, and in one case from a grandmother.

Many of the observed reactions of non-acceptance are related to the use of chosen names and pronouns. Specifically, one participant reported that their mother explicitly refused to use the chosen name and pronouns, especially when interacting with her friends. On the other hand, others tended to either not use or explicitly reject the chosen name and pronouns.

She [mother] didn’t accept the name change. In fact, on the very day of my coming out, she tried to make me feel bad about it. She kept telling me, 'It took me nine months to choose your name, it was something carefully chosen, I put effort into it'. (V., 31 years old, genderqueer, all pronouns)

Episodes of misgendering by family members have been reported, including the use of strongly gendered nicknames based on the sex assigned at birth, such as “brother”. Some

participants also reported rejection of their gender expression or the gender affirmation process, with family members making negative comments about the individual's desired body, such as suggesting they would appear unattractive after surgery.

My mom made a whole series of somewhat unlikely comments about the more or less canonical beauty of my breasts and the reasons why I wanted to remove them, suggesting it might be because they were unattractive. It wasn't particularly validating or kind. (J., 30 years old, nonbinary, all pronouns)

In other cases, initial positive reactions are reported, but these were later followed by non-acceptance.

Let's say that they [parents] told me they just couldn't understand it, but that they would still support me. However, it didn't really turn out that way. It's as if they had forgotten about it, so it felt a bit like that, more as if I had never said anything. (N., 20 years old, nonbinary, he/him)

Avoidance (n=6)

Some testimonies revealed that family members acted as if the coming out had not occurred, avoiding the topic or not changing their behavior, pretending it had not been discussed. In some cases, participants reported that, despite the time elapsed since coming out, the topic had still not been addressed, and they expected the family member to bring it up again, also to understand how they were dealing with it. "But her [mother's] reaction was to tell me that she needed some time to process it and come to terms with it. However, four years have passed, and I still don't know whether or how she has actually processed it" (S., 29 years old, nonbinary, he/him/she/her). This type of reaction, in some cases, prevents the person from talking about it as much as they would like with the family member, who takes an avoidant stance. "I mentioned that my reasons were related to my gender identity, but I didn't go into detail because my father turned around and walked away to process it on his own" (J.,

30 years old, nonbinary, he/him/she/her/they/them). Finally, one participant described this type of reaction as partly positive, in the sense that it did not cause major disruptions, but also as partly reflecting a lack of interest toward them.

I told my sisters, and they were like, “Ah, cool,” which was kind of a nice reaction in the sense that they didn’t care—in a good way—but at the same time it felt a bit indifferent. On one hand, it was positive because there was no judgment, but on the other, it showed a lack of real interest; they didn’t ask things like, “Oh, would you like us to call you differently?” or anything like that. It was just, “Ah, okay,” and then they went on with their lives. (I., 24 years old, nonbinary, he/him)

Limited understanding (n=15)

Some participants reported that family members reacted to the coming out without fully or partially understanding what a nonbinary gender identity meant. While some of them reported general confusion, others specifically reported difficulty distinguishing nonbinary gender identity from binary transgender identity, leading also to misunderstandings about the medical gender affirmation process, which was taken for granted. “My brother needed a moment and a couple of extra explanations about me becoming a man [through medical path], meaning the question that even with friends, the main topic is always the same if I talk about my transition” (J., 30 years old, nonbinary, all pronouns). In another case, family members’ confusion between gender identity and sexual orientation was reported. “But what I remember is that I explained it to her [mother] with a metaphor because she was terribly confused between sexual orientation and gender identity” (N., 23 years old, genderfluid, she/her).

Some participants believed that the lack of understanding may be due to a general lack of knowledge on the topic, while in other cases, it is attributed to the way the coming out occurred. For example, one participant thinks they may have used the wrong terms.

Also because she [mother] didn’t understand anything. Because, well, I don’t know.

Maybe I used some wrong terms, and maybe I did it in the wrong way? I'm not sure, but she didn't understand anything, so her reaction was to bury their head in the sand and live as if nothing had happened. (S., 29 years old, nonbinary, he/him/she/her)

While some participants described the lack of understanding as causing negative reactions, support was still mentioned in other cases. "Let's say that they [parents] had told me that they just couldn't understand it, but that they would still support me" (N., 20 years old, nonbinary, he/him). In these instances, the testimonies were also primarily related to the parents, but in a few cases, they also involved siblings.

Anxiety Concern (n=8)

Some participants reported that family members showed reactions of anxiety and concern at the time of coming out. Specifically, some family members showed anxious reactions, characterized, for example, by emotional agitation and fear, while others expressed concerns related to different aspects. In most cases, the concern was related to the medical gender affirming process, as reported by C. (35 years old, transmasculine nonbinary, he/him): "She [mother] is very scared of the medical complications, and the idea of surgeries terrifies her. She told me that she is afraid of my body being cut." In other cases, reactions of emotional agitation and fear were mentioned, also due to the fear of stigma and aggression in the social context.

She [mother] also had that, let's say, the protective reaction of telling me directly, that 'Yes, but you know, you still have to be careful with these things. You know that if you're too open, you risk it, here they'll beat you up, there's fights, stupid people, people don't understand'. (S., 29 years old, nonbinary, he/him/she/her)

All of these reported reactions came from parents, specifically from mothers, while one participant reported this kind of reaction from both parents.

Effects on relationships

No change (n=7)

In most cases, no significant changes in family relationships were reported following the coming out, particularly with parents, siblings, and the broader family unit. As a result, family dynamics largely remained unchanged. In one case, it was specified that, from the parents' perspective, the relationship did not change, meaning they did not modify their interaction. “So, it hasn't changed in terms of distancing or getting closer, I mean, it hasn't changed for them [parents]” (C., 35 years old, nonbinary trans masc, he/him). In another case, however, no change was observed, as the coming out was not unexpected. “Nothing really changed, because — stereotypes aside — no one found it to be an unexpected event. That’s just how I am, maybe it also has to do with my own developmental path” (B., 30 years old, trans nonbinary, he/him/they/them).

In the other reported cases, most participants also described reactions of acceptance, although there were also instances in which no changes occurred in the relationship following rejecting or concern-based reactions.

Bonding (n=4)

In some cases, an increase in closeness and even an improvement in the quality of the relationship after coming out was reported. Generally, the increased closeness concerns the relationship with parents and, in one case, with a sibling. We provided an example illustrating the relationship with the mother. “Yes, yes, yes — I mean, this closer, more human relationship, let’s say, really developed after the coming out” (C., 32 years old, nonbinary, she/her/they/them). In most cases, this was secondary to a greater authenticity of the nonbinary person in the relationship, as they no longer needed to hide parts of their identity after coming out. “Our relationship [with mother] has improved because I was able to, for example, not have to hide anymore when I buy a dress and have it sent to my house” (N., 23 years old, genderfluid, she/her). This aspect was also appreciated by family members, which

led to an improvement in the relationship. “And [relationship with father] has improved, to be honest. Because, paradoxically, he really appreciated the fact that I had completely opened up and laid myself bare” (S., 29 years old, nonbinary, he/him/she/her).

Distancing (n=3)

A few participants reported a distancing of the relationship with their parents after coming out. In two cases, this distancing was secondary to changes in the nonbinary person. In contrast, in one case, it was due to a decision by the mother, who considered the person no longer trustworthy.

I think that, in her mind, I’m no longer reliable. Which is something I’ve also thought for a long time — that if I went through with the transition, I simply wouldn’t be able to maintain relationships with certain people anymore. (Z., 31 years old, trans nonbinary, she/her)

Cases of reduced contact due to the nonbinary person's decision were a result of a feeling of invasion of privacy or due to the family member's lack of acceptance.

With my mom, let's say I’m distancing myself, maybe because I did it a bit too soon, too quickly, without thinking about it [the coming out]. So, it’s me who’s pushing her away because of privacy invasion. I mean, I felt it a bit like a forced thing that I maybe wasn’t ready to do yet, but I did it because, at that moment, it seemed like the right thing to do, and that’s it. (J., 23 years old, agender, he/him/they/them)

Non-disclosure

Individual negative expectations (n=24)

Most of the interviewees who did not come out to their entire family or certain family members reported having negative expectations about coming out, based on past negative experiences or individual characteristics of the family member. Some of them expect an adverse reaction based on past experiences related to a previous coming out regarding their

sexual orientation. “Yeah, in fact, I don’t even think about coming out to them [parents] as a nonbinary person because, I mean... aside from not wanting to go through what I went through with the first coming out, honestly” (K., 26 years old, nonbinary, he/him/they/them).

Others reported not coming out because they witnessed the lack of acceptance towards other family members belonging to the LGBTQIA+ community. Again, other participants stated that they have negative expectations due to the closed-mindedness of their family members, who have shown discriminatory attitudes on various occasions, such as making discriminatory remarks. “So, I’ve never talked about it. And it’s because I’ve always had the feeling that, I don’t know, not only would he [brother] not understand, but maybe he would judge me. Because sometimes they make [discriminatory] remarks like that” (N., 20 years old, nonbinary, he/him).

Most of them expected a negative reaction, rejection, or, at the very least, an adverse judgment. Some specifically expected not to be believed or understood, while others anticipated a lack of interest in understanding them.

Well, I definitely think she [aunt] would react, I mean, she would be very bewildered by this, not understanding it much. She would probably judge it as inappropriate, questioning whether I really need to do this, whether it’s really necessary. Yes, that. (I., 36 years old, nonbinary transmasculine, they/them)

Some participants also reported expecting to experience misgendering or other forms of microaggressions from family members. “But I don’t think they [aunts, uncles, cousins] would react very badly. I mean, they’d probably just say 'OK,' or maybe at worst, they wouldn’t believe me and would continue to use my deadname.” (J., 23 years old, agender, he/him/they/them)

Since many interviewees came out to their immediate family, the reported information mainly refers to the extended family, including uncles, aunts, cousins, and grandparents, but

in some cases, also to parents and, rarely, to siblings.

Not ready (n=19)

Some participants who had not come out to the whole family or certain family members did not report negative expectations; on the contrary, in some cases, they expressed positive expectations regarding their relatives' reactions. Their decision not to come out was primarily due to a perceived lack of readiness, particularly linked to a desire to avoid the psychological burden of disclosure. Participants sometimes explicitly stated this motivation, and in other cases, it could be inferred from the overall content of the interviews. Most of these testimonies relate to extended family members—such as aunts, uncles, cousins, and grandparents—though some also involve the participants' parents.

Many participants highlighted the emotional strain associated with coming out to their families, which was attributed both to the potential challenge of coping with negative reactions and to the effort involved in explaining their gender identity to family members, as they believed their relatives lacked sufficient knowledge on the topic. “So, I’d like to do it with my grandparents. I have this idea, but the problem is, I really don’t know how to explain what nonbinary identity is to people who have no idea about this world” (V., 31 years old, genderqueer, all pronouns). In some situations, participants anticipated that coming out would involve not only the effort of explaining their identity, but also the additional burden of having to convince family members who might question its legitimacy or not believe them.

So, that’s what holds me back, because if, in addition to the emotional difficulty of coming out, I also have to bear the entire burden of having to first reinforce that I’m not joking, that this is real, it’s not a joke, I’m not messing with you, and then constantly having to take on an educational role. (L., 25 years old, nonbinary, they/them, referring to aunts, uncles, and cousins)

For some participants, the emotional burden associated with coming out—contributing

to their current lack of readiness—led them to prefer not to disclose their identity spontaneously. Nonetheless, they expressed a willingness to talk about it if prompted by questions from family members.

No, I tend to use the strategy of doing my own thing. If they [aunts, uncles, cousins] notice something and feel the need to know, they can come and ask me. And at that point, if someone asks me something, I can, you know, provide explanations. (J., 30 years old, nonbinary, all pronouns)

Despite not feeling ready to come out, some reported positive expectations. They believed that their family members might accept their gender identity either immediately or gradually, or that they would make an effort to understand them. “A part of me would like to be known for who I truly am, and I think she [grandmother] is a fairly open person, and she wouldn't tell me, 'You're no longer my granddaughter' or anything like that” (Y., 27 years old, nonbinary, all pronouns). In other cases, anticipating negative reactions makes the person feel unprepared to disclose their identity. “Yes, I plan to talk to my aunt about it, even though it costs me a lot, and I'm afraid of yet another rejection or even just a judgment thrown at me” (I., 36 years old, transmasculine nonbinary, they/them).

Cultural/political negative expectation (n=18)

In other cases, participants reported negative expectations regarding a potential coming out due to cultural and political reasons. Most negative expectations concerned aunts, uncles, grandparents, and cousins. In most cases, negative expectations were attributed to family members' limited understanding of nonbinary gender identities, often due to a general lack of cultural exposure or familiarity with the topic. For this reason, they expected not to be understood and anticipated difficulty in explaining themselves. “Moreover, for me, I don't do it simply because the level of ignorance is so high that coming out isn't just coming out, it's work” (L., 25 years old, nonbinary, they/them, referring to aunts, uncles, and cousins).

In some cases, this was attributed to age, particularly among older or elderly individuals, who were perceived as lacking knowledge on these topics. In other cases, participants reported having negative expectations due to the political orientation of their family members. “What holds me back? Let’s say that, certainly, in a family where the loudest voice, the one of my uncle, is fascist...” (J., 23 years old, agender, he/him/they/them).

Unnecessary coming out (n=15)

Additionally, some individuals reported deciding not to come out to their family or certain family members because they did not consider it necessary. In some cases, they stated that they did not feel the need to do so because they can live their gender identity freely without feeling the need for their family’s approval.

A long time ago, I thought I could only be free if I came out to my family. Now I don’t feel that way — I don’t seek their affirmation about this anymore, and I still feel that I can live my life freely. (L., 25 years old, nonbinary, they/them).

For example, some participants reported not feeling this need because their gender expression closely aligns with their sex assigned at birth.

I have the privilege and the luck of being at peace with my gender expression, so I don’t even feel the need to, I don’t know, maybe if I wanted to wear a skirt at home, I’d talk about it, but I don’t feel the need. (L., 28 years old, agender, he/him/they/them, referring to the whole family)

Others reported that they do not need to come out to their family because their gender identity is clearly visible to others, without the need to state it explicitly, and some family members had already understood it.

My sister actually started calling me by my chosen name without anyone telling her anything. I mean, she follows me on Instagram, I post a lot of things there, so she saw it and integrated it without needing any further explanation. I didn’t feel the need to sit her

down and say, 'Look, I'm a nonbinary person,' because she was already doing everything necessary to make me feel validated as a person. (J., 30 years old, nonbinary, all pronouns)

Some participants also reported that they were not interested in sharing their gender identity with their family, as they did not seek their approval.

I haven't really come out openly to my whole family yet, because to be honest, I've reached a point where I'm no longer interested in seeking their approval or consent. Maybe it mattered to me when I was younger, but not anymore. At this stage in life, everyone has their own things — work, responsibilities — so it just doesn't matter to me that much now. (S., 29 years old, nonbinary, he/him/she/her)

What has been reported mainly refers to grandparents, aunts, uncles, and parents. Regarding grandparents, in some cases, the need to come out was considered unnecessary due to their advanced age and the good relationship they share, despite not being out to them.

Pre-existing weak bonds (n=7)

In some cases, particularly with extended family members such as aunts, uncles, or cousins, participants reported not coming out due to relational reasons, meaning limited relationships. In some cases, participants reported that they did not come out because, given the distant relationship, they had no interest in doing so. "I didn't come out to the other family members because I don't have a relationship with them" (C., 35 years old, transmasculine nonbinary, he/him). Others stated that, given the limited relationship, they had not had the opportunity to come out, as they rarely interact with those family members. "I haven't talked about it, honestly, because I don't see them [cousins] very often, so there hasn't even been an opportunity to do so" (V., 31 years old, genderqueer, all pronouns). Other participants also reported that, since they rarely see their relatives, they do not perceive being misgendered in those situations as particularly invalidating, as such interactions occur only rarely. "I mean, I

don't want to take the first step; we really see each other very little, and for me, using the feminine with them [aunts and uncles] two or three times a year on the stairs isn't an invalidating experience" (J., 30 years old, nonbinary, all pronouns).

Mixed expectations (n=5)

Finally, some participants reported mixed expectations regarding a potential coming out to family members—neither entirely negative nor entirely positive. Most of these expectations concerned aunts, uncles, and grandparents. Specifically, some participants anticipated that their relatives might not fully understand, but would be willing to try, or that they might respond with acceptance despite having a more conservative mindset, even if such acceptance would not be immediate.

I think they would react well, maybe they [aunts, uncles, cousins] wouldn't fully understand right away, etc. But I don't think there would ever be a transphobic reaction. More likely, I imagine microaggressions, but I don't think they would even start asking me questions. Honestly, knowing them, they would probably accept it, and over time, they'd form their own ideas by seeing me. (C., 35 years old, transmasculine nonbinary, he/him)

Discussion

For nonbinary individuals, coming out can be particularly challenging, especially within the family context (Commone et al., 2025b), and such experiences can have a significant impact on mental health and social adjustment (Olson et al., 2016; Simons et al., 2013). Some nonbinary individuals have reported experiences of acceptance and support from family members (Bennett & Donatone, 2022; Gonzalez et al., 2022; Nakhid et al., 2022; Stone et al., 2022), which are recognized as key protective factors for the psychological well-being (Bradford & Catalpa, 2018; Di Giannantonio et al., 2024). To our knowledge, this is the first Italian study specifically focused on the reactions of different family members to the coming out of nonbinary individuals, investigating through semi-structured interviews conducted with

nonbinary participants.

Thematic analysis of the data revealed three main themes: 1) family reactions, 2) effects on relationships, and 3) non-disclosure. Each theme comprises several subthemes. Concerning *family reactions*, the most frequently reported were forms of affirmative reactions characterized by acceptance, affection, warmth, and understanding. Interestingly, while adverse reactions mainly were attributed to parents, several instances of supportive responses came from siblings. Previous research has highlighted the significant role siblings play in the coming out process (Pistella et al., 2020; Salvati et al., 2017). Studies have also documented positive reactions to coming out from certain family members, although this is rarely the case for the entire family unit (Budge et al., 2025; Nakhid et al., 2022; Riggs et al., 2020). Notably, siblings have been identified as more likely to respond with acceptance and are often perceived as allies (Doucet & Chamberland, 2020). The significant role of siblings in the lives of nonbinary individuals has been emphasized in several studies, which describe them as a key source of support, sometimes even more supportive than parents (Bennett & Donatone, 2022; Doucet & Chamberland, 2020; Seibel et al., 2018). In some cases, siblings have actively helped them cope with emotional challenges related to their gender identity (Parker & Davis-McCabe, 2021).

Instead, some participants reported rejection, encompassing a general refusal to acknowledge the individual's gender identity or, more specifically, a rejection of their gender expression or gender affirmation process. Participants also described experiencing rejecting or hostile behaviors, such as being refused the use of their chosen name or pronouns. These results are consistent with previous literature, which in most cases highlights negative reactions and feelings from family members toward nonbinary gender identities (Commone et al., 2025b; Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2022, 2023; Golden & Oransky, 2019; Gonzalez et al., 2022; Jackson Levin et al., 2020; Nakhid et al.,

2022; Seibel et al., 2018).

Others reported reactions of avoidance, characterized by the tendency to ignore or dismiss the coming out, avoiding any discussion about it, and thereby implicitly invalidating the person's gender identity. The tendency of families to adopt a dismissive or denying attitude following a relative's coming out has already been described in the literature. As Brown (1988) notes, even when families understand the individual's sexual orientation and/or gender identity, they often continue to relate to them as if they were heterosexual and/or cisgender.

Another type of family reaction reported by participants was one of limited understanding. This typology included a general lack of comprehension regarding nonbinary gender identities, as well as confusion between nonbinary and binary transgender identities and between gender identity and sexual orientation. Some participants noted that their families assumed, for instance, that they intended to pursue a gender affirmation path aimed at acquiring the secondary sex characteristics of the "opposite" gender without considering the possibility of identifying as neither male nor female. This may also be explained by the fact that legal gender affirmation pathways in Italy only allow individuals to identify as either male or female, thereby reinforcing the belief that only binary gender identities are legitimate. Consistent with previous research, our study also found that parents are more frequently reported as lacking understanding than siblings (Doucet & Chamberland, 2020).

The finding of limited understanding of nonbinary gender identities among family members has already been documented in the literature (Allen & Leslie, 2024; Doucet & Chamberland, 2020). Moreover, studies suggest that negative reactions to coming out may be linked to a lack of familiarity with language specific to nonbinary identities (Bennett & Donatone, 2022). This aspect aligns with broader findings in the literature regarding society's general lack of knowledge and competence concerning nonbinary gender identities and

experiences (Baiocco et al., 2023c; Goldhammer et al., 2018). When this gap in understanding exists among family members, it can have a negative impact on family relationships (Doucet & Chamberland, 2020).

Moreover, the literature highlights how increased knowledge and awareness of these issues can lead to more supportive individuals (Lorusso & Albanesi, 2021). This aspect is particularly relevant in the Italian context, where nonbinary individuals face heightened invisibility and underrepresentation—partly due to the lack of legal recognition of a third gender option, and partly because of the highly gendered nature of the Italian language (Baiocco & Pistella, 2019; Baiocco et al., 2023c; Rosati et al., 2022).

Reactions of anxiety and concern also emerged, most of which were related to the individual's gender affirmation process. In some cases, concerns were also expressed about the potential for the individual to become a target of stigma or aggression. This type of reaction, while still considered negative, differs from the form of rejection previously described, which was primarily characterized by a refusal to accept the individual's gender identity. In this case, the family member states that the issue is not the acceptance of the person's gender identity, but rather the fear that the individual might face stressful or negative experiences throughout their life or within their social environment. These findings regarding family members' negative feelings are also consistent with studies reporting that parents experience their child's coming out as a challenging and complex event (Carbone et al., 2022).

Regarding the second theme, *effects on relationships*, most participants reported no significant shifts (i.e., no change) in family dynamics following their coming out. This was observed primarily concerning parents or the family as a whole, but also with siblings. However, some participants described strengthening familial bonds after disclosure (bonding), often attributed to a greater sense of authenticity and the opportunity to be more fully

themselves within the relationship. In contrast, a few participants reported distancing themselves from family members (distancing). This was typically a self-initiated response to negative reactions or, in some cases, a perceived over-involvement or intrusiveness on the part of the family.

A substantial body of literature supports the notion that coming out to family members—among LGBTQIA+ individuals more broadly—can stimulate changes within various family subsystems, including the reshaping of boundaries, hierarchies, and communication patterns (Heatherington & Lavner, 2008). Coming out has indeed been recognized as a key factor in improving the quality of relationships (Rosario et al., 2001; Savin-Williams, 1989). Notably, it can also foster greater authenticity in interpersonal relationships (Baiocco et al., 2023c; Pistella et al., 2025) and, taken together, these processes may ultimately contribute to broader shifts in family dynamics (Goodrich et al., 2019; Grafsky, 2014; Pistella et al., 2020; Willoughby et al., 2008). This has also been observed in studies specifically focused on nonbinary individuals, which suggests that family relationships may strengthen when the coming out is met with a positive response (Doucet & Chamberland, 2020). These findings support LaSala's (2010) conceptualization of coming out as a developmental task within the family system, which involves both the individual and the broader relational context. As such, it constitutes a pivotal moment that can change and reveal underlying family dynamics.

The third theme, *non-disclosure*, refers to participants who reported not having come out to their family, or certain family members—a situation that applied to most of the sample. Although the primary focus of this study is on family members' reactions to coming out, this theme emerged during the interviews, and we believe it offers an interesting perspective on how family reactions can influence the coming out process in a broader sense. We decided to discuss the subthemes of the third theme not in order of frequency of excerpts, but in

accordance with the thematic progression that emerged. Therefore, we will begin with the three subthemes related to expectations (individual negative expectations, cultural/political negative expectations, mixed expectations) to provide a comprehensive overview. Most participants reported having negative expectations linked to the characteristics of family members or broader cultural and political factors. Individual-level expectations included fears of rejection, lack of understanding, not being believed, misgendering, or other microaggressions.

In some cases, these expectations were influenced by previous negative experiences related to coming out about sexual orientation; in others, they were attributed to the perceived close-mindedness of family members. Cultural and political expectations were described by participants who believed their families lacked adequate knowledge of gender-related issues, reflecting a structural problem of the invisibility of nonbinary identities. Other participants anticipated negative reactions based on their relatives' conservative or right-wing political views. Notably, some participants reported mixed expectations—neither entirely negative nor entirely positive. These participants expected, for instance, that family members might accept them without fully understanding, accept them despite being close-minded, or even accept them only partially and gradually over time.

Regarding the factors that influence family reactions to coming out, prior literature has documented the impact of right-wing political orientation on such reactions. However, this has not been explored explicitly in studies focusing on nonbinary individuals (Newman & Muzzonigro, 1993; Schope, 2002). Concerning nonbinary people, research has highlighted the role of religion in shaping family rejection of nonbinary gender identities (Gonzalez et al., 2022), as well as the influence of cultural backgrounds—such as Chinese or Latin family cultures—on the family's response (Gamio Cuervo et al., 2022; Golden & Oransky, 2019; Nakhid et al., 2022). Regarding the decision not to come out, prior research also suggests that

individuals often hold negative expectations, primarily due to fears of rejection and a lack of acceptance (Doucet & Chamberland, 2020). In contrast, partially positive (mixed) expectations have been rarely documented in the literature.

These expectations stem from various factors, including the anticipation that family members will not understand nonbinary gender identity, combined with their limited familiarity with gender diversity—elements also reflected in the findings of our study (Baiocco et al., 2023c; Bedera et al., 2023; Doucet & Chamberland, 2020). In addition, participants' perceptions of family members as close-minded or explicitly transphobic were reported as further reasons for choosing not to disclose their identity (Bedera et al., 2023). Finally, consistent with our findings, previous negative experiences of coming out related to sexual orientation were also shown to influence expectations about the coming out process regarding gender identity (Baiocco et al., 2023c; Doucet & Chamberland, 2020).

Some participants had not come out to all or certain family members, not necessarily due to negative expectations, but rather because of a perceived lack of personal readiness (not ready). This hesitation was often linked to the anticipated emotional burden of disclosure, including the psychological effort of navigating potentially complex reactions and the need to explain or justify one's gender identity to relatives perceived as lacking awareness. In many cases, participants expressed a willingness to disclose their identity if asked directly, suggesting that the timing and context of coming out play a critical role. Interestingly, some participants maintained positive expectations about their family's potential response, envisioning immediate or gradual acceptance. For others, instead, it was precisely the fear of rejection that contributed to their current sense of unreadiness.

According to the literature, concealment is often used as a coping strategy to avoid the negative consequences of stigma; however, it can also lead to psychological stress (Miller & Major, 2000). Qualitative research focusing on transgender and nonbinary individuals has

further highlighted that concealing one's gender identity is a contributing factor to minority stress (Rood et al., 2017). Similarly, in a study conducted by Matsuno and colleagues (2024) with nonbinary participants, individuals reported feeling compelled to conceal or compartmentalize their gender identity due to anticipated discrimination, concerns for personal safety, or a desire to avoid the emotional effort required to explain or validate their identity. That same study also emphasized the mental and emotional labor involved in educating, defending, and legitimizing one's identity—a burden that participants in our study explicitly sought to avoid, contributing to their current sense of unreadiness to come out.

In addition, some participants chose not to come out because they did not perceive it as necessary (unnecessary coming out) for various reasons. Most stated that they did not feel compelled to disclose their identity because their gender expression aligns with the sex assigned at birth, which allows them to live authentically without the need for explicit disclosure. Others noted that they did not require familial approval to feel validated or to express their gender freely. This aspect related to gender expression appears to be particularly characteristic of nonbinary individuals and may distinguish them from binary transgender people.

Although gender expression is inherently diverse and does not always align with gender identity, nonbinary individuals often exhibit a broader range of gender expressions—including in their choice of pronouns. For example, not all nonbinary people use gender-neutral pronouns (such as *"they/them"* in English); some prefer masculine or feminine pronouns, or a combination of both (St Amant et al., 2025). Finally, some participants explained their decision not to come out to certain family members related to distant or weak relationships (pre-existing weak bonds). This finding aligns with previous literature that has identified a correlation between coming out experiences and the quality of family relationships—where stronger relational bonds, for example, may predict greater acceptance

and support of nonbinary identities following disclosure (Bhattacharya et al., 2021).

Regarding the family members to whom participants disclosed their nonbinary identity, the most frequently mentioned figure was the mother, while only one participant reported coming out to their grandparents. Interestingly, in contrast to this pattern, participants most commonly expressed positive expectations regarding how their grandparents would respond. This theme has also been explored in previous literature on the coming out experiences of LGBTQIA+ individuals. On the one hand, coming out to grandparents is often avoided due to fears of adverse reactions linked to perceived closed-mindedness or religious beliefs, as well as concerns about their emotional or physical fragility, which may prevent them from coping with the disclosure (Herdt & Koff, 2000). On the other hand, some individuals anticipated a positive reaction grounded in the belief that grandparents offer unconditional love and support to their grandchildren (Scherrer, 2010; 2016).

Limitations and future directions

This study presents several limitations that should be acknowledged. First, the representativeness of the sample may be constrained. Because participants were required to proactively contact the research team after viewing a recruitment flyer, those who chose to participate likely had relatively manageable or non-traumatic family experiences. Individuals facing more severe or distressing family dynamics may have opted out due to emotional discomfort or reluctance to revisit painful events. As a result, the study may underrepresent those with more complex or adverse family situations.

Second, recruitment took place primarily through social media and university networks. This strategy may have inadvertently excluded individuals with limited access to digital resources, those not involved in academic settings, or members of more marginalized or isolated communities. Consequently, certain voices within the nonbinary population may not adequately reflect the present findings. Future research should strive to enhance sample diversity by adopting more inclusive and comprehensive recruitment methods that extend

beyond online and academic spaces. Furthermore, incorporating the perspectives of family members would offer valuable insights. Understanding how relatives interpret and respond to a nonbinary person's coming out could provide a more nuanced view of family dynamics and intergenerational communication processes. Finally, it would be essential to investigate the experiences of nonbinary minors, whose age and legal dependence on caregivers may significantly influence both their coming out trajectories and family interactions.

Conclusions and Implications

Findings from the present study highlight the role of family systems in shaping the developmental and psychological well-being of nonbinary individuals. From a developmental psychology perspective, the family constitutes both a primary context of socialization and a central arena in which gender identity is negotiated, validated or denied. The results, in fact, indicate that while some family members respond to coming out with affirmation and acceptance, others react with rejection, limited understanding, or concern. These reactions also have a developmental impact, leading to changing in relationships, with cases of relational estrangement, that is particularly critical for nonbinary individuals, who rely on family support not only for psychological well-being but also for concrete, everyday assistance. Furthermore, the fact that several participants reported not coming out to their families underscores the absence of familial support in essential aspects of their identity development.

These findings emphasize that coming out should be understood not as a discrete event, but as an ongoing relational and developmental process that unfolds within family and sociocultural systems still largely shaped by binary gender norms. For nonbinary individuals, this process may involve additional emotional labor, such as educating, legitimizing, and asserting one's identity within environments that may lack awareness or understanding. Family responses, therefore, function as both protective and risk factors during critical developmental stages. Affirming reactions foster identity integration, autonomy, and

psychological adjustment, whereas rejecting or invalidating responses can act as sources of minority stress, compromising emotional and relational development.

From a clinical perspective, this study provides important insights that can support health professionals—particularly psychologists, family therapists, physicians, social workers, and others involved in psychosocial care—in developing a deeper understanding of nonbinary gender identities and how these are navigated within family systems. The lack of understanding within families can lead to reactions that, even if not intentionally hostile, may nonetheless have harmful effects on the well-being of nonbinary individuals. Moreover, the findings of this study should be known to clinicians working with nonbinary people and their families for two main reasons. First, they can inform interventions for young nonbinary individuals, helping them prepare for or navigate the coming out process with their families, given the positive impact that coming out can have when supported. At the same time, clinicians need to consider the reasons that may deter some individuals from coming forward. Second, these insights can serve as a helpful framework when working with parents or entire families, providing a clearer understanding of the potential emotional impact on the individual and of the range of possible family reactions. Findings from the present study also highlight a pressing need for educational efforts to increase general awareness and understanding of nonbinary identities, particularly among families. Raising awareness of these issues and to reduce the invisibility and lack of understanding that still characterize society, it is crucial first to encourage the active involvement of the LGBTQIA+ community. Creating connections between younger and older generations—among whom the number of nonbinary individuals is often smaller—can foster intergenerational exchange and understanding. LGBTQIA+ organizations, for example, through local associations, should promote educational and training activities not only for family members but also for teachers and clinicians, in order to facilitate dialogue across generations and among different service providers. An example of a

project that connects research with education and training is the Family Acceptance Project (for more details, see <https://familyproject.sfsu.edu>; Ryan, 2010), which, in addition to conducting research on the health and well-being of LGBTQIA+ individuals, also provides support programs for families and offers training activities for parents as well as for other professionals and services, such as teachers, clinicians, and religious leaders.

Study 3

Chosen name and family dynamics

This paragraph is based on the following submitted paper:

Commone, C., Micoli, A., Pistella, J., Baiocco, R. (2025a). Chosen name and family dynamics: Parents' perspectives on use, affirmation, and the process of choosing. *Psychology of Sexual Orientation and Gender Identity*, submitted.

The process of choosing a name is often a relevant step in the affirmative pathway of transgender and nonbinary (TNB) individuals, symbolically and practically supporting the alignment of their gender identity, expression, and presentation (Sevelius, 2013), and reducing mental health risks (Pollitt et al., 2021; Russell & Fish, 2016; Russell et al., 2018; Singh et al., 2014). Evidence underscores the family's central role in affirming gender identity, promoting the psychological well-being, and fostering resilience and self-esteem of TNB family members (Commone et al., 2025b; Gower et al., 2018; Eisenberg et al., 2017; Schmitz et al., 2020). In particular, the use of chosen names in familial settings constitutes an affirming practice that validates gender identity (Andrzejewski et al., 2021). The family also plays an essential role in the name selection process, which is sometimes influenced by family history (Anzani et al., 2022; Pamfile et al., 2024). This study examines parents' reactions to their TNB children's chosen names and their narratives on the name-choosing process.

TNB individuals often choose to use a preferred name in place of their birth-assigned name as part of the gender affirmation process, to align their gender identity and expression (Donald & Ehrenfeld, 2015; Sevelius, 2013). Within trans communities, the term *deadname*

refers to the birth-assigned name of a TNB person that is no longer in use (Sinclair-Palm, 2017). Given that the deadnames are often gender-specific, they are frequently changed by TNB individuals. In contrast, the use of a dead name, known as deadnaming, negatively affects mental health by undermining TNB individuals' sense of self (McLemore, 2018; Nadal et al., 2016; Pulice-Farrow et al., 2017; Sinclair-Palm & Chokly, 2022). This practice can also resurface past trauma and expose TNB people to further harassment and violence (Shipherd et al., 2019). Deadnaming is considered a form of misgendering, which encompasses a range of behaviors, including using incorrect pronouns or making assumptions about a person's gender based on their name (Ansara & Hegarty, 2014; McLemore, 2015). The literature shows that being misgendered can lead TNB people to experience negative emotions—such as anger, distress, hopelessness, or feeling invalidated (Nadal et al., 2014)—as well as lower self-esteem (McLemore, 2015).

The negative impact of deadnaming on the well-being of TNB individuals can be understood through the minority stress model, initially proposed by Meyer (2003) and later applied to TNB populations (Hendricks & Testa, 2012; Testa et al., 2015). According to this model, experiences of discrimination, rejection, and victimization—referred to as distal stressors—together with proximal stressors such as internalized stigma and expectations of rejection, contribute to negative mental health outcomes. In addition to these minority stressors, the gender minority stress model emphasizes the non-affirmation of gender identity as a distinct stressor experienced by TNB individuals. Among the forms of non-affirmation is using an incorrect name (Testa et al., 2015).

Regarding the use of chosen names, the literature highlights how TNB individuals perceive their parents' use of the chosen name as a crucial form of support and affirmation of their gender identity (Andrzejewski et al., 2021). Nonetheless, many parents encounter difficulties implementing such affirming practice (Hale et al., 2021). Some parents engage in

non-affirming behaviors—such as avoiding their child’s chosen name (Grossman et al., 2006)—whereas others adopt consistent use of their child's chosen name (James et al., 2016). Greater frequency of chosen-name use is associated with higher levels of parental support (James et al., 2016).

Family involvement also emerges in the name selection process, which may create pressure or complicate the decision (Muzzey et al., 2021); however, in others, it can provide meaningful and positive support (James et al., 2016). The literature often highlights how family members’ opinions influence this choice (Pamfile et al., 2024). Even when the family is not actively involved in the decision, they may still play a role, as in situations where individuals select a chosen name connected to family history or, to honor the dead name given by the family, maintain continuity by altering its gendered form or rendering it neutral (Obasi et al., 2019; Pamfile et al., 2024). In other instances, continuity with the deceased's name is preserved due to ties to their cultural background (Defays, 2022) or for practical reasons (Obasi et al., 2019). Conversely, other studies show that some individuals prefer a name entirely distinct from the previous one (Anzani et al., 2022; Defays, 2022), often choosing one inspired by a significant or admired figure (Pamfile et al., 2024). Furthermore, research indicates that family dynamics influence gender identification processes, particularly for TNB individuals (Bhattacharya et al., 2021; Budge et al., 2022; Katz-Wise et al., 2017, 2018, 2022; Schimmel-Bristow et al., 2018). Nonbinary individuals, in particular, report even less family support than both cisgender and binary transgender individuals (Commone et al., 2025b).

In the literature, few studies have investigated family validation and the use of the chosen name, as well as the process of name selection, from the perspective of parents of TNB individuals. In particular, no studies have examined this topic in the Italian context, where the highly gendered nature of the language makes gender affirmation more challenging (Baiocco et al., 2023b). Therefore, this study employs semi-structured interviews to explore

parents' perspectives on the use and affirmation of the chosen name within the family, the process of name selection, and its characteristics.

Method

Measures

Sociodemographic data were collected through a brief oral questionnaire that included items on age, gender identity, preferred pronouns, sexual orientation, relationship status, nationality, city of residence, educational attainment, occupation, socioeconomic background, and housing conditions. Participants were also asked to indicate the number of children they had; for each child, they provided information on age and gender identity. Following this initial phase, they took part in a semi-structured interview. The interview protocol was developed by adapting a semi-structured interview designed initially for nonbinary individuals. It explored various dimensions of family functioning and the relationships between nonbinary people and their family members. Based on previous research on family functioning in the context of TNB identities, we created the interview. Questions were refined through consultation with field experts as well as with nonbinary individuals and their relatives. For the present research, the protocol was modified to address both TNB individuals, specifically adapted to be directed at parents, while focusing on the same thematic areas.

The interview protocol was structured into seven sections, each examining specific aspects of family functioning and the dynamics between transgender and nonbinary individuals and their family members. For the present study, we focused on the section concerning chosen names. In this part, parents were asked whether their child had a chosen name, how the choice had been made, and whether they and their family members (i.e., parents, siblings, aunts/uncles, grandparents) used it.

Positionality and Procedure

The research team consists of one heterosexual cisgender woman, a lesbian cisgender

woman, a pansexual cisgender man, and a nonbinary person. All team members are Italian, white, and non-disabled. All the authors are researchers with varying levels of academic experience (Ph.D. student, researcher, professor). Three members are psychologists, and one is a neuropsychiatrist. The majority of the interviews were conducted by the first author, a heterosexual, cisgender woman and Ph.D. candidate, who has been actively involved in various forms of collaboration with the transgender and nonbinary community as an ally.

Most participants were initially recruited through online chat groups of associations for parents of transgender and nonbinary individuals, which the last author had shared. Participants then contributed to the dissemination of the study, allowing for the use of a snowball sampling strategy. Additionally, a few participants were parents of nonbinary individuals who had been recruited for a separate study. After being informed about the project, participants contacted the first author by telephone. During this call, the first author provided detailed information about the study's aims, procedures, and potential risks and benefits, and emphasized that all data would be treated anonymously.

Interviews were conducted in person or via video call when face-to-face meetings were not feasible (e.g., when participants lived outside the city where the research was carried out or experienced travel limitations). Each interview lasted approximately one hour on average, was conducted in Italian, and audio-recorded with participants' consent. All individuals read and signed an informed consent form that described the study procedures before participating. The research protocol received approval from the Territorial Ethics Committee of the Lazio Area (Protocol ID: 0609/2024) and complied with the ethical principles outlined in the 1964 Declaration of Helsinki. To preserve anonymity, participants' names were not recorded; instead, each participant was assigned an alphanumeric code consisting of the initial of their first name and the initial of the interviewer's last name, followed by a sequential number (e.g., CC1, CC2, ...).

Participants

Eligibility for participation required being the parent of a transgender or nonbinary individual. In total, 34 parents were interviewed, representing 30 nonbinary or transgender individuals; for four individuals, both the mother and the father participated in the study. Participants' ages ranged from 49 to 70 years ($M = 59.2$, $SD = 6.52$). The sample consisted of 25 mothers and nine fathers. All participants reported a heterosexual orientation, except one participant who reported an asexual orientation. All participants were Italian, with one holding dual Italian and German citizenship. Among the 30 children of the participants, 15 identified as transgender men, eight as nonbinary, and seven as transgender women. Their ages ranged from 15 to 38 years ($M = 24$, $SD = 6.23$). Further details on participant characteristics are presented in Table 3.1.

Data Analysis

An inductive thematic analysis was conducted in accordance with the guidelines of Braun and Clarke (2006). The approach entailed coding the material without relying on a predefined coding structure or theoretical model. The analysis progressed through multiple stages. First, all interviews were transcribed verbatim, facilitating an initial reading and familiarity with the data. The transcripts were then reread in full, and preliminary codes were generated—mainly from the sections focusing on the chosen name. However, the entire interviews were examined to identify additional relevant content. The coded segments were subsequently reviewed, and related codes were organized into potential themes and subthemes. These provisional themes were discussed and refined in collaboration with the research team. Finally, themes and subthemes were clearly defined, labeled, and their frequency was calculated based on the number of coded extracts assigned to each.

Results

Thematic analysis identified four main themes and thirteen subthemes. The first theme is *family use of the chosen name* ($n = 106$) and includes the following subthemes: 1) affirmed

and used ($n = 44$); 2) use of alternatives ($n = 16$); 3) difficulty in use ($n = 25$); 4) rejection/disapproval ($n = 21$). The second theme is *characteristics of the chosen name* ($n = 27$) and includes the following subthemes: 1) continuity with the dead name ($n = 13$); 2) family-related name ($n = 4$); 3) names inspired by a significant person ($n = 6$); 4) meaning-based choice ($n = 4$). The third theme is the *chosen name selection process* ($n = 36$) and includes the following subthemes: 1) name chosen independently ($n = 23$); 2) name choice influenced by family ($n = 13$). Finally, the fourth theme is *children's lived experience* ($n = 16$) and includes three subthemes: 1) tolerance of the dead name ($n = 6$); 2) indifference toward the chosen name ($n = 4$); 3) refusal of the dead name ($n = 6$). We chose to present the themes and subthemes not according to the frequency of excerpts but following the logical structure of the paper. Specifically, the subthemes were organized either according to the type of experience reported, from the most positive to the most negative, or in a linear order consistent with the main argument of the theme.

The themes and subthemes are not mutually exclusive; therefore, a single extract may be classified under more than one category. In the first theme, participants often described diverse experiences of various family members' validation of their children's chosen name, sometimes resulting in multiple extracts from the same participant. A detailed description of the themes, along with illustrative extracts, is provided in Table 3.2.

Family use of the chosen name

This theme concerns the use of the chosen name within the family, referring to the level of affirmation expressed by different family members—not only by the interviewee—and, consequently, the extent to which the chosen name is used in the family context. Reported experiences ranged from complete affirmation and consistent use of the chosen name to refusal to use it. Intermediate positions also emerged, such as using alternatives to the chosen name to avoid the dead name or difficulties in using the chosen name despite its

recognition.

Affirmed and used (n = 44)

In most cases, parents reported that family members had affirmed the chosen name and that it was used regularly. Often, they noted that the entire family used the chosen name, while in other instances, only some family members did. “But let’s say, no one ever did, no one has called him by his dead name again” (63 years old, mother of F., trans man, 19 years old). “[Talking about the use of the chosen name in the family] Yes, yes, everyone. My... my... my dad just can’t do it, my dad really can’t manage” (56 years old, father of P., nonbinary, 24 years old).

Some parents reported that they or other family members quickly adapted to the chosen name, beginning to use it immediately. In one case, for example, a grandfather started using the chosen name and the pronouns selected by his grandchild even before the rest of the family did. “But he was also one of those who adapted more quickly than the others, even with the pronoun. From then on, he never made a mistake again—he never called him by his dead name” (67 years old, father of Z., trans man, 28 years old).

Other accounts also described behaviors that demonstrated validation of the chosen name, such as a birthday cake with the chosen name or, as two parents reported, changing their child’s name in their phone contacts. “In fact, the first thing I did was change it [the name] in my phone contacts” (61 years old, mother of N., nonbinary, 32 years old). Additionally, some parents reported that using the chosen name felt easy because it was similar to their birth name. In contrast, it was described as something spontaneous and natural in others. “It would almost feel unnatural for me to call him by another name; it’s a habit” (50 years old, father of P., 16 years old, trans man).

Use of alternatives (n=16)

Other parents reported using alternatives to the chosen name to overcome difficulties

in using it while still avoiding the dead name. Most of them stated that they used a diminutive either at the interview or in the first period after coming out. This was especially the case when the chosen name was an adaptation of the dead name, allowing them to use the same diminutive as before. “Let’s say that we usually call her by the diminutive, because we were already calling her that before” (54 years old, mother of O., 29 years old, nonbinary, she/her pronouns). Instead, others used a different diminutive similar to the chosen name, or a nickname that, in some cases, had already been used before to address the person, which they appreciated.

Everyone uses the chosen name, except for her sister, who continues to use the diminutive she called her by as a child, since she has always used it. This is also because, in her documents, she retained it as a middle name. (66 years old, mother of F., 31 years old, trans woman)

Also, some parents stated that they or their family members, to avoid using the dead name, chose not to call them by name—either because of their own difficulties or in contexts where it was not possible to use the chosen name.

And this is something that, in my opinion, makes her suffer—she told me so. It hurts her, especially if I call her by the dead name when we are around other people. But I can’t call her by the chosen name either, because that would be like outing her, so I try not to call her at all—I just avoid it. (50 years old, mother of T., 22 years old, trans woman)

Some participants reported that using an alternative to the chosen name originated from their children—either as an option to make it easier for the parents or as their own alternative to the dead name before they chose the chosen name. “Then she told me that it really bothered her to be called by her given name, so I asked, ‘Then how can we call you?’ She told me the nickname her sister used when she was little” (66 years old, mother of F., 31

years old, trans woman)

Difficulty in use (n=25)

In line with the previous theme, some parents reported difficulties in using the chosen name, which did not reflect a refusal to use it or a lack of acceptance, but rather difficulties such as making mistakes out of habit. In some accounts, parents explained that family members made unintentional mistakes despite not struggling to use the chosen name. In contrast, in others, there was good validation of the name and a commitment to using it consistently, but some difficulty still persisted, sometimes leading to errors. “Sometimes I make a mistake, and my husband makes them often. He even writes the wrong name—sometimes he fills out school excuses with the name miswritten—and I say, ‘oh, damn’ (53 years old, mother of P., 16 years old, trans man). Overall, these difficulties were reported immediately after coming out but tended to decrease over time. “Yes, at the beginning there was some difficulty, I admit it frankly, because sometimes I used the feminine form and sometimes the dead name. But for some time now, it has come naturally to me” (71 years old, father of V., 39 years old, nonbinary, he/him pronouns).

Sometimes, parents acknowledged their tendency to make mistakes, even explicitly admitting this to their child. They also recognized that the effort required to use the chosen name meant they used it only rarely and not in every context, whereas it appeared to be easier for others. “It’s still a bit difficult for me [to use the chosen name], but with friends it’s a bit easier” (59 years old, mother of S., 29 years old, trans woman).

Another aspect that emerged concerns the difficulties some grandparents faced in using the chosen name, either because they forgot it or, more often as reported, because they struggled to pronounce it correctly when it was not Italian, rather than due to a lack of affirmation. “[Talking about the grandmother] She doesn’t quite get the name right, since it’s a bit complicated, but oh well. It’s fine anyway” (63 years old, mother of F., 19 years old,

trans man).

Other parents reported that, despite a general affirmation, they or their family members had difficulties understanding the issue of the chosen name. For example, some family members did not clearly understand how to address the person. “Even within the family, because they would call me on the phone and ask, ‘But how should we call them?’” (52 years old, mother of K., 20 years old, nonbinary)

Rejection/disapproval (n=21)

Some participants reported that they or their family did not use or accept the chosen name. Regarding its use, some stated that they themselves did not use it, but more often, parents reported that certain family members did not. Consistent with the previous theme, most participants reported that only part of the family was described as not using the chosen name, while the rest did.

Interviewer: And what about your parents? Apart from the pronoun, do they use the chosen name?

Participant: My mom does, my dad doesn't.

(53 years old, mother of S., 15 years old, trans woman).

A few participants mentioned that family members did not use the chosen name because of a lack of recognition of the gender identity. In contrast, some family members did not use it despite showing good recognition of the trans or non-binary gender identity. “[Talking about the coming out moment, what she said to her daughter then] If you're happy, everything is fine. But I struggle to call you by your chosen name” (57 years old, mother of F., 25 years old, trans woman).

Additionally, others reported not using the chosen name consistently at first, when they first learned about it, sometimes because they were unconvinced or felt uncomfortable.

When I still wasn't doing it [using the chosen name], I only did it in his presence to

avoid offending him. But when he wasn't there, I still called him by the dead name, because I was still in that phase when it didn't feel right to me. (58 years old, mother of S., 25 years old, trans man)

Finally, some participants did not refer to a complete non-use of the name but rather to a disapproval—either of the chosen name itself or of the way it was selected. In some instances, parents reported that they disagreed with their child being the one to choose it.

So, about this whole name thing—unpopular opinion—I disagree that someone should choose it for themselves. If I gave it to you, I would give it to you even afterwards. That's my basic idea. I claim this because a name is not something you should choose; people don't choose it. It's imposed on you, I impose it—that's my basic idea. (57 years old, mother of F., 25 years old, trans woman).

A few participants reported that they did not understand the relevance of using the chosen name.

Friends might give you a nickname, or you might give yourself one. But in the family, they call you by the name they gave you. So I don't think it's a crime if I keep calling him by his dead name. (63 years old, mother of D., 23 years old, nonbinary)

Characteristics of the chosen name

In this theme, we included parents' narratives about the characteristics of their children's chosen names. Specifically, the descriptions focused on whether the children selected a name in continuity with the dead name or distanced themselves from it, for example, by choosing the name of a significant character or a name rooted in family history.

Continuity with the dead name (n=13)

Most participants reported that their children chose their chosen name while maintaining, in different ways, a continuity with their dead name. In particular, many children transformed the dead name by adapting it to the gender with which they identify—opposite to

the one assigned at birth—or by making it neutral. The adaptation of the name, by making it neutral, was especially representative for non-binary individuals. In fact, all the parents of non-binary participants reported that their children had chosen their name by adapting the one assigned at birth. Such adaptations involved removing the final letter, shortening the name, adding an “x” or using a diminutive of the dead name. “He just removed a single vowel, so it wasn’t a radical change” (54 years old, mother of O., 24 years old, nonbinary, he/him pronouns). For binary trans individuals, on the other hand, the chosen name often resulted from changing the ending of the dead name to reflect a different gender. “Exactly, she converted her name into the feminine form—the name she already had” (57 years old, mother of F., 25 years old, trans woman).

Alternatively, participants affirmed that the chosen name diverges more from the dead name while maintaining continuity. For example, some individuals chose to retain the same initials or diminutive.

So this name was chosen because it has the same initials as the dead name, and I think they wanted to give a kind of continuity to the name. So it’s not really a break, it’s a name that also carries continuity. (58 years old, mother of S., 25 years old, trans man)

In some cases, the decision to maintain continuity with the dead name was reported as applicable from a practical perspective or to make things easier for the family. “[Removing the final letter to make the name neutral] was the simplest thing, in my opinion, and I was also thinking about practicality—he told me, ‘I don’t even have to change my tax code’” (70 years old, mother of V., 39 years old, nonbinary, he/him pronouns).

Family-related names (n=4)

In several instances, parents reported that their children chose the name of a family member, or in any case, one connected to family history. Specifically, some chose the name of a significant family figure, most often a grandfather, or drew inspiration from the names of

their father or an uncle. “He says, ‘My name is this because of you and uncle’—meaning he combined my name with his uncle’s” (57 years old, father of M., 20 years old, trans man). On the other hand, one parent reported that the name was not taken from a family member but was instead a name the daughter liked and wanted to give to her sister at birth, still reflecting a connection to the family.

And then I remembered that when her sister was born, she had chosen that name for her. In the end, we were the ones who actually chose the name, but she said it was a name she had always liked. (66 years old, mother of F., 31 years old, trans woman)

Name inspired by a significant person (n=6)

Other parents reported that their children chose a name in honor of a significant person. Specifically, some were inspired by fictional characters, such as those from video games or comic books.

While he was searching for his name—he draws, he studied at an art school—he created these particular comics. And in these comics there was this character who did things, this character who was kind of his alter ego. More precisely, it was his furry character, let’s say [...]. And eventually, at some point, he recognized that this character through which he expressed himself in the comics, was, in the end, his name. (55 years old, mother of I., 18 years old, trans man)

Others, instead, drew from real and admired figures, such as historical figures or musicians. “I think it’s a historical figure—I don’t know which one from history—that impressed him” (49 years old, mother of D., 19 years old, trans man). In one of these latter accounts, the name corresponded to a famous historical figure and a childhood friend. “Then there was also a boy [with that name], the son of a friend of mine, with whom we spent many vacations during his childhood, and who was probably—maybe even his first love, in some ways. Who knows” (59 years old, mother of M., 22 years old, trans man).

Meaning-based choice (n=4)

Finally, some parents stated that their children chose their name because of its meaning or simply because they liked the sound of it. Specifically, one person was described as having chosen it because it means happiness, while another selected it because it reflected their passion for birds.

And then there was something else he once told me: since he is passionate about birds and wants to become an ornithologist when he grows up, and because his name in English is similar to his favorite bird, he liked that connection. (53 years old, mother of P., 16 years old, trans man)

Other individuals chose their name as a preferred option among neutral names. “She explained her choice of name to me: she said she had searched online for a list of unisex names and, among them, chose the one she liked the most” (53 years old, mother of S., 15 years old, trans woman).

Chosen name selection process

This theme includes parents’ descriptions of how their children chose their names. Specifically, parents described whether the name was chosen independently or with the help or influence of others, such as a parent or another family member.

Name chosen independently (n=23)

Most interviewees reported that their children chose their name independently, without involving them or other family members. Many parents noted that their children chose their own names, often involving the family, and then communicated the chosen name and asked that it be used. “She just told me, ‘I’d like you to call me by this name’” (61 years old, mother of N., 32 years old, nonbinary, she/her pronouns). Some parents expressed dissatisfaction about not being involved in the selection process, stating that the name had been imposed on them or explicitly indicating that they would have liked to be involved. “No,

he didn't pay any attention to me at all, and in fact I was a bit offended. The only thing I said was, at least let me choose the name" (50 years old, father of C., 17 years old, trans man). Finally, one of the parents stated that not only had they not been involved, but she also did not even know why that name had been chosen.

Interviewer: How come this name was chosen?

Participant: I have no idea.

(63 years old, mother of F., 19 years old, trans man)

Name choice influenced by family (n=13)

Some parents stated that their children's choice of name was influenced by the family, either directly or indirectly. For some participants, the choice was made in consultation with a family member, while for others, it was made by the child but influenced by a family member's expressed wish or by what the child believed to be their own wish. Specifically, some parents stated that their children asked for help choosing a name, while two reported that their child chose the name with a cousin. "He chose the name with his cousin and then presented us with a done deal" (50 years old, father of P., 16 years old, trans man). In other instances, the parents' help was not directly requested by their children. Still, the parents suggested a name or discussed it with them beforehand, for example, agreeing on the characteristics the name should have. "When he decided to transition and had to choose a name, I said, well, you could have taken your grandfather's name—my father" (57 years old, father of M., 20 years old, trans man).

He chose it on his own, but we had talked about it. It's not like he asked me whether I liked it or not, but I felt that we were in agreement—that since it was an ambivalent name, it was something simple that could sort of keep things in balance at the beginning. And then, in the end, we actually use it only in the masculine form, so it works fine. (63 years old, mother of F., 19 years old, trans man)

Conversely, parents were not directly involved in the choice of the name, but the children were nonetheless influenced, as they chose it to meet what they believed to be their parents' wishes or needs. "She told me that she chose this name because it keeps the same diminutive, so it's also easier for you" (68 years old, mother of M., 38 years old, trans woman).

At the beginning, when he started thinking about another name, he had chosen a few before the one he eventually settled on—names that were somehow close to the one I had given him at birth, or that he thought I might like. At first, he was trying to please me. (55 years old, mother of I., 18 years old, trans man).

Children's lived experience

The last theme concerns the lived experiences of the children with respect to their dead name and chosen name, as reported by their parents. These experiences range from an intolerance toward the dead name, which is rejected, to a greater tolerance that leads them not to want to distance themselves from it completely. It was also reported that some individuals were not particularly invested in their chosen name, attributing less importance to it.

Tolerance of the dead name (n=6)

Some parents reported their children's tolerance toward their dead name. Specifically, most described this in relation to the fact that their children did not show particular discomfort when the dead name was used; indeed, others even seemed tolerant and patient when family members made mistakes. "Even the grandmother struggles a bit and then corrects herself. She is very patient [...] So, it's not a problem, she's very calm about it" (57 years old, mother of F., 25 years old, trans woman). Additionally, some children tolerated their dead name by choosing its diminutive as their chosen name, since they did not reject it, while others were attached to their dead name because of its meaning.

So, let me give you some background. He has a significant name, in the sense that when

he was born—after we had already been married for eight years and were older—we thought about it very carefully. [...] And he has always liked his name, especially because of the story I always told him: it comes from a passage in the Bible, Isaiah 7:14. I remember that when he was in elementary school, he used to say, ‘My name means God with us, it comes from the Bible.’ (64 years old, mother of D., 24 years old, trans man)

Indifference toward the chosen name (n=4)

Moreover, some parents stated that their children were somewhat indifferent to the chosen name, meaning they did not express a strong desire to change it. Some of them decided to adopt the chosen name only after some time, for example, following encouragement from a psychologist or their mother.

And actually, it was the psychologist who asked her if she had chosen a name, so she started thinking about it. While we were driving back from one of those sessions with the psychologist, she told me that she needed to choose a name. (50 years old, mother of T., 22 years old, trans woman)

Another mother reported that her son decided not to choose a different name but to continue using his own, because he liked it and it was neutral.

In fact, the first thing I said to him after he came out was, ‘See, I had a feeling—you’re lucky your mom gave you a neutral name.’ [...] It’s also a name he likes and has kept. [...] And it really characterizes him, because it’s unique—he has always been quite unique, actually. (54 years old, mother of T., 18 years old, trans man)

Refusal of the dead name (n=6)

Finally, some parents reported that their children expressed rejection and intolerance toward their dead name. Specifically, most of them recounted either that their child insisted it no longer be used—because they found it painful and distressing—or described episodes in

which it was used by mistake, causing significant suffering and discomfort.

I wrote her dead name, and I saw that she started to... but I didn't understand. For a few minutes, I couldn't figure out why, until she said, 'Now you should apologize. The only thing you can do is apologize.' So I apologized. At that moment, I really felt that everything I had done up to then didn't matter to her. I realized that, for her, this was so important—maybe even more important than support. No, support is important, of course, but the name is very important. (61 years old, mother of N., 32 years old, nonbinary, she/her pronouns)

Other parents noticed their children's intolerance toward the dead name through different attitudes, such as the refusal to adapt the dead name into a chosen name and instead distancing themselves from it. "I told her, 'Well then, now you'll convert your name into the feminine form, right?'" And she said, "No, Mom, don't you dare. I hate that name" (59 years old, mother of S., 29 years old, trans woman).

Focus on parents' of nonbinary individuals

A portion of the sample consists of parents of nonbinary individuals—specifically, seven mothers and two fathers of eight nonbinary people. Given that the experiences of nonbinary individuals can differ from those of transgender binary individuals due to their specific characteristics, it is relevant to shed light on the perspectives emerging from these parents' experiences.

Regarding the first theme, *family use of the chosen name*, the findings are broadly consistent with what has been reported by parents of binary transgender individuals. In most cases, parents described an affirming attitude toward the chosen name, while in other families, alternative forms were used. Instances of difficulty in using, or refusal to use, the chosen name were less frequent. This may be partly explained by the second theme, *characteristics of the chosen name*, where the main differences emerge. In these cases, all parents of nonbinary

individuals reported that their children chose to maintain a certain continuity with their original name, selecting a chosen name derived from it and adapted into a more neutral form. This may have facilitated family acceptance and use of the chosen name. The third theme, the *chosen name selection process*, shows that most nonbinary individuals selected their chosen name autonomously, without involving family members. Finally, concerning the fourth theme, *children's lived experience*, a few accounts described either rejection of or tolerance toward the dead name, while none expressed indifference toward the chosen name. In fact, none of the nonbinary individuals chose to keep their original name.

Discussion

For TNB individuals, within the process of gender affirmation aimed at aligning gender identity and expression, choosing a name to replace their birth-assigned name is a pivotal process (Donald & Ehrenfeld, 2015; Sevelius, 2013). The family may play an influential role both in the selection of the name (Muzzey et al., 2021; James et al., 2016; Pamfile et al., 2024) and as a context in which the use—or non-use—of the chosen name can significantly affect psychological well-being (Russell et al., 2018). However, there is a lack of studies exploring parents' narratives on the affirmation and use of the chosen name within the family, as well as the process of name selection itself. The present study, therefore, aims to address this gap by employing a qualitative methodology.

Thematic analysis of the semi-structured interview data identified four main themes: 1) family use of the chosen name, 2) characteristics of the chosen name, 3) chosen name selection process, and 4) children's lived experiences. Each theme encompassed several subthemes. The first theme, *family use of the chosen name*, concerns the extent to which the chosen name is used and affirmed within the family. In many instances, parents described a positive attitude, ranging from situations in which all family members immediately adopted the name to cases where it was used only after some time and by certain relatives.

These findings are consistent with previous studies that describe supportive parental

behavior expressed through the use of the chosen name (Hale et al., 2021), which has been characterized as affirming of gender identity (Andrzejewski et al., 2021; Muzzey et al., 2021). Some studies have further shown that support and chosen name use within the family—as well as in other contexts such as school—are associated with the individual’s level of outness in the family. For instance, coming out first within the family has been linked to greater use of the chosen name (James et al., 2016; Pollitt et al., 2021).

Moreover, some parents reported using alternatives to the chosen name, particularly when they found it difficult to use, such as when they were still adjusting and it did not feel natural. In many instances, this was facilitated by the child’s choice of a name that maintained continuity with the dead name, for example, by keeping the same diminutive or directly suggesting an alternative. Instead, others used different nicknames, which the child appreciated and accepted. In some situations, alternatives were used in contexts where the child was not out as TNB, to avoid resorting to the dead name. The fact that children themselves often proposed these alternatives reflects findings from previous studies focusing on young people’s perspectives, which show that they sometimes avoid insisting on the chosen name to prevent upsetting their parents, recognizing it as a crucial step toward gaining their acceptance (Muzzey et al., 2021). Instead, they may adopt strategies that make it easier for others, such as family members and friends, to use the name (Anzani et al., 2022).

Alternatively, parents reported that while the chosen name was generally recognized, its use was sometimes tricky, as habitual use of the previous name led to unintentional mistakes. Consistent with the other subthemes, parents explained that such errors occurred mainly in the initial stages and decreased over time. Some parents also noted that mistakes were prevalent among grandparents, who struggled to pronounce the chosen name, especially when it was a foreign one. Previous studies have shown that deadnaming often occurs accidentally (Knutson et al., 2019). Furthermore, a recent study examining the use of correct

pronouns and chosen names in healthcare settings found that patients appreciated the effort to ensure their correct use (Stewart et al., 2025). We may therefore hypothesize that a similar dynamic occurs with the children of participants in our study. However—as highlighted in the final theme—the children's perspective may differ.

Finally, some parents reported rejecting the use of the chosen name by themselves or other family members. In some accounts, this reflected a broader lack of acceptance of the child's gender identity, while in others it occurred despite general affirmation of their identity. Some parents explained that they did not use the chosen name because it did not feel natural or comfortable. Others reported not so much a refusal to use the chosen name, but rather a disapproval of it or how it was chosen. In one case, a parent seemed not to recognize the importance of the chosen name. The limited understanding of the chosen name within families has also been highlighted in the literature, with children reporting difficulties explaining its significance to parents who did not fully understand it (Muzzey et al., 2021; Wentling, 2019).

Previous studies have further shown that some families display low levels of recognition of their child's gender identity, continuing to use the dead name and pronouns associated with sex assigned at birth rather than with gender identity (Grossman et al., 2006), which negatively impacts psychological well-being (Grossman & D'Augelli, 2007; Moody & Smith, 2013). McLemore (2015) also found that negative affect was not only associated with the frequency of misgendering but also with the feelings of stigmatization that followed. Nonetheless, the same study showed that a higher frequency of misgendering was correlated with perceptions of their appearance.

Common to all the reported experiences is the time required to adapt to using the chosen name. Even those who used alternatives noted that these were employed only during the initial phase. This may partly reflect a process of adjustment. Still, it may also correspond

to an initial non-supportive attitude, as already documented in the literature, where parents initially struggle to use the chosen name and pronouns but later adopt more supportive behaviors (Andrzejewski et al., 2021). Similar dynamics have also been observed among parents of sexual minority youth (Nesmith et al., 1999).

The second theme concerns the *characteristics of the chosen name*, as described by parents of TNB individuals. Most parents reported that their children maintained some continuity with their dead name, often adapting it to align with their identified gender—for instance, by modifying the final letter—or by making it gender-neutral, such as shortening it, a practice widespread among nonbinary individuals. In other cases, continuity was maintained simply by keeping the same initial. Maintaining such continuity was described as helpful for the individual and their family. Some parents stated that their children chose the name of a family member or one connected to family history. Other parents reported that their children selected a name inspired by a significant person, either fictional or real. Finally, in a few families, the chosen name was selected based on its meaning or simply because they liked it.

The different characteristics of the chosen names that emerged from our study align with those reported in another Italian study conducted by Anzani and colleagues (2022), which focused on the perspectives of TNB individuals rather than their parents. Similarly, their study found that some participants maintained continuity with their dead name by changing the final letter—since in Italian altering the ending changes the gender—or by keeping the same initial. Others, however, sought to distance themselves entirely from their dead name. In some instances, individuals chose two names: one connected to the past, such as a family-related name similar to those identified in our study, and another linked to their present self-identity, for instance, a name inspired by a significant person or their meaning.

Comparable findings were reported by Obasi and colleagues (2019), whose participants selected their chosen name either to honor their family, as a variation of their

dead name, or for practical reasons. Moreover, Pamfile and colleagues (2024) identified different functions of chosen names depending on how they were selected: a classificatory function, when the name is given by others and subsequently feminized, masculinized, or neutralized; an identificatory function, when chosen based on identification with another person—including a family identification that encompasses names inspired by significant figures or connected to family history; and a symbolic function, when the name results from a creative process of subjectivation through which participants assign meaning to and embody it.

The third theme concerns the process of selecting the chosen name. Overall, parents reported that their children chose their names independently, without involving them or other family members, except to communicate their decision. Some parents felt upset or disappointed about not being included in this process. The autonomous selection of the name, without family assistance or influence, appears consistent with previous studies showing that TNB individuals often choose a new name to break with the past and assert their self-identity symbolically (Anzani et al., 2022; Defays, 2022), as part of a broader process of self-discovery and identity construction (VanderSchans, 2016).

Other participants reported that the name was chosen directly in conjunction with parents or other family members, or the family exerted an indirect influence, as children reported selecting their name based on a family member's wishes or to make things easier and facilitate family recognition—for instance, by maintaining continuity with their previous name. This finding is consistent with previous research, which shows that some TNB individuals described being guided by family members or family traditions in their name selection (Obasi et al., 2019). Additionally, this desire to maintain respect for their parents, who chose their name at birth, is also a factor (Muzzey et al., 2021).

Similarly, in the study by Anzani and colleagues (2022) mentioned earlier, TNB

individuals reported that they chose their name independently or that the decision was shared with partners, friends, or family members—although most episodes of shared decision-making involved family members. In our study, only two options emerged: independent selection or selection involving family members. No participants referred to names chosen in collaboration with partners or friends, which is likely because the name selection process was described from the parents' perspective, and they may not have been aware of whether their children consulted others.

The last theme concerns *children's lived experiences* with their dead name and chosen name, as reported by their parents. In most cases, parents reported a certain degree of their children's tolerance toward the dead name. Some described their children as not showing particular discomfort or distress when the dead name was used, instead demonstrating patience toward family members' mistakes. Specifically, some participants' children expressed tolerance by choosing to maintain continuity with their dead name, reflecting a form of emotional attachment. The attitude of tolerance toward family members' mistakes may stem from TNB individuals' desire to respect their parents, who initially chose their name, and to avoid causing them discomfort. Indeed, family involvement in the name selection process has been described in the literature as a source of anxiety and complication (Muzzey et al., 2021).

Also, some parents reported that their children showed a certain indifference toward their chosen name, not expressing urgency to adopt it or to replace their dead name. In only one case, a mother described how her child preferred not to adopt a chosen name, keeping their birth name because it was already neutral. The literature has already noted that not all TNB individuals feel the need to adopt a chosen name (Mullen & Moane, 2013; Sevelius, 2013), for reasons not necessarily related to stigma—similar to what was described by the mother of our study, whose trans child's name was already neutral (Galupo et al., 2014).

Although in our study all nonbinary individuals chose to change their name, previous findings show that nonbinary people are less likely than binary transgender individuals to change their name (James et al., 2016). Indeed, in a previous study in the North American context, 88.2% of trans women, 90% of trans men, and only 61.1% of gender-nonconforming participants reported having changed their name (Obasi et al., 2019). In our study, only one participant decided not to change their dead name, which may be explained by the Italian context, where both names and the language are highly gendered (Baiocco et al., 2023b), making it more necessary to adapt or modify it.

Finally, parents also described their children's rejection of the dead name, expressed through their refusal to hear it because they found it painful and distressing. In other families, this rejection was inferred by parents from their children's desire to distance themselves from it, for instance, through the choice of a new name. These findings are consistent with previous literature showing that being called by one's dead name can be emotionally taxing and distressing for TNB individuals, eliciting negative emotions such as anger, hopelessness, and invalidation (Grossman & D'Augelli, 2007; Nadal et al., 2014).

Limitations and future directions

The present study presents several limitations. The first concerns the representativeness of the sample. Although some parents reported experiences of limited affirmation—either their own or that of other family members—it can be assumed that families experiencing greater difficulty in accepting their TNB children and their gender expression may have chosen not to participate in the study. Furthermore, part of the sample was recruited through associations dealing with these issues and offering support to families, which may further reduce its representativeness. However, this bias is partially mitigated by the fact that parents were asked to describe their own experiences and those of other family members, who may hold different attitudes, as often emerged in this research. Future studies should consider strategies to involve a broader range of families, including those from

different social backgrounds. Expanding the sample could also allow for a more precise differentiation between the experiences of families of transgender and nonbinary individuals and between those of adolescents and young adults to better characterize their diverse experiences. Additionally, to gain a more comprehensive understanding of family dynamics and intergenerational communication processes, it would be valuable to compare parents' perspectives with those of their children and other family members, such as siblings and grandparents.

Conclusions and Implications

Findings from the present study highlight the central role of family dynamics in the processes surrounding the choice and use of the chosen name of TNB individuals. The results suggest that using a chosen name within the family context is a deeply relational process that reflects—and simultaneously shapes—the level of validation and affirmation of a person's gender identity. While many families exhibit supportive attitudes and gradually adapt to using the chosen name, others encounter difficulties, often stemming from habit, discomfort, or a limited understanding of its significance.

These findings point to the need for educational and psychosocial efforts aimed at increasing awareness of the significance of chosen names as a form of gender affirmation. Promoting accurate knowledge and cultural competence among families, schools, and professionals can help reduce misunderstanding and anxiety surrounding name use, fostering more supportive relational environments. Initiatives such as parental guidance programs, counseling, and peer support groups can help parents navigate the emotional and practical aspects of adapting to a chosen name, as well as their broader understanding of their gender identity and expression.

From a clinical and community perspective, this study offers valuable insights for professionals, including psychologists, family therapists, and educators, who work with TNB individuals and their families. Understanding the emotional and symbolic meanings

associated with the chosen name can support professionals in accompanying families, helping them to recognize their reactions, the importance of the chosen name, and move toward more affirming practices. Finally, the findings underscore the relevance of viewing the process of name selection and use not as an individual or isolated event, but as an ongoing, relational, and systemic process. Supporting families through this adaptation—both in the early stages of coming out and in the subsequent evolution of family relationships—can contribute significantly to the well-being of TNB individuals and to healthier, more inclusive family systems.

From a developmental psychology perspective, the findings also highlight the chosen-name process as a meaningful developmental task within broader trajectories of identity formation and family adaptation. The negotiation surrounding the chosen name represents a dynamic balance between the need for autonomy—expressed through the affirmation of one’s gender identity—and the need for relatedness, reflected in the desire to maintain emotional bonds with family members. In this sense, parental reactions serve as crucial developmental feedback that can either foster or hinder self-esteem, resilience, and the coherence of identity. Likewise, a family’s ability to reorganize its roles, boundaries, and communication patterns in response to the child’s gender affirmation reflects its developmental flexibility as a system. Viewing these processes as part of normative developmental transitions, rather than as disruptions, may help professionals and parents to approach them with greater empathy and openness, supporting both individual growth and family cohesion.

General discussion

This dissertation provides an overview of the family dynamics of nonbinary individuals, with a specific focus on what occurs within the family context in relation to significant events in the gender affirmation process, such as coming out and choosing a chosen name. The results of the three studies support the reciprocal influence between the family and the individual (Bowen, 1966; Cox & Paley, 1997; Jagers et al., 2015; Kerr & Bowen, 1988; Minuchin, 1985). Also, they highlight the need to further characterize nonbinary individuals and their specificities in relation to themselves, their families, and society (Fish & Russell, 2022; Richards, 2016; Scandurra et al., 2019), particularly within the Italian context (Baiocco et al., 2023a; Rosati et al., 2024).

The first study provides an overview of the family functioning of nonbinary individuals and its impact on well-being, conducted through a systematic review of the international literature. Moreover, the inclusion of a meta-analysis allows for a comparison with the experiences of binary transgender and cisgender individuals. This study shows that, in most cases, families react negatively or display low levels of acceptance toward their nonbinary relatives' gender identity (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2022, 2023; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Nakhid et al., 2022; Seibel et al., 2018). However, the supportive role of certain family members—such as LGBTQIA+ relatives (Pletta et al., 2022; Stone et al., 2022) and siblings—is also emphasized. The importance of siblings has been highlighted in several studies, as they can provide greater support than parents (Bennett & Donatone, 2022; Doucet & Chamberland, 2020; Seibel et al., 2018), help their nonbinary siblings navigate the emotional challenges related to gender affirmation (Parker & Davis McCabe, 2021), and act as allies who protect them from discrimination (Doucet & Chamberland, 2020).

Another important factor emerging from this study is the family's need for greater

knowledge and understanding of nonbinary gender identities, which could foster increased acceptance and support (Bhattacharya et al., 2021; Reczek & Bosley-Smith, 2021). The coming out experiences reported are diverse: some participants described negative reactions that worsened family relationships (Doucet & Chamberland, 2020), while others chose not to come out due to fear of their family's reaction (Bennett & Donatone, 2022; Chandra & Hanckel, 2022; Schmitz et al., 2020), which in some cases was perceived as transphobic (Bedera et al., 2023). Furthermore, the meta-analytic approach confirmed the findings of the systematic review, showing that nonbinary individuals receive less family support compared to both cisgender and binary transgender people (Aparicio-García et al., 2018; Bradford & Catalpa, 2018; Fuller & Riggs, 2018; Hawke et al., 2021; Langarita et al., 2023; Reisner & Hughto, 2019; Zimet et al., 1988). Finally, the influence of family functioning on psychological well-being is underscored (Bradford & Catalpa, 2018; Eisenberg et al., 2020). In this sense, family support can be understood as a protective factor, whereas experiences of rejection and discrimination can be conceptualised as distal stressors, in line with the minority stress model (Hendricks & Testa, 2012; Meyer, 2003; Testa et al., 2015).

The findings of the second study partially align with those of the first. In this study, we examined the experiences of nonbinary individuals regarding their family members' reactions to their coming out. Compared to the predominantly negative experiences identified in the first study, here we found many accounts of affirming reactions—both from parents and siblings, the latter again emerging as particularly supportive figures. However, adverse reactions also appeared, including rejection related explicitly to gender expression, as well as to the use of chosen names and pronouns. Moreover, instances of limited understanding of nonbinary gender identity were reported, reflecting what emerged in the systematic review about the need for greater family knowledge. In this regard, siblings once again play a positive role, as they often demonstrate a better understanding of non-binary gender identity

than their parents. Referring to the concept of coming out as a complex process that involves the entire family (LaSala, 2010), some participants described family members reacting with anxiety or concern, particularly regarding the gender affirmation process. The effects of coming out on family relationships also reflect this notion, showing that coming out can reshape the family system (Heatherington & Lavner, 2008). It is essential to note that, in some cases, coming out brought the individual closer to their family, fostering more authentic relationships. In others, however, especially following negative reactions, it led to a deterioration in family relationships. This also aligns with prior literature, which describes coming out as one of the significant events that can reshape family relationships (Goodrich et al., 2019; Grafsky, 2014; Pistella et al., 2020, 2025; Willoughby et al., 2008). As observed in the first study, some participants chose not to come out to their families or to certain relatives. The reasons partly overlap with those identified in the systematic review: some participants expressed negative expectations, whether on an individual level—due to fear of rejection—or on a broader cultural and political level, related to limited understanding of gender diversity or conservative political values. In other cases, participants reported not feeling ready or not perceiving the need to come out or choosing not to do so because of distant relationships with family members. An interesting aspect emerging from this study, beyond the importance of siblings, concerns the role of grandparents, who are described in the literature as figures providing unconditional love and support (Scherrer, 2010; 2016). Indeed, although only one participant in our study had come out to their grandparents, most reported positive expectations. The decision not to come out was primarily motivated by concern for their grandparents' physical or emotional fragility, as well as by a perception of their possible closed-mindedness.

The third study, instead, considers the parents' perspective, focusing on their experiences and reflections regarding their child's chosen name. In this study, given the

relevance and underexplored nature of this topic, I decided to include parents of both transgender and nonbinary individuals in order to capture potential differences and similarities in family dynamics surrounding chosen-name practices. However, the Results section includes a specific focus on nonbinary individuals, who represent the primary focus of this dissertation. Although Studies 1 and 2 focused specifically on nonbinary individuals, including parents of transgender individuals in Study 3 allows for the identification of patterns that may be common across TNB experiences, as well as aspects that appear more specific to nonbinary identities. This broader perspective strengthens the coherence of the dissertation by situating chosen-name practices within a broader spectrum of gender-diverse experiences and by clarifying how parental insights complement and extend the findings from the previous studies. It is essential to acknowledge the difficulties encountered during the recruitment phase, which stemmed from both the specificity of the target population and the demands of the study itself. Participating in an in-depth qualitative interview requires a significant investment of time and emotional energy. Moreover, part of the sample was recruited through organisations that offer support to families of TNB individuals, which may have limited the study invitation's visibility and may have also attracted primarily parents who were already relatively supportive. As a result, some parents may not have been reached. A similar recruitment issue may also have affected the second study, where individuals with particularly negative or strained family relationships may have decided not to participate. Building on the affirming experiences identified in the second study, this one also highlights positive accounts of family affirmation and the use of the chosen name, which, as shown in the literature, contribute to affirming gender identity (Andrzejewski et al., 2021; Muzzey et al., 2021). Other accounts describe the use of alternative forms of the chosen name as a strategy to overcome initial discomfort, a dynamic also documented in previous research. In some cases, as already suggested by the first study, families rejected the chosen name and

refused to use it. A finding that was not present in the first study, but is emerging here and supported by existing literature, concerns the need for time to adjust to different aspects of gender expression, such as using one's chosen name. This adjustment period can be interpreted through the lens of the FAAR Model outlined in the introduction (Patterson et al., 1988, 2002), which corresponds to the adjustment phase described by the author, followed by the adaptation phase. Additionally, a limited understanding of these issues within families is evident, as parents often reported not fully considering the importance of the chosen name for their child's identity.

Regarding the characteristics of the chosen name, while parents of binary transgender individuals described a variety of names—sometimes entirely different from the dead name and often inspired by significant people or family stories—parents of nonbinary individuals consistently reported a continuity with the dead name. In particular, the name was modified to make it more gender neutral. The need to neutralize the name strongly reflects the Italian linguistic and cultural context, characterized by a highly gendered language (Baiocco et al., 2023b). Furthermore, most parents of nonbinary individuals reported that their children chose their name autonomously, without involving the family. However, some described situations in which family members were consulted or at least influenced the decision, once again emphasizing the central role of the family in the individual's life.

Finally, parents of nonbinary individuals described, in some cases, their children's tolerance toward the continued use of the dead name, while others reported explicit rejection of it. This tolerance may be interpreted as an attempt to avoid creating discomfort within the family, since the literature indicates that family involvement in this process can itself be a source of stress and anxiety (Muzzey et al., 2021), thereby influencing an important aspect of gender affirmation. Whereas a previous North American study found that only 61.1% of gender-nonconforming individuals chose to change their name (Obasi et al., 2019), in our

study, only one trans man had not done so, underscoring the centrality attributed to name change among participants. This difference may be partly explained by the strongly gendered nature of the Italian language, as well as by the unique perspective offered by parents. It is essential to note, however, that the qualitative nature of this study does not permit generalization; instead, it provides a more detailed and nuanced understanding of participants' narratives and lived experiences.

It is interesting to note that the ages of the children varied considerably, ranging from 15 to 38 years, with a mean age of 24. Age differences are likely to influence the family dynamics that follow the disclosure of a child's gender identity. From the literature, we know both the influence of caregivers on children's and adolescents' development (Hutton et al., 2019; Kerr et al., 2019; Ong et al., 2018) and the impact that learning about a child's transgender or nonbinary identity can have on the family (Alegría, 2018; MacNish & Gold-Peifer, 2014), while fewer studies have examined these processes in adulthood, when individuals typically no longer live with their family and gradually become more autonomous. We can therefore expect families to respond differently to their child's gender-affirmation process and to the request to use the chosen name depending on the child's age. However, in our study, we only had access to the children's age at the time of the interview, not at the time of coming out or when the chosen name was introduced. This limits our ability to differentiate between these experiences.

The three studies offer a multifaceted description of the family functioning of nonbinary individuals, specifically focusing on how families respond to key moments in the gender affirmation process. Across the studies, a recurring objective is to identify the specific characteristics and experiences of nonbinary people compared to others within the LGBTQIA+ community—particularly in relation to binary transgender individuals—as well as to examine the diverse reactions and relational dynamics of different family members,

distinguishing, for example, between parents, siblings, and grandparents. The three studies reveal both rejecting or invalidating responses and, conversely, positive and affirming attitudes toward nonbinary gender identities. The findings of the first study—showing that only some family members responded with acceptance and support, and highlighting the scarcity of research differentiating among specific relatives—guided the design of our interviews, allowing participants to describe the nuances of their experiences with each family member. Specifically, our results confirm the significant role of siblings, who emerge in the systematic review as sources of support and protection within the family (Bennett & Donatone, 2022; Doucet & Chamberland, 2020; Parker & Davis McCabe, 2021; Seibel et al., 2018), a pattern that is further reinforced by the qualitative findings. Moreover, the qualitative study underscores the distinctive position of grandparents, who are often excluded from the circle of relatives to whom individuals disclose their gender identity, yet are also described as potentially supportive figures capable of offering unconditional love.

Regarding reactions to coming out, diverse experiences emerged across the studies. As also highlighted in the systematic review, negative reactions tended to predominate (Doucet & Chamberland, 2020), whereas the second study revealed that some participants also encountered welcoming and supportive responses. Additionally, the qualitative study brought to light a type of reaction that had not appeared in the systematic review—specifically, family members' expressions of anxiety and concern. The third study further contributes new insights into chosen-name practices and the dynamics surrounding their acceptance within families, aspects that were scarcely addressed in either the first or second study and are generally underexplored in the literature on nonbinary individuals and their families. However, this study also highlights reactions to another dimension of gender affirmation, again showing a mix of responses, including affirming ones in which family members actively made efforts to use the chosen name. Another relevant finding that did not emerge

from the systematic review concerns the need for time to adjust to the chosen name, which appears to reflect a broader familial process of adapting to the child's gender identity.

A common finding across the studies is the family's limited understanding of nonbinary gender identities. In the first study, this is evident through the family's expressed need for greater knowledge (Bhattacharya et al., 2021; Reczek & Bosley-Smith, 2021). In contrast, the second and third studies illustrate how such limited understanding can shape reactions to coming out, as well as the acceptance of the chosen name. Another aspect that can be drawn from the three studies is the reciprocal influence between the family context and the individual, reflecting Bowen's Family Systems Theory, which conceptualises the family as an interconnected system in which a change in one component triggers compensatory adjustments in the others (Bowen, 1966). Subsequent work has similarly emphasised that family members are interdependent and interact with one another to meet their social and emotional needs within the ongoing dynamics of their relationships (Cox & Paley, 1997; Jagers et al., 2015; Kerr & Bowen, 1988; Minuchin, 1985).

The findings of this dissertation reinforce recent research highlighting the role of the family system in the development and well-being of young people (Izzo et al., 2022; Hutton et al., 2019; Kerr et al., 2019; Ong et al., 2018). Specifically, the first study illustrates the impact of family functioning on individual well-being, as well as the tendency to avoid coming out due to fear of negative reactions and the worsening of family relationships following unsupportive responses. These latter aspects are confirmed by the second study, which additionally shows that, in some cases, coming out can also foster positive changes in family relationships. The third study—although similar findings are more frequently reported in research with parents of binary transgender individuals—further reveals the influence that the family may have on decisions regarding the chosen name.

Conclusion

In conclusion, this dissertation offered an extensive exploration of the family context of nonbinary individuals, emphasizing their unique characteristics and specificities. The first study highlights the varying levels of acceptance displayed by families, showing that, in most cases, there is a limited acceptance of nonbinary gender identities (Doucet & Chamberland, 2020; Fey et al., 2020; Gamio Cuervo et al., 2022, 2023; Gonzalez et al., 2022; Golden & Oransky, 2019; Jackson Levin et al., 2020; Nakhid et al., 2022; Seibel et al., 2018), while in others, the supportive role of certain family members—such as siblings—emerges more clearly (Pletta et al., 2022; Stone et al., 2022). Some studies also report that nonbinary individuals may avoid coming out due to fear of rejection or because of negative expectations regarding their families' reactions to these topics (Bedera et al., 2023; Bennett & Donatone, 2022; Chandra & Hanckel, 2022; Schmitz et al., 2020). Furthermore, the findings underline families' need for greater knowledge and understanding of nonbinary gender identities, which could promote increased acceptance and support (Bhattacharya et al., 2021; Reczek & Bosley-Smith, 2021). Moreover, several studies reported a high prevalence of family-perpetrated violence toward nonbinary individuals (Martinez & McDonald, 2021; Radusky et al., 2021; Seibel et al., 2018). The meta-analytic results show that nonbinary individuals receive less family support compared to both cisgender and binary transgender people. Finally, the influence of family functioning on psychological well-being is emphasized (Bradford & Catalpa, 2018; Eisenberg et al., 2020).

In the second study, compared to the predominantly negative experiences identified in the first study, several accounts of affirming reactions emerged, although negative reactions were also reported. Instances of limited understanding of nonbinary gender identity were again observed, reflecting the findings of the systematic review. Once more, siblings appeared to play a supportive role, as did grandparents—indeed, even though coming out to them did

not always occur, participants generally did not anticipate negative reactions. Moreover, the findings revealed that coming out sometimes had no significant impact on family relationships, while in other cases it led to either positive or negative changes. Similarly, some individuals chose not to come out to their families, often due to negative expectations regarding their relatives' reactions, limited understanding of gender diversity, or conservative political and religious values. Others reported mixed expectations, felt unprepared to come out, did not perceive it as necessary, or refrained from doing so because of weak or distant family relationships.

In the third study, varying levels of affirmation from family members emerged, ranging from positive accounts of family validation and consistent use of the chosen name to instances of rejection or refusal to use it. Additionally, parents reported that time was often needed to adjust to the use of the chosen name; during this adaptation process, alternatives were sometimes employed to overcome initial discomfort. Parents of nonbinary individuals observed that their children often maintained a certain continuity with their dead name when selecting their chosen name. In contrast, some binary transgender individuals opted for entirely new names, occasionally drawing inspiration from their family history or from figures—whether personally known or culturally significant—who held symbolic meaning for them. Furthermore, many nonbinary children were reported to have selected their chosen name autonomously, without involving their families, while in other cases, the choice was influenced by family members. Finally, the findings revealed that some children showed tolerance toward the continued use of their dead name, whereas others expressed explicit rejection of it.

Across the three studies, a recurring theme concerns families' limited understanding of nonbinary gender identities, which appears to shape both reactions to coming out and the acceptance of chosen names. Collectively, the findings reveal a spectrum of family responses,

ranging from rejection and invalidation to affirmation and support. The first study showed that only some relatives responded positively and underscored the lack of differentiation among family members in prior research. The comprehensive results confirmed the significant role of siblings and highlighted the unique position of grandparents—often excluded from disclosure processes, yet described as potential sources of unconditional support. Furthermore, the three studies collectively illustrate the bidirectional influence between the family system and the individual. Specifically, the first study underscores the impact of family functioning on individual well-being; the second demonstrates how coming out can reshape family relationships and evoke anxiety among relatives; and the third, more often noted among parents of binary transgender individuals, highlights the family’s influence on the process of choosing a name.

The three studies present both common and study-specific strengths and limitations. One of the main strengths lies in the integration of multiple perspectives and methodologies. The first study, based on a systematic review and meta-analysis, drew on findings from international literature. In contrast, the second and third studies employed a qualitative approach, allowing for an in-depth exploration of experiences through the perspectives of both nonbinary individuals and their parents. Additionally, the diversity of the research team, comprising members with diverse gender identities, sexual orientations, academic backgrounds, and varying levels of expertise on the topic, facilitated a comprehensive and nuanced reflection on the themes that emerged throughout the research process.

Another strength concerns the development process of the interview protocol used in the second and third studies. Specifically, its construction was informed by the findings of the first study, which provided a comprehensive understanding of the topic. Subsequently, the research team conducted consultations with experts in the field, as well as with nonbinary individuals and family members of non-binary people who were external to the research

group. This process enabled us to integrate theoretical knowledge with lived experiences, resulting in an interview protocol that was both sensitive to nuance and tailored to capture the specificities of participants' experiences, while ensuring that participants felt as comfortable as possible during the interviews.

In relation to this, another important consideration concerns the fact that a heterosexual cisgender interviewer conducted the interviews. While this may have led some nonbinary participants to feel less at ease, it may also have provided a more neutral standpoint than would have been the case otherwise. To minimize any potential discomfort, particular care was taken to create a welcoming and nonjudgmental atmosphere and to employ inclusive and respectful language throughout the interviews. Furthermore, the interviewer's genuine interest in the topic, together with an informed understanding of the experiences faced by nonbinary individuals, appeared to foster openness and trust, encouraging participants to share their experiences in depth.

However, a limitation of the second and third studies lies in the absence of a quantitative methodology, which could still provide valuable insights into the relational dynamics involved and their impact on individual well-being. For this reason, integrating quantitative measures could be considered a potential direction for future research. However, it is essential to note that a qualitative methodology is particularly well-suited to capturing the nuances and meanings central to the aims of this research. Qualitative approaches are especially suitable for thoroughly exploring the lived experiences of TNB individuals (Eisenberg et al., 2018), providing depth and meaning to their narratives, and yielding findings that can be interpreted within a broader cultural context (Hammack & Toolis, 2014, 2015). The use of semi-structured interviews allowed participants to articulate their experiences in detail, enabling the studies to draw on current theoretical frameworks while also assessing whether these frameworks adequately reflect the lived realities and needs of

nonbinary individuals and their relatives. Although the absence of quantitative measures in Studies 2 and 3 could be considered a methodological limitation, it is equally important to recognise that qualitative approaches represent a distinctive strength when investigating topics that are still underexplored, rapidly evolving, and deeply shaped by sociocultural transitions. In such contexts—where empirical evidence remains limited and social meanings are continually shifting—qualitative methods are uniquely suited to illuminate relational dynamics, identity processes, and the nuances of family interactions that might otherwise remain unnoticed. For these reasons, the qualitative components of this dissertation should be regarded not merely as complementary to the systematic review but as an essential and original contribution that advances current understanding of nonbinary individuals and their families. Therefore, in addition to integrating quantitative methods into future research designs, another important goal for future studies would be to expand the sample, including a higher number of participants and involving other family members such as siblings, grandparents, cousins, aunts, and uncles, including multiple members from the same family. Such an approach would enable a more comprehensive capture of family dynamics and a deeper understanding of their impact on individual well-being. It is also worth noting the challenges faced during the recruitment process, which were partly related to the specificity of the target population and partly to the nature of the study itself. Indeed, participating in an in-depth qualitative interview requires a significant degree of time commitment and emotional involvement. For this reason, it is possible that individuals with particularly negative or conflictual family experiences may have chosen not to participate, or, in the case of the third study, may simply not have been aware of the study's existence.

Ultimately, the three studies presented in this dissertation provide a developmental perspective on the role of family systems in the lives of nonbinary individuals. Across all studies, the family emerges as both a context of risk and a potential source of protection,

shaping psychological adjustment, self-esteem, and identity development throughout the life span. Consistent evidence indicates that limited understanding of nonbinary gender identities within families continues to affect reactions to coming out and to the use of chosen names, influencing both the individual's well-being and family dynamics. At the same time, affirming family relationships—particularly those involving siblings and, in some cases, grandparents—demonstrate the capacity for emotional adaptation and support, highlighting the family's developmental flexibility and potential as a resource for resilience.

From a developmental psychology point of view, the findings emphasize that gender identity formation and expression unfold within the relational matrix of the family, where autonomy and connectedness are continuously negotiated. Processes such as coming out and name affirmation should be conceptualized not as discrete events, but as ongoing relational and developmental transitions. These transitions can serve as opportunities for growth, allowing both individuals and families to reorganize roles, boundaries, and communication patterns in response to evolving understandings of gender. Conversely, rejection or invalidation within the family context can act as a significant source of minority stress, compromising emotional development and family cohesion.

Clinically and educationally, the studies underscore the importance of interventions that involve the family as an active agent in supporting nonbinary individuals, especially during adolescence and emerging adulthood. Training programs, psychoeducational initiatives, and family-based interventions should aim to enhance awareness, empathy, and cultural competence regarding gender diversity, fostering affirming environments across family, school, and community settings. The role of professionals—psychologists, family therapists, educators, and social workers—is therefore central in facilitating dialogue, guiding families through processes of adaptation, and reinforcing supportive relationships.

Finally, the three studies collectively call for the integration of intersectional and

lifespan approaches in developmental research on gender diversity. The experiences of nonbinary individuals evolve across developmental stages and are shaped by sociocultural, familial, and contextual factors. Future research should therefore adopt longitudinal and multicultural designs to better understand how trajectories of family support and affirmation develop over time, and how these processes contribute to the psychological well-being and identity integration of nonbinary individuals.

References

- Abreu, R. L., Rosenkrantz, D. E., Ryser-Oatman, J. T., Rostosky, S. S., & Riggle, E. D. (2019). Parental reactions to transgender and gender diverse children: A literature review. *Journal of GLBT Family Studies, 15*(5), 461–485.
<https://doi.org/10.1080/1550428X.2019.1656132>
- Alegría, C. A. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism, 19*, 132–143. <http://dx.doi.org/10.1080/15532739.2018.1450798>
- Allen, S. H., & Leslie, L. A. (2024). “They're not my daughter, and yet... they're also not my son”: Parents negotiating their adult child's nonbinary gender identity. *Family Process, 64*(1), e13058. <https://doi.org/10.1111/famp.13058>
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832–864.
<https://doi.org/10.1037/a0039906>
- Andrzejewski, J., Pampati, S., Steiner, R. J., Boyce, L., & Johns, M. M. (2021). Perspectives of transgender youth on parental support: Qualitative findings from the resilience and transgender youth study. *Health Education & Behavior, 48*(1), 74–81.
<https://doi.org/10.1177/1090198120965504>
- Ansara, Y. G., & Hegarty, P. (2014). Methodologies of misgendering: Recommendations for reducing cisgenderism in psychological research. *Feminism & Psychology, 24*, 259–270.
<http://dx.doi.org/10.1177/0959353514526217>
- Anzani, A., Rucco, D., Lorusso, M. M., & Prunas, A. (2022). Identity values of chosen names in transgender and non-binary youth: A qualitative investigation. *LGBTQ+ Family: An Interdisciplinary Journal, 19*(1), 87–104.
<https://doi.org/10.1080/27703371.2022.2149656>

- Aparicio-García, M. E., Díaz-Ramiro, E. M., Rubio-Valdehita, S., López-Núñez, M. I., & García-Nieto, I. (2018). Health and well-being of cisgender, transgender and nonbinary young people. *International Journal of Environmental Research and Public Health*, *15*(10), 2133. <https://doi.org/10.3390/ijerph15102133>
- Atteberry-Ash, B., Kattari, S. K., Harner, V., Prince, D. M., Verdino, A. P., Kattari, L., & Park, I. Y. (2021). Differential experiences of mental health among transgender and gender-diverse youth in Colorado. *Behavioral Sciences*, *11*(4), 48. <https://doi.org/10.3390/bs11040048>
- Baiocco, R., & Pistella, J. (2019). “Be as you are” clinical research center at the Sapienza University of Rome. *Journal of Gay & Lesbian Mental Health*, *23*(4), 376–379. <https://doi.org/10.1080/19359705.2019.1644572>
- Baiocco, R., Crea, G., Pistella, J., Ioverno, S., Tanzilli, A., Rosati, F., & Laghi, F. (2018). Attitude toward Christianity, sexual orientation, and parental religiosity in a sample of Italian adolescents. *Journal of Beliefs & Values*, *39*(3), 298–303. <https://doi.org/10.1080/13617672.2017.1382647>
- Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Baumgartner, E., & Laghi, F. (2016). Coming out during adolescence: Perceived parents’ reactions and internalized sexual stigma. *Journal of Health Psychology*, *21*(8), 1809–1813. <https://doi.org/10.1177/1359105314564019>
- Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Marasco, B., Baumgartner, E., Willoughby, B. L. B., & Laghi, F. (2015). Negative parental responses to coming out and family functioning in a sample of lesbian and gay young adults. *Journal of Child and Family Studies*, *24*, 1490–1500. <https://doi.org/10.1007/s10826-014-9954-z>
- Baiocco, R., Nardelli, N., Pezzuti, L., & Lingiardi, V. (2013). Attitudes of Italian heterosexual older adults towards lesbian and gay parenting. *Sexuality Research and Social Policy*,

- 10(4), 285–292. <https://doi.org/10.1007/s13178-013-0129-2>
- Baiocco, R., Pistella, J., & Morelli, M. (2020). Coming out to parents in lesbian and bisexual women: The role of internalized sexual stigma and positive LB identity. *Frontiers in Psychology, 11*, 609885. <https://doi.org/10.3389/fpsyg.2020.609885>
- Baiocco, R., Pistella, J., & Rosati, F. (2023a). *Atlante LGBTQ+: Coming out e relazioni familiari. Dimensioni evolutive e cliniche*. McGraw-Hill Education.
- Baiocco, R., Rosati, F., & Pistella, J. (2023b). Italian proposal for non-binary and inclusive language: The schwa as a non-gender-specific ending. *Journal of Gay & Lesbian Mental Health, 27*(3), 248–253. <https://doi.org/10.1080/19359705.2023.2183537>
- Baiocco, R., Rosati, F., Zagaria, A. E., & Pistella, J. (2023c). Telling my life: Narratives of coming out in LGB people between certainty/uncertainty and revelation/concealment. *Journal of Gay & Lesbian Mental Health, 27*(4), 458–482. <https://doi.org/10.1080/19359705.2022.2072035>
- Baptist, J. A., & Allen, K. R. (2008). A family's coming out process: Systemic change and multiple realities. *Contemporary Family Therapy, 30*, 92–110. <https://doi.org/10.1007/s10591-008-9057-3>
- Barker, M. J., & Iantaffi, A. (2017). Psychotherapy. In C. Richards, W. P. Bouman, & M. J. Barker (Eds.), *Genderqueer and non-binary genders* (pp. 103–124). Springer Nature.
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology, 63*(1), 87–97. <https://doi.org/10.1037/cou0000127>
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). “I don't think this is theoretical; this is our lives”: How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care, 20*(5), 348–361. <https://doi.org/10.1016/j.jana.2009.07.004>

- Beckwith, N., Reisner, S. L., Zaslow, S., Mayer, K. H., & Keuroghlian, A. S. (2017). Factors associated with gender-affirming surgery and age of hormone therapy initiation among transgender adults. *Transgender Health, 2*(1), 156–164.
<https://doi.org/10.1089/trgh.2017.0028>
- Bedera, N., Nordmeyer, K., & Holland, K. J. (2023). “I could never tell my parents”: Barriers to queer women's college sexual assault disclosure to family members. *Violence Against Women, 29*(5), 800–816. <https://doi.org/10.1177/10778012221101920>
- Beemyn, B. G., & Rankin, S. (2011). *The lives of transgender people*. Columbia University Press.
- Bennett, K., & Donatone, B. (2022). When “coming out” is (even more) complicated: Considerations for therapists helping TGNB emerging adults navigate conversations about gender with family. *Journal of College Student Psychotherapy, 36*(2), 149–169.
<https://doi.org/10.1080/87568225.2020.1791776>
- Bhattacharya, N., Budge, S. L., Pantalone, D. W., & Katz-Wise, S. L. (2021). Conceptualizing relationships among transgender and gender diverse youth and their caregivers. *Journal of Family Psychology, 35*(5), 595–605.
<https://doi.org/10.1037/fam0000815>
- Bockting, W., Miner, M., Swinburne Romine, R., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951.
<https://doi.org/10.2105/AJPH.2013.301241>
- Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive Psychiatry, 7*(5), 345–374.
- Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: results from the Virginia Transgender

- Health Initiative Study. *American Journal of Public Health*, 103(10), 1820–1829.
<https://doi/abs/10.2105/AJPH.2012.300796>
- Bradford, N. J., & Catalpa, J. M. (2018). Social and psychological heterogeneity among binary transgender, nonbinary transgender and cisgender individuals. *Psychology & Sexuality*, 10(1), 69–82. <https://doi.org/10.1080/19419899.2018.1552185>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3. <https://doi.org/10.1037/qup0000196>
- Brown, L. S. (1988). Lesbians, gay men and their families: Common clinical issues. *Journal of Gay & Lesbian Psychotherapy*, 1(1), 65–78. https://doi.org/10.1300/J236v01n01_08
- Budge, S. L., Sinnard, M. T., Lindley, L., Dillard, Q., & Katz-Wise, S. L. (2022). A qualitative content analysis of concordance and discordance regarding identity, affect, and coping in families with transgender and nonbinary youth. *LGBTQ+ Family*, 19(1), 1–20. <https://doi.org/10.1080/27703371.2022.2131673>
- Budge, S. L., Wachter, E., Barbuoğlu, Y., Gao, S., Dvorak, D., Elliott, G., Gilchrist, S., Lynn, S., Godwin, E. G., & Katz-Wise, S. L. (2025). A longitudinal investigation of trans and nonbinary youth identity: Individual processes and family agreement in the trans teen and family narratives project. *LGBTQ+ Family: An Interdisciplinary Journal*, 21(1), 20–43. <https://doi.org/10.1080/27703371.2024.2357560>
- Carbone, A., Pistella, J., Gennaro, A., Petrocchi, C., & Baiocco, R. (2022). Parental experiences of coming out: From “Un-doing family bonds” to “Family generativity.” *Journal of Homosexuality*, 70(10), 2135–2157.
<https://doi.org/10.1080/00918369.2022.2048334>
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of*

Homosexuality, 4(3), 219–235. https://doi.org/10.1300/J082v04n03_01

Chandra, S. & Hanckel, B. (2022). 'I wouldn't want my family to cop anything': Examining the family of origin and its place in LGBTQIA+ young people's social media practices. *Journal of Youth Studies*, 27(4), 609–624.

<https://doi.org/10.1080/13676261.2022.2156781>

Cheung, A. S., Leemaqz, S. Y., Wong, J. W. P., Chew, D., Ooi, O., Cundill, P., Silberstein, N., Locke, P., Zwickl, S., Grayson, R., Zajac, J. D., & Pang, K. C. (2020). Nonbinary and binary gender identity in Australian trans and gender diverse individuals. *Archives of Sexual Behavior*, 49(7), 2673–2681. <https://doi.org/10.1007/s10508-020-01689-9>

Chew, D., Tollit, M. A., Poulakis, Z., Zwickl, S., Cheung, A. S., & Pang, K. C. (2020). Youths with a nonbinary gender identity: A review of their sociodemographic and clinical profile. *Lancet Child and Adolescent Health*, 4(4), 322–330.

[https://doi.org/10.1016/S2352-4642\(19\)30403-1](https://doi.org/10.1016/S2352-4642(19)30403-1)

Chung, G., Oswald, R. F., & Wiley, A. (2006). Good daughters: Three different ways of being Korean American queer women. *Journal of GLBT Family Studies*, 2(2), 101–124.

https://doi.org/10.1300/J461v02n02_05

Clark, B. A., Veale, J. F., Townsend, M., Frohard-Dourlent, H., & Saewyc, E. (2018). Nonbinary youth: Access to gender-affirming primary health care. *International Journal of Transgenderism*, 19(2), 158–169.

<https://doi.org/10.1080/15532739.2017.1394954>

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53–69. https://doi.org/10.1300/J082v51n03_04

Coburn, K. O., Spencer, C. M., & Kelly, L. C. (2022). Comparing binary transgender and nonbinary people: Factors associated with psychological well-being among a

- predominately people of color sample. *Contemporary Family Therapy*, 44(3), 222–233.
<https://doi.org/10.1007/s10591-022-09634-9>
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Academic press.
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... & Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1–S259.
<https://doi.org/10.1080/26895269.2022.2100644>
- Commone, C., Micoli, A., Pistella, J., Baiocco, R. (2025a). Chosen name and family dynamics: Parents perspectives on use, Affirmation, and the process of choosing. *Psychology of Sexual Orientation and Gender Diversity*, submitted.
- Commone, C., Pistella, J., Pellegrini, V., & Baiocco, R. (2025b). Nonbinary people in the family context: A systematic review and meta-analysis. *International Journal of Transgender Health*, 26(2), 282–304. <https://doi.org/10.1080/26895269.2024.2310540>
- Commone, C., Pistella, J., Rosati, F., Lorusso, M. M., Albanesi, C., Baiocco, R. (2025c). Nonbinary identity and coming out with family members in the Italian context: A family developmental task. *LGBTQ+ Family: An Interdisciplinary Journal*, under review.
- Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology*, 48, 243–267. <http://dx.doi.org/10.1146/annurev.psych.48.1.243>
- Croteau, T. A., & Morrison, T. G. (2022). Development of the nonbinary gender microaggressions (NBGM) scale. *International Journal of Transgender Health*, 24(4), 417–435. <https://doi.org/10.1080/26895269.2022.2039339>

- Decker, H., & Schrod, P. (2022). A communication and identity process that mediates parents' nonaccommodation and sexual minorities' mental well-being. *Journal of Social and Personal Relationships*, 39(12), 3535–3557.
<https://doi.org/10.1177/02654075221101902>
- Defays, M. (2022). Le choix du prénom de la personne transgenre. *Cahiers De Psychologie Clinique*, 59(2), 265–281. <https://doi.org/10.3917/cpc.059.0265>
- Detrie, P. M., & Lease, S. H. (2007.) The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality* 5(4), 173–199.
<https://doi.org/10.1080/00918360802103449>
- Di Giannantonio, B., Milanese, K., Mirabella, M., Rosati, F., Lorusso, M. M., Pistella, J., Baiocco, R., Lingardi, V., & Giovanardi, G. (2024). “The third table where I would sit comfortably”: Narratives of nonbinary identity routes. *International Journal of Transgender Health*, 26(2), 263–281. <https://doi.org/10.1080/26895269.2024.2303466>
- Diamond, L. M. (2000). Sexual identity, attractions, and behavior among young sexual minority women over a 2-year period. *Developmental Psychology*, 36, 241–250.
- Donald, C., & Ehrenfeld, J. M. (2015). The opportunity for medical systems to reduce health disparities among lesbian, gay, bisexual, transgender and intersex patients. *Journal of Medical Systems*, 39(11), 178. <https://doi.org/10.1007/s10916-015-0355-7>.
- Doucet, S., & Chamberland, L. (2020). Relations familiales et non-binarité : Parcours de vie de jeunes adultes non binaires au Québec. *Enfances Families Generations*, 35.
<https://doi.org/10.7202/1077685ar>
- Eisenberg, M. E., Gower, A. L., McMorris, B. J., Rider, G. N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *The Journal of Adolescent Health*, 61(4), 521–526.

<https://doi.org/10.1016/j.jadohealth.2017.04.014>

Eisenberg, M. E., Mehus, C. J., Saewyc, E. M., Corliss, H. L., Gower, A. L., Sullivan, R., & Porta, C. M. (2018). Helping young people stay afloat: A qualitative study of community resources and supports for LGBTQ adolescents in the United States and Canada. *Journal of Homosexuality*, *65*(8), 969–989.

<https://doi.org/10.1080/00918369.2017.1364944>

Eisenberg, M. E., Puhl, R., & Watson, R. J. (2020). Family weight teasing, LGBTQ attitudes, and well-being among LGBTQ adolescents. *Family & Community Health*, *43*(1), 17–25. <https://doi.org/10.1097/FCH.0000000000000239>

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

<https://doi.org/10.1080/15574090802092879>

Factor, R., & Rothblum, E. (2008). Exploring gender identity and community among three groups of transgender individuals in the United States: MTFs, FTMs, and genderqueers. *Health Sociology Review*, *17*, 235–253. <https://doi.org/10.5172/hesr.451.17.3.235>

Fey, B., Ahola, J., & Casoy, F. (2020). Treating family members of transgender and gender-nonconforming people: An interview with Eric Yarbrough, M.D. *Focus*, *18*(3), 296–299. <https://doi.org/10.1176/appi.focus.20200013>

Fish, J. N., & Russell, S. T. (2022). The paradox of progress for sexual and gender diverse youth. *Current Opinion in Psychology*, *48*, 101498.

<https://doi.org/10.1016/j.copsyc.2022.101498>

Fuller, K. A., & Riggs, D. W. (2018). Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people. *International Journal of Transgenderism*, *19*(4), 379–388.

<https://doi.org/10.1080/15532739.2018.1500966>

- Galupo, M. P., Krum, T. E., Hagen, D. B., Gonzalez, K. A., & Bauerband, L. A. (2014). Disclosure of transgender identity and status in the context of friendship. *Journal of LGBT Issues in Counseling, 8*(1), 25–42. <https://doi.org/10.1080/15538605.2014.853638>
- Gamio Cuervo, Á., Herrawi, F., Horne, S. G., & Wilkins-Yel, K. G. (2022). “I’m just so glad that I saved my life”: A grounded theory analysis of transgender and nonbinary Latinx people navigating family rejection and intergenerational violence. *LGBTQ+ Family: An Interdisciplinary Journal, 18*(5), 403–428. <https://doi.org/10.1080/27703371.2022.2114119>
- Gamio Cuervo, Á., Herrawi, F., Horne, S. G., & Wilkins-Yel, K. G. (2023). Recreating diasporic identity and community: Examination of transgender and nonbinary Latinx healing from family rejection. *Journal of Counseling Psychology, 70*(5), 535–547. <https://doi.org/10.1037/cou0000692>
- Gheno, V. (2020). *Ode to the Schwa. Lo schwa tra fantasia e norma. Come superare il maschile sovraesteso nella lingua italiana*. Lafalla. <https://lafalla.cassero.it/lo-schwa-tra-fantasia-e-norma/>
- Gignac, G. E., & Szodorai, E. T. (2016). Effect size guidelines for individual differences researchers. *Personality and individual differences, 102*, 74–78. <https://doi.org/10.1016/j.paid.2016.06.069>
- Golden, R. L., & Oransky, M. (2019). An intersectional approach to therapy with transgender adolescents and their families. *Archives of Sexual Behavior, 48*(7), 2011–2025. <https://doi.org/10.1007/s10508-018-1354-9>
- Goldhammer, H., Malina, S., & Keuroghlian, A. S. (2018). Communicating with patients who have nonbinary gender identities. *The Annals of Family Medicine, 16*(6), 559–562. <https://doi.org/10.1370/afm.2321>

- Gonzalez, M., Connaughton-Espino, T., & Reese, B. M. (2022). “a little harder to find your place.” Latinx lgbtq + youth and family belonging. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 35(3), 271–297. <https://doi.org/10.1080/10538720.2022.2058143>
- Goodrich, K. M., Trahan, D. P., & Brammer, M. K. (2019). Family dynamics following disclosure as LGB: A narratology. *The Family Journal*, 27(2), 122–132. <https://doi.org/10.1177/1066480719832516>
- Gower, A. L., Rider, G. N., Brown, C., McMorris, B. J., Coleman, E., Taliaferro, L. A., & Eisenberg, M. E. (2018). Supporting transgender and gender diverse youth: Protection against emotional distress and substance use. *American Journal of Preventive Medicine*, 55(6), 787–794. <https://doi.org/10.1016/j.amepre.2018.06.030>
- Grafsky, E. L. (2014). Becoming the parent of a GLB son or daughter. *Journal of GLBT Family Studies*, 10(1–2), 36–57. <https://doi.org/10.1080/1550428X.2014.857240>
- Graham, L. F., Crissman, H. P., Tocco, J., Hughes, L. A., Snow, R. C., & Padilla, M. B. (2014). Interpersonal relationships and social support in transitioning narratives of Black transgender women in Detroit. *International Journal of Transgenderism*, 15(2), 100–113. <https://doi.org/10.1080/15532739.2014.937042>
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-threatening Behavior*, 37(5), 527–537. <https://doi.org/10.1521/suli.2007.37.5.527>
- Grossman, A. H., D'Augelli, A. R., & Frank, J. A. (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth*, 8(2), 103–115. <https://doi.org/10.1080/19361653.2011.541347>
- Grossman, A. H., D'Augelli, A. R., & Salter, N. P. (2006). Male-to-female transgender youth. *Journal of GLBT Family Studies*, 2, 71–92. https://doi.org/10.1300/J461v02n01_04

- Hale, A. E., Chertow, S. Y., Weng, Y., Tabuenca, A., & Aye, T. (2021). Perceptions of support among transgender and gender-expansive adolescents and their parents. *Journal of Adolescent Health, 68*(6), 1075–1081.
<https://doi.org/10.1016/j.jadohealth.2020.11.021>
- Hammack, P. L., & Toolis, E. (2014). Narrative and the social construction of adulthood. *New Directions for Child and Adolescent Development, 2014*(145), 43–56.
<https://doi.org/10.1002/cad.20066>
- Hammack, P. L., & Toolis, E. E. (2015). Putting the social into personal identity: The master narrative as root metaphor for psychological and developmental science. *Human Development, 58*(6), 350–364. <https://doi.org/10.1159/000446054>
- Hammack, P. L., Hughes, S. D., Atwood, J. M., Cohen, E. M., & Clark, R. C. (2022). Gender and sexual identity in adolescence: A mixed-methods study of labeling in diverse community settings. *Journal of Adolescent Research, 37*(2), 167–220.
<https://doi.org/10.1177/07435584211000315>
- Hawke, L. D., Hayes, E., Darnay, K., & Henderson, J. (2021). Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity, 8*(2), 180–187.
<https://doi.org/10.1037/sgd0000467>
- Heatherington, L., & Lavner, J. A. (2008). Coming to terms with coming out: Review and recommendations for family systems-focused research. *Journal of Family Psychology, 22*(3), 329–343. <https://doi.org/10.1037/0893-3200.22.3.329>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology, Research and Practice, 43*(5), 460–467.
<https://doi.org/10.1037/a0029597>

- Herdt, G. H., & Koff, B. (2000). *Something to tell you: The road families travel when a child is gay*. Columbia University Press.
- Herrmann, L., Barkmann, C., Bindt, C., Fahrenkrug, S., Breu, F., Grebe, J., & Becker-Hebly, I. (2023). Binary and nonbinary gender identities, internalizing problems, and treatment wishes among adolescents referred to a gender identity clinic in Germany. *Archives of Sexual Behavior*, *53*(1), 91–106. <https://doi.org/10.1007/s10508-023-02674-8>
- Hibbs, C. (2014). Cissexism. In *Encyclopedia of critical psychology*. Springer.
- Hutton, J. S., Dudley, J., Horowitz-Kraus, T., DeWitt, T., & Holland, S. K. (2019). Associations between home literacy environment, brain white matter integrity and cognitive abilities in preschool-age children. *Acta Paediatrica*, *109*(7), 1376–1386. <https://doi.org/10.1111/apa.15124>
- Izzo, F., Baiocco, R., & Pistella, J. (2022). Children's and adolescents' happiness and family functioning: A systematic literature review. *International Journal of Environmental Research and Public Health*, *19*(24), 16593. <https://doi.org/10.3390/ijerph192416593>
- Jackson Levin, N., Kattari, S. K., Piellusch, E. K., & Watson, E. (2020). "We just take care of each other": Navigating 'chosen family' in the context of health, illness, and the mutual provision of care amongst queer and transgender young adults. *International Journal of Environmental Research and Public Health*, *17*(19), 7346. <https://doi.org/10.3390/ijerph17197346>
- Jagers, J. W., Church, W. T., II, Tomek, S., Hooper, L. M., Bolland, K. A., & Bolland, J. M. (2015). Adolescent development as a determinant of family cohesion: A longitudinal analysis of adolescents in the Mobile Youth Survey. *Journal of Child and Family Studies*, *24*, 1625–1637. <http://dx.doi.org/10.1007/s10826-014-9966-8>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Healthcare Equality.

Retrieved from: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

Jaspal, R. (2020). Parental reactions to British South Asian young men who identify as gay.

Journal of GLBT Family Studies, 16(4), 402–417.

<https://doi.org/10.1080/1550428X.2019.1684412>

Johnson, A. H. (2016). Transnormativity: A new concept and its validation through

documentary film about transgender men. *Sociological Inquiry*, 86(4), 465–491.

<https://doi.org/10.1111/soin.12127>

Kaltiala, R., Heino, E., Marttunen, M., & Fröjd, S. (2023). Family characteristics, transgender identity and emotional symptoms in adolescence: A population survey study.

International Journal of Environmental Research and Public Health, 20(4), 2948.

<https://doi.org/10.3390/ijerph20042948>

Katz-Wise, S. L., Budge, S. L., Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B., Perez-

Brumer, A., & Leibowitz, S. (2017). Transactional pathways of transgender identity

development in transgender and gender nonconforming youth and caregivers from the

Trans Youth Family Study. *The International Journal of Transgenderism*, 18(3), 243–

263. <https://doi.org/10.1080/15532739.2017.1304312>

Katz-Wise, S. L., Ehrensaft, D., Veters, R., Forcier, M., & Austin, S. B. (2018). Family

functioning and mental health of transgender and gender nonconforming youth in the

Trans Teen and Family Narratives Project. *Journal of Sex Research*, 55(4–5), 582–590.

<https://doi.org/10.1080/00224499.2017.1415291>

Katz-Wise, S. L., Godwin, E. G., Parsa, N., Brown, C. A., Pullen Sansfaçon, A., Goldman,

R., MacNish, M., Rosal, M. C., & Austin, S. B. (2022). Using family and ecological

systems approaches to conceptualize family and community-based experiences of

transgender and/or nonbinary youth from the Trans Teen and Family Narratives Project.

- Psychology of Sexual Orientation and Gender Diversity*, 9(1), 21–36.
<https://doi.org/10.1037/sgd0000442>
- Katz-Wise, S.L., Rosario, M., & Tsappis, M. (2016). Lesbian, gay, bisexual, and transgender youth and family acceptance. *Pediatric Clinics of North America*, 63(6), 1011–1025.
<https://doi.org/10.1016/j.pcl.2016.07.005>
- Kenagy, G. P., & Bostwick, W. B. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism*, 8(2-3), 57–66.
https://doi.org/10.1300/J485v08n02_06
- Kerr, K. L., Ratliff, E. L., Cosgrove, K. T., Bodurka, J., Morris, A. S., & Simmons, W. K. (2019). Parental influences on neural mechanisms underlying emotion regulation. *Trends in Neuroscience and Education*, 16, 100118.
<http://dx.doi.org/10.1016/j.tine.2019.100118>
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. New York, NY: Norton & Co.
- Klein, A., & Golub, S. A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender non-conforming adults. *LGBT Health*, 3(3), 193–199. <https://doi.org/10.1089/lgbt.2015.0111>
- Knutson, D., Koch, J. M., & Goldbach, C. (2019). Recommended terminology, pronouns, and documentation for work with transgender and non-binary populations. *Practice Innovations*, 4(4), 214. <http://dx.doi.org/10.1037/pri0000098>
- Kobrynowicz, D., & Branscombe, N. R. (1997). Who considers themselves victims of discrimination? Individual difference predictors of perceived gender discrimination in women and men. *Psychology of Women Quarterly*, 21(3), 347–363.
<https://doi.org/10.1111/j.1471-6402.1997.tb00118.x>
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance–rejection among transwomen of color. *Journal of Family Psychology*, 23(6), 853.

- Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). The 2019 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. Gay, Lesbian and Straight Education Network (GLSEN).
- Kuvalanka, K. A., Allen, S. H., Munroe, C., Goldberg, A. E., & Weiner, J. L. (2018). The experiences of sexual minority mothers with trans* children. *Family Relations*, 67(1), 70–87. <https://doi.org/10.1111/fare.12226>
- Langarita, J., Trull-Oliva, C., Vilà, M., & Montserrat, C. (2023). “It wasn’t the priority”: Nonbinary children experiences and professional discourse on public service care during the first wave of COVID-19. *Sexuality Research and Social Policy*, 22(1), 164–175. <https://doi.org/10.1007/s13178-023-00893-1>
- LaSala, M. C. (2010). *Coming out, coming home: Helping families adjust to a gay or lesbian child*. Columbia University Press.
- Levitan, N., Barkmann, C., Richter-Appelt, H., Schulte-Markwort, M., & Becker-Hebly, I. (2019). Risk factors for psychological functioning in German adolescents with gender dysphoria: Poor peer relations and general family functioning. *European Child and Adolescent Psychiatry*, 28(11), 1487–1498. <https://doi.org/10.1007/s00787-019-01308-6>
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications.
- Lindley, L. M., Anzani, A., Prunas, A., & Galupo, M. P. (2022). Sexual fantasy across gender identity: A qualitative investigation of differences between cisgender and non-binary people’s imagery. *Sexual and Relationship Therapy*, 37(2), 157–178. <https://doi.org/10.1080/14681994.2020.1716966>
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89–101. https://doi.org/10.1300/J082v42n01_05

- Lorusso, M., & Albanesi, C. (2021). When the context rows against. Voicing parents of transgender children and teenagers in Italy: A qualitative study. *Journal of Community & Applied Social Psychology*, 31(6), 732–748. <https://doi.org/10.1002/casp.2518>
- MacNish, M., & Gold-Peifer, M. (2014). Families in transition: Supporting families of transgender youth. In T. Nelson & H. Winawer (Eds.), *Critical topics in family therapy*. Cham, Switzerland: Springer.
- Martinez, K., & McDonald, C. (2021). Inter-sibling violence as a mechanism of hegemony: Retrospective accounts from a nonbinary and LGBTQ+ sample in the United States. *Journal of Gender-Based Violence*, 5(2), 215–229. <https://doi.org/10.1332/239868020X16091677096875>
- Matsuno, E., & Budge, S. L. (2017). Nonbinary/genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, 9, 116–120. <https://doi.org/10.1007/s11930-017-0111-8>
- Matsuno, E., Bricker, N. L., Collazo, E. N., Mohr, R., Jr., & Balsam, K. F. (2024). “The default is just going to be getting misgendered”: Minority stress experiences among nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*, 11(2), 202–214. <https://doi.org/10.1037/sgd0000607>
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 59(6), 674–680. <https://doi.org/10.1016/j.jadohealth.2016.07.026>
- McIntyre, J. (2018). “They’re so normal I can’t stand it”: I am jazz, I am Cait, transnormativity, and trans feminism. In *Orienting feminism: Media, activism and cultural representation* (pp. 9–24). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-319-70660-3_2

- McKay, T., & Watson, R. J. (2020). Gender expansive youth disclosure and mental health: Clinical implications of gender identity disclosure. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 66–75. <https://doi.org/10.1037/sgd0000354>
- McLemore, K. A. (2015). Experiences with misgendering: Identity misclassification of transgender spectrum individuals. *Self and Identity*, 14, 51–74. <http://dx.doi.org/10.1080/15298868.2014.950691>
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma & Health*, 3(1), 53–64. <https://doi.org/10.1037/sah0000070>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, C. T., & Major, B. (2000). Coping with stigma and prejudice. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 243–272). Guilford Press.
- Minuchin, P. (1985). Families and individual development: Provocations from the field of family therapy. *Child Development*, 56, 289–302. <http://dx.doi.org/10.2307/1129720>
- Mirabella, M., Di Giannantonio, B., Giovanardi, G., Piras, I., Fisher, A. D., Lingiardi, V., Chianura, L., Ristori, J., Speranza, A. M., & Fortunato, A. (2023). Exploring gender diversity in transgender and non-binary adults accessing a specialized service in Italy. *Healthcare*, 11(15), 2150. <https://doi.org/10.3390/health-care11152150>
- Mirabella, M., Piras, I., Fortunato, A., Fisher, A. D., Lingiardi, V., Mosconi, M., Ristori, J., Speranza, A. M., & Giovanardi, G. (2022). Gender identity and nonbinary presentations in adolescents attending two specialized services in Italy. *Journal of Sexual Medicine*, 19(6), 1035–1048. <https://doi.org/10.1016/j.jsxm.2022.03.215>

- Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., & PRISMA-P Group. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, 4(1), 1–9. <https://doi.org/10.1186/2046-4053-4-1>
- Moody, C., & Smith, N. G. (2013). Suicide protective factors among trans adults. *Archives of Sexual Behavior*, 42, 739–752. <https://doi.org/10.1007/s10508-013-0099-8>
- Mosher, C. M. (2001). The social implications of sexual identity formation and the coming-out process: A review of the theoretical and empirical literature. *The Family Journal*, 9(2), 164–173. <https://doi.org/10.1177/1066480701092011>
- Mullen, G., & Moane, G. (2013). A qualitative exploration of transgender identity affirmation at the personal, interpersonal, and sociocultural levels. *International Journal of Transgenderism*, 14, 140–154. <https://doi.org/10.1080/15532739.2013.824847>
- Muzzey, F. K., Kinney, M. K., Maas, M. K., & McCauley, H. L. (2021). Support networks of transmasculine and nonbinary young adults during chosen name transition. *Psychology & Sexuality*, 13(3), 652–662. <https://doi.org/10.1080/19419899.2021.1902379>
- Nadal, K. L., Davidoff, K. C., Davis, L. S., & Wong, Y. (2014). Emotional, behavioral, and cognitive reactions to microaggressions: Transgender perspectives. *Psychology of Sexual Orientation and Gender Diversity*, 1, 72–81. <http://dx.doi.org/10.1037/sgd0000011>
- Nadal, K. L., Whitman, C. N., Davis, L. S., Erazo, T., & Davidoff, K. C. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research*, 53(4), 488–508. <https://doi.org/10.1080/00224499.2016.1142495>
- Nakhid, C., Tuwe, M., Abu Ali, Z., Subramanian, P., & Vano, L. (2022). Silencing queerness – community and family relationships with young ethnic queers in Aotearoa New Zealand. *LGBTQ+ Family: An Interdisciplinary Journal*, 18(3), 205–222.

<https://doi.org/10.1080/27703371.2022.2076003>

- Nesmith, A. A., Burton, D. L., & Cosgrove, T. J. (1999). Gay, lesbian, and bisexual youth and young adults: Social support in their own words. *Journal of Homosexuality*, 37(1), 95–108. https://doi.org/10.1300/J082v37n01_07
- Newman, B. S., & Muzzonigro, P. G. (1993). The effects of traditional family values on the coming out process of gay male adolescents. *Adolescence*, 28(109), 213–226.
- O’Bryan, J., Leon, K., Wolf-Gould, C., Scribani, M., Tallman, N., & Gadomski, A. (2018). Building a pediatric patient registry to study health outcomes among transgender and gender expansive youth at a rural gender clinic. *Transgender Health*, 3(1), 179–189. <https://doi.org/10.1089%2Ftrgh.2018.0023>
- Obasi, S. N., Mocarski, R., Holt, N., Hope, D. A., & Woodruff, N. (2019). Renaming me: Assessing the influence of gender identity on name selection. *Names*, 67(4), 199–211. <https://doi.org/10.1080/00277738.2018.1536188>
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3), e20153223. <https://doi.org/10.1542/peds.2015-3223>
- Ong, M. Y., Eilander, J., Saw, S. M., Xie, Y., Meaney, M. J., & Broekman, B. F. (2018). The influence of perceived parenting styles on socioemotional development from pre-puberty into puberty. *European Child & Adolescent Psychiatry*, 27, 37–46. <http://dx.doi.org/10.1007/s00787-017-1016-9>
- Operario, D., & Fiske, S. T. (2001). Ethnic identity moderates perceptions of prejudice: Judgments of personal versus group discrimination and subtle versus blatant bias. *Personality and Social Psychology Bulletin*, 27(5), 550–561. <https://doi.org/10.1177/0146167201275004>
- Paechter, C., Toft, A., & Carlile, A. (2021). Non-binary young people and schools:

- Pedagogical insights from a small-scale interview study. *Pedagogy, Culture & Society*, 29(5), 695–713. <https://doi.org/10.1080/14681366.2021.1912160>
- Pamfile, D., Bourquin, C., Michaud, L., Brovelli, S., Pécoud, P., & Stiefel, F. (2024). What is in a chosen name? An exploratory study on the renaming experiences of transgender people. *International Journal of Transgender Health*, 26(3), 592–610. <https://doi.org/10.1080/26895269.2023.2301318>
- Parker, E., & Davis-McCabe, C. (2021). The sibling experience: Growing up with a trans sibling. *Australian Journal of Psychology*, 73(2), 188–199. <https://doi.org/10.1080/00049530.2021.1882269>
- Patterson, J. M. (1988). Families experiencing stress: I. The Family Adjustment and Adaptation Response Model: II. Applying the FAAR Model to health-related issues for intervention and research. *Family Systems Medicine*, 6(2), 202.
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, 64(2), 349–360. <https://doi.org/10.1111/j.1741-3737.2002.00349.x>
- Petit, M. P., Julien, D., & Chamberland, L. (2017). Negotiating parental designations among trans parents' families: An ecological model of parental identity. *Psychology of Sexual Orientation and Gender Diversity*, 4(3), 282–295. <https://doi.org/10.1037/sgd0000231>
- Pistella, J., Caricato, V., & Baiocco, R. (2020). Coming out to siblings and parents in an Italian sample of lesbian women and gay men. *Journal of Child and Family Studies*, 29, 2916–2929. <https://doi.org/10.1007/s10826-019-01597-0>
- Pistella, J., Entilli, L., & Baiocco, R. (2025). A long parents' journey after children's coming out: Obstacles, relationships, generativity, and life balance. *Journal of Homosexuality*, 72(4), 599–622. <https://doi.org/10.1080/00918369.2024.2337730>
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F., & Baiocco, R. (2016). Coming-out to family

- members and internalized sexual stigma in bisexual, lesbian and gay people. *Journal of Child and Family Studies*, 25, 3694–3701. <https://doi.org/10.1007/s10826-016-0528-0>
- Pletta, D. R., Kant, J. D., Ehrensaft, D., MacNish, M., Cahill, S., & Katz-Wise, S. L. (2022). The 2016 United States presidential election’s impact on families with transgender adolescents in New England. *Journal of Family Psychology*, 36(1), 23–34. <https://doi.org/10.1037/fam0000873>
- Pollitt, A. M., Fish, J. N., & Watson, R. J. (2023). Measurement equivalence of family acceptance/rejection among sexual and gender minority youth by disclosure status. *Journal of Family Psychology*, 37(2), 195–202. <https://doi.org/10.1037/fam0001056>
- Pollitt, A. M., Ioverno, S., Russell, S. T., Li, G., & Grossman, A. H. (2021). Predictors and mental health benefits of chosen name use among transgender youth. *Youth & Society*, 53(2), 320–341. <https://doi.org/10.1177/0044118X19855898>
- Puckett, J., Matsuno, E., Dyar, C., Mustanski, B., & Newcomb, M. (2019). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology*, 33(8), 954–964. <https://doi.org/10.1037/fam0000561>
- Puhl, R. M., Himmelstein, M. S., & Watson, R. J. (2019). Weight-based victimization among sexual and gender minority adolescents: Findings from a diverse national sample. *Pediatric Obesity*, 14(7), e12514. <https://doi.org/10.1111/ijpo.12514>
- Pulice-Farrow, L., Brown, T. D., & Galupo, M. P. (2017). Transgender microaggressions in the context of romantic relationships. *Psychology of Sexual Orientation and Gender Diversity*, 4(3), 362–373. <https://doi.org/10.1037/sgd0000238>
- Radusky, P. D., Cardozo, N., Duarte, M., Fabian, S., Frontini, E., Sued, O., & Aristegui, I. (2021). Mental health, substance use, experiences of violence, and access to health care among transgender and nonbinary people during the COVID-19 lockdown in Argentina. *International Journal of Transgender Health*, 24(3), 320–333.

<https://doi.org/10.1080/26895269.2021.1943593>

- Reczek, R., & Bosley-Smith, E. (2021). How LGBTQ adults maintain ties with rejecting parents: Theorizing “conflict work” as family work. *Journal of Marriage and Family*, 83(4), 1134–1153. <https://doi.org/10.1111/jomf.12765>
- Reisner, S. L., & Hughto, J. M. W. (2019). Comparing the health of nonbinary and binary transgender adults in a statewide nonprobability sample. *PLoS ONE*, 14(8), e0221583. <https://doi.org/10.1371/journal.pone.0221583>
- Richards, C., Bouman, W. P., Seal, L., Barker, M. J., Nieder, T. O., & Tsjoen, G. (2016). Nonbinary or genderqueer genders. *International Review of Psychiatry*, 28(1), 95–102. <https://doi.org/10.3109/09540261.2015.1106446>
- Riggs, D. W., Bartholomaeus, C., & Sansfaçon, A. P. (2020). “If they didn't support me, I most likely wouldn't be here”: Transgender young people and their parents negotiating medical treatment in Australia. *International Journal of Transgender Health*, 21(1), 3–15. <https://doi.org/10.1080/15532739.2019.1692751>
- Roberts, S. R., Salk, R. H., Thoma, B. C., Romito, M., Levine, M. D., & Choukas-Bradley, S. (2021). Disparities in disordered eating between gender minority and cisgender adolescents. *International Journal of Eating Disorders*, 54(7), 1135–1146. <https://doi.org/10.1002/eat.23494>
- Rood, B. A., Maroney, M. R., Puckett, J. A., Berman, A. K., Reisner, S. L., & Pantalone, D. W. (2017). Identity concealment in transgender adults: A qualitative assessment of minority stress and gender affirmation. *American Journal of Orthopsychiatry*, 87(6), 704–713. <https://doi.org/10.1037/ort0000303>
- Rosario, M., Hunter, J., Maguen, S., Gwadz, M., & Smith, R. (2001). The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: Stipulation and exploration of a model. *American Journal of Community*

- Psychology*, 29, 133–160. <https://doi.org/10.1023/A:1005205630978>
- Rosati, F., Compare, C., Lorusso, M. M., Baiocco, R., Albanesi, C., Pistella, J., & Pellegrini, V. (2025). Italian political agendas on LGBTQIA+ issues: Perceived stigma and civic engagement among sexual and gender marginalized communities. *Sexuality Research and Social Policy*, Advance online publication. <https://doi.org/10.1007/s13178-025-01117-4>
- Rosati, F., Lorusso, M. M., Pistella, J., Anzani, A., Di Giannantonio, B., Mirabella, M., & Baiocco, R. (2024). Nonbinary people living in a binary world: Minority stress in public and gendered places. *International Journal of Transgender Health*, 26(2), 360–377. <https://doi.org/10.1080/26895269.2024.2338152>
- Rosati, F., Lorusso, M. M., Pistella, J., Giovanardi, G., Di Giannantonio, B., Mirabella, M., Williams, R., Lingiardi, V., & Baiocco, R. (2022). Non-binary clients' experiences of psychotherapy: Uncomfortable and affirmative approaches. *International Journal of Environmental Research and Public Health*, 19(22), 15339.
- Rosati, F., Pistella, J., Nappa, M. R., & Baiocco, R. (2020). The coming-out process in family, social, and religious contexts among young, middle, and older Italian LGBTQ+ adults. *Frontiers in Psychology*, 11, 617217. <https://doi.org/10.3389/fpsyg.2020.617217>
- Rose Ragins, B. (2004). Sexual orientation in the workplace: The unique work and career experiences of gay, lesbian and bisexual workers. In *Research in personnel and human resources management* (pp. 35–120). Emerald Group Publishing Limited.
- RStudio Team. (2023). *RStudio: integrated development environment for R*. RStudio, PBC. Retrieved from: <http://www.rstudio.com/>
- Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *American Review of Clinical Psychology*, 12(1), 465–487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>

- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health, 63*(4), 503–505.
<https://doi.org/10.1016/j.jadohealth.2018.02.003>
- Ryan, C. (2010). Engaging families to support lesbian, gay, bisexual, and transgender youth: the family acceptance project. *Prevention Researcher, 17*(4).
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*(1), 346–352. <https://doi.org/10.1542/peds.2007-3524>
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Salvati, M., Pistella, J., Ioverno, S., Laghi, F., & Baiocco, R. (2017). Coming out to siblings and internalized sexual stigma: The moderating role of gender in a sample of Italian participants. *Journal of GLBT Family Studies, 14*(5), 405–424.
<https://doi.org/10.1080/1550428X.2017.1369916>
- Sánchez, F. J., & Vilain, E. (2009). Collective self-esteem as a coping resource for male-to-female transsexuals. *Journal of Counseling Psychology, 56*, 202–209.
<http://dx.doi.org/10.1037/a0014573>
- Savin-Williams, R. (2001). Mom, dad, I'm gay: How families negotiate coming out. *American Psychological Association*. <https://doi.org/10.1037/10437-000>
- Savin-Williams, R. C. (1989). Coming out to parents and self-esteem among gay and lesbian youths. *Journal of Homosexuality, 18*(1–2), 1–35.
https://doi.org/10.1300/J082v18n01_01
- Scandurra, C., Esposito, C., Fantacci, F., Borrello, L., Bochicchio, V., Giunti, D., &

- Antonelli, P. (2023). Social support, identity affirmation, and psychological well-being: A developmental and intersectional comparison between Italian cisgender and non-binary people with bisexual orientation. *International Journal of Environmental Research and Public Health*, 20(4), 3237. <https://doi.org/10.3390/ijerph20043237>
- Scandurra, C., Mezza, F., Maldonato, N. M., Bottone, M., Bochicchio, V., Valerio, P., & Vitelli, R. (2019). Health of non-binary and genderqueer people: A systematic review. *Frontiers in Psychology*, 10, 1453. <https://doi.org/10.3389/fpsyg.2019.01453>
- Scherrer, K. S. (2010). The intergenerational family relationships of grandparents and GLBQ grandchildren. *Journal of GLBT Family Studies*, 6(3), 229–264. <https://doi.org/10.1080/1550428X.2010.490898>
- Scherrer, K. S. (2016). Gay, lesbian, bisexual, and queer grandchildren's disclosure process with grandparents. *Journal of Family Issues*, 37(6), 739–764. <https://doi.org/10.1177/0192513X14526874>
- Schimmel-Bristow, A., Haley, S. G., Crouch, J. M., Evans, Y. N., Ahrens, K. R., McCarty, C. A., & Inwards-Breland, D. J. (2018). Youth and caregiver experiences of gender identity transition: A qualitative study. *Psychology of Sexual Orientation and Gender Diversity*, 5(2), 273.
- Schmitz, R. M., Robinson, B. A., & Sanchez, J. (2020). Intersectional family systems approach: LGBTQ+ Latino/a youth, family dynamics, and stressors. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 69(4), 832–848. <https://doi.org/10.1111/fare.12448>
- Schope, R. D. (2002). The decision to tell: Factors influencing the disclosure of sexual orientation by gay men. *Journal of Gay & Lesbian Social Services*, 14(1), 1–22. https://doi.org/10.1300/J041v14n01_01
- Seibel, B. L., de Brito Silva, B., Fontanari, A. M. V., Catelan, R. F., Bercht, A. M., Stucky, J.

- L., DeSousa, D. A., Cerqueira-Santos, E., Nardi, H. C., Koller, S. H., & Costa, A. B. (2018). The impact of the parental support on risk factors in the process of gender affirmation of transgender and gender diverse people. *Frontiers in Psychology, 9*, 399. <https://doi.org/10.3389/fpsyg.2018.00399>
- Sevelius, J. M. (2013). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles, 68*(11), 675–689. <https://doi.org/10.1007/s11199-012-0216-5>
- Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: Extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice, 26*(4), 629–646. <https://doi.org/10.1016/j.cbpra.2019.06.001>
- Sievert, E. D., Schweizer, K., Barkmann, C., Fahrenkrug, S., & Becker-Hebly, I. (2021). Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with gender dysphoria. *Clinical Child Psychology and Psychiatry, 26*(1), 79–95. <https://doi.org/10.1177/1359104520964530>
- Simons, L., Schragger, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health, 53*(6), 791–793. <https://doi.org/10.1016/j.jadohealth.2013.07.019>
- Sinclair-Palm, J. (2017). “It’s non-existent”: Haunting in trans youth narratives about naming. *Occasional Paper Series, 2017*(37) <https://educate.bankstreet.edu/occasional-paper-series/vol2017/iss37/7>
- Sinclair-Palm, J., & Chokly, K. (2023). ‘It’s a giant faux pas’: Exploring young trans people’s beliefs about deadnaming and the term deadname. *Journal of LGBT Youth, 20*(2), 370–389. <https://doi.org/10.1080/19361653.2022.2076182>

- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*, 20–27. <https://doi.org/10.1002/j.1556-6678.2011.tb00057.x>
- Singh, A. A., Meng, S. E., & Hansen, A. W. (2014). ‘I am my own gender’: Resilience strategies of, trans youth. *Journal of Counseling & Development, 92*(2), 208–218. <https://doi.org/10.1002/j.1556-6676.2014.00150.x>
- St Amant, M., Cai, J., Rider, G. N., & Lee, R. (2025). Nonbinary identity and pronoun use: A qualitative analysis. *International Journal of Transgender Health, 26*(2), 413–427. <https://doi.org/10.1080/26895269.2024.2362916>
- Stewart, M., Bedi, A., Gray, D., Cotter, J., & Ooi, C. (2025). Experiences of Australian transgender, gender-diverse and non-binary patients accessing and receiving gender-affirming care. *Australian Journal of General Practice, 54*(3), 143–151. <https://doi.org/10.31128/ajgp-06-24-7324>
- Stone, A. L., Pride, C., Adams, B., & Salcido, R. (2022). Bisexual aunts, gay cousins: How LGBTQ family members help LGBTQ youth navigate family heteronormativity. *Socius, 8*. <https://doi.org/10.1177/23780231221117145>
- Tan, K. K. H., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2019). Gender minority stress: A critical review. *Journal of Homosexuality, 67*(10), 1471–1489. <https://doi.org/10.1080/00918369.2019.1591789>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice, 43*(5), 452. <https://psycnet.apa.org/doi/10.1037/a0029604>

- Thoma, B. C., Salk, R. H., Choukas-Bradley, S., Goldstein, T. R., Levine, M. D., & Marshal, M. P. (2019). Suicidality disparities between transgender and cisgender adolescents. *Pediatrics, 144*(5), e20191183. <https://doi.org/10.1542/peds.2019-1183>
- Thorne, N., Witcomb, G. L., Nieder, T., Nixon, E., Yip, A., & Arcelus, J. (2018). A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and nonbinary. *International Journal of Transgenderism, 20*(2–3), 241–250. <https://doi.org/10.1080/15532739.2018.1452660>
- Thorne, N., Yip, A. K. T., Bouman, W. P., Marshall, E., & Arcelus, J. (2019). The terminology of identities between, outside and beyond the gender binary—a systematic review. *International Journal of Transgenderism, 20*(2–3), 138–154. <https://doi.org/10.1080/15532739.2019.1640654>
- Todd, K., Peitzmeier, S. M., Kattari, S. K., Miller-Perusse, M., Sharma, A., & Stephenson, R. (2019). Demographic and behavioral profiles of nonbinary and binary transgender youth. *Transgender Health, 4*(1), 254–261. <https://doi.org/10.1089/trgh.2018.0068>
- Turban, J. L., & Ehrensaft, D. (2018). Gender identity in youth: Treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry, 59*(12), 1228–1243. <https://doi.org/10.1111/jcpp.12833>
- Twist, J., & de Graaf, N. M. (2019). Gender diversity and nonbinary presentations in young people attending the United Kingdom’s National Gender Identity Development Service. *Clinical Child Psychology and Psychiatry, 24*(2), 277–290. <https://doi.org/10.1177/1359104518804311>
- VandenBos, G. R. (2007). *APA dictionary of psychology*. American Psychological Association.
- VanderSchans, A. (2016). The role of name choice in the construction of transgender

- identities. *Western Papers in Linguistics*, 1(2), 1–20.
https://ojs.lib.uwo.ca/index.php/wpl_clw/article/view/834
- Veldhuis, C. B., Cascalheira, C. J., Delucio, K., Budge, S. L., Matsuno, E., Huynh, K., Puckett, J. A., Balsam, K. F., Velez, B. L., & Galupo, M. P. (2024). Sexual orientation and gender diversity research manuscript writing guide. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication.
<https://dx.doi.org/10.1037/sgd0000722>
- Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. *Journal of Statistical Software*, 36, 1-48. <https://doi.org/10.18637/jss.v036.i03>
- Watson, R. J., Wheldon, C. W., & Puhl, R. M. (2020). Evidence of diverse identities in a large national sample of sexual and gender minority adolescents. *Journal of Research on Adolescence*, 30, 431–442. <https://doi.org/10.1111/jora.12488>
- Wentling, T. (2019). Contested citizenship: Renaming processes among people of transgender experience. *Journal of Homosexuality*, 67(12), 1653–1674.
<https://doi.org/10.1080/00918369.2019.1610634>
- Wheeler, S. C., Hastings, L., White, K., & Rothblum, E. D. (2011). Coming out, coming home: Helping families adjust to a gay or lesbian child by Michael LaSala. *Journal of Homosexuality*, 58(2), 294–297. <https://doi.org/10.1080/00918369.2011.540187>
- Willoughby, B. L. B., Doty, N. D., & Malik, N. M. (2008). Parental reactions to their child's sexual orientation disclosure: A family stress perspective. *Parenting*, 8(1), 70–91.
<https://doi.org/10.1080/15295190701830680>
- Wong, C. F., Schrage, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2014). Minority stress experiences and psychological well-being: The impact of support from and connection to social networks within the Los Angeles House and Ball communities. *Prevention Science*, 15(1), 44–55. <https://doi.org/10.1007/s11121-012-0348-4>

- Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2–3), 31-47. https://doi.org/10.1300/J485v08n02_04
- Yadegarfar, M., Meinhold-Bergmann, M. E. & Ho, R. (2014). Family rejection, social isolation, and loneliness as predictors of negative health outcomes (depression, suicidal ideation, and sexual risk behavior) among Thai male-to-female transgender adolescents. *Journal of LGBT Youth*, 11, 4, 347–363. <https://doi.org/10.1080/19361653.2014.910483>
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30–41. http://dx.doi.org/10.1207/s15327752jpa5201_2

Tables and figures

Table 1.1

Sample characteristics and assessment methods of the reviewed studies investigating family functioning in nonbinary people ($n = 32$)

Author(s)	Year of publication	Country	Research design	% (n) NB people	Sample's age (middle age)	Measures or constructs	Themes
Aparicio-Garcia et al.	2018	Spain	Quantitative	9% (70)	14-25 (20.4)	Ad hoc questionnaire: integration and social participation, experiences of abuse and isolation.	Support
Bedera et al.	2023	U.S.	Qualitative	2% (1)	18-31 (23)	Ad hoc interview: queer women's experiences with sexual violence in college. Ad hoc semi-structured interview:	Disclosure
Bhattacharya et al.	2021	U.S.	Qualitative	5% (1) NB people and their caregivers	7-18 (NA)	closeness/distance between caregivers and childrens, relationships between caregivers, relationships with people beyond the close family. Valuable insights for psychotherapists tasked with assisting patients in disclosing their gender identity and related experiences to their families.	Support – Victimization/violence
Bennett & Donatone	2022	U.S.	Case series	33% (1)	18-22 (NA)	MSPSS, Satisfaction with Life Scale (SWLS), and Gender Determinism Scale (GDS).	Disclosure
Bradford & Catalpa	2018	U.S.	Quantitative	32% (164)	NA (29.9)	Ad hoc interview and focus group: connections with the family through social media.	Support – Well-being/mental health
Chandra & Hanckel	2022	Australia	Qualitative	18% (12)	16-30 (NA)	Ad hoc questionnaire: psychological well-being, perceived family support, community connectedness, and the short version of The Santa Clara Strength of Religious Faith Questionnaire.	Disclosure
Coburn et al.	2022	U.S.	Quantitative	33% (132)	14-68 (34.5)	Adapted version of Colaner and colleagues' scale of non-accommodation, a subscale of Emotion Labor in Families (ELF), Jung and Hecht's measure about personal enacted identity	Support – Well-being/mental health
Decker & Schrodt	2022	U.S.	Quantitative	17% (35)	18-54 (21.8)		Family reactions

						gaps, Perceived Stress Scale(PSS), Dornubusch and colleagues' subscale for mental health, Rosenberg's self-esteem Scale (SES), Buchanan and colleagues' measure for relational closeness.	
Di Giannantonio et al.	2023	Italy	Qualitative	100% (20)	19-36 (26.6)	Ad hoc semi-structured interview: investigating gender identity construction in nonbinary people	Family reactions
Doucet & Chamberland	2020	Canada	Qualitative	90% (9)	20-29 (24.8)	Ad hoc semi-structured interview: family, social networks, gender identity. Rosenberg's self-esteem Scale (SES), Kutcher Adolescent Depression Scale, and ad hoc questionnaire: accepting LGBTQ attitudes, general family connectedness, self-rated health, BMI, and caregiver education.	Support – Family reactions - Disclosure
Eisenberg et al.	2020	U.S.	Quantitative	31% (2909)	13-17 (15.6)	Acceptance of gender identity by the family.	Family reactions – Victimization/violence – Well-being/mental health
Fey et al.	2020	U.S.	Case series	40% (2)	24-26 (NA)	Four subscales of Gender Minority Stress and Resiliency Scale (GMSR), Brief resiliency scale (BRS), Kessler 10 (K10), MSPSS, and ad hoc questionnaire: family relationships.	Family reactions
Fuller & Riggs	2018	U.S.	Quantitative	25% (87)	NA (27)	Ad hoc interview: family rejection experiences.	Support
Gamio Cuervo et al.	2022	U.S.	Qualitative	42% (5)	23-32 (NA)	Ad hoc interview: family rejection experiences, behaviors, and resources that have contributed to their resilience.	Family reactions
Gamio Cuervo et al.	2023	U.S.	Qualitative	33% (4)	23-32 (NA)	Psychotherapy paths for families of TNB adolescents.	Family reactions
Golden & Oransky	2019	U.S.	Case series	25% (1)	15 (NA)	Ad hoc interview: family relationships, minority stress theory, intersectionality, and ecological systems theory.	Family reactions - Disclosure
Gonzalez et al.	2022	U.S.	Qualitative	12% (1)	18-24 (NA)	CoRonavIruS Health Impact Survey (CRISIS), family support's subscale of the MSPSS.	Support
Hawke et al.	2021	Canada	Quantitative	3% (17)	14-28 (20.7)	Mc Master Family Assessment Device (FAD).	Support
Herrmann et al.	2023	Germany	Quantitative	10% (37)	11-18 (NA)		Support

Jackson Levin et al.	2020	U.S.	Qualitative	45% (5)	18-45 (NA)	Ad hoc structured interview: chosen family the role of caregiving.	Family reactions
Kaltiala et al.	2023	Finland	Quantitative	3% (4094)	13-20 (15.8)	Patient Health Questionnaire 2 (PHQ-2), General Anxiety Disorder 7 (GAD-7), and ad hoc questionnaire: sexual and gender identity, sociodemographic and psychosocial variables.	Support – Well-being/mental health
Klein & Golub	2016	U.S.	Quantitative	36% (2003)	18-98 (36.7)	Ad hoc questionnaire: history of suicide attempts, substance use, family rejection.	Victimization/violence
Langarita et al.	2023	Spain	Mixed	2.6% (32)	9-17 (14.3)	Ad hoc questionnaire: needs and concerns during lockdown, satisfaction with help received, support given by important people. Ad hoc interview with educators, teachers or managers: resilient practices adopted in the territory during lockdown. Ad hoc questionnaire with closed-ended and open-ended questions:	Support
Martinez & McDonald	2021	U.S.	Mixed	16% (5)	20-65 (NA)	relationship with siblings and parents, conflict with siblings, abuse/victimization suffered by siblings. Ad hoc interview:	Victimization/violence
Nakhid et al.	2022	New Zealand	Qualitative	9% (4)	18-35 (NA)	relationship with family and community.	Family reactions
Parker & Davis-McCabe	2021	Australia	Qualitative	18% (3) siblings of TNB people	14-26 (NA)	Ad hoc semi-structured interview: experiences and needs of siblings of TNB people. Ad hoc interview:	Support
Petit et al.	2017	Canada	Qualitative	4% (1)	27-60 (43.5)	development of gender identity, parental identity, division of tasks for the management of the home and child.	Family reactions
Pletta et al.	2022	U.S.	Qualitative	25% (5) NB people and their parents and siblings	13-17 (NA)	Ad hoc semi-structured interview: the effects of the 2016 presidential election on the well-being of families with TNB adolescents.	Support
Pollitt et al.	2023	U.S.	Quantitative	24% (2158)	13-17 (NA)	Outness Inventory, modified items from Family Acceptance Project.	Disclosure
Puhl et al.	2019	U.S.	Quantitative	25% (2477)	13-17 (15.6)	Ad hoc questionnaire: weight-based victimization.	Victimization/violence

Radusky et al.	2021	Argentina	Quantitative	24% (44)	22-32 (28.0)	Ad hoc questionnaire: experiences of intrafamilial violence.	Victimization/violence
Reczek & Bosley-Smith	2021	U.S.	Qualitative	8% (6) NB people and their parents	18-60 (31)	Ad hoc semi-structured interview: parent-child relationship, health, coming out experiences. Short form of the Center for Epidemiologic Studies Depression Scale, AUDIT-C, to explore alcohol use and ad hoc questionnaire: gender affirmation characteristics, social support, and victimization.	Support
Reisner & Hughto	2019	U.S.	Quantitative	41% (185)	18-75 (32.6)	Ad hoc interview: TNB people and their parents' experiences about specialized clinical services to which they have access.	Support
Riggs et al.	2020	Australia	Qualitative	5% (1)	11-17 (14.3)	Ad hoc interview: ethnic and gender identity, perception of family relationships, health. Brazilian version of Rosenberg Self-Esteem Scale and ad hoc questionnaire: gender identity, support for transsexual identity, family support.	Family reactions
Schmitz et al.	2020	U.S.	Qualitative	2% (1)	18-25 (21.0)	Ad hoc semi-structured interview: relationship with the family and how this relationship changed during Covid19 lockdown and with the U.S.'s political protests of the summer of 2020.	Disclosure
Seibel et al.	2018	Brazil	Quantitative	8% (34)	18-64 (27.1)		Support - Family reactions – Victimization/violence
Stone et al.	2022	U.S.	Qualitative	27% (7)	16-21 (18.0)		Support - Disclosure

Note. NB: nonbinary, MSPSS: Multidimensional Scale of Perceived Social Support, TNB: transgender and nonbinary. NA = not available

Table 2.1

Demographics characteristics

Demographics	N (%)
Education	
High school diploma	4 (18.2)
Bachelor's degree	17 (77.3)
Master's degree or Ph.D.	1 (4.5)
Economic	
Low	8 (36.4)
Average	11 (50)
High	3 (13.6)
Living arrangement	
Living alone	4 (18.2)
Living with parents and/or other family members	8 (36.4)
Living with roommate(s)	7 (31.8)
Other (e.g., co-housing community, no fixed residence)	3 (13.6)
Relationship status	
Single	7 (31.8)
Monogamous relationship	8 (36.4)
Non-Monogamous relationship	6 (27.3)
Other	1 (4.5)

Table 2.2

Gender related characteristics

Gender-related information	N
Assigned sex	
AFAB	15 (68.2)
AMAB	7 (31.8)
Gender	
Nonbinary	10 (45.4)
Transmasc nonbinary	5 (22.7)
Transfem nonbinary	2 (9.1)
Agender	3 (13.6)
Other (e.g., genderfluid, genderqueer)	2 (9.1)
Sexual orientation	
Queer	8 (36.4)
Not defined	7 (31.8)
Bisexual	3 (13.6)
Pansexual	3 (13.6)
Questioning	1 (4.5)
Medical gender affirmation	
Yes	4 (18.2)
No	18 (81.8)
Pronouns	
They	3 (13.6)
He/She	2 (9.1)
All pronouns	10 (45.4)
She	2 (9.1)
He	5 (22.7)

Note. AFAB: Assigned Female At Birth; AMAB: Assigned Male At Birth.

Table 2.3

Themes and subthemes, frequencies, and sample extracts.

Theme	Subtheme	Description	Extract
Family reactions (n=67)	Affirmation (n=21)	Acceptance, support, good understanding, and interest.	“It was really nice because she also immediately told me that, for her, it’s important that I’m happy and that it’s perfectly fine.”
	Rejection (n =17)	Rejection, non-acceptance, negative comments, or ignoring the coming out.	“It didn’t go well at all. I mean, my brother literally told me that I’ll never be a woman, something like that.” “After my coming out, she needed to take her time to process it. That period lasted about four or five years, during which she acted as if it had never happened and pretended that nothing had changed.”
	Avoidance (n=6)	Ignore the coming out, act as if it had never happened, avoid talking about it, and make no changes in behavior.	
	Limited understanding (n=15)	Difficulty understanding nonbinary identity (e.g., confusion with terminology, mistaking it for trans identities).	“They, in my opinion, don’t fully understand what it means to be nonbinary, there’s a lot of confusion.”
	Anxiety Concern (n=8)	Concern or fear about nonbinary life challenges; anxious or distressed emotional reactions during coming out.	“My mom was a bit scared because I want to take testosterone, and she’s afraid. When I told her I want to change my voice, I want to change my muscle mass, I can really see that she’s scared, I can read it in her eyes.” “Apart from the arguments with my mom, which are comparable to other types of arguments, the relationship hasn’t really changed.”
Effects on relationships (n=14)	No change (n=7)	No change in the relationship after coming out.	
	Bonding (n=4)	Improvement in the relationship after coming out (e.g., closer connection due to increased authenticity).	“No, with my brother, I think we’ve actually gotten closer over the years, partly because I became more authentic. So, no, I believe this is what brought us closer.”
	Distancing (n=3)	Deterioration of the relationship after coming out (e.g., due to limited acceptance by the family member).	“Yes, yes, exactly, I put up the wall myself because I don’t want invisibility.”
Non-disclosure (n=88)	Individual Negative Expectations (n=24)	Expectation of a negative coming out experience based on the family member’s individual traits (e.g., anticipated rejection or disbelief).	“With my paternal grandparents, I don’t think so, I really doubt there could be a positive reaction. I think, on the contrary, they might, uh, reject me as a grandchild, let’s say.”
	Not ready (n=19)	Coming out avoidance not primarily driven by fear of negative	“Yes, I do plan to talk about it with my aunt, even though it’s really

reactions, but rather by a perceived lack of readiness or emotional capacity to disclose at the time, or a desire to avoid the psychological burden of disclosure (explicitly or implicitly expressed). emotionally difficult for me.”

Cultural/Political Negative Expectations (n=18)

Expectation of a negative or unsupportive reaction based on cultural or political factors (e.g., lack of LGBTQIA+-related knowledge, political orientation, or perceived inability to understand).

“Because I feel that, knowing the resources, the cultural resources, especially from my father, regarding social issues and queer issues, it would only generate embarrassment, jokes, and embarrassing situations for me constantly, as well as probably invasive questions.”

Unnecessary coming out (n=15)

Coming out deemed unnecessary based on personal needs (e.g., unchanged gender expression or belief that one’s gender identity is already evident).

“I don't care about talking to her about the fact that I’m someone who doesn’t fit into the binary. I don’t know, I’m just not interested. It’s also partly so obvious because I’ve always been like this, so I don’t know, having to declare it face-to-face feels a bit strange.”

Pre-existing weak bonds (n=7)

Decision not to come out due to a weak or distant relationship with the family or a specific family member.

“I mean, honestly, I don’t feel the need. They’re people who are so marginal in my life that, well...”

Mixed expectations (n=5)

Mixed expectations regarding others’ reactions, including anticipation of both supportive and unsupportive responses (e.g., expecting emotional support but not genuine understanding).

“So, the fact that I’m their grandchild, and I know they would do anything for their grandchildren, that works in my favor—it’s an advantage. But they have kind of an old-fashioned mindset. So, I think there would be some difficulties in understanding, but they would accept it.”

Table 2.4

Participants and the family members to whom they disclosed their nonbinary identity

Participant	Mother	Father	Siblings	Cousins	Aunts/Uncles	Grandparents
C., 35 years old, nonbinary trans masc	✓	✓	✓			
B., 30 years old, nonbinary trans masc	✓	✓	✓	✓		
K., 26 years old, nonbinary						
A., 33 years old, nonbinary transfemme	✓	✓	✓	✓	✓	
L., 25 years old, nonbinary	✓					
S., 29 years old, nonbinary	✓	✓	N/A		✓	
L., 28 years old, agender						
J., 30 years old, nonbinary	✓	✓	✓			
Y., 27 years old, nonbinary	✓	✓	N/A	✓		
N., 23 years old, genderfluid	✓		N/A			
I., 36 years old, nonbinary trans masc	✓		N/A			
P., 33 years old, nonbinary trans masc	✓	✓				
J., 23 years old, agender	✓	✓	✓			
E., 32 years old, agender	✓	✓	✓			
M., 24 years old, nonbinary	✓	✓	✓	✓	✓	✓
V., 31 years old, genderqueer	✓	✓	✓		✓	
P., 35 years old, nonbinary trans masc			N/A			
S., 34 years old, nonbinary	✓	✓				
C., 32 years old, nonbinary	✓		N/A	✓		
Z., 31 years old, nonbinary transfemme	✓		✓			
I., 24 years old, nonbinary	✓	✓	✓			
N., 20 years old, nonbinary	✓	✓				
Frequencies % (n)	86.4 (19)	63.6 (14)	62.5 (10)	22.7 (5)	18.2 (4)	4.5 (1)

Note. N/A: not applicable.

Table 3.1

Demographics characteristics

Demographics	N (%)
Gender	
Women	25 (73.5)
Men	9 (26.5)
Education	
Middle school diploma	1 (2.9)
High school diploma	12 (35.3)
Bachelor's degree	4 (11.8)
Master's degree or Ph.D.	17 (50)
Occupations	
Professionals	14 (41.2)
Service/Sales workers	7 (20.6)
Retired	6 (17.6)
Clerical/Administrative Employees	4 (11.8)
Unemployed	3 (8.8)
Economic status	
Low	6 (17.6)
Average	18 (52.9)
High	10 (29.4)
Living arrangement	
Living with children	11 (32.3)
Living with a partner and children	9 (26.5)
Living alone	8 (23.5)
Living with a partner	5 (14.7)
Living with a partner, children, and parents	1 (2.9)
Relationship status	
Married	13 (38.2)
Divorced	11 (32.3)
Separated	4 (11.8)
In a relationship (not married)	3 (8.8)
Single	2 (5.9)
Widowed	1 (2.9)

Table 3.2

Themes and subthemes, frequencies, and sample extracts

Theme	Subtheme	Description	Extract
Family use of the chosen name (n=106)	Affirmed and use (n =44)	Family affirmation of the chosen name and use of the chosen name without difficulties.	“When he told us he wanted to be called by his chosen name, I don’t know, maybe it sounds simplistic, but it just felt normal to me.”
	Use of alternatives (n=16)	Use of alternatives to both the chosen name and the dead name, to avoid using either	“And I came up with this solution: for a year, I called him ‘darling.’ It’s a bit cowardly, maybe, but still, it was a solution.”
	Difficulty in use (n=25)	Difficulties in using the chosen name due to habit, tendency to make mistakes, and unintentionally use of the dead name.	“When he chose this name, sometimes his other name—the dead name—slipped out.”
	Rejection/ disapproval (n=21)	Refusal to use the chosen name, chosen name not approved or appreciated.	“[Talking about the grandfather] Even though he hasn’t really come to terms with it. It’s hard; he still can’t manage. He just can’t bring himself to use her chosen name.”
Characteristics of the chosen name (n=27)	Continuity with the dead name (n=13)	Adaptation of the dead name into a neutral form or a gendered form opposite to the original; use of a diminutive of the dead name or another form of continuity with the dead name.	“No, no, he kept the same name and changed it to the masculine form. It was only a tiny change—almost like just a comma, practically just a little stroke. That’s all it was.”
	Family-related name (n=4)	Chosen name derived from a family member or otherwise connected to family history.	“And he chose it because it was his grandfather’s name, the grandfather who raised him.”
	Names inspired by a significant person (n=6)	Chosen name derived from a significant person as a source of inspiration, whether real or fictional (e.g., a character from a film or book, a historical figure, or an artist).	“She took it from a video game character. She had played a female character she really liked and was inspired by that.”
	Meaning-based choice (n=4)	Chosen name is selected for its meaning or simply for personal preference.	“She chose that name because it means cheerfulness. That’s why she chose it.”
Chosen name selection process (n=36)	Name chosen independently (n=23)	Chosen name selected independently by the individual, without involving others.	“No, she did everything on her own and then presented it once it was ready.”
	Name choice influenced by family (n=13)	Chosen name is selected with family members, followed by their suggestions, or influenced by their opinions.	“At the beginning he asked us for something truly poetic—he asked me and his father to be the ones to tell him, meaning he wanted us to be the ones to give him the name. Like a

Children's lived experience (n=16)	Tolerance of the dead name (n=6)	Not feeling the need to distance oneself from the dead name completely; tolerance toward deadnaming.	second birth." "With relatives, like grandparents and uncles, I notice he is more tolerant. So he tolerates being called by his dead name."
	Indifference toward the chosen name (n=4)	Not changing the name or changing it later if prompted.	"This was another particular thing, because he took a very long time to choose his name. [...] But he also gave a reason for it, which I think was even noble in some ways. He said, 'For me, the name is not important, because what I have done inside is so big, so important, that a name doesn't make me feel more than I already am.'"
	Refusal of the dead name (n=6)	Experiences of suffering related to the dead name, the choice of a name that does not recall it, and negative emotions when it is used.	"She completely rejects her dead name—she really rejects it. She clearly said, 'Don't use it, because it makes me feel bad.'"

Figure 1.1

PRISMA flowchart of the study selection

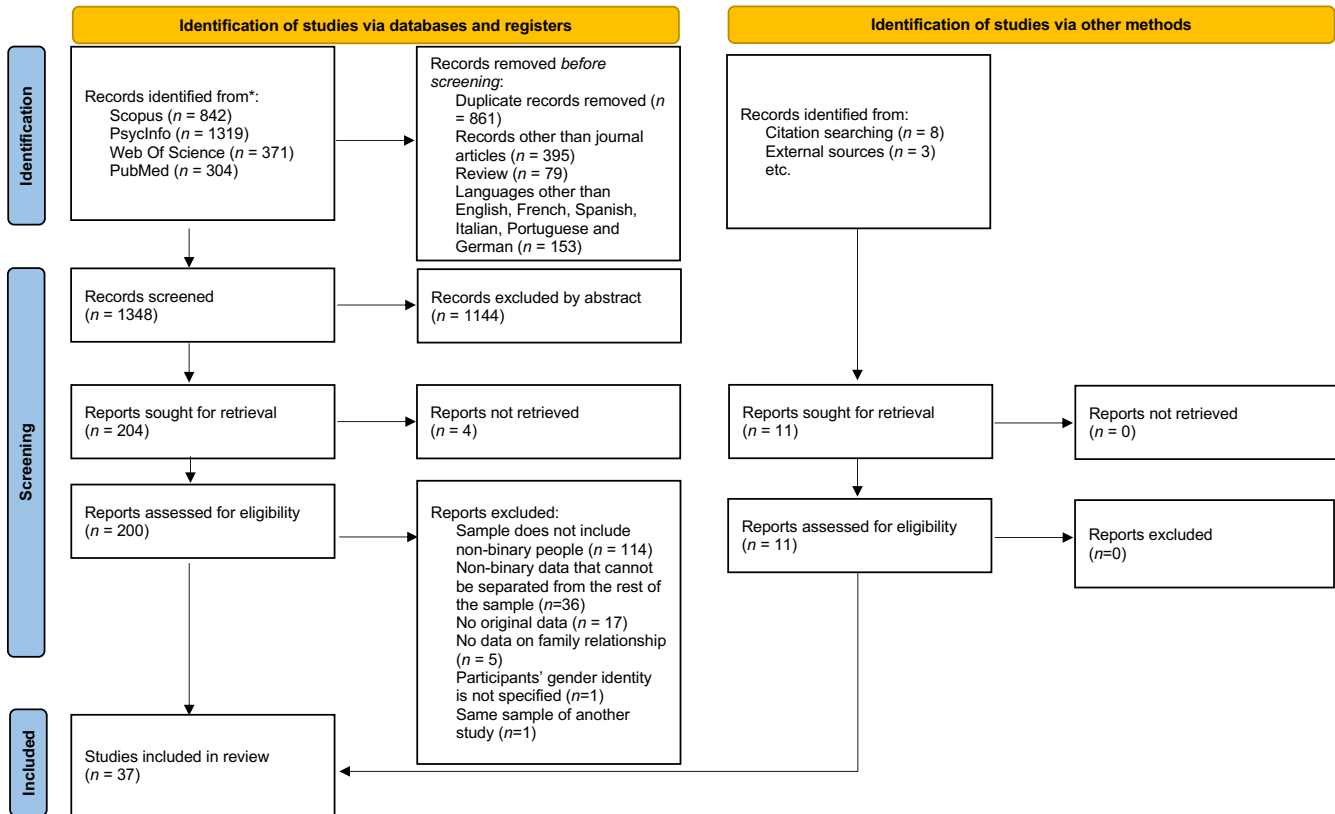


Figure 1.2

Forest plot of studies comparing perceived family support between nonbinary and transgender binary people

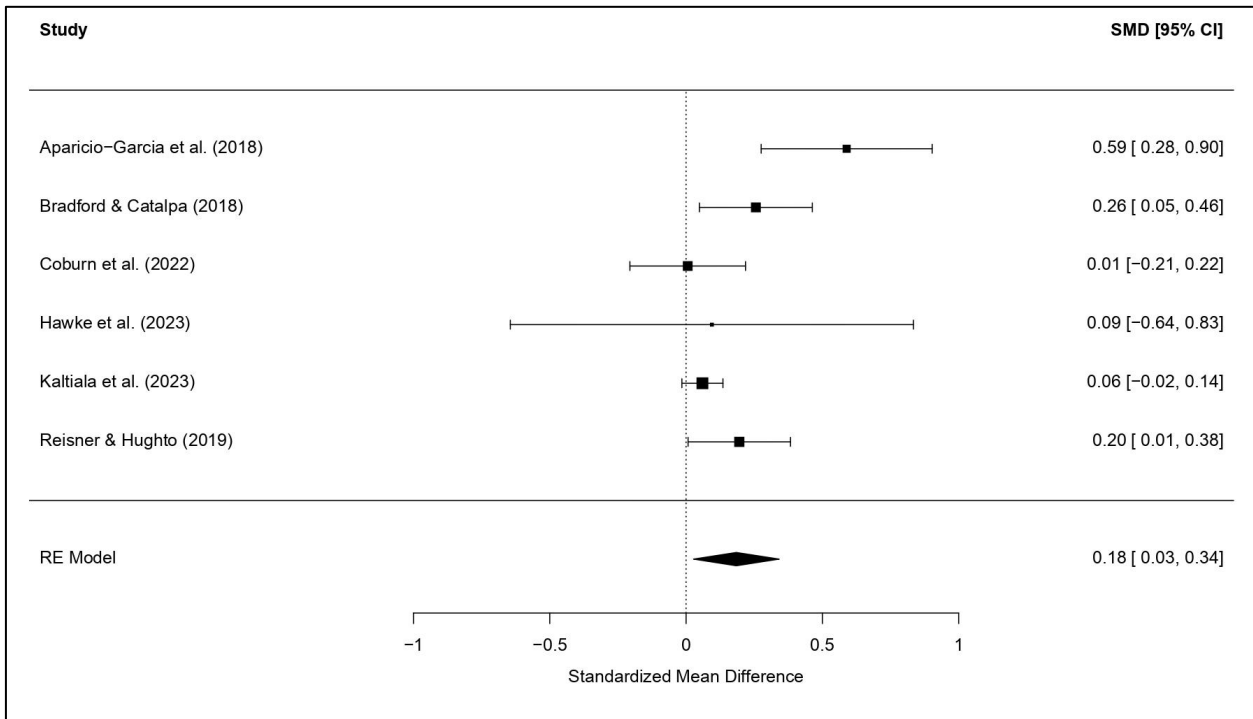


Figure 1.3

Funnel plot of studies comparing perceived family support between nonbinary and transgender binary people

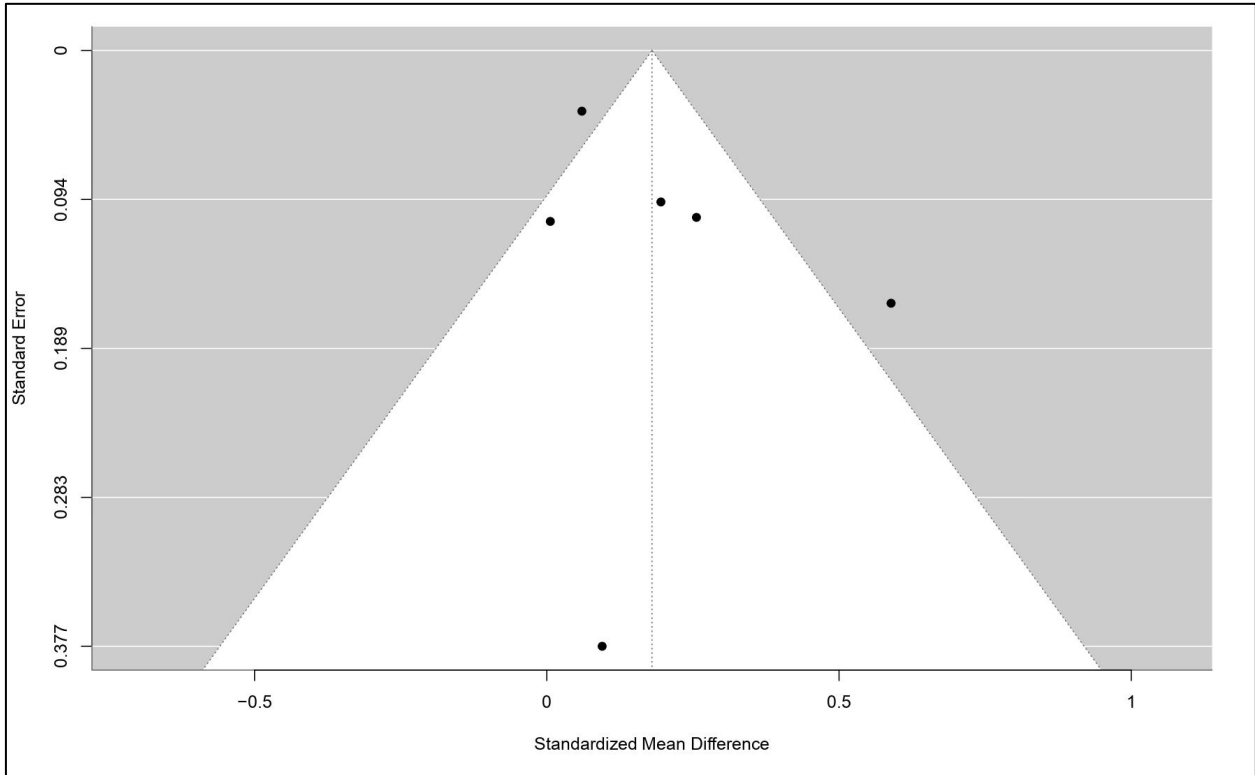


Figure 1.4

Forest plot of studies comparing perceived family support between nonbinary and cisgender binary people

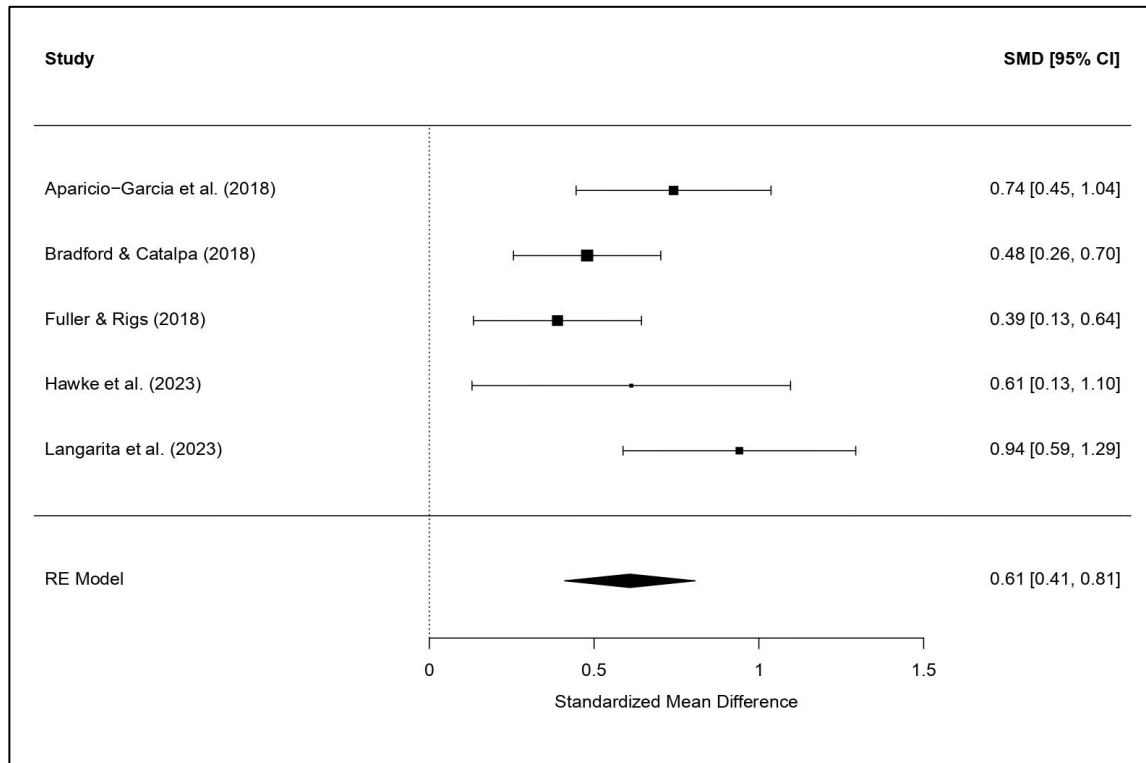
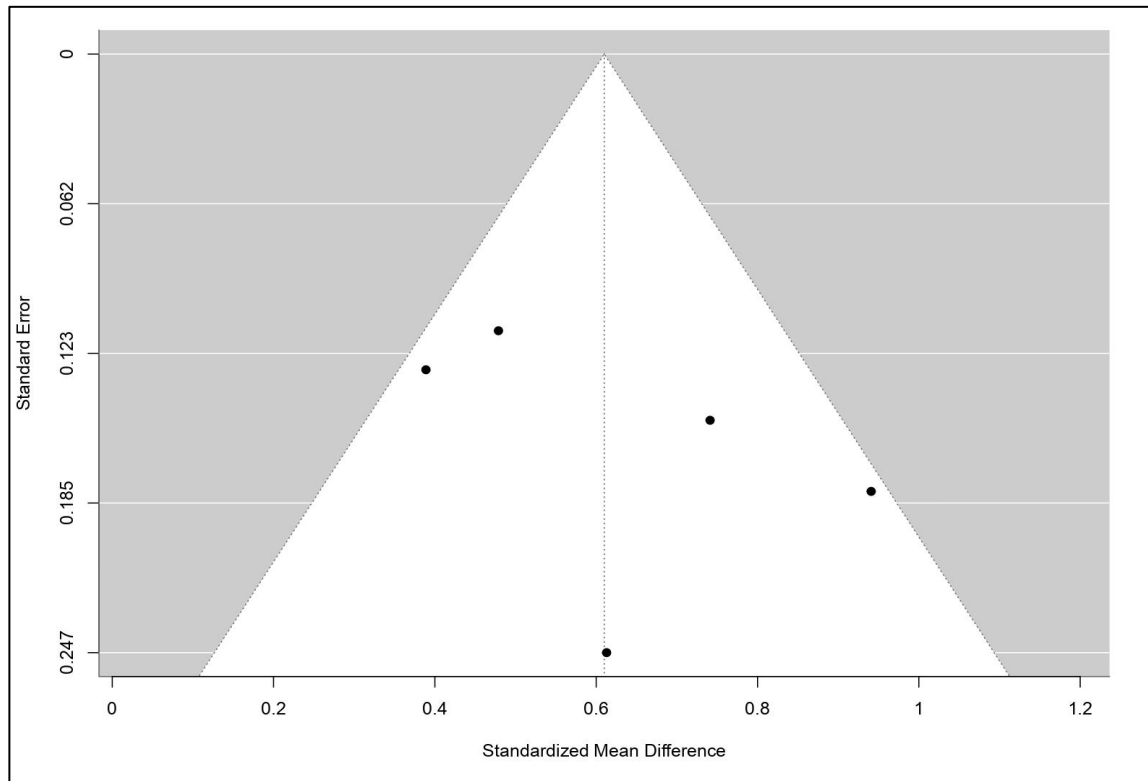


Figure 1.5

Funnel plot of studies comparing perceived family support between nonbinary and cisgender binary people



Appendix 1

Persone nonbinarie e contesto familiare – Sezione relativa al coming out

(Versione per persone nonbinarie)

Prima di iniziare vorrei chiederti, se hai fratelli o sorelle, come li chiami? E loro come ti chiamano? Alcune persone usano termini alternativi come sorello o fratella, vogliamo anche noi lasciare spazio alla tua esperienza e chiederti che termini preferisci usare.

ANAGRAFICA

1) Et : _____ 2) Pronomi: _____ 3) Fratria (fratell3 e sorell3, specifica et ) _____

4) Orientamento sessuale: _____ 5) Identit  di genere: _____

6) Nazionalit : Italia Altro (specifica): _____

7) Citt  (o il paese) dove vive: _____

8) Livello d'istruzione pi  elevato completato?

- Scuola elementare
- Licenza media
- Diploma di scuola secondaria superiore
- Laurea di primo livello
- Laurea specialistica/magistrale
- Specializzazione/Dottorato di ricerca

9) Condizione socioeconomica:

- Estremamente bassa
- Bassa
- Nella media
- Alta
- Estremamente alta

10) Situazione abitativa attuale (indica da una a pi  opzioni):

- vivo da sol 
- vivo con l  mi  partner
- vivo con i miei genitori
- vivo con l3 mie3 amich3
- vivo con l3 mi3 figlis
- altro (specifica): _____

11) Situazione relazionale attuale:

- Single
- Relazione monogama
- Relazione non monogama
- Altro (specifica): _____

INTERVISTA QUALITATIVA

COMING OUT

1) È avvenuto il coming out rispetto alla tua identità di genere con tua madre? Se sì, com'è avvenuto...?

[Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se la madre ne è a conoscenza]

a) **E invece rispetto all'orientamento sessuale?** [Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se la madre ne è a conoscenza].

2) È avvenuto il coming out rispetto alla tua identità di genere con tuo padre? Se sì, com'è avvenuto...? [Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se il padre ne è a conoscenza]

a) **E invece rispetto all'orientamento sessuale?** [Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se il padre ne è a conoscenza].

3) [SE CI SONO FRATELL3 E SORELL3, per ognuno indagare] È avvenuto il coming out rispetto alla tua identità di genere con l3 tue fratell3/sorell3? Se sì, com'è avvenuto...? [Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se fratell3/sorell3 ne sono a conoscenza]

a) **E invece rispetto all'orientamento sessuale?** [Se è avvenuto, indagare quando è successo, come è avvenuto, come ha reagito e come si è sentito; Se non è avvenuto chiedere se fratell3/sorell3 ne sono a conoscenza].

4) È avvenuto il coming out rispetto alla tua identità di genere con altri membri della famiglia? Se sì, com'è avvenuto...? [Se è avvenuto, indagare con chi, quando è successo, come è avvenuto, come hanno reagito e come si è sentito]

a) **E invece rispetto all'orientamento sessuale?** [Se sì, indagare quando è successo, come è avvenuto, come hanno reagito e come si è sentitø].

5) **[SE NON È AVVENUTO il processo di svelamento/coming out con membri della famiglia]**
Perché non è avvenuto il processo di svelamento/coming out con i tuoi familiari (o specificare familiare con cui non ha fatto coming out)? Come pensi potrebbe/potrebbero reagire?

6) **[SE È AVVENUTO il processo di svelamento/coming out con membri della famiglia]**
Le tue relazioni familiari sono cambiate dopo il coming out? [Indagare che tipo di cambiamenti ci sono stati, se in positivo o in negativo e con quali membri della famiglia]

The English version of all the interviews reported in the Appendixes can be asked to the author's dissertation.

Appendix 2

Intervista su Persone nonbinarie e contesto familiare – Sezione relativa al nome di elezione (Versione per genitori)

Prima di iniziare vorrei chiederle, sua figli@ ha fratelli e sorelle? Loro come la chiamano? E sua figli@ come la chiama? Alcune persone usano termini creativi come sorello o fratella, vogliamo anche noi lasciare spazio alla vostra creatività e chiederle che termini usate in famiglia

ANAGRAFICA

- 1) Et : _____
- 2) Genere: Femmina Maschio Altro (specifica): _____
- 3) Pronomi: _____
- 4) Orientamento sessuale? [se lo si sa gi : compilare senza chiedere] _____
- 5) Situazione relazionale attuale:
 - Sposat@
 - Vedov@
 - Divorziat@
 - Altro – specificare _____
- 6) Nazionalit : Italia Altro (specifica): _____
- 7) Citt  (o il paese) dove vive: _____
- 8) Livello d'istruzione pi  elevato completato?
 - Licenza elementare
 - Licenza media
 - Diploma di scuola secondaria superiore
 - Laurea di primo livello
 - Laurea specialistica/magistrale
 - Specializzazione/Dottorato di ricerca
- 9) Che lavoro svolge? _____
- 10) Condizione socioeconomica:
 - Estremamente bassa
 - Bassa
 - Nella media
 - Alta
 - Estremamente alta

11) Quanti figli ha? Indicare per ogni fratello o sorella la sua età e la sua identità di genere

- Figliø 1 età/genere _____
- Figliø 2 età/genere _____
- Figliø 3 età/genere _____
- Figliø 4 età/genere _____
- Figliø 5 età/genere _____
- Figliø 6 età/genere _____

12) Situazione abitativa attuale (indica da una a più opzioni):

- vivo da solø
- vivo con lø miø partner
- vivo con i miei genitori
- vivo con l3 mie3 amich3
- vivo con l3 mie3 figli3
- altro (specifica): _____

13) Situazione relazionale attuale:

- Single
- Relazione monogama
- Relazione non monogama
- Altro (specifica): _____

INTERVISTA QUALITATIVA

NOME IN FAMIGLIA

1) Suø figliø ha un nome con cui preferisce essere chiamatø che è diverso dal nome che è stato dato alla nascita? Se sì, com'è avvenuta (e quando) la scelta del nome?

a. Ha condiviso questa scelta con lei oppure ha chiesto il suo aiuto in questa scelta?

2) Lei utilizza il nome scelto da suø figliø? E gli altri membri della sua famiglia? [chiedere rispetto a tutti i membri]