Literature Review: Transgender Wellbeing and Sibling Relationships: A Systematic Literature Review

Empirical Paper: Understanding Sibling Relationships in the Context of Gender Diversity

Submitted by Rachael Exley to the University of Exeter

as a thesis for the degree of Doctor of Clinical Psychology, May 2021

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Signature: ……R E Exley……..

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SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

SYSTEMATIC LITERATURE REVIEW

Transgender Wellbeing and Sibling Relationships: A Systematic Literature Review

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Abstract

Transgender wellbeing has received increasing attention within recent years. The roles of individual family members, and in particular siblings, have been found to be an important factor in enabling positive mental health outcomes for individuals who identify as gender diverse. This systematic literature review aimed to identify and review existing findings in research regarding transgender sibling relationships. A thorough literature review was conducted across three online databases relevant to transgender research. The systematic search strategy yielded 58 sample studies, which were subject to extensive review. Of these, seven studies were found to meet the review inclusion criteria. A summary and critical evaluation of these seven studies is presented. Consistent with previous suggestions, the review highlighted the significance of individual family member relationships in influencing transgender individuals' experiences of anxiety, depression, and general psychological distress. The review builds upon previous literature by highlighting the unique role that siblings can play in shaping trans individuals' experiences of acceptance and affirmation and subsequent mental health outcomes. These findings suggest that further research into sibling relationships within the context of gender diversity is warranted and that mental health professionals should consider the whole family system when developing and delivering therapeutic interventions.

Introduction

This review explores the impact of sibling relationships on the wellbeing of those who identify as transgender. Previous research has suggested that familial support and acceptance is important in facilitating psychological wellbeing and psychosocial outcomes for individuals who identify as gender diverse. However, few researchers have specifically examined the role of siblings in influencing the experience of gender diversity and the impact of this relationship on subsequent physical, psychological and social outcomes for those who identify as trans. To address this gap, the current paper will systematically review research that investigates the relationship between sibling relationships, transgender identity, and transgender wellbeing.

In recent years, transgender identity has received increasing attention and interest across many social, educational and political fields (Kaltiala-Heino et al., 2018). The word ‘transgender’ is an umbrella term, used to describe anyone whose gender identity does not align with the sex that they were assigned at birth (American Psychiatric Association (APA), 2015). This is in contrast to the term ‘cisgender’, which denotes those whose gender identity is in line with their natal sex. In this way, notions of gender and sex differ; in that sex is considered biological and gender is generally considered to be a cultural construct (Stryker, 2017). It is important to note that transgender identity is not limited to the traditional gender binary, however, as many who identify as transgender do not feel they are exclusively masculine or feminine. A number of differing terminologies exist to help to encapsulate the full spectrum of the transgender experience. These include, but are not limited to, ‘trans’, ‘transgender’, ‘transsexual’, ‘non-binary’, ‘gender queer’,

‘trans male and trans female’, ‘gender diverse’, and ‘gender variant’. Importantly, transgender identity is independent of sexual orientation.

In the UK, it is estimated that approximately 0.4% of the general population identify under the ‘transgender umbrella’, although it is noted that this figure may be significantly higher when surveying younger populations (Reed et al., 2009). Across the last five years, gender identity services (GIS) have experienced an 240% increase in referrals (Press Association, 2019); with estimated waiting times rising to over 18 months (Donnelly, 2019). Moreover, increased numbers of young people referred to GIS have been observed to identify as non-binary and in more gender fluid ways (Miller & Davidson, 2019). This widening of gender identities, as well as increased social visibility and trans social media influences, may help to explain the unprecedented increase in GIS referrals within the UK and other western countries (Di Ceglie, 2018). Nevertheless, this increase presents clinicians working within GIS with unique challenges, which can create ethical and clinical dilemmas for clinicians; generating anxiety around decision making, which may lead to unhelpful action or inaction (Di Ceglie, 2018).

There are a number of reasons why those who identify as transgender may seek the support of healthcare professionals. Trans individuals can often experience a sense of ‘gender incongruence’; in that they feel a discordance between their personal sense of who they are and their biological sex (APA, 2015). Persons may therefore seek support in relation to their gender incongruence, decisions regarding gender transition, or to explore potential gender-affirming surgical options (Winter et al., 2016). ‘Gender dysphoria’ refers to the distress that an individual may experience as a result of gender incongruence and encompasses both social and physical discordance (APA, 2015). Whilst some trans individuals may experience very little or

no dysphoria, for others the level of distress may be severe and can negatively impact upon their psychological wellbeing and day-to-day functioning (Di Ceglie, 2018).

It is noted that the notion of wellbeing can be difficult to define and can be measured in innumerable ways (Forgeard et al., 2011). Nevertheless, the World Health Organization (WHO, 2013) defines overall health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" that seems appropriate to our current understanding. With regards to transgender wellbeing, health outcomes within the trans population are often negatively affected and include higher rates of HIV, smoking, and drug and alcohol abuse (Sandil et al., 2017), as well as an increased risk of suicide in comparison to cisgender populations (Winter et al., 2016). The way in which individuals who identify as trans are perceived and received by others is important in influencing wellbeing. Transgender individuals can be viewed by society as sexually deviant, morally corrupt, or mentally disordered (Winter et al., 2009) and risk facing systemic oppression and devaluation as a result of the stigma associated with their gender nonconformity (Winter et al., 2016). What is more, those who identify as trans are also at an increased risk of experiencing discrimination (Clements-Nolle et al., 2006), verbal and physical abuse (Hyde et al., 2013), and unemployment and poverty (Nuttbrock et al., 2010) further impacting upon experiences of wellbeing.

The sibling bond is theorised to be an important factor in promoting wellbeing, and in particular enabling socio-emotional development, and is highlighted for its uniqueness in often existing throughout a person's lifespan (Haxhe et al., 2018). Bank and Kahn (1982) define the sibling relationship as an integration of two people's identities and personalities during childhood and into adulthood. It is noted

that approximately 80% to 90% of individuals grow up with at least one sibling (Circirelli, 1982). In the general field of sibling studies, prominent researchers have similarly highlighted the importance of sibling relationships in the development of social, emotional and relational skills (Feinberg et al., 2013; Sulloway, 2010). What is more, sibling relationships are important sources of support and companionship, although it is noted that this relationship may also be characterised by conflict and competition at varying times (Furman & Buhrmester, 1985).

Research suggests that sibling relationships may be impacted by changes to one member's identity. For instance, Dunn (1992) explored how this relationship can be affected when one member experiences a significant change in identity because of disability, physical illness or mental health issues and found that siblings can become helpful supporters and influences during such times of change. Conversely, Fisman et al (2000) conducted a longitudinal study into the impact of chronic childhood disability on the affected individual's sibling. The authors concluded that siblings of children with pervasive developmental disorder may experience high levels of distress and depression and that these symptoms can persist over time (Fisman et al., 2000). Nonetheless, research exploring the sibling relationship within the context of gender identity changes remains limited (Lamb, 2014).

Within the field of transgender research, it appears that gender diversity affects everyone in the family in varied, complex and often covert ways (Westwater et al., 2020). Despite increasing research into the individual mental health needs of transgender individuals, however, much less is known about individual and collective family member experiences of gender dysphoria, particularly for siblings (Newcomb et al., 2019; Westwater et al., 2020; Wheeler et al., 2019). At present, existing systemic transgender literature focuses primarily upon the father-mother-child family

triad, as opposed to the wider family context (Gregor et al., 2016). In addition, siblings are readily forgotten by professionals working within GIS; leaving the roles and perspectives of siblings relatively unheard (Ehrensaft, 2011).

Rationale

Given the unparalleled increase in GIS referrals, the long waits for appointments at GIS, the impact of gender diversity on both family relationships and transgender individuals health and wellbeing, as well as the lack of research concerning the role of siblings in influencing transgender wellbeing, understanding the impact of sibling relationships within the context of gender diversity is important.

Aims of the Review

The current literature review aimed to systemically identify, appraise and summarise all literature that explores the role of siblings in understanding the experiences and wellbeing of transgender individuals. Due to the small but emergent literature available, the review included sibling relationships across both childhood and adulthood.

Specifically, the review research question asked:

- In what ways do sibling relationships impact upon transgender wellbeing?

Method

A systematic search of the literature was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) principles (Moher et al., 2009). The literature review followed a five-step process of literature search, identification, data evaluation, data analysis and presentation of integrated findings.

Search Terms

In order to ensure relevant literature was captured, a range of search terms, synonyms and Boolean techniques using 'AND/OR' operators were utilised (see Table 1). The search terms were identified following an initial scoping search of the relevant literature. Given the variation in terms used to describe gender diversity, multiple search terms were included. Finally, a range of terms relating to physical, psychological and social wellbeing were also incorporated.

Table 1

Search Terms

Transgender	Gender divers*
	Gender dysphoria
	Gender variant
	Gender queer
	Gender identity disorder
	Non-binary
	Transsexual*
	Transgender*
	LGBT*
Sibling	Sibling
	Brother
	Sister
Wellbeing	Acceptance
	Anxiety
	Depression
	Happiness
	Health
	Growth
	Mental health
	Mental wellbeing
	Psychosocial
	QoL
	Quality of life
	Suicide
	Wellbeing
	Well-being

Search Strategy

Three chosen databases (PsycINFO, SAGE Journals and Web of Science) were searched on 8th January 2020. These databases were selected due to their relevance to Psychology and wider related fields. All searches were conducted within the title and abstract domains, in order to ensure that the literature obtained related to the key concepts as defined by the research question. Searches were initially conducted in the full text; however, this was found to be ineffective since the articles retrieved were generally irrelevant to this literature review (e.g. focused upon sexual orientation as opposed to gender, focused on parental relationships but not siblings).

The inclusion and exclusion criteria used for the review are detailed in Table 2 below. Only papers that made explicit reference to sibling relationships within the context of transgender wellbeing were selected for this review. Due to the relative novelty of this area of research and the subsequent small database, qualitative, quantitative and mixed methods studies were included. The search included peer-reviewed journal articles published in English and was limited to papers published after 1966; at which point the first GIS was opened.

Table 2

PICOS Inclusion Criteria

PICOS Criteria	Inclusion	Exclusion
Population	Individuals who identify under the trans umbrella (trans/non-binary/M2F/ F2M etc.) with at least one sibling (full, half, or step)	Trans individuals with no siblings Individuals with no trans sibling No human participants

	AND/OR Individuals who have a sibling (step, full, half) who identifies under the trans umbrella (trans/non-binary/M2F/ F2M etc.) Participants of any language or ethnicity Participants of all ages	
Intervention	N/A	N/A
Comparison	N/A	N/A
Outcome	Self-reports and/or objective measures of physical health, mental health, psychosocial functioning, self-esteem, life satisfaction, quality of life, social participation, social engagement, social relationships, social acceptance	Studies focused on financial or occupational wellbeing
Study Design	Studies published in English Peer-reviewed journal articles	Studies not published in English Book reviews, literature reviews, policy

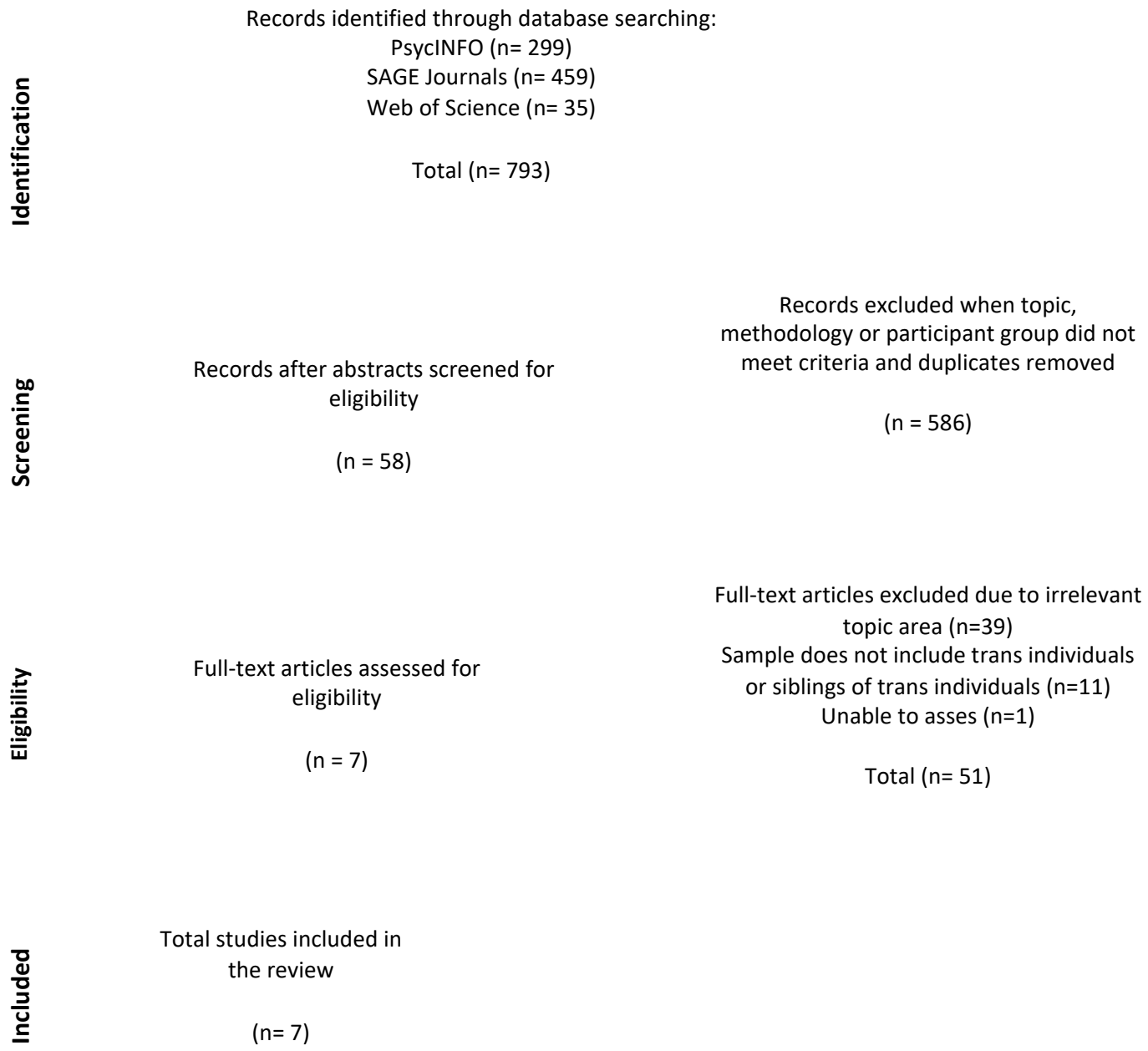
	Grey literature	documents, conference
	Qualitative, quantitative	proceeding
	and mixed methods	Studies published prior to
	design	1st January 1966

Study Selection

The search yielded a total of 793 articles, which reduced to 644 following the removal of duplicates (see Figure 1 below). The reference lists of eligible studies were also reviewed to identify any additional relevant articles, although this did not yield any other articles. All articles underwent a preliminary screening process, which involved reading the title and abstract to determine whether they met criteria for inclusion. Consequently, 586 articles were excluded. The remaining 58 were subject to a full-text appraisal to further establish their eligibility. Seven articles were identified as fulfilling all inclusion criteria and are detailed in Table 3. Moreover, in order to assess the reliability of this selection, the seven papers were reviewed in full by an independent second-rater (a fellow trainee Clinical Psychologist), using the PICOS criteria. There was 100% inter-rater agreement between the two authors for inclusion of these studies.

Figure 1

Flow Diagram Detailing Search Procedure



Evaluation Criteria

The seven identified articles were critically appraised to assess their quality using the Mixed Methods Appraisal Tool (MMAT; Pluye et al., 2009). This tool was

chosen as it permits the appraisal of five different categories of study design within one tool, namely: (a) qualitative, (b) randomized controlled, (c) nonrandomized, (d) quantitative descriptive and (e) mixed methods (Hong et al., 2018). The MMAT includes a total of 25 criteria and two screening questions (see Figure 2). Scores are displayed in Table 3 below. In order to ensure reliability of scoring, three of the included papers were also reviewed and scored by an independent second-rater (a different fellow trainee Clinical Psychologist). Inter-rater reliability was calculated to be k= 0.8 therefore suggesting substantial agreement between the two raters. Any disagreements in scoring were discussed and considered, and final scores were agreed upon.

Table 3

Criteria from the MMAT

Study	**Criteria from the MMAT**																								
	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	5.5
Durwood et al (2017)											1	1	1	0	1										
Olson et al (2016)											1	1	1	0	1										
Toomey & Richardson (2009)																1	0	1	0	1					
Pariseau et al (2019)																					1	1	1	0	1
Whitley (2013)	1	1	1	1	1																				
Wheeler et al (2019)	1	1	1	1	1																				
Westwater et al (2020)	1	1	1	1	1																				

Of note, this critical appraisal involved synthesising data derived from studies of differing design; a process that has received growing interest in recent years (Hong et al., 2017). The analysis of qualitative evidence alongside quantitative data was felt to provide a better understanding of the contextual factors that are important for individuals and families who experience gender diversity. As noted by Pluye et al (2019), synthesising evidence from qualitative, quantitative and mixed methods studies can be a complementary process; in enabling a corroboration of knowledge through providing a deeper understanding of quantitative evidence and a statistical generalisation of findings from qualitative evidence, for instance. Nevertheless, this process was also found to be lengthy and careful consideration needed to be given as to which review design to choose, based upon the questions that emerged in conducting this synthesis (Noyes et al., 2019).

Results

A summary of the study characteristics, key findings and a critical appraisal of the seven papers selected are summarised in Table 4 and are further expanded upon in subsequent subsections.

Table 4

Summary of Articles Included in the Systemic Review

Author(s)	Aim(s)	Study Design	Method of Analysis	Country	Target Population	Demographic Information	Relevant Measures	Relevant Findings
Study 1: Durwood et al. (2017)	To assess socially transitioned children's self-reported self-worth and mental health (anxiety and depression) in comparison to age- and gender- matched controls and siblings of trans children. In addition, to assess whether parents tend to underreport mental health problems in socially transitioned transgender children.	Self-report measures.	T score formula. Tukey's Honest Significant Difference test.	23 US states and 1 Canadian province.	474 participants total. Analytic sample for depression and anxiety measurements included 63 transgender children, 63 age-matched controls, and 38 siblings. Aged 9 to 14 years old. Their parents also reported on the child's depression and anxiety symptoms. The analytic sample for the self-worth measurement included 116 transgender children, 122 control children, and 72 siblings. Aged 6 to 14 years old.	Participants completing mental health measurements: Trans participants (n=63): 33 boys, 30 girls. 37 White, 1 Black, 8 Hispanic, 4 Asian, 13 Multiracial/other. Mean age 10.8. Controls (n=63): 33 boys, 30 girls. 41 White, 0 Black, 3 Hispanic, 2 Asian, 17 Multiracial/other. Mean age 10.9. Siblings (n=38): 21 boys, 17 girls. 25 White, 1 Black, 6 Hispanic, 1 Asian, 5 Multiracial/other. Mean age 10.6. Participants completing self-worth measurement: Trans participants (n=116): 48 boys, 68 girls. White 75, Black 1, Hispanic 14, Asian 6, Multiracial/other 20. Mean age 9.2. Controls (n=122): 49 boys, 73 girls. White 79, Black 0, Hispanic 8, Asian 4, Multiracial/other 31. Mean age 9.3. Siblings (n=72): 40 boys, 32 girls. White 45, Black 0, Hispanic 12, Asian 3,	The National Institutes of Health's Patient Reported Outcomes Measurement Information System (PROMIS) scale.	Transgender children reported normative rates of depression and slightly increased rates of anxiety. Rates of depression in transgender children did not differ significantly from siblings or aged-matched controls. Parents' reports of their children's depression and anxiety largely mirrored the children's reports, although parents of transgender children reported slightly higher anxiety in their children than the children did.

						Multiracial/other 12. Mean age 9.1.		
Study 2: Olson et al. (2016)	To assess mental health (anxiety and depression) amongst socially transitioned transgender children in comparison to their cisgender siblings and age- and gender-matched controls.	Self-report measures.	T score formula. Between-subjects analysis of variance for depression and anxiety.	USA	Transgender children and young people and their siblings (control group one), and typically developing children with no history of cross-gender behaviour (control group two).	Trans participants (n=73): 22 natal females, 51 natal males. White 70%, Hispanic 8%, Asian 6%, Multiracial 16%. Aged 3 – 12 (mean age 7.7). Siblings (control group one; n=49): 19 natal females, 30 natal males. White 76%, Hispanic 10%, Asian 2%, Multiracial 12%. Aged 3 – 12 (mean age 8.3). Control group two (n=73): 51 natal females, 22 natal males. White 71%, Hispanic 5%, Asian 4%, Multiracial 19%. Aged 3 – 12 (mean age 7.8).	The National Institutes of Health's Patient Reported Outcomes Measurement Information System (PROMIS) scale.	Transgender children showed no elevations in depression and slightly elevated anxiety relative to population averages. They did not differ from the control groups on depression symptoms and had only marginally higher anxiety symptoms.
Study 3: Toomey & Richardson (2009)	To examine the relationships between LGBT adolescents and their siblings. Specifically, to explore the relationship between LGBT youths' perceptions of	Self-report measures (questionnaires)	Descriptive statistics. Chi-square analyses (outness to sibling). Pearson correlation coefficient (sibling closeness and attitudes about sexuality). ANOVA (outness and SCS and	USA	LGBT individuals reporting information on sibling relationship.	LGBT participants (n=56): 26 females, 30 males. Lesbian (17.9%), gay (33%), bisexual (21.4%), queer/transgender/multiple labels (26.8%). Aged 18 - 24 years (median 21). 'The majority of the sample was Caucasian/European-American (80.4%)'.	The Sibling Closeness Scale (SCS) and the Sibling Approval of Sexual Behaviour Scale (SASBS).	The participants in this study frequently came out to a mother (26.8%) or sister (21.4%) first in their family. While 16% reported that they first came out to a brother, only one respondent identified their father as the first individual to whom

	their siblings' attitudes regarding their sexuality, the closeness of the sibling relationship, and demographic features of the relationship.		SASBS). Two-way ANOVA (sibling and trans gender in relation to SCS and SASBS).			Reporting on… Siblings (n=107): 48 females, 59 males. Aged 7 – 41 years. No further demographic info available.		they revealed their sexual orientation/gender identity. 75% of the brothers and sisters knew of the respondents' sexual orientation/gender identity The mean score on the SCS was 26.23 and the mean score on the SASBS was 47.01. Greater closeness in the sibling relationship was associated with greater perceived approval of the respondent's sexual behaviour, and vice versa.
Study 4: Pariseau et al. (2019)	To examine transgender youth's experiences of family acceptance-rejection across family members, including siblings.	Questionnaires and semi-structured interviews.	Data from interview summaries were entered into an acceptance-rejection coding system developed by the authors and scores from that coding system were used	USA	Transgender children and young people. Each participant was accompanied by at least one caregiver.	Transgender participants (n= 54): 30 trans female, 24 trans male. Aged 8.9 – 17.9 years (mean 14.6). Caregiver (n= 54): 43 biological mother, 3 biological father, 6 adoptive mother, 0 adoptive father, other 2.	The Children's Depression Inventory (CDI), Revised Children's Manifest Anxiety Scale 1st Edition (RCMAS-1), and the Youth	Lower acceptance (in primary caregivers and siblings) and higher indifference (in secondary caregivers) were significantly related to negative psychosocial outcomes (e.g., depressive

	In addition, to examine the relationship between family acceptance-rejection and youth psychosocial functioning.		to assess family acceptance and rejection. Coding system grounded in IPART Theory.			Sibling information (n=49): twin 2, full biological sibling 37, half-sibling 6, other 4. No further demographic info available.	Self-Report (YSR).	symptoms, anxiety symptoms, internalizing problems, externalizing problems) in transgender youth. In addition, caregiver indifference and sibling acceptance (independent of caregiver acceptance and rejection) were likewise associated with mental health outcomes in transgender youth.
Study 5: Whitley (2013)	To understand how significant others, family members, friends and allies (SOFFAs) process the gender transition of a loved one.	Observations and interviews.	No clear method of analysis. 'I begin this section by breaking down the SOFFA acronym into four categories: significant others, family members, friends, and allies. I then show similarities and differences between each category and each relational identity	USA	Significant others, family members, friends and allies of individuals who identify as transgender.	Participants (n=10): one brother (aged 18, White), three friends (aged 22, 29, 30, Asian, White, Latina), one partner (aged 21, Latina), two girlfriends (aged 24, 26, Multiracial, Latina), one wife (43, White), two mothers (aged 47, 54, African American, White). Demographic information on trans individuals not available.		A common theme among family members and friends was concern over social roles and expectations as they relate to their transgender loved one. Both parents and friends were concerned that their relationship with a transgender loved one would change as

			theme as it relates to the act of "undoing" and "redoing" gender.'				their loved one transitioned. Religion was also a concern when the SOFFA's religious identity or affiliation posed a barrier to accepting a loved one's transgender status.
Study 6: Wheeler et al. (2019)	To develop a greater understanding of how young people make sense of their siblings' gender diversity.	Interviews	An abductive approach to thematic analysis.	UK	Siblings who have a sibling identifying as gender diverse.	Sibling participants (n=8): 6 females, 2 males. 7 White British, 1 Other. Aged 11 – 25 years. Reporting on… Gender diverse siblings (n=7): 3 trans male, 4 trans male. Aged 8 – 18.	Developing an increased understanding of transgender issues appears to enable young people to embrace more supportive roles and enhances gender-diverse sibling relationships. However, increased understanding of transgender issues can also generate significant fears and concerns about their siblings' wellbeing

							and their sibling relationships.
Study 7: Westwater et al., (2020)	To identify, describe and interpret individual family member experiences of youth gender dysphoria within a family context.	Semi-structured interviews	Inductive thematic analysis.	Australia	Gender diverse children and young people and their individual family members (siblings and parents).	Total n=35 from ten family units: 18 parents (8 fathers, 10 mothers, aged 38 – 58 years), 8 siblings (6 brothers, 2 sisters, age range 11 – 17 years) and 9 young people experiencing gender dysphoria (5 assigned male at birth, 4 assigned female at birth, age range 12 – 17 years). Most research participants identified as being “white/ Caucasian”, from an Australian or European background, with one young person identifying as “mixed English/Maori” and five parents identifying as American (n=2), Hispanic, French and Maori. Most family members were not affiliated with a particular religion, although one family identified strongly with a Christian faith.	All participants reported a mixture of positive and negative experiences of youth gender dysphoria. Levels of acceptance tended to change with the duration of transition, with most family members adapting with time. Siblings reported mixed experiences within the same family, with some struggling to adapt. Most family members felt that including the whole family in the healthcare of the young person was important, although dependent on individual circumstances and family context.

	Specialist gender care experiences were unanimously positive, although services were considered difficult to access.

Study Aims

All studies, to varying degrees, examined the impact of sibling relationships on the experiences of gender diverse individuals. Understanding the sibling relationship in the context of gender diversity was the central aim in two of the selected studies (3 and 6). Several studies examined the impact of familial relationships (including siblings) on transgender individual's experiences of anxiety and depression (1, 2, 4). One study was interested in how gender transition impacts upon significant others (including siblings) in the trans individual's life (5). Two studies additionally explored the role of family members (including siblings) in generating feelings of acceptance for trans individuals (4 and 7). One study was interested in the impact of siblings on sexual minority youths, including those who identify as transgender (3).

Study Sample

A total of 832 individuals participated across the seven studies and sample sizes varied considerably. Of these, 306 participants identified under the transgender umbrella and 176 participants were siblings of those who identified as transgender. A number of studies also included parents (1, 4,5 and 7), partners (4 and 5) and friends (5) of those who identify as trans. Two studies additionally included control groups consisting of those who either do not identify as trans nor have a sibling who identifies in this way (1 and 2). In addition, one study also included individuals who identify as lesbian, gay and bisexual (3).

Of note, despite still meeting the PICOS criteria, two of the studies selected did not include trans participants (5 and 6), whilst a further two studies did not directly involve sibling participants (3 and 4).

Participant ages ranged from 3 to 54 years old, with three studies focusing on those aged below 18 years of age (1, 2 and 4), two studies focusing on those over

18 (3 and 5) and two studies including both child and adult perspectives (6 and 7). Participants largely identified as White (see Table 4 for precise demographic information) and were generally recruited through gender identity support groups and GIS.

Study Design

Of the seven studies selected, four collected data through questionnaires, surveys and other self-report measures (1, 2, 3 and 4) and four utilised semi-structured interviews (4, 5, 6 and 7). One paper (4) employed a longitudinal design in which data was collected over a four-year period, whilst all other studies adopted a cross-sectional design.

Measures utilised in order to collect data included the National Institute of Health's Patient Reported Outcomes Measurement Information System (PROMIS) scale (1 and 2), the Sibling Closeness Scale (SCS; 3), the Sibling Approval of Sexual Behaviour Scale (SASBS; 3), the Children's Depression Inventory (CDI; 4), the Revised Children's Manifest Anxiety Scale 1st Edition (RCMAS-1; 4), and the Youth Self-Report (YSR; 4).

Limitations and Bias

A number of limitations were identified within the chosen research studies. Firstly, trans participants tended to display binary gender identities and therefore identified exclusively as either "trans male" or "trans female". As a consequence, it is difficult to generalise findings from these studies to individuals who identify as gender fluid, non-binary or both male and female, therefore limiting understanding of the broader trans experience. Similarly, Wheeler et al (2019) and Westwater et al (2020) noted gender biases within their sample populations; in that both sibling and trans participants were more likely to identify as female than male, again limiting generalizability.

Second, the majority of studies recruited participants through child GIS. As such, it is difficult to generalise findings from these studies to adult trans populations and those who have not received support from specialist GIS. As noted by Pariseau et al (2019) and Durwood et al (2017), children who socially transition invariably have at least one parent who is supportive of their gender identity, which therefore allows them to publicly present as their identified gender and to access specialist support. Therefore, young people and their families who are recruited via GIS may differ to the larger population of transgender youth and adults due to this proactive level of support. As such, findings from these studies may reflect greater experiences of familial support and acceptance than is represented within the broader transgender community.

Moreover, since the majority of identified studies focused upon transgender youth populations, it is therefore difficult to generalise such findings to adult transgender populations. As noted by Durwood et al (2017), it is possible that social gender transitions in childhood occur alongside various kinds of social support, which may not be as readily available in adulthood. What is more, the majority of children who socially transition have not yet developed secondary sex characteristics, which can cause them to be perceived as their natal sex by others. As such, it may be an easier process for children who have not yet been through puberty to be perceived as their identified gender than it is for post pubescent adolescents and adults, simply by changing their clothing and hairstyle, for instance (Durwood et al., 2017).

Furthermore, five of the seven selected studies were conducted within the United States of America (USA) and may therefore be unrepresentative of sibling relationships within the UK. For instance, in a recent report on public opinion regarding transgender rights in the USA (Luhur et al., 2019), it was found that

American adults (aged 18 to 64) were largely supportive of transgender rights across numerous policy areas and tended to hold positive attitudes and beliefs towards trans individuals. In this report, 72.7% of participants agreed that trans individuals should be protected from discrimination and 70.5% agreed that transgender people should be allowed to have gender affirming surgery (Luher et al., 2019). In contrast to this, in a 2020 UK YouGov poll regarding attitudes towards trans people, only 50% to 27% of Britons agreed that people should be allowed to self-identify as a gender different to the one that they were assigned at birth, and it was noted that this figure had declined slightly since 2019 (56% to 23%). Moreover, this survey highlighted distinct groupings of opinion dependent upon respondents' political beliefs, as well as their gender and age. For instance, younger people (aged 18 – 24), women, and Labour, Lib Dem and Remain voters were more likely to hold positive attitudes towards trans peoples' than Conservative and Leave voters, men, and older individuals (Smith, 2020). These findings highlight cross cultural differences in attitudes towards trans individuals and the nuanced factors that inform and influence understanding and beliefs. Further research to understand attitudes towards gender diversity in sibling relationships within the UK is therefore warranted.

Finally, conducting the quality appraisal checks using the MMAT also identified a number of limitations. A number of studies used measures for which there was conflicting information with regards to the reliability and validity of such measures. For instance, both measures used by Toomey and Richardson (2009) were adapted specifically for the purposes of this study (the SCS and the SASBS). While such adaptations may be necessary, the possibility of replication is compromised when these revisions are not explicitly described or justified. Whilst holding good internal consistency, the CDI has historically received criticism with regards to test-retest reliability and variability in terms of scores between intervals

and populations (Saylor et al., 1984). These issues therefore become problematic when researchers make generalisation claims from their findings and need to be more explicitly considered when discussing findings.

Moreover, study findings and conclusions showed some risk of bias. For instance, Pariseau et al (2019) developed their own coding system for analysing clinical interview data. Whilst this analysis was grounded in interpersonal acceptance-rejection theory (IPARTheory; Khaleque & Ali, 2017) and therefore offered interesting theory-practice links, it may be suggested that this creative approach enabled an overly optimistic interpretation of the data. Similarly, Whitley (2013) did not state what method of analysis was used, therefore making accurate replication of the study near impossible and evaluating the trustworthiness of the research process difficult. Finally, all studies that made predictions found support for at least some of these, therefore blurring the boundary between observed clinical data and theoretical interpretations.

Main Findings and Implications

A number of key findings and themes in relation to transgender wellbeing and sibling relationships were identified across the selected studies. These include mental health, acceptance, and impact of gender transition upon significant others.

Mental Health

Findings related to mental health were identified in three studies. Interestingly, Durwood et al (2017) found no differences in self-reported depressive or anxiety symptoms across the three participant groups (transgender, sibling, controls). In line with this, parents' reports of their children's experiences of depression and anxiety largely mirrored their children's own reports, although the parents of transgender children did report slightly higher anxiety in their children than the children themselves (Durwood et al., 2017). Olson et al (2016) similarly found that socially

transitioned children displayed typical rates of depression and only slightly elevated rates of anxiety symptoms compared with population averages. In addition, these participants did not differ on either measure from their own siblings nor from the group of age- and gender-matched controls. Moreover, Westwater et al (2020) demonstrated a correlation between trans youths' perceived wellbeing by parents and siblings, and affirmation of that young person's gender identity from others.

Acceptance

A number of studies noted the importance of acceptance and rejection in facilitating the psychological wellbeing of individuals who identify as transgender. For instance, Pariseau et al (2019) found that lower acceptance rates from siblings and mothers were significantly related to negative psychological outcomes in transgender youth. In addition, higher levels of indifference from fathers, was associated with depressive symptoms, anxiety symptoms, and internalizing and externalizing problems for trans youths. Interestingly, the researchers observed variable levels of acceptance by siblings of transgender youths; with 8.6% showing low acceptance/high rejection, 28.6% showing mixed acceptance and rejection, and 62.9% showing high acceptance/low rejection. In support of these findings, in a study looking at self-worth in socially transitioned transgender youths, societal rejection and the perceived need for identity repression or denial was linked to poorer mental wellbeing for those who identify as transgender (Durwood et al., 2017).

The notion of acceptance was also explored by Whitley (2013) across a number of differing contexts. The need for family members to feel accepted within religious communities was identified as an important factor in alleviating internalised stigma and shame with regards to having a trans child. Similarly, the need for family members to redefine their own identity in order to accept the identity of a transgender loved one was also explored. Whitley (2013) noted how for some

participants, this involved a process of having to “undo gender” by resisting normative gender constructions in order to accept their transgender partner and confront challenges to their existing sexual orientation, as well as using inventive measures to reconfigure normative gender dynamics and “redoing gender” within their relationships. Westwater et al (2020) similarly identified varying levels of acceptance and support from those outside of the immediate family setting. However, making connections with other gender diverse individuals and families was found to be associated with increased feelings of belonging, understanding and affirmation.

Finally, in a study exploring how young people make sense of their sibling’s gender diversity, differing participant narratives suggests that the process of acceptance is gradual for some, whilst for others it can be more sudden and triggered by specific events (Wheeler et al., 2019). Acceptance of their sibling’s gender diversity indicated a significant turning point in which young people developed a deeper empathy for their trans siblings and shifted their focus from the impact of disclosure on themselves, to providing more active support for their gender diverse siblings (Wheeler et al., 2019).

Impact on Others

Change and adjustment for family members was a common theme, and in particular was highlighted within participant interviews conducted by Wheeler et al (2019) and Westwater et al (2020). As identified by Westwater et al (2020), younger siblings adapted more easily than older siblings to their trans sibling’s gender transition. Interestingly, Toomey and Richardson (2009) found that when sisters and brothers were combined, siblings represented the largest number of first disclosures in the family for their sample of LGBT youth. A key finding by Wheeler et al (2019) was the sense of confusion experienced by all eight of their participants on hearing

about their sibling's gender diversity. Importantly, seven of the eight participants reported not knowing what the term 'transgender' meant at the time of their sibling's disclosure, thus adding to their sense of confusion. However, all participants reported having an increased knowledge of transgender and gender diversity issues through accessing information over time and consequently felt they were more accepting of diversity issues in general, as a result of having a gender diverse sibling (Wheeler et al., 2009). The notion of increased understanding and insight, as well as personal and collective growth, was likewise identified by Westwater et al (2020). Nevertheless, despite the overarching theme of support, Wheeler et al (2019) highlighted feelings of resentment for some sibling participants in feeling that their gender diverse siblings were unappreciative of the sacrifices that they and their wider families were making in adjusting to their affirmed gender identity.

Discussion

This systematic review demonstrates the aforementioned increase in understanding of transgender wellbeing and relationships within the research literature, as well as the more general increase in individuals presenting with gender-related issues across services and support groups. It is noteworthy that the studies included within this review were all published within the last 12 years, therefore demonstrating the ongoing learning that needs to take place within this field. Given the increased social acceptability and visibility of transgender individuals and their families, a strength of the selected studies was their focus upon the wider social and systemic environments that inevitability influence transgender individuals' sense of themselves and their wellbeing. The use of interviews, observation and self-report measures across the selected studies allowed for deeper insight into the individual and familial experiences of the participants involved. Indeed, recent studies have highlighted a perceived lack of professional knowledge or support, particularly in

relation to a whole family approach to supporting trans individuals (Dierckx & Platero, 2018; von Doussa et al., 2017) and thus such studies are important.

It is interesting that a number of the chosen studies demonstrated normative mental health outcomes for gender diverse children. This is in contrast to studies involving transgender adolescents and adults; which consistently report elevated rates of anxiety, depression and suicidality (Clements-Nolle et al., 2006; Haas et al., 2014; Terada et al., 2011). These findings highlight a key question about what factors enable these positive mental health findings for gender diverse children and whether it is the act of socially transitioning itself or the acceptance from family members that supports their wellbeing (Durwood et al., 2017). As noted by Durwood et al (2017), these findings may suggest that the experience of gender dysphoria more often observed in adulthood could be indicative of society's rejection of their transgender identity, including rejection from key family members, in combination with years of repressing or denying their gender identity, as opposed to experiencing gender diversity per se.

Despite the aforementioned positive mental health outcomes reported in these studies for gender diverse children, not all family member responses were reported as positive or affirming. For instance, Pariseau et al (2019) highlighted the negative impact of indifference on transgender youths' wellbeing. The researchers suggest that indifference may be expressed through caregivers ignoring their child's gender identity, not seeking out information to understand their child's gender issues, or not helping their child to have their gender-related needs met. Similar findings have previously been reported in relation to ambiguity around trans individuals' family membership, family relationships and when or how to express their gender identity; resulting in psychological distress for such individuals (Catalpa & McGuire, 2018). Within the wider research literature, it is suggested that family members may

have a limited understanding of their trans relation's experiences, have perceived loyalties to other family members, and may experience external pressures; such as social, cultural and religious beliefs that likewise impact upon their ability to feel and express acceptance (Katz-Wise et al., 2016; von Doussa et al., 2017). In the general population, young peoples' experiences of acceptance/rejection by their immediate family members (e.g., mother, father, and siblings) have been shown to differentially contribute to youths' psychological adjustment (Rohner & Lansford, 2017). These findings therefore highlight the importance of understanding transgender individuals' experiences of acceptance/rejection from all family members, including siblings (Pariseau et al., 2019).

Implications and Conclusions

Findings suggest that siblings play a key supportive role in the lives of trans individuals and that sibling acceptance is an important factor in enabling the socio-emotional wellbeing of transgender individuals. As a result, it seems necessary for GIS and subsequent therapeutic interventions to encompass all family members when supporting those who identify as gender diverse; in order to make use of the emotional and facilitative support that siblings can provide, particularly within the context of more rejecting familial and wider social contexts. This may be implemented through the use of Family Therapy approaches, for instance, and through providing psychoeducation and support groups for differing family members.

What is more, these studies suggest that gender dysphoria affects all family members in unique and diverse ways and that it is therefore important to promote increased insight and understanding into all family members' experiences, including siblings (Westwater et al., 2020). Moreover, these findings highlight the significance of familial closeness and acceptance in protecting against psychological distress for transgender individuals and the role of siblings in influencing experiences of distress

and familial support. In particular, allowing trans individuals to present as their preferred gender identity appears to be associated with lower levels of depression and anxiety and better mental health outcomes and siblings appear to play an important role in facilitating such feelings of validation and acceptance (Olson et al., 2016).

As such, this literature review highlights the need for further investigation into the ways in which the sibling dynamic may contribute both favourably and unfavourably to mental health outcomes for trans individuals. One such area for further investigation may be to explore the impact of sibling rivalry and conflict on transgender wellbeing and the reasonings for this divergence. It is noted that agreement to participate in sibling research tends to assume a certain level of pre-existing sibling acceptance and therefore, findings from these studies may not be representative of the experiences of trans individuals from less tolerant and accepting families (Haxhe et al., 2018). Given the significance of this relationship in providing acceptance and support, it seems important to also understand the impact of rivalrous sibling relationships on trans individuals' social and emotional wellbeing. In addition, gaining a better understanding of the impact of cisgender siblings' gender identity on feelings of acceptance towards trans siblings may also be of benefit. For instance, in a study interested in perceived sibling relationships of LGBT youths, 21.4% of participants first came out to a sister, in comparison to 16% who first came out to a brother (Toomey & Richardson, 2009). As concluded by the researchers, more information about the relationships between LGBT individuals and their siblings is needed, in order to better understand the relationship between sibling acceptance and sibling gender identity (Toomey & Richardson, 2009).

Finally, gaining a broader and more inclusive understanding of how individuals from differing economic and ethnic backgrounds make sense of gender

diversity within the sibling relationship would also be of benefit. In particular, this information could help to inform more sensitive and representative approaches to mental health service development and delivery, therefore creating safer and more accepting environments for everyone.

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Appendices

Appendix A: Mixed Methods Appraisal Tool (MMAT)

Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?				
	S2. Do the collected data allow to address the research questions?				
	Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

SCHOOL OF PSYCHOLOGY

DOCTORATE IN CLINICAL PSYCHOLOGY

EMPIRICAL PAPER

Understanding Sibling Relationships in the Context of Gender Diversity

Trainee Name: **Rachael Exley**

Primary Research Supervisor: **Dr Janet Smithson**, Senior Lecturer

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Abstract

Siblings are often an important source of support and companionship and play a key role in influencing individuals' social and emotional wellbeing. Changes to various aspects of sibling relationships have previously been studied, however, the impact of gender diversity upon this relationship has received limited attention. This study aimed to explore the lived experiences of sibling relationships when one individual identifies as transgender. Individual interviews were conducted with nine trans individuals and two siblings of trans persons using a semi-structured interview format. Thematic analysis (TA) was used to examine the impact of gender diversity on the sibling relationship. Specifically, the impact of siblings on transgender individuals' psychological wellbeing was explored, as well as the impact of gender diversity on the sibling relationship more generally. Findings are considered in light of the Gender Minority Stress Model (GMSM; Hendrick & Testa, 2012). The analysis suggests that the experience of gender diversity and self-disclosure enhances the sibling relationship through increased shared understanding and acceptance. Findings also highlight how trans individuals often come out to their siblings first, in order to gauge their responses before coming out to their parents. Implications for clinical practice are discussed. Namely, clinical psychologists can play a pivotal role in understanding the experiences of the transgender community and in enhancing feelings of social connectedness and acceptance through systemic therapeutic approaches. Further research exploring the sibling relationship in later life and for Black, Asian and minority ethnic (BAME) trans individuals is recommended.

Key words: siblings; transgender; gender diversity; wellbeing.

Introduction

Gender Diversity

The construct of gender is based upon socially accepted standards of behaviour (Unger & Crawford, 1993) and is co-created through interpersonal interactions and responses from others (Harding, 2018). Gender identity has been deconstructed and used variably by different groups over time to highlight the many ways that gender is experienced, understood and expressed (Miller & Davidson, 2019). As such, each person's gender identity is unique, as is the terminology that they use to describe it (Strauss et al., 2017). In spite of this, most Western cultures endorse two gender categories and assume that they emerge naturally from binary sex categories, male and female (Levitt & Ippolito, 2014). This conflation of the natural and social aspects surrounding sex and gender, and the rigid binary discourse surrounding it, can cause difficulties for those who identify outside of this divide (Wiseman & Davidson, 2011).

Individuals who identify as transgender are a heterogenous minority group whose gender identity or expression differs sometimes, or always, from societal expectations (Stryker, 2017). Some transgender people hold a binary gender whilst others may have fluid gender identities and may not align themselves with one gender or may change between gender expressions (Dean et al., 2000). Gender transitioning is the process of changing one's gender presentation in accordance with one's internal sense of gender identity and is also conceptualised along a continuum (Brown et al., 1996). For the purposes of this paper, the term 'transgender' is understood as anyone whose gender identity differs to the sex that they were culturally assigned at birth and embraces many diverse gender expressions and identities (Lev, 2013; Stryker, 2017). Those who challenge gender norms are at risk of experiencing 'transphobia'; defined as negative attitudes toward

individuals with non-traditional gender presentations (Bettcher, 2007), which remain commonplace within the UK (Stonewall, 2018).

In recent years, there has been a considerable increase in the number of people who openly identify under the transgender umbrella (Kaltiala-Heino et al., 2018). As such, there is a growing commitment within public health to understand and improve the health and wellbeing of transgender individuals and other gender minorities, who comprise an estimated 0.3–0.5% of the global population (WHO, 2020). Moreover, it is suggested that the prevalence of gender variance is continuing to rise, and it is estimated that the number of people presenting for treatment within gender identity services (GIS) is doubling every 6.5 years (Reed et al., 2009; Harding, 2018).

The aetiology of gender diversity remains largely unknown, but it is probable that a number of hormonal, genetic and environmental factors play a role in its development (Heylens et al., 2012). The 11th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-11) recently redefined ‘gender identity disorder’ as ‘gender incongruence’, which has subsequently been moved from the ‘mental and behavioural disorders’ chapter into the newly developed ‘conditions related to sexual health’ chapter. These changes reflect broader societal and cognitive shifts in understanding gender diversity and attempts to remove stigma surrounding this label (WHO, 2020). Nevertheless, the predominant focus on psychopathology and dysfunction within transgender research and clinical practice overlooks the challenges faced by the trans community with regards to social exclusion and discrimination (Hill, 2005).

Sibling Relationships

Social relationships play a critical role in an individual’s social, emotional and cognitive development and their wellbeing across the life span (Diener & Diener

McGavran, 2008). In particular, social relationships enable feelings of social acceptance and social connectedness, which are important protective factors in coping with challenging life experiences and reducing mental health difficulties (Arslan 2016; Ungar et al. 2013). Family systems theory considers the family as a complex social system in which all individuals within a family interact and influence one another's behaviour (Bowen, 1966) and highlights the key role family relationships play in shaping individuals' wellbeing (Merz et al., 2009). In this way, sibling relationships play a complex role within human development (Bank & Kahn, 1997) and have gained increasing interest within developmental and psychological research in more recent years (Branje et al., 2004). It is estimated that around 80 to 90% of the population grows up with at least one sibling (Cicirelli, 1982), who often provide social, emotional and practical support and can serve as sources of emotional security across differing transitional life points (Campbell et al., 1999; Kim et al., 2006). Since sibling relationships are one of the longest-lasting relationships that an individual may hold, they are unique in their structure and are important to understanding psychological development and behavioural adjustment (Whiteman et al., 2011).

Transitions within the sibling relationship have been investigated when one, or both, siblings have experienced a significant change in identity as a result of disability (Fisman et al., 2000; Stoneman, 2005), physical illness (Lobato & Kao, 2002; O'Brien et al., 2009) or mental health issues (Bowman et al., 2014; Lamb, 2014). In the context of sibling illness, siblings have been found to embody the role of supporter and to provide helpful influences for the unwell sibling (Dunn, 1992; Woodgate et al., 2016). Nevertheless, research also suggests that siblings may experience feelings of resentment and jealousy towards their unwell sibling; due to the perceived differential treatment and attention that their sibling receives

(Woodgate et al., 2016). It is suggested that sibling relationships may similarly be affected by changes to other aspects of one member's identity; including gender diversity (Lamb, 2014). Some assertions have been made with regards to the impact of having a transgender sibling (see Norwood, 2013; Gregor et al., 2016), although these statements require substantiating research (Wheeler et al., 2019). In a recent study focused upon young people's experience of having a gender diverse sibling, it was noted that siblings took on a supportive role that involved developing a greater understanding of transgender issues (Wheeler et al., 2019). However, this research did not include trans individuals' perspectives on the role of the sibling relationship.

Transgender Wellbeing

Dodge et al. (2012) define wellbeing as "the balance point between an individual's resource pool and the challenges faced" (p. 230). In this way, wellbeing incorporates psychological, physical and social development and is interested in how people change and cope with challenges (Dodge et al., 2012). Dhejne et al. (2016) conducted a meta-synthesis of the literature regarding mental health and transgender identity and found that trans individuals who attend GIS present with a higher prevalence of psychiatric disorders and psychopathology in comparison to cisgender populations. Budge et al (2013) similarly found that rates of anxiety and depression for trans participants far surpassed those of the general population. Risk factors for suicidal behaviour in the transgender population include discrimination, verbal and physical abuse, being recognised as transgender, internalised transphobia, poor educational qualifications, unemployment, poverty and an absence of social support (Haas et al., 2014; Nuttbrock et al., 2010; Winter et al., 2016). In a more recent review exploring the impact of social integration upon transgender individuals' wellbeing, it was noted that participants across the 18 papers reported various physical health problems following gender transition (Stewart et al., 2018).

These included being at an increased risk for human immunodeficiency virus (HIV) and other sexually transmitted diseases associated with higher rates of prostitution following homelessness, financial burden and lack of employment (Stewart et al., 2018).

Distress and impairment for those who identify as transgender manifests differently across the lifespan (American Psychological Association (APA), 2015). For instance, in childhood, gender variant distress is most commonly understood as a state of unhappiness surrounding the child's assigned sex (APA, 2015). In older children and adolescents, desires to transition gender often interfere with ordinary activities, school attendance and the development of peer relationships (APA, 2015). In adulthood, relationship difficulties are similarly common and may impair occupational and more general day-to-day functioning (APA, 2015). As such, transgender individuals may experience psychosocial impairment and pervasive stigma and discrimination across the lifespan, which can occur across the workplace, social environments and family life contexts (Pitts et al., 2009; Stewart et al., 2018). These findings highlight the need for clinical services to adequately assess the mental health needs of transgender individuals and to provide support that aims to increase social support and interpersonal functioning (Witcomb et al., 2018).

Minority Stress

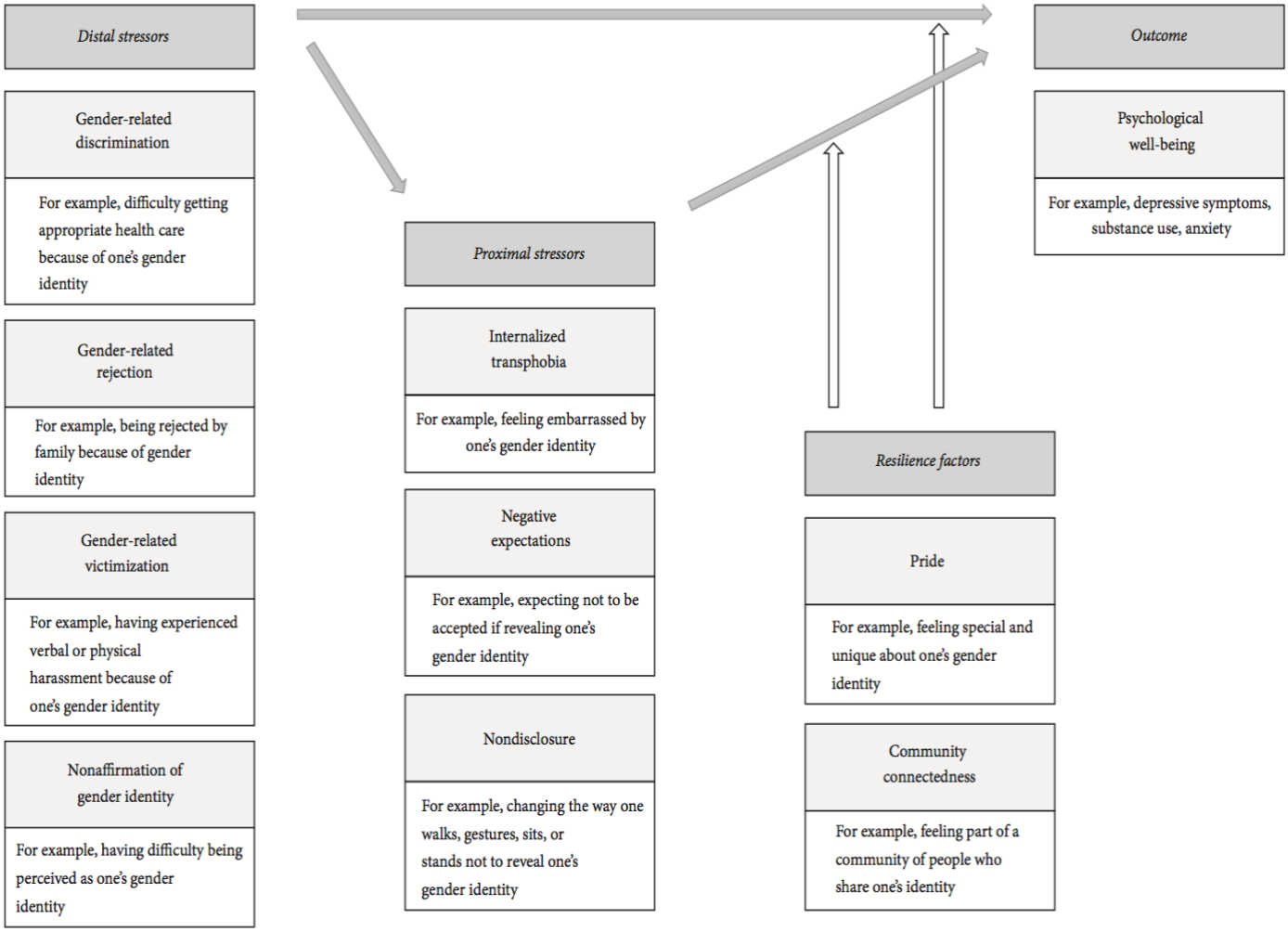
The gender minority stress model (GMSM; Hendricks & Testa, 2012; see Figure 1) is an expansion of Minority Stress Theory and provides a comprehensive theoretical framework for studying the additional stressors that trans and gender diverse individuals may experience (Jäggi et al., 2018). As a stigmatized minority group, individuals who identify as transgender are at a greater risk of experiencing 'minority stress'; associated with an increased prevalence of anxiety and depression (Bockting et al., 2013). This model incorporates both the notion of distal stressors (caused by

external sources such as rejection from family members) and proximal stressors (referring to internal and subjective thoughts and processes), and considers both how these factors interact, and how they may be influenced by resilience factors; such as feeling part of a community and connectedness with others (Hendricks & Testa, 2012). Individuals who do not conform to societal norms are at a greater risk of becoming targets of discrimination and stigmatization and as such, those who identify as gender diverse are a vulnerable population; due to increased experiences of gender-related rejection (Gerhardstein, 2010). Developing an understanding of minority stressors and the ways minority groups experience and cope with these stressors is important for both advocacy and for furthering the resilience of these groups (Meyer, 2003; 2015).

Several studies have examined the relationship between distal stressors (e.g. gender-related discrimination) and mental health difficulties for those who identify under the transgender umbrella. For example, Bockting et al. (2013) found that experiences of prejudice and discrimination were associated with higher rates of psychological distress. In addition, societal factors such as gender discrimination and physical victimisation have been associated with elevated prevalence of suicidal attempts (Clements-Nolle et al., 2006). Moreover, those who identify as transgender may experience psychological distress as a result of being cut off from the protective factor of a community through negative views of the transgender community itself, and through the process of internalised transphobia; in which trans individuals learn to feel negatively about their own identity (Sánchez & Vilain, 2009).

Figure 1

Gender Minority Stress Model (GMSM; Hendrick & Testa, 2012)



In addition to highlighting stressors, the minority stress model also emphasises ways in which social support can buffet against stressors and aid to reduce or avoid negative health outcomes (Meyer, 2015). Positive relationships have been demonstrated as a universal resource for wellbeing (Forgeard et al., 2011) and it is noted that experiencing social connection and integration is critical to both an individual's health status and quality of life (Emlet et al., 2013). For those who identify as gender nonconforming, affirmation of their gender identity in both formal and informal social interactions is therefore important (Testa et al., 2015). Indeed, research exploring transgender youths' wellbeing has highlighted the significance of social

support from family and friends in enabling positive outcomes (Alanko & Lund, 2020; Ehrensaft et al., 2018). Therefore, understanding the social events and conditions that relate to stigma and prejudice associated with minority stress is important in developing discourses and interventions that involve whole family systems, including siblings (Meyer, 2015; Stewart et al., 2018).

Aim of the Study

A literature review (Exley, 2021) determined the scope of pre-existing research on sibling relationships within the context of gender diversity and demonstrated that such research is limited and incomplete. Therefore, in order to address gaps within the knowledge base, the aim of the current study was to explore the lived experiences of sibling relationships within the context of gender diversity by including both trans and sibling perspectives. The study was guided by the following research questions:

- In what ways do siblings impact upon transgender wellbeing?
- In what ways does gender diversity affect the sibling relationship?

Method

Design

In order to address these research questions, a qualitative approach was utilised, informed by social constructionist epistemology. Thematic Analysis (TA) was used to explore meanings and the ways in which participants made sense of their experiences. Implementing a qualitative research design allowed for an in-depth exploration of the lived experiences of sibling relationships within the context of gender diversity.

Epistemology: Social Constructionism

TA is a useful methodology when working with social constructs and in helping to understand the process of social constructionism (Fereday & Muir-

Cochrane, 2006; Joffe, 2012). Social constructionism provides a critical stance towards conventional knowledge and emphasises the historical and cultural context in which knowledge is understood (Burr, 2015). Social constructionists posit that our knowledge of the world is socially constructed through engagement in everyday social interactions and thus highlights the importance of language in constructing shared meanings between individuals (Burr, 2015). As such, social constructionism is an epistemological perspective and is concerned with how reality is constructed and understood through social processes (Andrews, 2012). In this way, identity can be understood as originating within the social realm, as opposed to within the individual (Burr, 2015). Social constructionism therefore brings into question previously held ideas surrounding gender classifications based upon sexual anatomy as naturally occurring constructs and emphasises the cultural practices that build upon these ideas and which generate the concept of gender (Burr, 2015).

Recruitment

Purposive, convenience and voluntary sampling techniques were used. Four participants were recruited through a university transgender support group in the South West of England and five participants were recruited via an online international academic research advertisement website (see appendix A). A further two participants volunteered to take part following advertisement of the study within the researcher's workplace and social network. Interested participants were requested to contact the lead researcher on the provided email address at which point an information sheet detailing the research procedure and consent form (appendix B) were emailed to them. Two versions of the information sheet were available; for siblings, or for trans participants (appendix C, D). All participants were given the opportunity to ask questions and to take their time to consider the pros and cons of participation before agreeing to participate.

Participants

This research sought to recruit individuals aged 18 and over who either identified as transgender and had at least one sibling, or who were the sibling of someone who identified in this way. Definitions of 'transgender' were not provided; in order to allow individuals to opt into this study based upon their own understanding of this term. In addition, siblings could identify as step, half or full. In total, 11 participants took part in this research project. Of these, two participants identified as siblings of trans individuals (one cis female (CF), one cis male (CM)), and nine participants identified under the transgender umbrella. Two participants were also full siblings to each another. Due to the impact of the COVID-19 pandemic on recruitment and accessing participants, fewer sibling participants were recruited than had originally been anticipated. However, given the richness of data of the two sibling participants who did take part, and the aims of the research study, it was deemed important to include these transcripts within the final analysis.

Participant ages ranged from 18 to 47, with a mean age of 27.7 years. Of the nine participants who identified as transgender, four individuals identified as trans female (TF), four individuals identified as trans male (TM), and one individual identified as trans nonbinary (NB). All participants identified as White and were located across three European countries. Of note, gender acronyms have been used in order to aid understanding of the included interview excerpts (see Table 1).

Table 1

Participant Demographics

Trans Female (TF)	Trans Male (TM)	Nonbinary (NB)	Cis Female Sibling (CF)	Cis Male Sibling (CM)
4	4	1	1	1

Data Collection

Data was collected through online individual interviews using the video conferencing platform Zoom. The selection of this method was informed by the COVID-19 pandemic, which prevented face-to-face communication. In total, 11 interviews were conducted. The online interviews lasted approximately one hour and were audio recorded using a Dictaphone.

Two semi-structured interview schedules were developed (appendix E and F) following the initial literature review and were used to help guide the interview discussions and keep the focus upon the aforementioned research questions. These differed depending upon whether the participant identified as trans or as a sibling of a trans person. Interview questions were open-ended to allow participants to challenge the researcher's assumptions, if necessary, and to emphasise the participant's individual narrative and experiences. Questions were designed to be predominantly descriptive (focusing upon biographical information), structural (focusing upon the meaning used to make sense of the world) and evaluative (focusing upon the participant's feeling towards someone or something; Willig, 2013).

Thematic Analysis

TA is a qualitative method used for identifying and analysing patterns of meaning across a dataset (Braun & Clarke, 2006). In this way, TA allows the researcher to make sense of shared meanings within a dataset and identify commonalities within the phenomenon of study (Daly et al., 1997). TA is a flexible and accessible method of data analysis, which allows the researcher to identify themes across the dataset in relation to specific research questions (Braun & Clarke, 2012). Within TA, a theme refers to a specific pattern of meaning found within the dataset that may be explicitly observable or more implicitly described (Joffe, 2012).

As in other qualitative methods, TA allows for the development of knowledge of meaning of the phenomenon under study and provides a helpful framework for facilitating models of human thinking, feeling and behaviour (Joffe, 2012).

An external transcription service was used in order to transcribe interview transcripts verbatim. In order to ensure transcription quality, these transcripts were then read through whilst simultaneously listening to the audio data in order to avoid errors and any loss of information. Using Braun and Clarke (2006) as a guide, data was coded within Microsoft Word where code names were clearly identified, and portions of the relevant text were highlighted. Data was analysed using TA and focused upon the ways in which gender diversity impacts upon the sibling relationship and how siblings influence transgender wellbeing. The Braun and Clarke (2006) model was chosen due to its thorough delineation, the researcher's own familiarity with this approach, and its perceived suitability to the research project.

This research employed an inductive, bottom-up approach to data coding and analysis. That is to say, the identified codes and themes were derived from the content of the data itself and therefore prioritised semantic data content, as opposed to theory-based meaning (Braun & Clarke, 2006). As noted by Braun and Clarke (2012), it is impossible to be purely inductive as the researcher always brings something to the data. Nevertheless, the analysis attempted to prioritise data-based meaning and give voice to participants' experiences through the inclusion of direct quotations and representative data extracts.

After familiarising myself with the data, the data was systemically analysed through coding for which I focused upon information that was relevant to answering the research questions. Codes help to identify and provide a label for properties of the data that are assumed to be relevant to the research questions (Braun & Clarke, 2006). Codes were therefore used to either provide a summary of a section of the

data or to provide a conceptual interpretation of the data content. An example of a coded section of an interview transcript is provided in Table 2 below.

Table 2

Example of Transcript Coding

Transcript	Codes
Participant One: I just think that there's definitely like a lack of information and knowledge. And I see so many people ask me questions and a lot of the time, are really inappropriate questions.	Lack of information/knowledge Sibling as source of information Frequent questioning Inappropriate questions
Interviewer: Mm.	
Participant One: And I just think that everyone in the entire world needs to know more about it. [laughs]	Global need Need more information
Interviewer: Yeah. And then it kind of puts the onus on you to represent everyone's views on having a trans sibling.	
Participant One: Yeah, exactly.	
Interviewer: Right.	Asking of questions
Participant One: Well, like questions-- It's normally questions they wouldn't ask [trans sibling]-	
Interviewer: Mm.	Notion of inappropriate questions Boundaries

Participant One: - because they know that they can't ask [trans sibling], but somehow think is okay to ask me.	Use sibling as resource
Interviewer: Right.	Questions about surgery
Participant One: They question about gender reassignment surgery, but if you wouldn't ask my brother about his genitals-	Inappropriate/invasive questions
Interviewer: Mm.	Sibling as resource
Participant One: - then you shouldn't ask me.	

Ethics

Ethical approval was sought from the University of Exeter's Psychology Ethics Committee (appendix G). Informed consent was gained from all participants prior to participation. Participants were made aware of their right to withdraw from participation without penalisation. Participants were also offered access to the study results after participation. All but one participant requested that the research findings be shared. Finally, participant confidentiality was considered, and any identifiable information was removed from the resulting interview transcripts. Nonetheless, given that participants were sharing their individual stories, it was important that participants were made aware that direct quotations from their interviews may be included in the final write up and that such information could be identifiable. In order to protect anonymity, participants were allocated a participant number and attempts were made to maintain confidentiality (e.g. removing the names of individual people, organisations and locations from interview transcripts). Beyond these considerations,

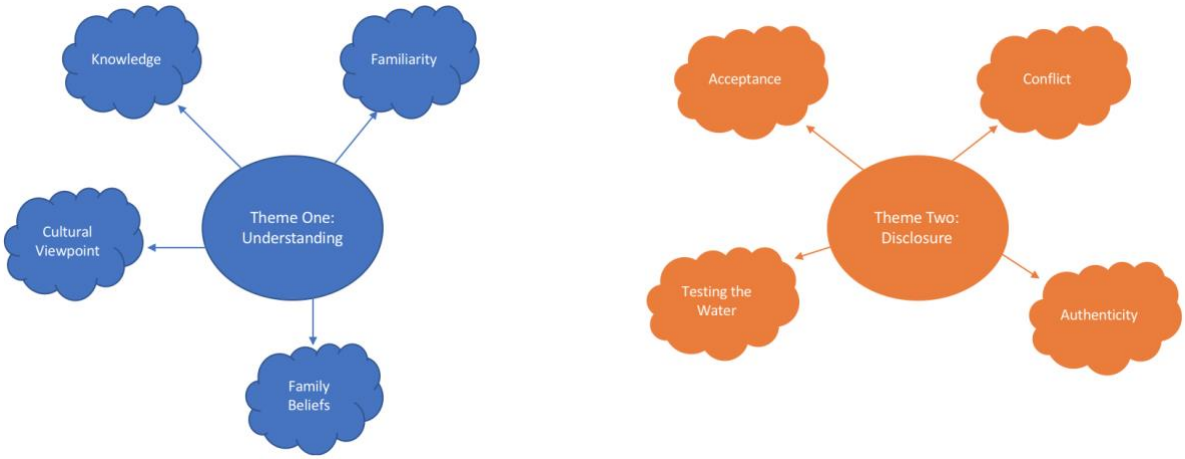
it was hoped that participants may receive positive benefits from participation; such as feeling heard and being able to contribute to novel research.

Analysis

Once the datasets were fully coded, themes and subthemes were then generated. Themes refer to features of the data that are relevant to the research questions and that represent a pattern of response or meaning across the dataset (Braun & Clarke, 2006). As noted by Braun and Clarke (2006), this stage of the analysis involved reviewing the coded data to identify similarities between codes that may be suggestive of broader topics or issues relevant to the research questions. Analysis generated two key themes, Understanding and Disclosure, which are presented in Figure 2 and discussed in more detail below.

Figure 2

Thematic Map



Theme One: Understanding

The majority of participants discussed the impact of awareness, knowledge and misunderstanding on both the sibling relationship within gender diversity and upon experiences of transgender identity. The theme of understanding was conveyed through the subthemes of ‘knowledge’, ‘familiarity’, ‘family beliefs’ and ‘cultural viewpoints’.

Subtheme One: Knowledge

Several participants spoke about a lack of public awareness and understanding surrounding transgender experiences. Participants spoke of the frustration and exhaustion in explaining transgender issues to others, which was experienced by both trans and sibling participants. One sibling participant noted a sensationalised interest regarding gender reassignment surgery and being forced to answer inappropriate questions from others on behalf of their trans sibling:

> *I just think that there's definitely like a lack of information and knowledge. And I see so many people ask me questions and a lot of the time, are really inappropriate questions. And I just think that everyone in the entire world needs to know more about it. [laughs] (participant one, CF)*

One trans participant spoke about the impact of their sibling's lack of knowledge on their experience of self-disclosure and the broader negative expectations with regards to revealing one's gender identity:

> *… I actually had advice from, uh, trans-- Uh, a support group I went to… where they said, "Don't say you're Trans because most people don't know what that means. Make sure you say 'transgender'." Um, and that is exactly what I did with my sister and she went, "I don't know what that word means."(participant seven, TF)*

This ignorance resonated with another trans participant who had chosen to not reveal their gender identity to their sibling, due to their perceived lack of awareness surrounding trans identities:

> *I don't know if she- if she even knows that transgender people exist (participant eight, TM)*

On the other hand, cisgender sibling participants noted the positive impact of having a trans sibling on enabling different perspectives towards gender ideals and

expectations. For instance, one sibling noted questioning their own gender identity and the stereotypes associated with this when coming to terms with having a sibling who identifies as trans:

> *… Over the years I've come to terms with the idea that he's- that he's transgender, I thought, then there must be so many people that go their whole lives without realising it. It made me question [my gender identity], you know, how much do I fit into the stereotypical, you know, masculine sort of image… (participant three, CM)*

This questioning of the traditional gender binary was also discussed by another sibling participant, who noted the freedom in thinking that having a trans sibling enabled and exploring gender identities with their cisgender sibling:

> *… so many people don't even consider the alternatives. How people feel constrained by gender as a construct… so suddenly to be presented with a really plausible alternative is quite like, shaking. Um, so I remember at the time, me and my sister were both like, "Are we trans?" [laughs] How would you know? Um, and then after a while, we were like, "Okay, well, if you don't know then you're not." (participant one, CF)*

Subtheme Two: Familiarity

In line with the above, a number of participants noted the ways in which prior awareness and exposure to transgender issues aided experiences of disclosure and feelings of sibling acceptance. For example, one sibling noted how previously having met someone who identified as transgender helped them to feel more assured in accepting their trans sibling's experiences:

> *Well, I definitely hadn't considered anyone in real life who was transgender before. So, the fact that I had met someone at that point, I guess kind of, it*

proves to you, you know, these people exist and it's not something you just hear about. (participant three, CM)

This sentiment was echoed by their trans sibling, who similarly participated within this research, and who noted that such prior awareness enabled them to feel more secure in coming out to their cisgender sibling:

I know that he had, um, a classmate who was a trans girl… So, I knew that he was aware of what being trans is… he didn't behave negatively towards her. So, I thought, "Oh, you know, this wouldn't be that different." You know, her-- he has a concept of what being trans is like and being close to somebody who's trans is like. So, luckily, that was also, um, a helping factor- (participant four, TM)

In addition to the above, one participant spoke about a broader cultural shift in more recent years, in which trans identities appear more visible within mainstream media, and how this increased visibility aided their sibling's acceptance of their gender identity:

… 2015, 2016 was a weird tipping point where it suddenly became, um, like, people knew what [being transgender] was. Um, so, yeah. I-I kinda came out just after that cusp, so I shouldn't have expected [sibling] to know what I meant by 'trans', but obviously, now she does. (participant seven, TF)

Subtheme Three: Family Beliefs

Familial beliefs towards gender constructions were pertinent within participants' discussions. Some participants described their families as having more progressive and liberal beliefs than they perceived wider society to hold; therefore, enabling the family system as whole to be more accepting towards transgender identities:

> *… I mean, everyone in my family's quite onboard with deconstructing gender roles and stuff. So, the idea of wanting to use a 'they' pronoun instead of the generic binary… it's not really coming out in our family. (participant one, CF)*

Similarly, a number of participants spoke about ideas and approaches towards gender that were received during childhood, particularly during play. Several participants noted the use of gender-neutral toys in deconstructing gender roles and aiding experiences of sibling acceptance:

> *Gender was never a topic… Even as children… He loved to play with dolls. And it just never was a problem, so-- We haven't incorporated these gender roles that deep. (participant eleven, NB)*

And

> *… we all played together with exactly the same gender-neutral toys… my sister did have a doll's house when she was younger, but all three of us played with her as well so there was never any sort of obvious gender roles in- in play… (participant seven, TF)*

Subtheme Four: Cultural Viewpoints

Several participants also spoke about the influence of cultural discourses in experiences of sibling acceptance. One trans participant described their parents being raised within a conservative country and their sibling's fear that they may therefore experience gender-related rejection:

> *… it wasn't like, um, like the most awful coming out experience, but it's still somewhat negative. Like there was crying, there was shock, there was hesitance to accept the situation… I think, [sibling] sort of-- Maybe he might have known that [parents] would react like that but he didn't want to like*

completely tell me it might be really negative. I think he just wanted to emphasise that-that he'll be there for me if I needed it. (participant four, TM)

In helping to facilitate familial gender-related acceptance, one sibling noted the role of GIS in normalising the experience of gender diversity, as well as an awareness that such services are not universally available at this time:

If there were worries, they were definitely put to rest by the fact that we're supporting him, and well, I guess, we're quite lucky living in-in-in a country like England where people like him, that the system- that, you know, that there is a way for them to be supported. There are many ways in fact. Uh, not every country has that. (participant three, CM)

Theme Two: Disclosure

In line with the above, the notion of gender self-disclosure was paramount to participants' discussions concerning the sibling relationship and transgender wellbeing. Discussions have been categorised into subthemes of 'testing the water', 'acceptance', 'conflict', and 'authenticity'.

Subtheme One: Testing the Water

Participants readily discussed the experience of gender self-disclosure and a number of participants identified cisgender siblings as the first person in which they came out to. More specifically, the notion of using cis siblings to 'test out' how parents might respond to their gender identity was noted by several trans participants. For instance:

I don't think I'd ever asked him why he told me first but if I remember correctly at the time, it was because he was just nervous, you know, how are [parents] gonna accept it? How are they going to react? If that's a really negative reaction obviously it will affect him emotionally. So, I'm again, like I'm, you know, a steppingstone or like a-a buffer. (participant three, CM)

And

> *… actually, my sister was the first person I came out to. I sort of treated her as a bit of a, like, uh, a litmus test. Um, 'cause I knew that she-- she's quite good at figuring out how other people will respond. (participant five, TF)*

Subtheme Two: Acceptance

Feelings of acceptance were frequently discussed by participants. A number of trans participants spoke about the positive impact of knowing that their sibling was supportive of their identity on their sense of safety and wellbeing. For instance:

> *You just don't know what their response is gonna be. So, when it's a good one, when it's a positive one, it's quite a relief. (participant four, TM)*

Nevertheless, participants also noted the difficulty in adjusting to having a sibling who has transitioned and described a period of processing in order to aid acceptance. One trans participant noted their cis sibling discussing their gender identity with another family member as part of the acceptance process:

> *… he took it initially very, very well and just asked questions-…/ then he spoke about it with my mum. He was like, "I don't know if I can deal with this. I don't know what this means." And then, after he processed it for a bit went-went back to his initial reaction, which was, "yeah, cool". (participant seven, TF)*

The use of pronouns and name changes in the affirmation of gender identity was also discussed. Some trans participants noted incidences of misgendering and "deadnaming" (using their birth name), which negatively impacted upon feelings of validation and acceptance:

> *Um, my older brother sends a couple of packages to my deadname which is a problem and I've sort of mentioned a couple of times around Christmas, like-*

"Do you remember to check trans people's names are right on Amazon?" (participant five, TF)

And

… I can't re-remember him s-slipping up that much. I think, mm, him and my whole family kind of used gender-neutral pronouns for a while as a kind of transition period for them. Which wasn't ideal for me because… I go exclusively by male pronouns so; I felt a little bit like I have to com-- I have to compromise… (participant four, TM)

On the other hand, trans participants also discussed cisgender siblings' tendency to be more proactive in using chosen names and pronouns, in comparison to parents and grandparents, for instance:

It's like that the insane transition that [trans sibling] has had, like, how much happier they become, you would want that for anyone you care about and it's like using different pronouns, it's all you have to do to make someone that much happier. (participant one, CF)

However, one trans participant noted feeling that they would never be fully accepted by their cis sibling, despite the performative use of their chosen pronouns:

Well, I think like she accepts me. Um, she's a lot better at like using pronouns and stuff. And at the very start she was a lot better at using my preferred name, um, than my parents were. Um, but I-I just-- Yeah, I don't think she'll ever see me as a brother…

Interviewer: Why do you think that?

I don't know, I just-- Sometimes I think she says stuff and it like, it hints that like, she still sees me as like her sister. (participant ten, TM)

Subtheme Three: Conflict

In addition, a number of participants noted incidences of conflict within the sibling relationship that impacted upon feelings of gender-related acceptance. Specifically, several participants spoke about differing relationships to their parents and how this could instigate feelings of jealously and sibling rivalry:

> *I would definitely say that my dad and my brother are closer to each other… I haven't felt that with either of my parents… at times when I was, um, like transitioning, especially kind of earlier on mid-transition, around there, I was a little bit jealous, a little bit like, a little bit angry that I didn't get the same kind of treatment…. I do understand, obviously, it's different, um, because I was socialised as female. (participant four, TM)*

In line with this, one trans participant noted how their cisgender sister felt initially threatened by their trans identity and how this might change the family system and the attention that they received:

> *I am fairly certain that over the years, it's always been me and dad and [sibling] and mum. That's the way it's always been. And then when I suddenly came out and started rebuilding this relationship with mum, I don't think my sister liked that… I think she saw that as a threat. (participant six, TF)*

Subtheme Four: Authenticity

Several trans participants spoke about the role of siblings in affirming their gender identity and the significance of this on improving their wellbeing and self-esteem. In particular, one participant noted how revealing their true self to their sibling enabled a stronger and more authentic way of relating:

> *… I would say it's a better sort of, a-a better quality of relationship because I can be myself, I know that I'm not hiding anything. (participant two, TF)*

In this way, one cisgender sibling noted how the experience of disclosure and acceptance enabled their trans sibling to reveal their authentic self and how this visibility enhanced the sibling relationship:

> *This sounds-this sounds really mean saying he didn't have a personality before…/ but after [trans sibling] came out, it was like, that's when I started to get to know [trans sibling] and we built a relationship and hung out all the time. So, it wasn't really a surprise because I felt like I didn't know anything about [trans sibling] before. (participant one, CF)*

However, participants also noted the difficulties of self-disclosure and discussed how the experience of coming out to their sibling was not always as they had anticipated. For instance, one trans participant spoke about needing to hide their authentic self before coming out to their sibling and the detrimental impact of this on the quality of the relationship:

> *I don't think I've ever had that proper sibling relationship. I-I think a lot of that is because when we were children, I wasn't myself. I was struggling to be somebody else. I think that's a large part of the problem. Um, and that was what I was hoping with transitioning I could rectify that, but ob-obviously that didn't happen. So, I-I don't know what a sibling relationship means. I have no comprehension of-of what that should be. (participant six, TF)*

As such, participants identified the important role of siblings in witnessing and affirming transgender identities and highlighted the ways in which these experiences could impact upon trans peoples' psychological wellbeing and sense of themselves.

Discussion

This research aimed to develop a greater understanding of how transgender individuals, and their siblings, make sense of this relationship. The researcher was also interested in the ways in which siblings may impact upon transgender wellbeing.

TA of the interview transcripts demonstrated two overarching themes, Understanding and Disclosure, which contained a number of nuanced subthemes, which will be considered in more detail below.

Participants identified a lack of general knowledge and awareness as to the scope of gender diversity issues, which inadvertently impacted upon the sibling relationship. Participants noted variability in terms of siblings' familiarity with transgender issues, with a number of participants stating that their sibling had no awareness, or limited understanding, as to what it means to identify as trans. Within the current study, gaining further knowledge and insight appeared to ease siblings' fears and aid feelings of acceptance; demonstrating the need for services to offer support and information to the family system as a whole, in order to help siblings to better understand gender diversity issues.

Some trans participants discussed experiences of misgendering and the inaccurate use of pronouns from siblings. In line with the GMSM, this experience gave rise to distal stressors in which trans participants' felt that their gender identity was being invalidated by their sibling. As such, experiences of sibling non-affirmation generated proximal stressors in which some trans participants chose to hide aspects of their gender identity, in order to protect themselves from further non-affirmation and potential gender-related rejection. These distal stressors may therefore represent further targets for intervention; for instance, through the use of more holistic and family-based interventions in which clinicians may facilitate conversations between family members, so that trans individuals can verbalise their needs and experiences and family members can express any concerns they might have (Coolhart & Shipman, 2017).

Nevertheless, the majority of participants within the current study noted the supportive role that siblings play in providing gender identity affirmation; particularly

within familial contexts in which gender-related acceptance was not guaranteed. Trans participants described the ways in which sibling acts of support enabled feelings of affirmation and connection; through being seen and embraced within the family context. Several participants noted the efforts made by siblings to adjust to name and pronoun changes and the tendency for siblings to be more proactive and accurate in using these, in comparison to parents. These findings may be indicative of younger generations being more open to gender fluidity and nonbinary identities (Marsh, 2016) and the emergence of theoretical frameworks (e.g. intersectional feminism and transgender theory) that challenge existing gender role stereotypes (Davies, 2004; McRobbie, 2009). For instance, intersectional perspectives consider the different forms of discrimination and oppression that exist based upon the intersection of differing social categories and recognise that oppression can occur as a result of changing gender or contesting gender categories (Stryker, 2017). As such, these findings highlight the important role of siblings in enhancing familial gender-related acceptance; through bridging the intergenerational relationship gap between trans individuals and their parents.

Moreover, a number of participants described first disclosing their gender identity to their sibling, in order to gain a sense of how others, namely parents, may respond. This finding is reflected within the broader LGBT research literature, in which it is suggested that the reactions of siblings may be used to either verify or modify the manner in which an individual comes out to other family members (Savin-Williams, 1998). As such, if an individual's self-disclosure is positively received by their sibling, they may feel more comfortable in coming out to their parents (Beaty, 1999). Within the current research, disclosing to siblings prior to a parent seemed to strengthen the quality of the sibling bond and enable feelings of increased authenticity within this relationship; through trans individuals' having their gender

identity seen and accepted. Having better understood the challenges that their trans sibling had experienced, cisgender siblings noted feeling more protective of them; leading to greater acts of solidarity; such as publicly defending their sibling's gender identity.

In addition, through gaining insight into the reality and complexity of transgender experiences, siblings were found to explore their own beliefs surrounding gender and gender stereotypes, and to examine underlying assumptions regarding their own gender identity and the broader gender binary that dominates Western discourses. This humanising of the transgender experience enabled siblings to develop more open and inclusive thinking with regards to constructions of gender and towards those who sit outside of the traditional binary. Through this process of experiential learning, siblings therefore moved beyond the objective and developed greater understanding and empathy towards their trans sibling (Cramer et al., 1997; Rye et al., 2007). As such, siblings play an important role in advocating for gender diverse individuals and in heightening feelings of acceptance, pride and connection within the family environment.

Clinical Implications

This research highlights the important role of siblings in supporting transgender wellbeing. The use of siblings as a steppingstone towards parental self-disclosure demonstrates the significance of this relationship in supporting trans individuals' experiences of gender diversity and providing a familial environment in which trans identities are heard, understood and accepted. As previously noted, siblings are often overlooked by services, yet these findings highlight the supportive role of siblings in enabling positive mental health outcomes for transgender individuals. As such, the findings of this study advocate for systemic approaches to supporting gender diverse individuals within mental health services and the role of clinical

psychologists in developing such services accordingly. Working systemically could help to include and integrate all family member perspectives, to reveal potentially unknown family member viewpoints, and to address rejecting or discriminatory assumptions in order to promote familial acceptance (Westwater et al., 2019). Clinicians may therefore help families to expand their beliefs surrounding gender identities and to help to develop more authentic relationships where trans individuals feel seen and accepted for who they are (Coolhart & Shipman, 2017). Nevertheless, in considering the active involvement of siblings within therapeutic settings, it is important to consider with the client the level of closeness with their sibling, their sibling's attitudes towards LGBTQ+ issues and their cultural family values in order to inform the decision-making process (Szymanski & Hilton, 2021). For sibling dyads in which conflict exists, it may be more helpful for cisgender siblings to access outreach programmes, which support those who hold more conservative attitudes or lack knowledge or contact with trans individuals, for instance (Hilton & Szymanski, 2014).

In addition, participants' narratives highlighted the need for cisgender siblings to receive information and guidance to help support the wellbeing of their gender diverse sibling, as well as to receive support for their own wellbeing; in order to allow space to process and make sense of their experiences. As noted by Wheeler et al (2019), being able to access communities in which gender diversity is normalised seems important in helping siblings to process changes to their trans sibling's gender identity, to share their experiences and fears with others and to gain a greater understanding of gender diversity issues. This may be in provided in the context of GIS through training days and support groups, for instance, or through broader LGBTQ+ support groups, networks and local charities.

Finally, as rates of transgender identities continue to increase, and people transition earlier in their lives, it is more important than ever that mental health

practitioners broaden their own awareness as to the challenges faced by gender variant individuals through engagement in reflective practice and appropriate gender diversity training. Similarly, it is important that clinical psychologists consider their own biases and beliefs surrounding gender and to consider the ways in which these ideas are constructed and reinforced within services and day-to-day interactions and practices. Practices such as supervision, reflective practice and personal therapy may help to promote this thinking. Such efforts are important in promoting more inclusive gender discourses and depathologising and destigmatizing the challenges faced by those who identify as gender diverse.

Researcher Reflexivity

As a cisgender, able-bodied, White woman it felt important to generate a space in which participants could provide their own narratives and that these voices could be honoured. As an advocate and ally to the LGBTQ+ community, I felt passionate about conducting a project that promoted the voices of trans individuals and their siblings and was also interested in gaining further insight into this area myself. As someone who has a positive relationship with their own sibling, I was curious about how gender diversity might impact upon this relationship and what factors might influence ease of sibling acceptance. What is more, the notion of social constructionism and gender performances fit with my own philosophical stance. As a feminist and person who has experienced prejudices from others based upon my assumed gender identity, I was interested in further unpicking these gendered practices.

Even so, in completing this research project, the extent to which an individual can identify as cisgender and not display stereotypical beliefs surrounding gender has been considered. As noted by Butler (2021), whilst we as individuals are not entirely determined by cultural norms, we also cannot escape them. As such, attempts have

been made (e.g. through ongoing supervision and self-determined learning) to avoid unintentionally reinforcing dominant discourses surrounding gender identities and power. As argued by Wilson et al (2002), this research sought to focus upon individuals' experiences with regards to gender diversity and the sibling relationship, rather than labelling gender identity difficulties as pathological, and therefore aimed to avoid promoting binary concepts of sex and gender.

Strengths, Limitations and Future Research

Overall, this research provides a novel contribution to understanding how sibling relationships impact upon transgender wellbeing and how this relationship is affected by gender diversity. Nonetheless, there are several limitations. Due to the unanticipated context of COVID-19, the process of recruitment was negatively affected, resulting in a smaller participant sample than had originally been anticipated and needing to use Zoom to conduct interviews. Whilst there were some technical difficulties experienced with regards to the strength of internet connectivity, this approach was deemed beneficial, however, in allowing flexibility and ease of interaction with participants from across, and outside of, the UK.

This research is also limited by its lack of representation and it is therefore important to keep in mind that drawing generalizable conclusions from this data is not possible. The majority of participants were aged between 20 – 30, which, although not unexpected for this population, did mean that older trans adults' perspectives were not adequately captured. Given the exponential developments within the field of gender psychology over the past decade (de Graaf & Carmichael, 2019), it is likely that older trans persons' experiences may differ and therefore require further investigation with regards to their experiences of the sibling relationship.

Moreover, future research should be conducted that includes Black, Asian and minority ethnic (BAME) populations and that considers cross-cultural variations in conceptions and experiences of gender diversity within sibling relationships. As noted by de Graaf et al (2019), perceptions of gender and gender identity are conceptualised differently across differing cultures, therefore impacting upon experiences of sibling acceptance and rejection and broader transgender wellbeing. What is more, transgender people of colour may experience additional stressors through multiple forms of discrimination on the basis of their race and gender (Bettcher, 2007) and those of a lower economic income may not be able to finance medical and non-medical changes in appearance (Hale, 2007). These experiences can prevent BAME trans people from accessing healthcare and support, placing them in a vulnerable and isolated position (Choudrey, 2016); therefore, further adding to the complexity of the transgender experience that requires more in-depth exploration than this study can provide.

Conclusion

This study investigated the impact of gender diversity upon sibling relationships and the ways in which siblings influence transgender wellbeing. This is a novel research area in which there is currently a limited literary base. Findings underscore the significance of siblings to understanding trans individuals' experiences and highlight the importance of sibling support in enabling accepting and affirming familial environments. Namely, this study highlights the role of siblings in initial trans self-disclosure and the ways in which this experience enhances the strength and authenticity of the sibling relationship. Findings also suggest that siblings require further information and support in understanding trans issues and in adjusting to their trans sibling's status. It is suggested that services and practitioners supporting trans persons focus on working with the system surrounding the

individual where appropriate; in order to promote such understanding and acceptance of authentic gendered expressions.

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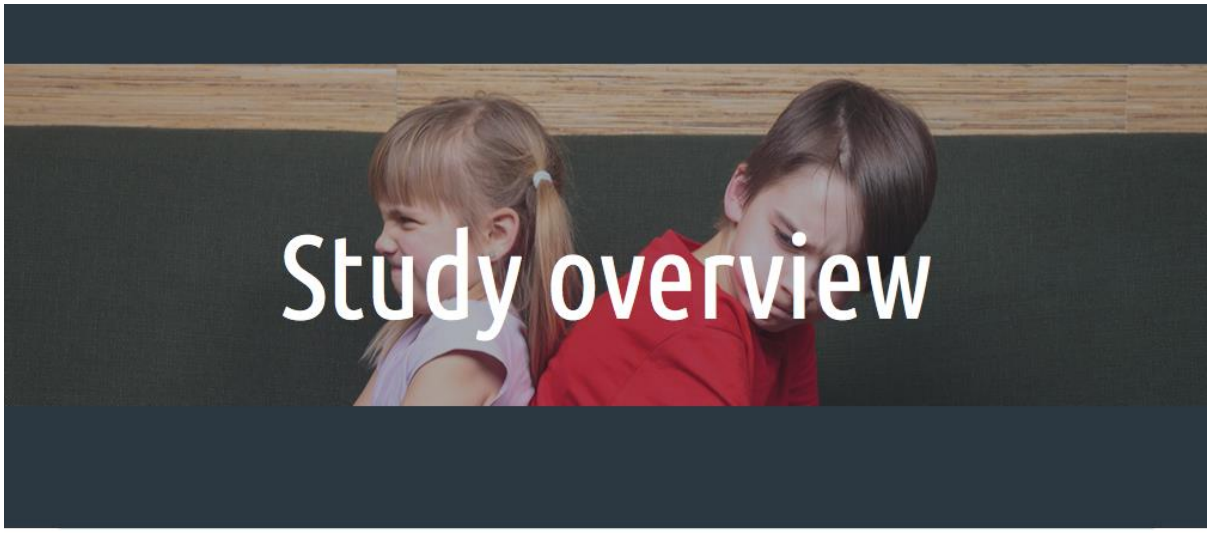
Appendices

Appendix A: Recruitment Advert



HOME > RESEARCHER > DASHBOARD > STUDY

STUDY OVERVIEW

EDIT STUDY

VIEW STUDY STATISTICS

VIEW STUDY PREVIEW

COPY PREVIEW LINK

DELETE STUDY

PUBLISH STUDY

Study Page status - Expired

Study Page recruited from 25 November 2020 until 25 January 2021

Study details

University email

re324@exeter.ac.uk

Study title

The Impact of Sibling Relationships on Gender Diversity

Study description

To understand the impact of gender diversity on sibling relationships and the ways in which siblings may influence the experience of trans identity. This study is interested in the perspectives of both those who identify as trans and their siblings.

Ethical approval

This study has been approved by the University of Exeter's Psychology department ethics committee on 16/06/2020.

Research position

Doctorate student

Keywords & disciplines

Psychology | wellbeing | brother | sister | sibling | siblings | gender | gender dysphoria | LGBT | lgbt community | LGBT mental health | family | mental health | relationship | transition | transgender | trans | gender diversity | LGBT+

About the researcher

Hi! I'm a third year trainee on the Clinical Psychology doctorate at the University of Exeter. I have a particular interest in gender psychology and thinking systemically about how relationships influence our experiences. Please do get in touch if you would like to know more about my research project!

Where is this study conducted?

Online

Compensation

Sincere Gratitude

Study type

Interview

How long will the study take to complete?

60 minutes

Study language

English

Participant requirements

- Age 18 and over.
- Must EITHER identify as transgender themselves and have at least one sibling OR be a sibling of somebody who identifies as trans. (NOTE: siblings may include full, half, or step. Your sibling does NOT need to participate for you to do so.)
- Speak fluent English.

Instructions

Participation involves a one-off online interview using Zoom with myself, the chief investigator. The interview should take 30 mins - 1 hour and will include questions about your relationship with your sibling/s and how this has been impacted by gender diversity. The interview will be audio recorded. Participants will need to sign a consent form agreeing to this, prior to participation.

Number of Participants

10

Do you require the participants email address?

Yes

Appendix B: Consent Form

RESEARCH PROJECT: SIBLING RELATIONSHIPS AND TRANSGENDER WELLBEING

Thank you for agreeing to participate in our research project, looking at the impact of sibling relationships on the experience of gender diversity.

If you agree with the below statements, please tick the corresponding box:

		Please tick
1	I have read and understood the Participant Information Sheet (version 4)	
2	I am satisfied with the information I have been given about the online interview	
3	My questions (if any) have been answered to my satisfaction	
4	I understand I am free to withdraw at any time, without giving a reason	
5	I understand that this research will be written-up for academic purposes	
6	I understand that relevant sections of the data collected may be looked at by members of the relevant University of Exeter research team (i.e. those who are supervising this research project). I give permission for these individuals to have access to my records	
7	I understand that taking part involves by responses being audibly recorded and stored electronically up until September 2021	
8	I agree to take part in this research	

Name (please print clearly using block capitals):

……

Signature: Date:

……

If you would like to receive feedback about the overall findings of this research project (in approximately September 2021), please provide an email address below:

……

Thank you.

Appendix C: Sibling Information Sheet

RESEARCH PROJECT: SIBLING RELATIONSHIPS AND TRANSGENDER WELLBEING

Participant Information Sheet (siblings)

We are inviting you to take part in a single online interview as part of a doctoral research project; exploring the ways in which sibling relationships influence the experience of being transgender or gender diverse. If you are interested in taking part in this research, please read the following information carefully.

Thank you for taking the time to read this information sheet.

What is the research about?

The research aims to gain insight into the way in which sibling relationships are shaped by gender transition and in themselves, influence the experience of being trans and gender diverse. This study is interested in the perspectives of those who identify as trans and gender diverse and their siblings.

Why are we interested in this?

Research exploring the narratives of those who identify as transgender and gender diverse is slowly increasing. However, little is known with regards to the impact of gender transitions on sibling relationships and how such relationships may help to alleviate potential distress. We are therefore interested in exploring these relational processes further.

Why have I been invited?

You have been invited to take part in this research because you have a sibling who identifies as gender diverse or trans. Please note, siblings may include full, half or stepsiblings and you yourself may also identify as gender diverse. Your gender diverse sibling does not to participate in this research for you to take part.

Do I have to take part?

Taking part in this research is voluntary, meaning that it is your choice whether you decide to take part in this research or not. If you do choose to participate, you are free to withdraw at any time, without giving a reason.

What will happen if I do take part? What will I have to do?

If you do choose to participate, we ask that you take part in a one-off online interview using Zoom. The online interview will last approximately 30 mins – 1 hour and will be held between yourself and the chief investigator, Rachael Exley. The online interview will be audibly recorded using a Dictaphone and the audio data transcribed. We also ask that you complete the enclosed consent form, demonstrating your willingness to participate and to

have this information audibly recorded. This form should then be returned by emailing it to the chief investigator (details provided at bottom of form).

What are the possible disadvantages and risks of taking part?

We hope that you will find participating in our research rewarding in some way. However, it is possible that talking about your experiences of sibling relationships in the context of gender diversity may evoke some difficult feelings. If you do have any questions or concerns arising from this research, you can talk to:

- Your GP
- Rachael Exley (Trainee Clinical Psychologist)
- Dr Janet Smithson (Senior Lecturer in Psychology)
- A telephone support service, such as the Samaritans (0845 790 9090)

Please note that this research has been approved by the University of Exeter's Ethics Board, who are satisfied that the research is ethical and safe.

What are the possible benefits?

The primary benefit to participation is in the contribution you will be making to understanding sibling relationships within the context of gender diversity. It is also hoped that you may personally benefit in some way from being able to discuss your experiences freely and have these experiences heard.

Will my responses be kept confidential?

This research complies with General Data Protection Regulation (GDPR) legislation. This means that all personal data will be kept secure, processed fairly and lawfully, and will not be stored for longer than is necessary. As such, both your responses within the online interview and the information from your consent form will be kept confidential. Your responses in the interview will be associated with a unique identification number but not with your name and any identifiable information will be removed, meaning that the data you provide will not be identifiable. Consent forms will be stored electronically on a secure server and any hard copies will be shredded. Verbal responses will likewise be stored electronically on a secure server. Audio data will be destroyed following transcription. All data will be destroyed by the end of the research (September 2021). Your information will only be accessed by members of the research team. You can withdraw your consent form and recorded responses up until 31st January 2021, after which it will be used for writing up the research findings.

What would happen if the researcher were concerned about your safety?

As previously stated, your participation and personal information will be kept confidential. However, if a researcher becomes concerned about your safety or that of someone you know, they may need to contact an outside agency in order to ensure that you are provided with any necessary support to keep you well and safe. A conversation with you would take place before this occurred.

What will happen to the results of the study?

Your responses in the interview will form part of an educational project for a Doctorate in Clinical Psychology at the University of Exeter. If appropriate, the findings may also be published in an academic journal and presented at conferences. As previously stated, your identity will not be revealed in any reports, publications or presentations resulting from this research. We would like to also provide you with information about the results, if you wish to receive them.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

What now?

If you would like to take part in this research, please email the chief investigator, Rachael Exley, whose details are provided below. A date and time for you to participate in an online interview will then be arranged via email. You will also be required to complete the consent form enclosed and return this to the chief investigator via email, prior to participation.

Contact for further information:

Rachael Exley (chief investigator)
Trainee Clinical Psychologist
Pronouns: she/her
re324@exeter.ac.uk

Dr Janet Smithson (supervisor)
Senior Lecturer in Psychology
j.smithson@exeter.ac.uk

Other support:

https://www.depend.org.uk - 'An organisation offering free, confidential and non-judgemental advice, information and support to adults in the UK with a trans partner, friend or adult family member who is considering or undergoing transition, or who has transitioned.'

Thank you again for taking the time to read this information sheet.

Appendix D: Trans Information Sheet

RESEARCH PROJECT: SIBLING RELATIONSHIPS AND TRANSGENDER WELLBEING

Participant Information Sheet

We are inviting you to take part in a single interview as part of a doctoral research project; exploring the ways in which sibling relationships influence the experience of being trans or gender diverse. If you are interested in taking part in this research, please read the following information carefully.

What is the research about?

The research aims to gain insight into the way in which sibling relationships are shaped by gender transition and in themselves, influence the experience of being trans and gender diverse. This study is interested in the perspectives of those who identify as trans and gender diverse and their siblings.

If you have a sibling who you feel may also be interested in participation, please share this information with them (there are separate participation information sheets available for siblings on request). Please note, your sibling does not need to participate in this research for you to take part.

Why are we interested in this?

Research exploring the narratives of those who identify as transgender and gender diverse is slowly increasing. However, little is known with regards to the impact of gender transitions on sibling relationships and how such relationships may help to alleviate potential distress. We are therefore interested in exploring these relational processes further.

Why have I been invited?

You have been invited to take part in this research because you identify in some way as gender diverse or trans, and because you have at least one sibling. Please note, siblings may include full, half or stepsiblings.

Do I have to take part?

Taking part in this research is voluntary, meaning that it is your choice whether you decide to take part in this research or not. If you do choose to participate, you are free to withdraw at any time, without giving a reason. If you wish to take part but do not feel comfortable answering a particular question within the interview, this is also allowed.

What will happen if I do take part? What will I have to do?

If you do choose to participate, we ask that you take part in a one-off online interview using Zoom. The online interview will last approximately 30 mins – 1 hour and will be held between yourself and the chief investigator, Rachael Exley. The online interview will be audibly recorded using a Dictaphone and the audio data transcribed. We also ask that you complete the enclosed consent form, demonstrating your willingness to participate and have this information audibly recorded. This form should then be returned by emailing it to the chief investigator (details provided at bottom of form).

What are the possible disadvantages and risks of taking part?

We hope that you will find participating in our research rewarding in some way. However, it is possible that talking about your experiences of sibling relationships in the context of gender diversity may evoke some difficult feelings. If you do have any questions or concerns arising from this research, you can talk to:

- Your GP
- Rachael Exley (Trainee Clinical Psychologist)
- Dr Janet Smithson (Senior Lecturer in Psychology)
- A telephone support service, such as the Samaritans (0845 790 9090)

Please note that this research has been approved by the University of Exeter's Ethics Board, who are satisfied that the research is ethical and safe.

What are the possible benefits?

The primary benefit to participation is in the contribution you will be making to understanding sibling relationships within the context of gender diversity. It is also hoped that you may personally benefit in some way from being able to discuss your experiences freely and have these experiences heard.

Will my responses be kept confidential?

This research complies with General Data Protection Regulation (GDPR) legislation. This means that all personal data will be kept secure, processed fairly and lawfully, and will not be stored for longer than is necessary. As such, both your responses within the online interview and the information from your consent form will be kept confidential. Your responses in the interview will be associated with a unique identification number but not with your name and any identifiable information will be removed, meaning that the data you provide will not be identifiable. Consent forms will be stored electronically on a secure server and any hard copies will be shredded. Verbal responses will likewise be stored electronically on a secure server. Audio data will be destroyed following transcription. All data will be destroyed by the end of the research (September 2021). Your information will only be accessed by members of the research team. You can withdraw your consent form and recorded responses up until 31st January 2021, after which it will be used for writing up the research findings.

What would happen if the researcher were concerned about your safety?

As previously stated, your participation and personal information will be kept confidential. However, if a researcher becomes concerned about your safety or that of someone you know, they may need to contact an outside agency in order to ensure that you are provided with any necessary support to keep you well and safe. A conversation with you would take place before this occurred.

What will happen to the results of the study?

Your responses in the interview will form part of an educational project for a Doctorate in Clinical Psychology at the University of Exeter. If appropriate, the findings may also be published in an academic journal and presented at conferences. As previously stated, your identity will not be revealed in any reports, publications or presentations resulting from this research. We would like to also provide you with information about the results, if you wish to receive them.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

What now?

If you would like to take part in this research, please email the chief investigator, Rachael Exley, whose details are provided below. A date and time for you to participate in an online interview will then be arranged via email. You will also be required to complete the consent form enclosed and return this to the chief investigator via email, prior to participation.

Contact for further information:

Rachael Exley (chief investigator)
Trainee Clinical Psychologist
Pronouns: she/her
re324@exeter.ac.uk

Dr Janet Smithson (supervisor)
Senior Lecturer in Psychology
j.smithson@exeter.ac.uk

Other support:

The Eddystone Trust: https://www.eddystone.org.uk/lesbian-gay-bisexual-and-trans-links

The Intercom Trust: https://www.intercomtrust.org.uk/

Thank you for taking the time to read this information sheet.

Appendix E: Sibling Interview Schedule

1) We're really interested in the role of sibling relationships in gender identity transitioning and how this relationship may change when a sibling identifies as trans. Thinking about your own experiences of having a sibling who has transitioned / come out as trans, what thoughts initially come to mind?

2) Tell me about your sibling/s (e.g. how many, age, gender, LGBT)?

3) How would you describe your current relationship with your sibling/s?

    - Do you speak regularly? See each other?

4) Has this always been the way?

5) If you have more than one sibling, are there certain siblings who you are closer to than others?
    - why do you think this is (e.g. qualities of relationship – age, gender, shared interests, similarities etc.)?

6) Did your trans sibling 'come out' to you? When? Before/after parents?

7) How did you find this experience? Were you surprised by this? What was your initial reaction? Easy/difficult to be supportive? Confusion? Why?

8) Did this experience generate any worries/fears/anxieties in you/for your sibling?

    - Is there anything that could have made this experience easier/harder for you, do you think (e.g. religion, information, parents/community support)?

9) Were there any aspects of your sibling's gender transition that you found harder to accept (e.g. physical changes, name, pronouns)?

10) Do you feel comfortable and confident speaking with your sibling about their gender identity?

11) Within the research literature, experiences of grief and loss for families who have a trans family member is often discussed. Does this feel relevant to your experience of having a trans sibling?

12) Do you feel your relationship changed since they came out as trans?
    a) If yes:
        - what are the biggest changes that you've noticed?
        - have these been positive or negative changes?
        - how have these changes impacted upon you (e.g. psychological wellbeing)?
    b) If no changes:
        - why do you think this is?
        - what has enabled you to keep things similar?
        - has this been helpful? In what way?
        - has this been challenging? In what way?
        - how do you think this impacts upon your psychological wellbeing?

13) Has your relationship with other people changed since your sibling came out as trans (e.g. parents, friends, teachers, colleagues)?
        - positive changes, negative changes
        - why do you think this is?

14) What was your understanding of transgender issues prior to having a sibling who identified in this way?

15) Do you feel confident/comfortable talking about your trans sibling with others (e.g. friends, colleagues)?

16) How has having a sibling who identifies as trans changed the way you think about gender?
        - including your own gender identity?
        - why do you think this is?

17) How do you feel your relationship with your (trans) sibling differs to their relationships with other people in their lives (e.g. parents, friends, professionals)?

- do you feel comfortable talking about your trans sibling with others?
- why do you think this is?

18) How do you perceive your relationship being with your sibling in the future (e.g. closer, same, more understanding)?

19) Thank you very much for your time. Before we finish, was there anything else you wanted to say / comment on?

Appendix F: Trans Interview Schedule

1) Tell me about your sibling/s. (e.g. how many, age, gender, LGBT).

2) How would you describe your current relationship with your sibling/s?

3) Do you speak regularly? See each other?

4) Has this always been the way?

5) If you have more than one sibling, are there certain siblings who you are closer to than others?
- why do you think this is (e.g. qualities of relationship – age, gender, shared interests, similarities etc.)?

6) Did you 'come out' to your sibling? When was this? Before or after parents?

7) How did you find this experience? Did you have any worries around doing this beforehand (specific to your sibling)?

8) How did they respond? Were they supportive?

- If supportive, what do you think helped your sibling in being supportive?
- If unsupportive, why do you think it was hard for them to be supportive?

9) Do you feel accepted by your sibling?
- Are there aspects of your identity that you feel your sibling struggles more with to accept (e.g. physical changes, name change, pronouns)

10) Do you feel comfortable in discussing your experiences (of gender diversity) with your sibling?

11) Do you feel your relationship changed since you came out as trans?
a) If yes:
- what are the biggest changes that you've noticed?
- have these been positive or negative changes?
- how have these changes impacted upon you (e.g. psychological wellbeing)?

b) If no changes:
- why do you think this is?
- what has enabled you to keep things similar?
- has this been helpful? In what way?
- has this been challenging? In what way?
- how do you think this impacts upon your psychological wellbeing?

12) In what ways have your sibling relationship/s helped the gender transition process?
- helpful behaviours, attitudes, comments from siblings
- what about this relationship has enabled you to cope?
- what about this relationship has impacted on your ability to cope?
- psychological wellbeing

13) In what ways have your sibling relationship/s hindered the gender transition process?

- as above
- psychological wellbeing

14) Would you feel confident speaking to your sibling if you had a problem or concern?

15) In what ways, if any, do you feel your sibling's gender identity has impacted upon your own?
- Would this be different if they identified as male/female?
- Sexual orientation? LGBT sibling?

16) In what ways do you feel your sibling relationship/s has differed to your relationships with your parents with regards to your gender transitioning journey?

17) As above, in what ways do you think your sibling relationship/s has differed to your relationship with your friends during your gender transitioning journey? Have you noticed any difference?

18) How do you perceive your relationship being with your sibling in the future (e.g. closer, same, more understanding)?

19) Thank you very much for your time. Before we finish, was there anything else you wanted to say / comment on?

Appendix G: PREC Ethical Approval

Application ID: **eCLESPsy001474 v3.2**
Title: **Understanding Sibling Relationships in the Context of Gender Diversity.**

Your e-Ethics application has been reviewed by the CLES Psychology Ethics Committee.

The outcome of the decision is: **Favourable**

Potential Outcomes

Favourable:	The application has been granted ethical approval by the Committee. The application will be flagged as Closed in the system. To view it again, please select the tick box: View completed
Favourable, with conditions:	The application has been granted ethical approval by the Committee **conditional** on certain conditions being met, as detailed below. Unless stated otherwise, **please resubmit the requested amendments** via the online system before beginning the research.
Provisional:	You have **not** been granted ethical approval. The application needs to be amended in light of the Committee's comments and re-submitted for Ethical review.
Unfavourable:	You have **not** been granted ethical approval. The application has been **rejected** by the Committee. The application needs to be amended in light of the Committee's comments and resubmitted / or you need to complete a new application.

Please view your application here and respond to comments as required. You can download your outcome letter by clicking on the 'PDF' button on your eEthics Dashboard.

If you have any queries please contact the CLES Psychology Ethics Chair:
Nick Moberly n.j.moberly@exeter.ac.uk

Kind regards,
CLES Psychology Ethics