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Article

"Mom, I'm trans!": A Qualitative Study of Mothers' Experiences During Their Child's Gender Identity Transition

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Abstract

This qualitative study aims to explore how Norwegian parents of transgender and gender diverse (TGD) youth navigate their child's gender identity and transition. Data were collected through semi-structured interviews with 12 Norwegian mothers of TGD youth (ages 17–24). Interviews were analyzed using inductive reflexive thematic analysis. The findings indicate that mothers were concerned about their child's well-being and future, often shouldering extensive emotional and practical responsibilities that contributed to minority stress. Despite these challenges, mothers reported strengthened relationships with their child, personal growth, and meaningful support from voluntary organizations. The study highlights the emotionally demanding experiences and adaptive capacities of mothers supporting their TGD children.

Keywords

transgender youth, transgender and gender diverse, parental support, minority stress, qualitative analysis

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Introduction

Transgender and gender diverse (TGD) is an inclusive umbrella term referring to individuals whose gender identity differs from societal expectations based on their sex assigned at birth (Coleman et al., 2022). Both international (Bouman et al., 2017; Dhejne et al., 2016; McNeil et al., 2017; Witcomb et al., 2018) and Norwegian (Anderssen et al., 2020, 2021; van der Ros, 2013) studies have shown that TGD people face significant challenges compared to cisgender people.[1] TGD people may encounter discrimination in health care settings, difficulties accessing gender-affirming care, and challenges related to access to employment, housing, and public spaces (Coleman et al., 2022). From the perspective of the minority stress model, experiences of discrimination, social marginalization, and hate crimes among TGD individuals are associated with an increased risk of mental health problems (Chodzen et al., 2019; Testa et al., 2015). Accordingly, TGD people are two to three times more likely than their cisgender

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peers to experience mental health problems such as depression, anxiety, self-harm, and suicidal ideation (Bouman et al., 2017; Bränström et al., 2022). Family and social community support foster resilience in the face of minority stress and are associated with a lower risk of mental illness among TGD individuals (Fuller & Riggs, 2018; Valentine & Shipherd, 2018). Supportive family relationships, particularly from parents, may significantly enhance the quality of life and mental health of young TGD individuals (Tankersley et al., 2021).

While support from parents is important for TGD youth, research suggests that parents themselves undergo significant emotional and relational adjustments. When parents first learn that their child is transgender, they may experience shock, fear, grief, and confusion (Paceley et al., 2026; Pearlman, 2006; Pullen Sansfaçon et al., 2020). Common concerns include societal rejection, violence, and the child's ability to navigate romantic and sexual relationships (Alegría, 2018; Chen et al., 2017; Kuvalanka et al., 2017; McKay et al., 2026; Tyler et al., 2023). In contrast, TGD youth may experience certainty and relief upon sharing their gender identity with their parents (Pullen Sansfaçon et al., 2021). When parents support their TGD child, they may experience a greater acceptance of the child's gender identity and an enhanced relationship with their child (Pullen Sansfaçon et al., 2021; Tyler et al., 2023).

Relational shifts within families may also occur in response to the child's transition. Parents may disagree on how to approach their child's gender identity and transition (Pullen Sansfaçon et al., 2015; Testoni & Pinducciu, 2019) or they may advocate for their TGD child by for example setting boundaries with unsupportive family members (Paceley et al., 2026). It is found that fathers may take longer to accept their child's gender identity than mothers (Kuvalanka et al., 2014), with mothers often assuming the majority of the emotional and organizational responsibility for supporting the child's transition (Pullen Sansfaçon et al., 2020). This role involves facilitating access to gender-affirming health care services, a process that can sometimes lead to frustration and conflict (Abreu, Andrade, Maza, Faria, Valença, et al., 2022). Furthermore, parents may experience rejection or lack of support from extended family and friends (Abreu, Andrade, Maza, Faria, Nogueira, et al., 2022; Dangaltcheva et al., 2021; Frigerio et al., 2021; Hidalgo & Chen, 2019).

Concerns, rejection, and marginalization are recognized as examples of the minority stress experienced by parents of TGD youth (Brecht et al., 2025; Hidalgo & Chen, 2019). While research on resilience factors in these parents remains limited, the minority stress model suggests that connecting with others in similar situations can be valuable. Support groups allow parents to share experiences, deepen their understanding, and navigate their child's gender journey (McKay et al., 2026). These groups are instrumental in fostering parental adjustment and strengthening their ability to support their child (Caldarera et al., 2021; Hillier & Torg, 2019; Kuvalanka et al., 2014).

Cultural and systemic factors can also influence how parents experience and respond to their child's gender transition. For example, cultural variations in parenting styles and societal attitudes toward gender diversity may influence parental acceptance and support (Meadow, 2018; Yu et al., 2017). Moreover, the structure and quality of trans-specific health care systems differ across countries, influencing access to gender-affirming treatment for TGD individuals and the support available to their families (Kiely et al., 2024; Koch et al., 2020). Scandinavian countries, including Sweden, Denmark, and Norway, rank high in terms of social acceptance of transgender individuals (Flores, 2019). However, despite not experiencing the same scale of restrictive anti-trans legislation seen in some European countries and the United States, anti-trans discourses and organized anti-gender movements have become increasingly visible in public debate, social media, and political discussions also in Norway (Engebretsen, 2022). Furthermore, the health care systems in Scandinavia are highly centralized, meaning that access to gender-affirming care is typically funneled through a small number of state-authorized clinics or specialist

centers (Kiely et al., 2024). These cultural and structural conditions are likely to shape how Scandinavian parents support their TGD children. However, while existing research from countries such as the United States, Canada, Australia, and parts of Europe provides valuable insights into parental experiences (Abreu, Andrade, Maza, Faria, Nogueira, et al., 2022; Abreu, Andrade, Maza, Faria, Valença, et al., 2022), there is a lack of research focused on the Scandinavian context.

Given this gap, the present study aims to explore how Norwegian mothers of TGD youth experience and navigate their child's transition, as well as the mothers' own needs for support during this process. It focuses on their perspectives regarding emotional coping mechanisms, the parent–child relationship and family dynamics. By examining these aspects within a Scandinavian context, the study aims to offer a more nuanced understanding of the challenges faced by parents navigating a child's gender transition.

Method

This study employed a qualitative research design. To explore the meanings, attitudes, and experiences of mothers of TGD youth, individual in-depth interviews (Smith, 2015) were chosen as the method of data collection. The data material was analyzed using reflexive thematic analysis (Braun & Clarke, 2021).

Participants and Recruitment

The participants in this study had to be parents of TGD individuals aged 16–25 years who had undergone social transition. Social transition refers to the process by which a transgender person begins to live and be recognized in accordance with their gender identity, which may include changes in name, pronouns, clothing, hairstyle, and other aspects of gender expression. It was required that participants had experience with a child living openly as transgender. A formal diagnosis of gender incongruence or completion of gender-affirming treatment was not required, although 11 of the 12 participants reported that their children had undergone various gender-affirming treatments. The age range of 16–25 years was selected to include participants whose children represent the growing demographic of young transgender individuals, as highlighted by Kaltiala et al. (2020). The lower limit ensured participants with children who had entered adolescence, while the upper limit captured parents with recent experiences of their child's gender identity development. Although the children were not part of the study, both the parent and the child were required to provide written informed consent. If the child did not consent, the parent was excluded from the study.

The participants were recruited through the Norwegian Organization for Gender and Sexual Diversity (FRI), a volunteer organization advocating for LGBTQIA+ equality. Recruitment calls were shared via social media groups for parents of TGD youth on Facebook, allowing parents to directly contact the project recruiter without revealing sensitive information.

A total of 21 parents (20 mothers and 1 stepmother) expressed interest. Three were excluded due to late responses, two due to lack of child consent, and four because their children did not meet the age criteria. Ultimately, 12 mothers participated, including 1 stepmother. Participants lived in various regions in Norway (Eastern, Western, Central, Southern, and Northern). Seven had children assigned female at birth, and five had children assigned male at birth. At the time of the interviews, their children, aged 17–24, had all completed social transitions, though the extent and duration of their transitions varied.

Data Collection

To explore the opinions, attitudes, and experiences of mothers of young transgender individuals, data collection was carried out using semi-structured in-depth interviews (Smith, 2015). The interview guide was developed by Ella Flagstad and Reidar Schei Jessen, exploring themes of family dynamics, the mothers' own emotional and practical coping process, the parent–child relationship, and social

networks. Example questions included "How has this process been for you as a parent?" and "To what extent has this process affected your relationship with your child?" The guide was refined for effectiveness after conducting the first interview.

Twelve individual interviews were conducted by Ella Flagstad between February and April 2023, each lasting between 45 and 90 min. Three interviews were conducted in person, while the remaining nine were conducted digitally via Zoom Meetings. The interview guide was used flexibly, allowing the interviewer to ask follow-up questions based on participants' responses to the open-ended questions. This approach aimed to gather deeper insights into individual experiences by seeking clarification or elaboration on participants' statements. It also enabled the interviewer to explore specific experiences while at the same time focusing on some key topics across the participants (Tjora, 2012).

Ethical Considerations

This study was conducted in accordance with the principles outlined in the Declaration of Helsinki (World Medical Association, 2013). It was approved by Sikt (project number 326233), the Norwegian agency for shared services in education and research, and was conducted in accordance with their guidelines and regulations. Informed written consent was obtained from all participants and their TGD child. The participants were informed that participation in the study was voluntary and that they had the right to withdraw from the study at any point. The participants were not compensated.

Data Analysis

To explore the data material, we conducted a reflexive thematic analysis to identify recurring patterns within the data (Braun & Clarke, 2021). Following the framework established by Braun and Clarke (2006), we adopted a "bottom-up" approach. Aligned with a phenomenological perspective, our analysis aimed to remain receptive to unexpected and new insights related to the experiences of the parents (Smith, 2015).

The analytical process involved continuous movement between the six phases of Braun and Clarke (2006). Ella Flagstad conducted and transcribed all interviews, then reviewed the transcripts, making initial observations and identifying preliminary codes. This process is in line with the first two phases of thematic analysis: (1) familiarizing with the data and (2) generating initial codes. Initially, the coding focused on semantic content; as the process progressed, greater attention was given to latent meanings, with codes being revised, merged, or removed accordingly. Furthermore, Ella Flagstad and Torun Grøtte collaboratively reviewed the generated codes and explored potential themes, corresponding to the third phase of thematic analysis: (3) searching for themes (Braun & Clarke, 2006). They engaged in ongoing discussions on the analytic process to reflect on coding decisions and guide the further development of the analysis. The potential themes were refined into three major themes that serve as the foundation for the findings presented in the results section. Corresponding to the fourth phase (4) reviewing major themes, Ella Flagstad reviewed the codes, coded data, and original transcripts to ensure that the themes were well-grounded in the data and that relevant aspects of the participants' experiences were included in the analytical process. In addition, Ella Flagstad reviewed the themes with Reidar Schei Jessen and Torun Grøtte.

The data were analyzed in the original language (Norwegian), and the quotes were translated to English during the writing-up of the report. Both co-authors have reviewed and approved the translated quoted material and its content. Quotes were selected based on their representativeness and relevance to the themes. To ensure confidentiality, the children referred to in the quotes are identified using pseudonymous letters that do not correspond to their real names.

Reflexivity

In line with recommendations by Braun and Clarke (2021), we engaged in ongoing reflections on the strengths and limitations of our methodological approach, as well as on our own positions and preconceptions regarding

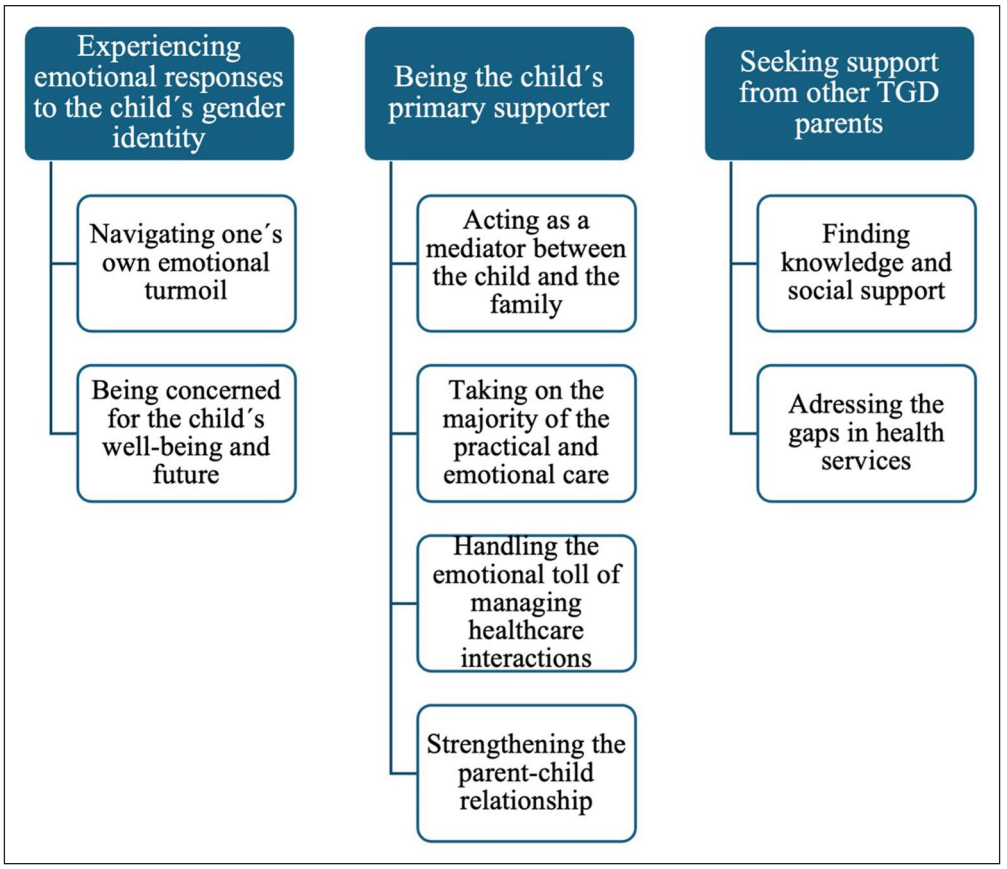


Figure 1. Overview of major themes and related subthemes.

gender diversity, parenthood, and family relationships. This reflexive practice was particularly important given that none of the authors had personal experiences as TGD individuals or as parents of TGD children. Two of the authors identified as cisgender women and one of the authors identified as a cisgender man. To further strengthen reflexivity, emerging interpretations were regularly discussed among authors, with the aim of remaining as closely aligned as possible to participants' lived experiences (Braun & Clarke, 2021).

Results

The data analysis resulted in three major themes, where all are related to the mothers' experiences of their child's gender identity transition: (1) emotional responses to the child's gender identity, (2) being the child's primary supporter, and (3) seeking support from other parents. Each theme consists of two to four related subthemes (see Figure 1). The first theme addresses the mothers' emotional reactions and concerns regarding their child's gender identity and transition. The second major theme concerns how the mother has supported the child's process of expressing their gender identity. The third major theme highlights support groups as an essential source of knowledge and community for the mothers, while also addressing the gaps in the support services currently available to them.

Experiencing Emotional Responses to the Child's Identity

Navigating One's Own Emotional Turmoil. In three of the cases, the child's gender incongruence was apparent to the parents when the child was

between 3 and 5 years old. Four of the children revealed their gender identity between the ages of 10 and 12, while the remaining five disclosed their gender incongruence between the ages of 13 and 18. In cases where the child came out as a teenager, many of the mothers described being in shock and unprepared for the revelation: "It was a shock as a parent. You knew nothing; you didn't understand what this was" (Informant 12). Some were familiar with the concept of gender incongruence, but for most of the parents, it was entirely new.

Many mothers also described a sense of relief upon receiving the news. In several cases, the child had already been facing challenges, such as social difficulties, mental illness, and problems with concentration at school. Yet, neither the parents nor the surrounding systems understood the underlying causes:

> It was kind of a relief because we knew something was going on, and we tried to help in every possible way. But we couldn't figure out what it was. It felt like the final piece of the puzzle clicked into place when he told us. (Informant 3)

The revelation of their child's gender identity offered the mothers a new perspective on understanding their children, and many expressed that learning about the cause of their child's struggles brought them a sense of hope. Furthermore, many of the mothers described having strong, mixed emotions. In addition to shock and relief, they experienced worry and fear, shame, grief, and emotional pain. Grief reactions were tied to various factors, including sorrow over the loss of the child's birth name or mourning the loss of a daughter, and in some cases, the emotional toll of the child's refusal to talk about or look at memories prior to the transition:

> He's not very keen or interested in looking at childhood photos because they remind him of the gender he was. So that's a bit painful. I feel like something has been lost, something that isn't to be spoken about much. It's hard, I haven't lost him, but he has become different. (Informant 5)

All mothers tried conveying their support for their children from the very beginning, emphasizing that rejecting their child or the changes associated with their transition was never an option:

> It was difficult. There was a lot of fear, and I felt ashamed. And then I began to feel ashamed of feeling ashamed. I started examining where this shame was coming from because I didn't want it. I wanted to be proud of my child, and I wanted her, who is quite sensitive, to feel that I was proud of her. (Informant 9)

As described by Informant 9, mothers tried to hide their feelings of grief and shame from the child, fearing that these emotions might make the child feel unsupported or unaccepted.

Concerns for the Child's Well-Being and Future. Most mothers reported that they quickly turned to the internet for information about transgender people after their child shared their gender identity. Many discovered that transgender individuals face higher rates of mental health challenges and suicidal ideation than the general population, which fed into concerns about their child's future life and health.

Several mothers reported that their child had been suicidal, either to the point of making suicidal attempts or being at serious risk of doing so. This had kept the mothers on high alert, fearing for their child's safety: "We lived in a crisis state for a long time. The focus was on him, keeping him alive today and tomorrow" (Informant 2). Many mothers worried about how their child's life would unfold. Some feared their child would miss essential life experiences or be marginalized from social circles: "But the biggest worry is that she might not get to have the memories and experiences that others do; falling in love, having relationships, going through heartbreak, doing silly things" (Informant 7). As described, some worried their child would be excluded from typical teenage experiences.

The mothers were also concerned about how others, including family, friends, and society, would react to their child. They feared that their child might face uncomfortable

situations because of their gender identity: "What does this mean for her? (. . .) How will the world treat my daughter? How will she be received at a job interview, or when she's traveling by plane and has to identify herself?" (Informant 8). Furthermore, many mothers expressed that the public debate on transgender issues exacerbated their concerns about their child's future. Several began to follow the political discourse and social media commentary on transgender topics, becoming more aware of societal attitudes toward TGD people: "But then I read those comment sections. And then it goes at least two months before the next time. I start crying, I get angry. Because there's so much ugliness. It hurts to know that it exists out there" (Informant 9). Seeing stigmatizing remarks directed at TGD people caused emotional pain and anger, strengthening their fears about how their child would be treated. Some felt the need to shield themselves from these debates because they became too overwhelming.

Being the Child's Primary Supporter

Acting as a Mediator Between the Child and the Family. All mothers described how they acted as a buffer between the child and the family. This included communicating the child's desire for change, teaching the family to use the child's correct pronouns and name, and gently correcting them when mistakes were made, advocating for the child's choices to others, and supporting family members in processing their emotional responses. Several mothers saw themselves as key supporters in their child's process of coming out to the rest of the family:

> I know she felt supported by me, that I met her where she was and listened to her. She needed to come out to me first because she needed to know she had my support before coming out to the rest of the family. (Informant 8)

The mothers shared diverse experiences regarding how the child's other parent responded to the child's gender identity and expression. Many described a strong partnership in which both parents fully supported the child. Several highlighted the partner as a crucial source of support during difficult times: "He has also taken it very well. We've been a great support for each other. We have a very good relationship, so it's gone really well. And we've talked a lot about it" (Informant 5).

However, some mothers invested significant time and effort in persuading their partners to accept aspects of the child's transition: "It was like climbing Mount Everest. I think that was the hardest part for me, getting the father on board so he wouldn't make B's life difficult" (Informant 1). The fathers sometimes struggled with changes such as using the child's new name and pronouns or allowing them to dress differently. Mothers expressed concerns that paternal resistance could negatively impact the child, prompting the mothers to focus on securing the father's acceptance. Some mothers recounted feeling so strained in their romantic relationships that they considered leaving with the child if the father was unable to accept the child. However, in all cases, the father ultimately accepted the child, and no separations occurred for this reason.

Furthermore, several mothers experienced their extended family as accepting of their child, while some noted that grandparents struggled to accept the child's desire to change their name and body. Some mothers actively tried to moderate the grandparents' behavior toward the child to reduce the burden on the child during family interactions. They did this by setting clear boundaries, such as not allowing grandparents to communicate these challenges to the child or limiting visits until the grandparents could use the correct name and pronouns:

> Grandpa, who is very kind and inclusive in general . . . he hasn't met V much since she came out. He uses the correct name, but sometimes, when we talk about V, he slips up with the pronouns. And I say, "No, let's hold off on visits for now." Not having close family who understands this has been a bit lonely. (Informant 9)

Across accounts, some mothers described feeling alone and emotionally exhausted in their close relationships, including with partners and their own parents. These experiences were

linked to being the primary source of understanding and support for their child, while simultaneously managing tensions with family members who struggled to accept the child's gender identity.

Taking on the Majority of the Practical and Emotional Care. Many mothers noted an unequal division of responsibilities in the parental partnership related to the child's gender incongruence, with the primary burden falling on them: "It was very frustrating, very lonely. The father was never opposed, but I still felt a bit alone in figuring everything out because I understood a bit more than he did" (Informant 9). As previously discussed, most initially lacked knowledge about transgender issues and had to educate themselves through online resources, books, and support organizations. Several mothers took on more responsibility than the father in gathering this information, leading to feelings of loneliness, frustration, and exhaustion.

> There were times when I felt like he wasn't taking enough initiative on his own. It became my job to inform him about everything. I wished he would take the initiative himself because I already had enough to deal with. (Informant 6)

While many fathers were supportive, mothers often managed the child's health care interactions, including scheduling and attending appointments, coordinating with medical professionals, and handling administrative tasks such as appeal letters and reimbursement applications. "Even though he supported A, there was so much surrounding it. I always felt like I was responsible for making things happen or ensuring they were done correctly" (Informant 10). For many, these numerous roles felt overwhelming as the total workload, alongside their jobs, became very high: "I worked myself to exhaustion, being a nurse, a psychologist, a chauffeur, and a secretary at the same time. It was far too many roles at once" (Informant 9).

Handling the Emotional Toll of Managing Health Care Interactions. All the mothers had engaged with the public health care system due to the child's gender incongruence. Most had contact with a combination of their general practitioner (GP), district psychiatric centers for children and adolescence (BUP), district psychiatric centers for adults (DPS), and the National Treatment Service for Gender Incongruence (NBTK) at Oslo University Hospital. One mother consistently reported positive experiences, stating that both the child and family received good care at both local and national levels:

> We were referred to BUP and got an amazing clinical psychologist there. I felt that she was really on P's side in this. And gave her a lot of support where she needed it. And challenged us as parents to (. . .) adjust and be on P's team. (Informant 7)

Most mothers, however, had mixed experiences, encountering both supportive and challenging interactions. Some described a lack of expertise in gender incongruence within the local health care system, including instances where health care professionals displayed prejudiced or pathologizing attitudes toward the child. However, several mothers acknowledged that even when health care providers lacked expertise, they were often open, curious, and willing to learn:

> And we've had an amazing GP. (. . .) I went there, and the tears were flowing, but she didn't dramatize it. She just normalized it somehow. She said, okay, this is where we are. But we just have to make the best of it. (Informant 1)

Experiences with NBTK varied, but the majority of mothers reported challenging aspects in the contact with NBTK. Structural difficulties, such as long waiting times to receive help, long waits between appointments once they were in the system, little information between appointments, and uncertainty about whether the child would receive a diagnosis and start gender-affirming treatment, contributed to distress in the mothers: "And the fear every time we walked into NBTK. That's what I remember. Will he get a diagnosis, or won't he?" (Informant 2). Some reported being sent between NBTK and local

BUP/DPS assessments, further delaying treatment. These obstacles created a feeling of insecurity, with several describing a sense of helplessness and desperation.

Many mothers felt that NBTK wielded significant power over their child's treatment and that health care personnel positioned themselves as ultimate authorities on the child's needs. This led to feelings of being belittled and humiliated, resulting in frustration, anger, and despair: "And then they treat people that way. I mean, in that condescending manner. One interview we had, I think that was when I was so angry that I cried when I left" (Informant 3). Some observed that their child became distressed, anxious, or felt compelled to lie during consultations.

To support their children in these situations, mothers took active roles, showing solidarity before appointments, managing communication with health care providers, and boosting the child's confidence afterward. Due to perceived incompetence, long waiting lists, and uncertainty about receiving adequate care, some parents sought private health care. Several mothers saw this as essential to safeguarding their child's well-being: "So, this is about saving money, and I will most likely have to step in and help him to get this done. His life is on hold until he can complete the last operation" (Informant 4). They consulted clinical psychologists or psychiatrists with specialized expertise, while others financed private gender-affirming treatment to expedite care.

Strengthening the Parent–Child Relationship. Many mothers reported that they always had a close relationship with their child. Still, several pointed out that the relationship had become closer due to the child's transition process. The child's struggles with gender incongruence and their path to gender-confirming health care led to an increased need for help and support from the mother, where they experienced many ups and downs together: "It has become a very close relationship. We've been through so much, both happy and sad times. We've become very close-knit, you could say" (Informant 11). Several mothers also described that the child's transition gave them greater insight into personal, bodily, and emotional aspects of the child's life, an openness which several mothers noted would feel unnatural if the child did not have gender incongruence.

Many mothers saw this increased openness and closeness as positive and necessary. Still, some described it as occasionally overwhelming, as the child had taken up much of the mother's time and identity (cf. the previous subthemes in the second major theme). Some mothers expressed relief that the child (at the time of the interview) was becoming more independent. A few noted that the relationship had developed a unique quality and that they experienced a different quality in the relationship compared with what they had with their other children: "I also have a good relationship with the others. But, of course, we've developed a special bond through this" (Informant 6). They linked this to the feeling of the child needing them more and in a different way than the other children.

Seeking Support From Other TGD Parents

Due to limited access to objective and professional information about gender incongruence (as presented in the first and second major themes), several mothers found other parents of children with gender incongruence to be an invaluable source of support and guidance. Some reached out to individuals within their extended network, while others engaged with voluntary support organizations. Most mothers had contacted at least one such organization, and some mothers were not yet affiliated but expressed a desire to join. In addition, many participated in social media communities where parents of TGD individuals could connect through specialized groups.

Finding Knowledge and Social Support. For many mothers, connecting with other parents in similar situations was crucial for reducing feelings of isolation. Many found comfort in knowing others shared their experiences: "It has given me . . . how should I say it? Insight into the fact

that there are others in the same situation, who feel the same way I do" (Informant 12). Mothers also noted that parents of TGD children understood their language and challenges, creating a safe space where they didn't have to explain or defend their child. This allowed them to relax and be themselves:

> But at the same time, it's helpful to have a place to meet others. Where you can breathe, where you can just be yourself with the issues you're dealing with, without having to explain and without facing questioning looks because people don't understand what you're going through. (. . .) To increase knowledge, but also to have a break. To meet others in the same situation. Because you're alone. I was completely alone. (Informant 3)

Many mothers found reassurance in the lived experience of other parents, learning that other parents' transgender children were thriving, which alleviated concerns about their own child's future: "You can ask questions, and they seem very confident. . . Their child has been out for 10 years, and things are going well for them" (Informant 2). This was particularly important as initial exposure to online content had heightened their anxieties (cf. first major theme). Furthermore, the sharing of information among parents in similar situations helped mothers feel more confident. Receiving reliable insights from other parents reduced the need to search for information online, consequently reducing the exposure to stigmatizing content. As one mother stated:

> I had to learn many things that I knew nothing about before. And knowing where to turn to get the right knowledge has been crucial. I've received plenty of great resources to research through the family network and [name of support organization], so I could read up on things instead of guessing or listening to people in various comment sections. (Informant 8)

Participating in a support organization was experienced as reassuring also because it provided insight into the ongoing efforts to strengthen the rights of TGD people. This information reduced their concerns about their child's future, and some mothers reported feeling inspired to get involved in this work, fostering a personal political commitment. Some mothers became actively involved in a support organization or political activism, while others expressed a heightened sense of responsibility to influence their surroundings, such as their workplace, church, school, and local community:

> And I became a bit of a lioness mother quite quickly. I will fight so she can have it a little easier when she goes out into the world. (Informant 8)

This was also connected to a feeling of responsibility to change society so their child could have a better life, and to ensure other families and children with gender incongruence would not have to go through what they had experienced.

Addressing the Gaps in the Health Services. While mothers appreciated the support from voluntary organizations, many expressed a desire for similar services and expertise within the public sector, both at local and regional levels: "I would have needed support without having a diagnosis to help reduce D's dysphoria. With social transitioning, how can we, as a support team, help him so he doesn't have to face all those challenges alone?" (Informant 2).

Several mothers, particularly those in rural areas, pointed out that the best access to expertise was in Oslo, suggesting a need to expand this knowledge across the country to ensure equal access to support and guidance nationwide:

> But what I think is most important in the public sector is having a support system. It's well and good to have a center in Oslo, but it's too far away and too big. We need to spread the knowledge and get it out to doctors. (Informant 3)

In summary, for most informants, community connections with other parents of transgender children have been essential. However, these connections were often found through voluntary organizations and local networks. Many mothers have called for similar support

structures within the public health care system to ensure greater accessibility for those who need it.

Discussion

This study explored the experiences of Norwegian mothers of TGD youth during their child's transition process. The findings indicate that these mothers took on complex and emotionally demanding roles, navigating personal emotional responses while providing continuous support for their child. They also managed family dynamics, engaged with the health care system, and actively sought knowledge and community through voluntary support organizations. The discussion of this study reveals the multifaceted emotional, relational, and systemic challenges faced by mothers of TGD children in Norway, highlighting their roles as primary supporters in the transition process while navigating significant stressors and seeking social support.

Supporting a Path Without Clear Answers

When learning about their child's gender identity, it was important to the mothers to be accepting and supportive toward their child and their need for transition. The initial stages were often marked by shock, grief, shame, and fear in the mothers, along with concerns about their child's future. These emotional reactions align with previous international research (Hidalgo & Chen, 2019; Katz-Wise, Budge, Fugate, et al., 2017; Katz-Wise, Budge, Orovecz, et al., 2017; Kuvalanka et al., 2014; McKay et al., 2026; Paceley et al., 2026), suggesting similarities across different cultural contexts. The mothers described balancing the uncertainty about the transition's outcome and awareness of the challenges faced by transgender youth, while actively supporting their child through the transition and the pursuit of health care. As noted in earlier studies (Katz-Wise, Budge, Orovecz, et al., 2017; Pullen Sansfaçon et al., 2020), mothers simultaneously supported their child while processing their own emotions, sometimes concealing their fears to avoid causing distress in the child. This underscores the complexity of the parental role, especially during the early stages of transition, when the mother's experience was shaped by profound emotional ambivalence. Future research should explore the specific concerns parents have regarding their child's transition, as these appear to play a central role in their emotional ambivalence. A more detailed understanding of these concerns could help inform targeted clinical support interventions.

Following the initial stages of the process, several mothers described their child's transition as a catalyst for personal and relational growth, fostering deeper connections, increased awareness of transgender rights, and advocacy engagement. These findings align with prior research on how parents find meaning in supporting their child and contributing to broader social acceptance (Alegría, 2018; Gray et al., 2015).

Moderating the System Around the Child

In addition to managing their own concerns and developing acceptance for their child's gender identity, the mothers supported the child both in the family and health care system. In line with broader cross-cultural findings indicating that mothers tend to be perceived as more accepting, responsive, and supportive than fathers (Yaffe, 2023), the majority of mothers observed that their child initially turned to them for support during the transition process. As noted in other studies (Grossman et al., 2021; Kuvalanka et al., 2014), a number of mothers perceived the father initially as more skeptical and less actively supportive of their child. In addition, several mothers observed family members being resistant or slow in accepting the child's gender identity, in line with earlier findings showing that parents of TGD youth may experience disapproval and lack of understanding in their primary social networks (Abreu, Andrade, Maza, Faria, Nogueira, et al., 2022). As a result, the mothers found themselves in a central role, continuously assisting their child in communicating and negotiating their

gender identity with the child's father and the extended family.

However, contrary to international research (Dangaltcheva et al., 2021; Frigerio et al., 2021; Hidalgo & Chen, 2019), the mothers reported that their child's transition rarely led to breakdowns in relationships with extended family or friends. This may reflect a higher degree of social acceptance of transgender individuals in Norway (Anderssen et al., 2021; Flores, 2019) or the mothers' active efforts to preserve family relationships. They often took responsibility for guiding and setting boundaries for family members, which may have helped to promote understanding and reduce conflict. Differences in findings may also stem from variations in the study sample. The participating mothers are likely highly engaged and resourceful, a characteristic that may in part be attributable to the recruitment method, which might distinguish them from those in previous studies. Mothers with fewer resources may face greater challenges supporting the child and seeking social support from others, making them more vulnerable to conflict in their own relationships.

In addition to supporting the child within the family system, many mothers' recognized the need to actively protect and assist their child in navigating health care services. While some reported positive experiences with affirming and knowledgeable professionals, the majority described a mix of supportive and challenging encounters. Consistent with previous research highlighting the difficulties parents of TGD individuals face in health care settings (Carlile, 2020; Langeland et al., 2023; Lorusso & Albanesi, 2021), common concerns included limited local expertise, long wait times, inadequate communication, and uncertainty regarding access to gender-affirming care, particularly at the NBTK. Many mothers perceived health care professionals, especially at NBTK, as holding considerable authority over treatment decisions, contributing to feelings of powerlessness, frustration, and distress. In response, mothers often adopted proactive and advocacy-focused roles, with some seeking private health care services to secure timely and appropriate support for their child. These findings underscore the need for improvements in public health care systems to better support TGD youth and to reduce the emotional and logistical burden placed on their families.

Extending the Minority Stress Model: Understanding Parental Experiences and Protective Factors in Supporting TGD Children

The cumulative toll of the mothers' experiences, supporting their child, guiding and convincing family members, and navigating the health care system, often resulted in feelings of being overwhelmed and loneliness. Within the framework of the minority stress model (Hidalgo & Chen, 2019; Meyer, 2003) and in line with previous research (Brecht et al., 2025), one can argue that the mothers encountered both proximal stressors (e.g., concerns for their child's future) and distal stressors (e.g., subtle resistance from others and societal marginalization), which may have contributed to the heightened psychological distress.

Several factors were identified that mitigated this stress, including access to social support, information, and participation in parent networks. This aligns with previous research highlighting how important community and knowledge-sharing are for parents of transgender individuals (Abreu et al., 2019; Pullen Sansfaçon et al., 2020; Raab et al., 2025). It also reflects key group dynamics known to benefit individuals, such as feeling less isolated, gaining understanding and useful information, building a sense of belonging, and fostering hope (Yalom & Leszcz, 2020). Furthermore, the findings align with the resilience factors described in the minority stress model (Testa et al., 2015), highlighting the crucial role of community and social connections in buffering against minority stress.

The study's findings also suggest that minority stress experienced by parents can weaken their overall capacity, which in turn may exacerbate the minority stress experienced by their child and reduce the protective function parents typically provide. This

self-reinforcing process can increase the risk of mental health difficulties, lowered functioning, and diminished ability to support the child effectively. While parents can act as important buffers against minority stress, the demands of this role may also render them more vulnerable to stress themselves, ultimately influencing their capacity to provide support. Overall, the findings may extend the application of the minority stress model to the experiences of parents of TGD youth, underscoring the importance of resilience factors such as social support and community engagement in this context. Future research could explore how supporting a child's transition impacts mothers' health, work life, and everyday functioning. Examining these dimensions through the lens of the minority stress model may offer a deeper understanding of how stressors and resilience factors shape parental experiences.

In summary, the findings suggest that the experiences of Norwegian parents of TGD youth share notable similarities with those reported in other countries. While cultural norms, societal attitudes, and health care structures may differ, many parents appear to face comparable emotional and systemic challenges. This could reflect broader patterns of uncertainty and limited understanding of gender diversity in both public and professional contexts. Such conditions may contribute to a sense of isolation or stress among parents, which resonates across national boundaries, even if the specific forms or intensity of that stress differ.

The findings of this study suggest that health care services aiming to support TGD youth and their families may benefit from prioritizing early and accessible information, providing parental guidance, and facilitating connections to peer support networks. Furthermore, longitudinal research following families throughout the entire transition process, from the initial stages to later phases, appears crucial for gaining a deeper understanding of how parents' experiences evolve over time. Such insights can inform the design of targeted interventions that better address the specific needs of families during this journey.

Finally, future research should not only consider the emotional toll at an individual level, but also contribute to improving health care services to ensure they are responsive to the needs of both parents and children throughout the transition process.

Strengths and Limitations

A key strength of this study is its timing, as it was conducted during a period of significant societal change in Norway. Increased public attention to transgender issues, evolving diagnostic practices, and a rise in the number of individuals seeking gender-affirming care provided a relevant backdrop for the exploration of parental experiences. Another strength lies in the focus on a group that has received limited attention in Norwegian research. By collecting data directly from mothers of TGD youth, the study offers valuable insights from those closely involved in the transition process. In addition to this, conducting 9 out of 12 interviews digitally allowed for greater geographic diversity among participants.

However, the study also has several limitations. Recruitment through online parent support groups may have led to a sample skewed toward parents who are already accepting of their child's gender identity, potentially limiting the range of perspectives. In addition, only mothers participated, meaning that the findings do not capture the experiences of fathers or other caregivers. While digital interviews facilitated broader participation, they may have limited the depth of interpersonal connection between researcher and participant, potentially affecting the richness of the data (Howlett, 2022; Johnson et al., 2021). Some interviews were also affected by technical issues, including audio delays, background noise, and unstable internet connections, which may have influenced the quality of the interaction and the data collected. It should also be acknowledged that the researchers' prior exposure to related topics may have influenced the thematic analysis, potentially affecting how the material was interpreted and organized into themes.

Implications for Practice

This study sheds light on the complex and emotionally demanding experiences of mothers supporting their TGD children through the transition process. Findings indicate that emotional ambivalence and minority stress were common, reflecting the psychological strain associated with both internal adjustment and external stigma. At the same time, participants demonstrated considerable resilience, which appeared closely linked to engagement with voluntary organizations, community connection, and processes of personal meaning-making.

The findings also point to the relational nature of these experiences, suggesting that parental adjustment cannot be understood in isolation from the broader parent–child relationship. The quality and dynamics of these relationships appeared central to how mothers navigated the transition process, indicating a need for greater attention to relational processes in both research and clinical practice.

These findings have important clinical implications. They highlight the need for health care services to provide more structured and accessible support for parents of TGD youth, including timely and reliable information, as well as professional guidance that acknowledges the emotional and relational complexity of parental adaptation. The results further suggest that peer support should be more systematically integrated into care pathways, rather than being left primarily to voluntary initiatives.

In addition, the findings raise the possibility that minority stress experienced by parents may have relational and systemic effects within the family context. This points to the importance of adopting a more systemic perspective, where minority stress is understood not only as an individual parental experience, but as a process that may influence family dynamics and the parent–child relationship. Future research should therefore examine how minority stress processes may be transmitted or mitigated within families of TGD youth, and how these dynamics shape both parental well-being and child outcomes.

Future research should further investigate the longitudinal impact of a child's gender incongruence on parental mental health, coping, and family functioning. Given the limited evidence base, there is also a need for more family-centered and longitudinal studies that examine how relational dynamics evolve over time, and how family-inclusive models of care can be operationalized within health care systems.

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Note

1. Cisgender refers to individuals who identify with their sex assigned at birth. The term has been developed as a binary alternative to transgender.

References

Abreu, P. D., Andrade, R. L. P., Maza, I., Faria, M., Nogueira, J. A., & Monroe, A. A. (2022). Dynamics of primary social networks to support mothers, fathers, or guardians of transgender children and adolescents: A systematic review. *International Journal of Environmental Research and Public Health*, *19*(13), 7941. https://doi.org/10.3390/ijerph19137941

Abreu, P. D., Andrade, R. L. P., Maza, I. L. S., Faria, M., Valença, A. B. M., Araújo, E. C., Palha, P. F., Arcêncio, R. A., Pinto, I. C., Ballestero, J. G. A., Almeida, S. A., Nogueira, J. A., & Monroe, A. A. (2022). Support for mothers, fathers, or guardians of transgender children and adolescents: A systematic review on the dynamics of secondary social networks. *International Journal of Environmental*

Research and Public Health, *19*(14), 8652. https://doi.org/10.3390/ijerph19148652

Abreu, R. L., Rosenkrantz, D. E., Ryser-Oatman, J. T., Rostosky, S. S., & Riggle, E. D. B. (2019). Parental reactions to transgender and gender diverse children: A literature review. *Journal of GLBT Family Studies*, *15*(5), 461–485. https://doi.org/10.1080/1550428X.2019.1656132

Alegría, C. A. (2018). Supporting families of transgender children/youth: Parents speak on their experiences, identity, and views. *International Journal of Transgenderism*, *19*(2), 132–143. https://doi.org/10.1080/15532739.2018.1450798

Anderssen, N., Eggebø, H., Stubberud, E., & Holmelid, Ø. (2021). *Sexual orientation, gender diversity, and living conditions: Results from the 2020 survey* [in Norwegian]. University of Bergen. https://hdl.handle.net/11250/2825850

Anderssen, N., Sivertsen, B., Lønning, K., & Malterud, K. (2020). Life satisfaction and mental health among transgender students in Norway. *BMC Public Health*, *20*, Article 138. https://doi.org/10.1186/s12889-020-8228-5

Bouman, W. P., Claes, L., Brewin, N., Crawford, J. R., Millet, N., Fernandez-Aranda, F., & Arcelus, J. (2017). Transgender and anxiety: A comparative study between transgender people and the general population. *International Journal of Transgenderism*, *18*(1), 16–26. https://doi.org/10.1080/15532739.2016.1258352

Bränström, R., Stormbom, I., Bergendal, M., & Pachankis, J. E. (2022). Transgender-based disparities in suicidality: A population-based study of key predictions from four theoretical models. *Suicide and Life-Threatening Behavior*, *52*(3), 401–412. https://doi.org/10.1111/sltb.12830

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.

Brecht, A., Amacha, M., Richter, J. A., Winter, S. M., & Calvano, C. (2025). "And I don't know how I can protect him from everything that's coming" - A qualitative study on minority stress among parents of transgender adolescents. *BMC Psychiatry*, *25*(1), Article 419. https://doi.org/10.1186/s12888-025-06822-3

Caldarera, A. M., Davidson, S., Vitiello, B., & Baietto, C. (2021). A psychological support group for parents in the care of families with gender diverse children and adolescents. *Clinical Child Psychology and Psychiatry*, *26*(1), 64–78. https://doi.org/10.1177/1359104520963372

Carlile, A. (2020). The experiences of transgender and non-binary children and young people and their parents in healthcare settings in England, UK: Interviews with members of a family support group. *International Journal of Transgender Health*, *21*(1), 16–32. https://doi.org/10.1080/15532739.2019.1693472

Chen, D., Hidalgo, M. A., & Garofalo, R. (2017). Parental perceptions of emotional and behavioral difficulties among prepubertal gender-nonconforming children. *Clinical Practice in Pediatric Psychology*, *5*(4), 342–352. https://doi.org/10.1037/cpp0000217

Chodzen, G., Hidalgo, M. A., Chen, D., & Garofalo, R. (2019). Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. *Journal of Adolescent Health*, *64*(4), 467–471. https://doi.org/10.1016/j.jadohealth.2018.07.006

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . .Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, *23*(1), 1–259. https://doi.org/10.1080/26895269.2022.2100644

Dangaltcheva, A., Booth, C., & Moretti, M. M. (2021). Transforming connections: A trauma-informed and attachment-based program to promote sensitive parenting of trans and gender non-conforming youth. *Frontiers in Psychology*, *12*, Article 643823. https://doi.org/10.3389/fpsyg.2021.643823

Dhejne, C., Van Vlerken, R., Heylens, G., & Arcelus, J. (2016). Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry*, *28*(1), 44–57. https://doi.org/10.3109/09540261.2015.1115753

Engebretsen, E. L. (2022). Scientizing gender? An examination of anti-gender campaigns on social media, Norway. In H. Eslen-Ziya & A. Giorgi (Eds.), *Populism and science in Europe* (pp. 185–206). Palgrave Macmillan.

Flores, A. R. (2019). *Social acceptance of LGBT people in 174 countries*. The Williams Institute.

Frigerio, A., Montali, L., Anzani, A., & Prunas, A. (2021). "We'll accept anything, as long as she is okay:" Italian parents' narratives of their transgender children's coming-out. *Journal of GLBT Family Studies*, *17*(5), 432–449. https://doi.org/10.1080/1550428X.2021.1932005

Fuller, K. A., & Riggs, D. W. (2018). Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people. *International Journal of Transgenderism*, *19*(4), 379–388. https://doi.org/10.1080/15532739.2018.1500966

Gray, S. A. O., Sweeney, K. K., Randazzo, R., & Levitt, H. M. (2015). "Am I doing the right thing?" Pathways to parenting a gender variant child. *Family Process*, *55*(1), 123–138. https://doi.org/10.1111/famp.12128

Grossman, A. H., Park, J. Y., Frank, J. A., & Russell, S. T. (2021). Parental responses to transgender and gender nonconforming youth: Associations with parent support, parental abuse, and youths' psychological adjustment. *Journal of Homosexuality*, *68*(8), 1260–1277. https://doi.org/10.1080/00918369.2019.1696103

Hidalgo, M. A., & Chen, D. (2019). Experiences of gender minority stress in cisgender parents of transgender/gender-expansive prepubertal children: A qualitative study. *Journal of Family Issues*, *40*(7), 865–886. https://doi.org/10.1177/0192513X19829502

Hillier, A., & Torg, E. (2019). Parent participation in a support group for families with transgender and gender-nonconforming children: "Being in the company of others who do not question the reality of our experience." *Transgender Health*, *4*(1), 168–175. https://doi.org/10.1089/trgh.2018.0018

Howlett, M. (2022). Looking at the 'field' through a Zoom lens: Methodological reflections on conducting online research during a global pandemic. *Qualitative Research*, *22*(3), 387–402. https://doi.org/10.1177/1468794120985691

Johnson, D., Scheitle, C., & Ecklund, E. (2021). Beyond the in-person interview? How interview quality varies across in-person, telephone, and skype interviews. *Social Science Computer Review*, *39*, 1142–1158. https://doi.org/10.1177/0894439319893612

Kaltiala, R., Bergman, H., Carmichael, P., de Graaf, N. M., Egebjerg Rischel, K., Frisen, L., Schorkopf, M., Suomalainen, L., & Waehre, A. (2020). Time trends in referrals to child and adolescent gender identity services: A study in four Nordic countries and in the UK. *Nordic Journal of Psychiatry*, *74*(1), 40–44. https://doi.org/10.1080/08039488.2019.1667429

Katz-Wise, S. L., Budge, S. L., Fugate, E., Flanagan, K., Touloumtzis, C., Rood, B., Perez-Brumer, A., & Leibowitz, S. (2017). Transactional pathways of transgender identity development in transgender and gender-nonconforming youth and caregiver perspectives from the trans youth family study. *International Journal of Transgenderism*, *18*(3), 243–263. https://doi.org/10.1080/15532739.2017.1304312

Katz-Wise, S. L., Budge, S. L., Orovecz, J. J., Nguyen, B., Nava-Coulter, B., & Thomson, K. (2017). Imagining the future: Perspectives among youth and caregivers in the trans youth family study. *Journal of Counseling Psychology*, *64*(1), 26–40. https://doi.org/10.1037/cou0000186

Kiely, E., Millet, N., Baron, A., Kreukels, B. P. C., & Doyle, D. M. (2024). Unequal geographies of gender-affirming care: A comparative typology of trans-specific healthcare systems across Europe. *Social Science & Medicine*, *356*, 117145. https://doi.org/10.1016/j.socscimed.2024.117145

Koch, J. M., McLachlan, C. t., Victor, C. J., Westcott, J., & Yager, C. (2020). The cost of being transgender: Where socio-economic status, global health care systems, and gender identity intersect. *Psychology & Sexuality*, *11*(1–2), 103–119. https://doi.org/10.1080/19419899.2019.1660705

Kuvalanka, K. A., Weiner, J. L., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies*, *10*(4), 354–379. https://doi.org/10.1080/1550428X.2013.834529

Kuvalanka, K. A., Weiner, J. L., Munroe, C., Goldberg, A. E., & Gardner, M. (2017). Trans and gender-nonconforming children and their caregivers: Gender presentations, peer relations, and well-being at baseline. *Journal of Family Psychology*, *31*(7), 889–899. https://doi.org/10.1037/fam0000338

Langeland, F., Gulli, M., & Rigtrup-Lindeman, B. (2023). *Equitable health care for people with gender incongruence* [in Norwegian]. Nordlandsforskning. https://www.bufdir.no/globalassets/global/nbbf/kjonn_identitet/likeverdig_helsehjelp_for_personer_med_kjonnsinkongruens.pdf

Lorusso, M., & Albanesi, C. (2021). When the context rows against. Voicing parents of transgender children and teenagers in Italy: A qualitative study. *Journal of Community & Applied Social Psychology*, *31*(6), 732–748. https://doi.org/10.1002/casp.2518

McKay, K., Wright, T., Young, B., & Kennedy, E. (2026). "There's no booklet that comes with it:" Parents' experiences of seeking support for their

gender-diverse children and themselves. *Journal of Child and Family Studies*, *35*, 1123–1140. https://doi.org/10.1007/s10826-026-03278-1

McNeil, J., Ellis, S. J., & Eccles, F. J. R. (2017). Suicide in trans populations: A systematic review of prevalence and correlates. *Psychology of Sexual Orientation and Gender Diversity*, *4*(3), 341–353. https://doi.org/10.1037/sgd0000235

Meadow, T. (2018). *Trans kids: Being gendered in the twenty-first century*. University of California Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Paceley, M. S., Evans, S., Ezra, P., Young, L., Tomlinson, K., Layland, E. K., & Fish, J. N. (2026). Parental gender identity socialization among transgender and gender expansive youth in the U.S.: A grounded theory conceptual model. *LGBTQ+ Family: An Interdisciplinary Journal*. Advance online publication. https://doi.org/10.1080/27703371.2026.2625180

Pearlman, S. F. (2006). Terms of connection. *Journal of GLBT Family Studies*, *2*(3–4), 93–122. https://doi.org/10.1300/J461v02n03_06

Pullen Sansfaçon, A., Kirichenko, V., Holmes, C., Feder, S., Lawson, M. L., Ghosh, S., Ducharme, J., Temple Newhook, J., & Suerich-Gulick, F. (2020). Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues*, *41*(8), 1214–1236. https://doi.org/10.1177/0192513x19888779

Pullen Sansfaçon, A., Medico, D., Gelly, M., Kirichenko, V., & Suerich-Gulick, F.; on behalf of the Stories of Gender Affirming Care project. (2021). Blossoming child, mourning parent: A qualitative study of trans children and their parents navigating transition. *Journal of Child and Family Studies*, *31*, 1771–1784. https://doi.org/10.1007/s10826-021-02178-w

Pullen Sansfaçon, A., Robichaud, M.-J., & Dumais-Michaud, A.-A. (2015). The experience of parents who support their children's gender variance. *Journal of LGBT Youth*, *12*(1), 39–63. https://doi.org/10.1080/19361653.2014.935555

Raab, D., Perry, Y., Lin, A., Hill, J. H. L., & Ohan, J. L. (2025). Lived experiences of empowerment in parents of trans children and adolescents. *Journal of Family Psychology*, *39*(4), 443–453. https://doi.org/10.1037/fam0001297

Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. Sage.

Tankersley, A. P., Grafsky, E. L., Dike, J., & Jones, R. T. (2021). Risk and resilience factors for mental health among transgender and gender nonconforming (TGNC) youth: A systematic review. *Clinical Child and Family Psychology Review*, *24*(2), 183–206. https://doi.org/10.1007/s10567-021-00344-6

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, *2*(1), 65–77. https://doi.org/10.1037/sgd0000081

Testoni, I., & Pinducciu, M. A. (2019). Grieving those who still live: Loss experienced by parents of transgender children. *Gender Studies*, *18*(1), 142–162. https://doi.org/10.2478/genst-2020-0011

Tjora, A. H. (2012). *Qualitative research methods in practice* (2nd ed.) [in Norwegian]. Gyldendal akademisk.

Tyler, T. R., Huddleston, B. S., Kronner, H. W., Calloway, E. T., Martin, K. G., Morgan, A. L., Aguilar, R., Wheeler, S. A., & Dean, D. E. (2023). Parents responding to TGNC children: A qualitative metasummary. *Families in Society*, *105*(4), 666–687. https://doi.org/10.1177/10443894231182752

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, *66*, 24–38. https://doi.org/10.1016/j.cpr.2018.03.003

van der Ros, J. (2013). *People of all kinds* [in Norwegian]. Likestillingssenteret.

Witcomb, G. L., Bouman, W. P., Claes, L., Brewin, N., Crawford, J. R., & Arcelus, J. (2018). Levels of depression in transgender people and its predictors: Results of a large matched control study with transgender people accessing clinical services. *Journal of Affective Disorders*, *235*, 308–315. https://doi.org/10.1016/j.jad.2018.02.051

World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA*, *310*(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053

Yaffe, Y. (2023). Systematic review of the differences between mothers and fathers in parenting styles and practices. *Current Psychology*, *42*(19), 16011–16024. https://doi.org/10.1007/s12144-020-01014-6

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy*. Basic Books. https://books.google.no/books?id=7cTbDwAAQBAJ

Yu, C., Zuo, X., Blum, R. W., Tolman, D. L., Kågesten, A., Mmari, K., De Meyer, S., Michielsen, K., Basu, S., Acharya, R., Lian, Q., & Lou, C. (2017). Marching to a different drummer: A cross-cultural comparison of young adolescents who challenge gender norms. *Journal of Adolescent Health*, *61*(Suppl. 4), S48–S54. https://doi.org/10.1016/j.jadohealth.2017.07.005