

“I Am Afraid for Those Kids Who Might Find Death Preferable”: Parental Figures’ Reactions and Coping Strategies to Bans on Gender Affirming Care for Transgender and Gender Diverse Youth

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Research has documented that parental figures of trans and gender diverse (TGD) youth often struggle with fear, grief, and stress as a result of antitransgender oppression. However, there is a dearth of research about how parental figures of TGD youth are impacted by antitransgender state and federal laws and bills. The present study aimed to explore parental figures’ reactions and coping strategies with recent proposed and enacted laws and bills in the United States restricting access to gender-affirming healthcare for TGD youth. A sample of 138 parental figures of TGD youth who currently or previously lived in the United States participated in an online survey where they shared their reactions and coping strategies as a result of current antitransgender laws and bills. Thematic analysis revealed four themes depicting participants’ cognitive reactions, including: (a) violation of rights, (b) increased stigma, (c) decreased quality of healthcare, and (d) support for child’s journey. Also, three themes emerged about participants’ emotional reactions, including: (a) fear and anxiety, (b) anger, and (c) relief. Additionally, participants shared narratives about how they are coping with these antitransgender laws and bills, including: (a) activism and advocacy, (b) educating others, (c) seeking support from communities/groups, and (d) relocation and avoidance. Recommendations for practitioners such as debunking incorrect information about trans healthcare when working with parental figures are discussed.

Public Significance Statement

No research to date has explored how parental figures of trans and gender diverse (TGD) youth are impacted by current antitransgender policies. The current study found that parental figures of TGD youth are experiencing intense cognitive and emotional reactions and also actively using coping skills to navigate the effects of these oppressive laws and bills.

Keywords: parents, mental health, transgender youth, transgender health, legislation

Parental figures of transgender and gender diverse (TGD) youth are influential in the well-being of their children. Specifically, parental rejection contributes to negative mental health outcomes for TGD youth (Abreu et al., 2019; Kosciw et al., 2018), while parental acceptance serves as a protective factor against experiences of discrimination and oppression (e.g., Simons et al., 2013). However, research shows that parental figures of TGD youth engage in a nondichotomous (i.e.,

acceptance, rejection), multilayered process after learning about their child’s TGD identity. For example, in a systematic literature review of 32 studies that explored the experiences and reactions of parental figures of TGD youth, Abreu et al. (2019) noted that the process of coming to terms and interacting with one’s TGD child include: (a) initial experiences (the initial observation of gender atypical behavior and emotional reactions accompanying); (b) transformation processes (parental figures begin to seek knowledge and develop awareness of discrimination); (c) positive outcomes (parental figures building a better relationship with their child and engaging in activism); and (d) influences on parental figures’ process (such as time since learning of their child’s identity and the gender of the parental figure and the child).

Parental figures’ initial reactions include first noticing their child’s atypical gender expressions, experiencing intense emotional responses such as grief and traumatic shock (e.g., Di Ceglie & Thummel, 2006), and struggling to reconcile beliefs and prejudices about TGD people (e.g., Alegria, 2018). Some parental

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figures feel overwhelmed at their lack of knowledge and difficulty finding information about the TGD community (e.g., Di Ceglie & Thummel, 2006). In addition, parental figures of TGD youth seek out resources/support and modify their initial negative beliefs about their child (e.g., Bull & D'Arrigo-Patrick, 2018). Also, research shows that parental figures face their own coming-out process and experience stigma and rejection from social groups, healthcare providers, and educational institutions (e.g., Barron & Capous-Desyllas, 2017). Furthermore, parental figures of TGD youth face other barriers such as fearing their child's safety and lack of proper training of healthcare professionals to interact with TGD youth (e.g., Gray et al., 2016). These experiences lead parental figures to develop awareness of the discrimination their child faces and develop empathy toward their child and, by extension, the TGD community (e.g., Gray et al., 2016).

Research has also documented positive outcomes of having a TGD child. For example, parental figures report improved relationships with their TGD child, more open communication, and a closer, more supportive relationship with their child (e.g., Alegría, 2018). Studies show that as parental figures begin to accept and develop their relationship with their TGD child and start to understand how their child is oppressed, they begin engaging in activism and advocacy (e.g., Alegría, 2018).

Mental Health Impact on Parental Figures of Transgender and Gender Diverse Youth

As parental figures learn about and navigate different institutions with their TGD child, they experience negative mental health symptoms. For example, research has documented that parental figures of TGD children experience increased feelings of anxiety, stress, depression, and hypervigilance due to a variety of added stressors associated with navigating oppressive institutions (e.g., schools, healthcare) with their TGD child (e.g., Barron & Capous-Desyllas, 2017; Bull & D'Arrigo-Patrick, 2018). Additionally, when in public places, parental figures often feel hypervigilant for fear of being questioned about their child's identity (Bull & D'Arrigo-Patrick, 2018).

Antitransgender Legislation Under Trump's Administration

Prior to the Trump administration, legal protections surrounding gender identity and expression was on the rise. Under the Obama administration (2009–2016), federal trans-supportive policies were launched such as protection against discrimination (U.S. Department of Labor, 2015), being allowed to openly serve in the military (United States Department of Defense, 2016), and making the process of changing sex markers on passports easier (Jones, 2019). In addition, during this time, United States officials worked toward the inclusions and protections of TGD students by taking actions such as funding the Global Network Against Homophobic and Transphobic Bullying in schools (Jones, 2019). It should be noted, however, that while the federal government was working toward the implementation of transgender affirming laws and bills, simultaneously, the backlash and antitransgender legislative push began to appear in several states. For example, the United States saw several states that pushed antitransgender legislation, including North Carolina's HB2 (Lopez, 2017) and "religious freedom" acts in

states such as Indiana and Tennessee (e.g., Human Rights Campaign, 2015).

Marking the time of Trump's campaign and election in 2016, there was intense backlash against the progress toward TGD rights. Despite promises of protecting TGD people, under the Trump administration, the White House's LGBTQ webpages were removed in conjunction with the dismissal of LGBTQ liaison officers and the hiring of explicitly anti-LGBTQ officials (Johnson, 2017). In 2018, the Human Rights Campaign tracked a total of 129 anti-LGBTQ state legislations that were introduced within the year prior. The Trump administration also attempted to roll back TGD protections by defining gender as someone's assigned sex at birth (Salam, 2018). Federal agencies have continued to withdraw Obama-era policies protecting and recognizing gender identity in prisons, homeless shelters, and schools (Salam, 2018). The current political actions and legislation are attempting to erase and legally invalidate the TGD population in America. This has resulted in TGD individuals experiencing heightened antitransgender violence that further exacerbates mental health struggles (Lee, 2017). For example, research shows that TGD people have experienced increased harassment, violence, policing, and negative mental health outcomes, to name a few, under the Trump administration (see review in Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020). However, little is known about how this antitransgender hostile political environment has affected TGD people and their family members.

Current State Legislation Criminalizing Affirming Care for Transgender and Gender Diverse Youth

Since early 2020, state legislators in multiple states (e.g., Alabama, Tennessee, South Dakota) introduced or passed state bills and laws that would criminalize providing gender-affirming medical care to TGD youth. For example, in Alabama a bill passed that would put physicians in prison for prescribing puberty blockers (Bollinger, 2020). In Tennessee, the proposed bill would require a parental figure to have written recommendations from at least three physicians, including a psychiatrist, and written consent from a parent/guardian before hormone replacement, puberty blockers, or any other gender-affirming medical interventions can take place (Allison, 2020). Failure to provide these recommendations would result in a designation of child abuse and healthcare professionals would face professional misconduct (Allison, 2020). The punishments from the proposed bills for providing these life-saving services to TGD youth vary state by state, ranging from a misdemeanor with up to a year in jail, to a felony with life in prison (Wax-Thibodeaux & Schmidt, 2020). Given that the process of getting the recommendations for any type of gender-affirming care is already restrictive and lengthy (e.g., having to drive over 300 miles away, going through a year of doctors' appointments to get a prescription for puberty blockers; Wax-Thibodeaux & Schmidt, 2020), these new laws and bills are not only unnecessary but violent toward TGD youth.

As it has been described by medical providers, these bills and laws are a product of misinformation as TGD minors rarely undergo permanent alterations; specifically regarding the belief that puberty blockers are irreversible (Wax-Thibodeaux & Schmidt, 2020). While a few of the bills have passed partially, it is important that these bills and laws do not continue to be

introduced or passed as they further harm an already vulnerable population by forcing them to endure more gender dysphoria, depression, and suicidality instead of allowing implementation of evidence-based treatments documented to reduce these negative mental health outcomes (Gerson, 2020).

Minority Stress and Anti-LGBTQ Laws and Bills

Minority stress posits that LGBTQ people experience increased identity-based stress compared with their heterosexual and cisgender counterparts (V. Brooks, 1981; W. Brooks, 1992; Meyer, 2003; Meyer & Frost, 2013). This stress can lead to decreased physical and mental health for LGBTQ people and their families and allies (e.g., Meyer & Frost, 2013; Rostosky & Riggle, 2011). Minority stress theory conceptualizes stress as proximal and/or distal stressors. Proximal stressors refer to internal stress experienced by individuals as a result of negative perception about their identity and exposure to oppressive events, leading to internalized heterosexism and fear of rejection among other negative internal outcomes for LGBTQ people (V. Brooks, 1981; W. Brooks, 1992; Meyer, 2003). Distal stressors refer to stressors that happen outside of the individual's sphere, including but not limited to harassment, violence, and structural stigma. Structural stigma refers to cultural norms, laws, and policies that decrease the well-being of LGBTQ people and their allies and families (see Hatzenbuehler & Link, 2014; see Szymanski & Sung, 2010).

Recent sources of distal stressors that TGD youth and their families have been exposed to are antitransgender political administrations (i.e., Trump's presidential administration) and the passing of antitransgender laws and bills at the state and federal level (e.g., Staples et al., 2018). Current research shows that distal stressors such as navigating oppressive education and healthcare systems has a negative impact on parental figures of TGD youth (e.g., increased anxiety and hypervigilance; see review in Abreu et al., 2019). While the negative impact of Donald Trump's administration on the well-being of LGBTQ people has been well-documented (see Lannutti & Galupo, 2018), there is paucity of research about how current antitransgender laws and bills affect TGD youth and their parental figures.

Coping and Finding Strength Under Oppressive Political Climates

As laws and bills at the federal and state level seek to oppress and invalidate LGBTQ people, it is important to note that these individuals are finding ways to cope, be resilient, and thrive. For example, research shows that LGBTQ people under the Trump administration coped and were resilient by engaging in activism, advocacy, self-care, positive self-affirmations, self-preservation activities, and relational disengagement, among others (Gonzalez et al., 2020; Riggle et al., 2018). Specific to TGD individuals, a recent study found that immigrant Latinx transgender individuals ($N = 15$) find sources of coping during oppressive political climates by feeling pride in their identity, imagining a better future, engaging in religious and spiritual practices, and connecting with family and friends, among others (Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020).

Research shows that antioppressive actions taken by allies to affirm LGBTQ individuals serve as a source of empowerment and

resilience (Riggle et al., 2018; Russell & Richards, 2003). Specifically, when LGBTQ people witness others engage in activism and advocacy efforts, they feel hopeful, inspired, and driven to engage in political activism themselves (Riggle et al., 2018). Research shows that parental figures of TGD youth often engage in advocacy and activism in order to help their child navigate oppressive systems (see a review in Abreu et al., 2019). However, little is known about how parental figures' engagement in advocacy and activism on behalf of their TGD child impacts their well-being. Specifically, to our (the authors) knowledge no study has explored the toll that current antitransgender healthcare laws and bills have on parental figures of TGD people and ways in which they engage in coping strategies. Because these laws and bills affect TGD youth who are underage and rely on the support of their parental figures for advocacy and healthcare, additional research is needed to understand how these antitransgender laws and bills affect parental figures of TGD individuals.

Current Study

Past research has explored the impact of having a TGD child on the well-being of parental figures as a result of systemic oppression. Since the Trump administration, antitransgender violence has increased (see review in Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020; Lee, 2017) and approximately 129 anti-LGBTQ state legislations were introduced in 2017 alone (Human Rights Campaign, 2018). Recently, different states have introduced and passed antitransgender healthcare legislation restricting parental figures of TGD youth from granting access to gender-affirming care for their child, as well as penalizing medical providers for engaging in gender affirming care to TGD children. These legislatures have resulted in an increase in mental health struggles for TGD individuals. In addition, research shows that LGBTQ individuals find ways of coping and thriving under oppressive political climates, including finding support from allies. Given previous research that documents mental health consequences for parental figures of TGD people as a result of systemic oppression, we pose that these legislations might also impact the mental health of parental figures of TGD youth. Similarly, it is plausible to believe that these parental figures are engaging in coping strategies in order to resist these oppressive laws and bills and support their TGD child. The aim of this study was to explore parental figures' reactions and coping strategies to current bans on gender affirming care for TGD youth. Specifically, the following research questions guided the focus of this study: *What are the reactions of parental figures of TGD youth to current antitransgender laws and bills? What strategies do parental figures of TGD youth employ in order to cope with the current antitransgender laws?*

Method

The current study focused on antitransgender laws and bills surrounding restricted healthcare for TGD children and the effect of these policies on the parental figures of TGD youth and the youth themselves. Given the depth of the responses provided by the participants in this study and the documented research about the impact of having a TGD child on the mental health of parental figures, the authors felt it was important to write one article specifically focused on parental

figures' reactions and coping strategies associated with the proposed and already-in-effect antitransgender laws and bills.

The current study utilized an online free-response survey with 138 parental figures of TGD youth who current or who have previously resided in the United States to explore the impact of these laws and bills on their well-being. Given that the impact of anti-transgender laws and bills on parental figures of TGD youth have not been studied to date, a qualitative approach was most appropriate (see Morrow, 2007). The authors were specifically interested in using an inductive, semantic, and critical reflexive thematic analysis approach (Braun & Clarke, 2006, 2013) to make meaning of participants' narratives about their experiences.

Participants

Self-identified parental figures of TGD youth ($N = 138$) participated in this study. The age range for participants was 28–68, with an average age of 46.75 years old ($SD = 7.92$). The majority of participants lived within the United States ($n = 134$, 97.10%), while four participants (2.90%) resided outside of the United States. Among the participants who resided outside the United States, one participant (.72%) lived in Queensland, Australia, one participant (.72%) lived in Brazil, and two participants (1.45%) lived in Canada. Participants represented 37 states of the United States, with most participants residing in Kentucky ($n = 12$), Florida ($n = 9$), and California ($n = 9$) and representing all four regions of the United States such as the South ($n = 50$, 36.23%), Northeast ($n = 21$, 15.22%), Midwest ($n = 27$, 19.56%), and West ($n = 36$, 26.10%). Participants identified their relationship to their child as mother ($n = 124$, 89.86%), father ($n = 7$, 5.07%), parent ($n = 2$, 1.45%), step-mother ($n = 3$, 2.17%), guardian ($n = 1$, .72%), and foster parent ($n = 1$, .72%). The participants identified their race and ethnicity as European American/Caucasian/White ($n = 127$, 92.03%), Latinx/Latina/o/Hispanic ($n = 6$, 4.35%), Asian American/Pacific Islander ($n = 1$, .72%), and multiracial ($n = 4$, 2.90%). See Table 1 for a complete description of the participants and their child's demographics.

Recruitment and Procedure

Participants were eligible to participate in the study if they identified as a parental figure of a transgender child, were at least 18 years old, and previously or currently lived within the United States. Participants were recruited from social media platforms such as Twitter, Facebook, and Tumblr. Specifically, we targeted 35 social media groups (e.g., discussion groups, support groups) for parental figures of TGD people. The research team created a recruitment flyer providing information about the purpose of the study, eligibility criteria for participating, the principal investigator's contact information, and the link to the online survey. Data collection took place from February 27, 2020 to March 20, 2020.

After receiving IRB approval, eligible and interested participants were invited to fill out a survey online. At the start of the survey, participants were asked a series of demographics questions, such as their age, race and ethnicity, and state of residency, among others. Participants were then presented with the following contextual information:

Table 1
Participant Demographics

	<i>n</i>	<i>%</i>
Race/ethnicity		
European American/Caucasian/White	127	92.03
Latinx/Latina/o/Hispanic	6	4.35
Asian American/Pacific Islander	1	0.72
Multiracial	4	2.90
Relationship to child		
Mother	124	89.86
Father	7	5.07
Stepmother	3	2.17
Nonbinary parent	2	1.45
Foster parent	1	0.72
Guardian	1	0.72
Parental figure gender identity		
Woman	126	91.30
Man	7	5.07
Gender nonconforming/nonbinary	5	2.17
Parental figure sexual identity		
Heterosexual	103	74.64
Bisexual	19	13.77
Pansexual	9	6.52
Lesbian/gay	6	4.35
Queer	4	2.90
Fluid	2	1.45
Asexual	2	1.45
Education level		
Attended high school	3	2.17
High school diploma or GED	5	3.62
Some college or technical school (or currently enrolled)	25	18.12
College degree (BA, BS, or equivalent)	36	26.09
Some postbaccalaureate or graduate program (or currently enrolled)	8	5.80
Advanced college degree (MA, MS, PhD, JD, MD, or equivalent)	61	44.20
Child's gender identity		
Man/boy	77	55.80
Woman/girl	38	27.54
Gender nonconforming/nonbinary/genderfluid	23	16.67
Bigender	1	0.72
Mostly female	1	0.72
Child's disclosure age		
2–4	12	8.70
5–10	22	15.94
11–15	77	55.80
16–20	22	15.94
21 and older	5	3.62
Child's current age		
5–10	19	13.77
11–15	45	32.61
16–20	52	37.68
21 and older	23	16.67

Note. Some participants listed more than one identity (e.g., sexual orientation, number of children), resulting in the percentages adding up to be over 100.

In the last few weeks, state legislators in multiple states (for example: Alabama, Tennessee, South Dakota) have introduced or passed state bills or laws that would criminalize providing gender-affirming medical care to transgender youth. For example, in Alabama a bill passed that would put physicians in prison for prescribing puberty blockers to transgender youth under the age of 19. In Tennessee, the proposed bill would require a parent to have written recommendations from at least three physicians before hormone replacement, puberty blockers, or other medical interventions can take place. Failure to provide these recommendations will result in a designation of child abuse, and healthcare professionals would face professional misconduct.

Afterward, participants were prompted to answer open-ended questions regarding their reactions, the impact of these laws and bills on themselves and their child, their coping surrounding anti-transgender laws and bills, and advice for legislators. Participants were encouraged to provide as much detail as they considered necessary. The following open-ended questions were analyzed for the current study: (a) *What are your reactions to these bills/laws being proposed and/or passed?*; (b) *How have you coped and been resilient in response to these bills/laws?*

Researchers' Positionality and Self-Reflection

The research team had a range of identities across race, ethnicity, generational status, nationality, sexual orientation, and gender identity that allowed for meaningful dialogues during data analysis. The first author (Abreu) is an assistant professor of counseling psychology who identifies as a first generation Latinx, queer, cisgender man. The second author (Sostre) is a counseling psychology doctoral-level student who identifies as Latinx (Puerto Rican descent), pansexual, and genderfluid. The third author (Gonzalez) is an assistant professor of counseling psychology who identifies as a Latinx (Mexican descent) heterosexual, cisgender woman. The fourth author (Lockett) is doctoral-level student who identifies as African American, queer, trans man. The fifth author (Matsuno) is an assistant professor of counseling psychology who identifies as a multiracial (Asian and White), queer, nonbinary person. Several members of the research team have expertise in qualitative research and have published multiple peer-reviewed qualitative research papers in counseling psychology and LGBTQ journals. The primary coders on this project, Sostre and Lockett, identify as trans and kept coding journals to document their reactions, feelings, and thoughts through the coding process (Gilbert, 2001). In order to account for bias and facilitate objectivity in the coding process, Abreu and Gonzalez, who are cisgender, served as auditors during the coding process and engaged in discussions with Sostre and Lockett during data analysis (see LeCompte & Goetz, 1982).

Data Analysis

Thematic analysis (Braun & Clarke, 2006, 2013) was used to explore the reactions to antitransgender laws and bills and coping strategies of parental figures of TGD youth. Data analysis began with Sostre and Lockett coding the data by independently reading through the participant interviews. They began by breaking down and grouping together words and clauses with similar meaning units and ideas (Giorgi, 1985). The grouped together words and clauses formed the preliminary themes. Sostre and Lockett shared their independent preliminary themes with Abreu and Gonzalez to review and provide feedback. After minor adjustments were made to the preliminary themes structure (e.g., addressing redundant word choices), both coders and auditors met to discuss, revise, and finalize thematic structure. Next, independently, Sostre and Lockett coded each participants' response into the thematic structure. Sostre quantitatively calculated an 86.38% interrater reliability across the two coders. Coders and auditors met throughout the coding process to discuss and reconcile coding discrepancies and edit the initial themes by eliminating themes and identifying new themes until a thematic structure was finalized. Sostre and Lockett selected quotes from the transcripts that best reflected each theme

to include in the results. Specifically, quotes that best captured the main ideas of each theme and subtheme were chosen in order to provide a voice to the participants in our study. Finally, once the Results section of the article was drafted, Matsuno provided further feedback about the finalized thematic structure, resulting in the merging of two themes.

We used Nowell et al.'s (2017) approach for establishing trustworthiness when using thematic analysis. During Phase 1, we gathered thoughts about potential codes and kept records of field notes and transcripts. In Phase 2, the coders established a coding framework and engaged in peer debriefing. Next, in Phase 3, the coders made connections in the data and developed themes. In Phase 4, the coders went back to the data as needed and solicited feedback from two auditors. During Phase 5, coders and auditors met to debrief and reach a final consensus. Finally, in Phase 6, rich and thick descriptions of the coding and analysis process were documented and quotes from participants to include in the final written article were selected.

Results

Results yielded three themes and 12 subthemes (see Table 2) illustrating the reactions of 138 parental figures of TGD youth as a result of antitransgender laws and their coping strategies. The three themes consisted of: (a) parental figures' cognitive reactions to laws and bills, (b) parental figures' emotional reactions to laws and bills, and (c) parental figures coping strategies.

Parental Figures' Cognitive Reactions to Laws and Bills

One-hundred and ten (79.71%) parental figures described their thoughts about to the proposed and/or passing of antitransgender laws and bills, including: (a) violation of rights, (b) increased stigma, (c) decreased quality of healthcare, and (d) support for child's journey.

Violation of Rights

Ninety-two (66.67%) parental figures indicated that these laws and bills were a violation of both their own rights as a parental figure as well as a violation of their child's rights. Participants labeled these laws and bills as unethical, unjust, and unfair. For example, A 48-year-old, White, mother of a 21-year-old, nonbinary youth from Colorado shared about the impact of removing parental rights to make healthcare decisions for their trans child:

These bills undermine my right as a parent to seek out clinically and culturally competent care for my child. Where are parents supposed to turn when their children are suffering? Access to affirming providers is lifesaving. Requiring recommendations from three providers is excessive and punitive. Many folks struggle to access just one provider.

Other parental figures described these laws as inhumane, hateful, and intolerant. For example, a 49-year-old, White, mother of a 9-year-old trans child from Oklahoma described, "*It makes me sick to my stomach. These laws take away all rights of both the parent and child. It's horrible and mean.*"

Table 2
Frequency of Participants Endorsing Themes With Theme Definitions

Theme	Frequency % (n)
Parental figures' cognitive reactions to laws and bills	
Violation of rights Participants described how these laws/bills infringe on their, their children, and their doctors' rights to make the best decision for trans youth' health	66.67 (92)
Increased stigma Participants described how these laws/bills will increase the stigma and discrimination faced by trans youth	22.46 (31)
Decreased quality of healthcare Participants described how the passing of these laws/bills will force trans youth to seek out unsafe and dangerous means of healthcare	9.42 (13)
Support for child's journey Participants described providing emotional and financial support and advocacy for their trans child's healthcare journey	76.10 (105)
Parental figures' emotional reactions to laws and bills	
Fear and anxiety Participants described experiencing fear and anxiety about their trans child's healthcare, transitioning, life, and wellbeing	31.16 (43)
Anger Participants described experiencing anger about the unfair treatment and threat to their trans child's well-being	23.91 (33)
Relief Participants described relief about their trans child being over 18, had already transitioned, and/or living in a state where the bill/law has not been introduced or passed	26.10 (36)
Parental figure's coping	
Activism/advocacy Participants described engaging in activism/advocacy groups in order to prevent the passing of these laws/bills	38.41 (53)
Educating others Participants described educating people, family, and politicians on trans issues in order to reduce stigma	7.97 (11)
Seeking support from communities/groups Participants described getting involved with and confiding in family, groups, and communities who offer support as a parent of a trans child	15.22 (21)
Relocation and avoidance Participants described willingness to move states or countries and avoid traveling to areas with antitransgender legislation to distance and shield themselves and their TGD child from the antitransgender political climate	26.10 (36)

Note. Chi squares analyses were used to determine differences between participants whose children were minors and participants whose children were adults. We found no significant differences across these two groups regarding parental figures' cognitive reactions to laws and bills, parental figures' emotional reactions to laws and bills, and parental figures' coping strategies.

Increased Stigma

Thirty-one (22.46%) parental figures stated that these laws and bills would increase stigma faced by both their TGD child, themselves, and the TGD community. A 55-year-old, White, father of a 20-year-old trans child from California stated how these laws would have dire consequences for the trans community: *"They will validate discrimination and provide justification for violence against the [TGD] community. People will die because of the justification for discrimination and hate these bills give... I would be more hesitant to reveal my child's gender identity."* Additionally, a 33-year-old, White, mother of an 11-year-old trans child from Nebraska described how the passing of these laws would validate individuals' transphobic views and increase stigma toward themselves as parental figures:

When you pass these laws, you are telling people they are right that transgender isn't real and that the parents are incompetent and negligent. This in turn lets people be rude to us and hateful toward us because we are so clearly "wrong" if the government says so.

Decreased Quality of Healthcare

Thirteen (9.42%) parental figures described how these laws and bills would negatively impact the healthcare TGD youth are able

to receive. A 43-year-old, White, mother of a 13-year-old trans child from Tennessee reported that her child's *"doctor is now cautious to treat him just as a general practitioner"* due to fear of being imprisoned. Similarly, a 43-year-old, White, mother of a 13-year-old trans girl from Nebraska described how not being able to access puberty blockers would result in more dangerous, inaccessible healthcare for their child:

They could prevent me from making life saving and life affirming choices for my child. They could force my child to go through male puberty which would then require extensive, invasive, and expensive surgeries to allow her to affirm her gender as an adult (assuming she survives the psychological turmoil of going through the wrong puberty). They could prevent me from getting my child the proper care!

Support for Child's Journey

One-hundred and five (76.10%) parental figures indicated increased support for their child and their journey through navigating the healthcare system as a result of these oppressive laws and bills. This support took the form of guidance, researching, and providing financial and emotional support to their TGD child. For example, a 34-year-old, White, nonbinary parent of a 7-year-old child from Massachusetts described their unwavering support for

their child's medical journey and decisions made by her daughter and doctor:

It's my job to be a liaison between my child and her healthcare providers: acknowledge needs, set up appointments, advocate if she wants that and feels stuck. If she and her provider agree, as a tween or teen that she needs blockers or HRT, I respect their collective decision. I might weigh in with suggestions (comparing methods of administration, for example), but I don't get to tell the person who lives in that body, or the person with a decade of schooling and a couple decades of professional experience, that they're wrong.

Similarly, a 48-year-old, White, gender-nonconforming mother of a 16-year-old child from Pennsylvania emphasized the importance of educating themselves in order to be able to best support their child:

My role is to learn as much as I can from researching scientific evidence and medical best practices, talking to trans adults about their experiences and talking to other parents. [Most important] are listening to my child and their care providers. I question and challenge my child at times because I want them to really examine where they are coming from and verbalize that. When I feel I have enough information, I proceed with the actions that seem most likely to support my child's physical and mental health.

Parental Figures' Emotional Reactions to Laws and Bills

Seventy (50.72%) parental figures shared varying emotional reactions to these antitransgender laws and bills, including: (a) fear and anxiety, (b) anger, and (c) relief.

Fear and Anxiety

Forty-three (31.16%) parental figures experienced fear and anxiety as a result of these laws and bills. These parental figures were concerned about their own safety, their TGD child and other TGD youth's well-being and life, and increased TGD-specific violence and discrimination. A 49-year-old, White, mother of a 12-year-old child from Texas expressed fear about increased suicidality from TGD youth, "I am afraid for those kids who might find death preferable to being forced to go through the bodily changes of puberty for the wrong gender." Regarding fear of legal TGD protection being rolled back, a 43-year-old, White, mother of a 15-year-old trans child from Missouri stated, "These laws are terrifying. To think they can reverse all the work and protection we have fought so hard for is absolutely heartbreaking. What kind of world tells my daughter she cannot exist?" Additionally, parents expressed fear regarding their own child's life. For example, a 33-year-old, White, mother of a 11-year-old trans child from Nebraska stated:

I am afraid every day for my son. I'm afraid for him to go to the public restroom or to go to some friends' houses. My other children have been bullied because they have a trans brother. No one would choose a life for their child that is hard and full of strife.

Other parental figures described how heightened anxiety has personally affected her life and mental health. For example, a 44-year-old, White, mother of a 14-year-old child from Tennessee shared:

The anxiety [of these laws and bills] caused me to have trouble concentrating and relaxing. I cried and fretted about it a lot. I also spent a lot of my personal time reaching out to other moms and trying to think about how we can get these bills thrown out.

Anger

Thirty-three (23.91%) parental figures expressed anger over the proposed laws and bills. Participants indicated that these laws were unethical and unjust. These parental figures shared that the persistent discrimination and ignorance surrounding their child's TGD identity is frustrating and upsetting. For example, a 32-year-old, White, mother of a 7-year-old trans child from Oregon expressed anger about the targeting of TGD children through these laws and bills, "I am angry and frustrated and upset. I hurt because people making these laws that are designed to hurt our children have not met my child, or any child, that this will actually affect." Additionally, a 55-year-old, White, mother of a 19-year-old nonbinary child from Oklahoma expressed anger regarding people who promote hateful, religion-based agendas stating, "People who ignore these facts in order to push forward a hateful, religion-based agenda are hypocrites, evil, and fill me with rage."

Relief

Thirty-six (26.10%) parental figures expressed relief as a result of living in a state where these antitransgender laws and bills have not passed, that their child was over 18, and/or that their child has already transitioned. For example, a 36-year-old, White, mother of a 9-year-old trans child from Iowa expressed relief because she lives in a state where these laws do not pose a threat at the moment, emphasizing that politics should not have a place in TGD issues:

I have been fortunate to live in a state that recognizes that the law does not belong in the doctor's office and recognizes that mental health and medical professionals in coordination with the family are the ones who should be making medical decisions regarding transgender care; not politicians.

Parental Figures' Coping

Eighty-seven (63.04%) parental figures described how they coped with the proposed and/or passing of these antitransgender laws and bills, including: (a) activism and advocacy, (b) educating others, (c) seeking support from communities/groups, and (d) relocation and avoidance.

Activism and Advocacy

Fifty-three (23.91%) parental figures shared engaging in activism and advocacy as a way to cope with the proposed and/or passing of these antitransgender laws. Although activism looked different for every participant, the majority of parental figures in our study contacted political figures, attended rallies, joined activist groups, and/or got involved with LGBTQ+ community centers. Some participants shared taking an active role in advocacy and activism since the proposal and/or passing of these laws and bills. For example, a 45-year-old, White, mother of a 15-year-old trans child from New York described:

We are, as a family, contacting law makers and working with LGBT+ advocacy groups to attempt to ensure support for the LGBTQ+ community. I am working with LGBTQ+ community groups to support young people who cannot return to homes in states that are dangerous to their physical or mental health.

Educating Others

Eleven (7.97%) participants engaged in educating others as a way of coping with the proposed and/or passing of these antitransgender laws. Parental figures took the chance to educate policy-makers, family members, and others on TGD matters in order to reduce prejudice and misinformation about these laws and bills and other issues that affect TGD people. For example, a 39-year-old, White, mother of a 19-year-old trans man from Indiana disclosed, *"I've tried to learn as much as I can and educate those around me when I have the opportunity."* Additionally, a 57-year-old, White, mother of a 16-year-old trans boy from Tennessee emphasized engaging in conversations with others about their own experiences with having a TGD child, *"I have become an educator—very few people who I meet for the first time leave without knowing that I have a trans kid . . . people want to become educated and I am happy to answer questions."*

Seeking Support From Communities and Groups

Twenty-one (15.22%) parental figures sought support from communities and groups in order to cope with how these oppressive antitransgender laws and bills affect their TGD child. These communities and groups included family, activist groups, and other parental figures of TGD youth both online and in person. For example, a 55-year-old, White, mother of a 19-year-old nonbinary child from Oklahoma indicated their involvement with LGBTQ organizations and support groups:

I have been active in my local PFLAG chapter for several years. I have also started attending a separate support group specifically for parents/caregivers of transgender children (of any age) . . . our group provides a safe space for parents to work through their feelings and come to a place where they can be affirming of their child.

Parental figures not only found support but offered support to other parental figures by initiating support groups to facilitate community-building. For example, a 47-year-old, White, mother of a 16-year-old trans child from Iowa share their experience in running a support group for other parental figures:

I run a parent group in my town and provide support for any parent or child who needs it. I actually held a meeting back in the winter and had six families come to talk about a proposed law where we live.

Relocation and Avoidance

Thirty-six (26.10%) parental figures created plans of relocation to new states if these laws and bills were to pass in their current state of residency. Some parents emphasized that they would even move out of the country if these laws and bills were to pass within their state or across the United States. For example, a 43-year-old, White, mother/nonbinary parent of a 5-year-old bigender child from Missouri emphasized how they have become preoccupied

with having to potentially leave their state or send their child out-of-state:

I have spent way too much time running scenarios in my head where we flee the state in the middle of the night packing just what we can in our car, or having to send our child off to live with other people.

These parental figures also indicated that they have distanced themselves from news of these antitransgender laws and bills, as well as shielding their child from news of these laws and bills. For example, a 43-year-old, White, mother of a 18-year-old trans man from Iowa made the decision to not focus on these laws for her and her child's mental health, *"They're terrible but for my own mental health, and that of my child, we haven't focused on them."*

Discussion

The purpose of the current study with 138 parental figures of TGD youth was to uncover how the current proposed and passed antitransgender laws and bills in the United States restricting access to medical care for TGD youth have impacted these parental figures and how they are coping. Given the unprecedented number of antitransgender laws and bills passed against the trans community in America under the Trump Administration (Human Rights Campaign, 2018), recent research has begun documenting the impact that these oppressive policies have had on the trans community (e.g., Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020; Lee, 2017). While previous studies have documented how parental figures of trans children are impacted as a result of systemic oppression (see a review in Abreu et al., 2019), to the authors' knowledge this is the first study to examine the impact of current antitransgender laws and bills on parental figures of trans youth.

Participants viewed these oppressive antitransgender laws and bills as a violation of their and their child's rights, a source of increased stigma toward their TGD child and the TGD community overall, and as having a negative impact on the quality of healthcare for TGD people. While a small amount of literature has explored the impact of antitransgender laws and bills of TGD people such as increased violence (Lee, 2017) and fear-mongering and invasion of privacy (Human Rights Campaign, 2016), this study adds to that small area of research by documenting the impact of more recent legislative attacks on the families of TGD youth. In addition, while earlier antitransgender laws focused on restricting bathrooms access to trans individuals (e.g., Kralik, 2019), these newer laws and bills are shifting to intrude specifically on the physical and emotional well-being of TGD youth and their families. This study provides insight about how these new attacks on TGD youth are affecting their caregivers. Furthermore, participants expressed intense emotional reactions such as fear, anxiety, anger, and relief. Although some studies have looked at the emotional impact on parental figures of TGD youth as they try to navigate different environments (e.g., healthcare system, schools; see review Abreu et al., 2019), this study adds to this body of research by specifically uncovering how oppressive political environments are yet another system that negatively affects parental figures of TGD youth. Although research has documented how antitransgender laws affect the mental health of TGD individuals (e.g., Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et

al., 2020), to our knowledge no studies have documented how these newer laws and bills affect the caregivers of TGD individuals.

There is scant research on how parental figures and family members of TGD people can cope with navigating different oppressive systems with their TGD child or family member while remaining resilient and supportive (e.g., [Alegría, 2018](#)). Similarly, although research shows how TGD people cope under oppressive political climates (see review in [Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020](#)), to our knowledge no study has explored ways in which parental figures of TGD youth cope with antitransgender legislation that affects their child. Our study makes a contribution to this body of research by exploring how the participants in this study have coped through activism and advocacy, educating others, seeking support from communities and groups, and relocation and avoidance in order to keep their child and themselves safe. These unique findings highlight the ways that gender-related minority stressors have an impact on parental figures as well as TGD youth themselves.

Strengths, Limitations, and Recommendations for Future Research

This study is among the first ones to have looked at real-time antitransgender policies and their impact on the parental figures of TGD children. The results of this study are even more salient for parental figures of TGD youth who are currently under 18 years old, as they are ultimately the ones responsible for facilitating their child's healthcare needs (e.g., trips to the doctors, asking for clarifying information from medical providers about the healthcare needs of their child). Researchers should continue to expand on this research by exploring how these stressors are exacerbating negative mental health outcomes among parental figures, as well as their coping strategies over time. Further research could explore whether the minority stress model framework helps explain the emotional reactions experienced by parental figures of TGD youth. This will allow for a better understanding of the long-term effects on the well-being of TGD people and their caregivers and can help target effective interventions to support this population.

It is important to acknowledge several limitations of this study. This study was conducted using a qualitative methods approach and, therefore, results cannot be generalized to other parental figures of TGD youth. Also, the majority of our participants identified as White mothers who are accepting and affirming of their TGD child. Therefore, our findings do not capture the experiences of parental figures of color of TGD youth, fathers, and parental figures who are not accepting of their TGD child and who might even agree with the passing of such antitransgender laws and bills. Future research should center the experiences of participants who identify as people of color, and specifically explore how cultural values and beliefs impact the effects of these laws and bills on parental figures of color, including unique coping strategies they might draw from their own communities. For example, research shows that people of color use different, culture-specific strategies (e.g., *convivencia* and *familismo* for Latinx immigrant transgender people; [Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020](#); [Abreu, Gonzalez, Capielo Rosario, Lockett, et al., 2020](#); [Abreu, Gonzalez, Mosley, et al., 2020](#)) to cope with systemic oppression. Recent research shows that parental figures of color

use culturally-driven strategies to navigate the relationship with their child (e.g., [Abreu, Gonzalez, Capielo Rosario, Pulice-Farrow, et al., 2020](#); [Abreu, Riggle, et al., 2020](#)). Therefore, we pose that current antitransgender laws and bills affect parental figures of color and their TGD child differently. To accomplish this, it would be helpful to use targeted recruitment strategies by building rapport and partnerships with communities of color. In addition, future research should seek narratives from parental figures who identify as fathers and parental figures who might support antitransgender laws and bills. This will allow for a comprehensive understanding of how these laws and bills impact the family unit.

Using quantitative methods in future studies will help further validate current findings of the reported impact that these laws and bills have on parental figures of TGD youth such as increased levels of anxiety. Furthermore, some participants in the study lived in locations that have not been directly affected by these proposed or passed laws and bills. Future research should assess differences in outcomes (e.g., stress, anxiety) for parental figures who live in states where these laws and bills are in effect versus those who live in states where these laws and bills have not been introduced or passed. Finally, while research supports the importance of using online surveys to inquire about issues that affect sexual and gender diverse people (e.g., safe space; [Riggle et al., 2005](#)), a limitation of open-ended questions in online surveys (vs. in-person interviews) is the inability to ask important follow-up questions. Future research should conduct in-depth semistructured interviews so that clarifying questions are able to be explored.

Recommendations for Practitioners and Other Service Providers

It is essential for mental health practitioners to stay informed about current legal protections and legal attacks on the TGD community in order to best serve TGD clients and their families. Mental health practitioners can use this knowledge to help educate their clients about such legislation and help them process their emotional reactions. The results of this study indicate that parents and TGD youth alike have increased anxiety, fear, and anger related to the recent attacks on TGD youth and increased gate-keeping practices. Mental health practitioners should be prepared to validate these emotional reactions and support parental figures' coping strategies when antitransgender legislation is proposed and/or passed. Additionally, parents may be more confused about the potential risks and benefits of gender-affirming medical interventions with the increased rhetoric against allowing minors to engage in gender-affirming care. This is an opportunity for providers to debunk antitransgender messaging and provide scientific evidence on the actual benefits and risks of engaging in hormone replacement therapy or surgery (e.g., [Ashley, 2019](#)).

Supporting parental figures of TGD youth can help them advocate for their children. Parental figures often take on the responsibility of educating others and advocating in various systems such as schools and healthcare systems (e.g., [Abreu et al., 2019](#)), which can take this burden off TGD youth. For youth who are minors, parents hold more power to advocate against such oppressive practices. Therefore, it is important to increase advocacy among parents. Additionally, our findings show that engaging in advocacy and education helps some parents cope by giving them a sense of agency to protect their child. It is important for practitioners to

also increase healthy coping through connecting parental figures to support groups either online or in person and helping parents navigate difficult decisions about what to do if antitransgender bills are passed in their state. Furthermore, practitioners can use this knowledge to support the TGD community and their parental figures by advocating for passing TGD-affirming policies or dismantling TGD-oppressive policies. Mental health practitioners may achieve this through different methods, such as educating the public and policymakers through workshops and other ways of disseminating scientific findings, and lobbying with their local, state, and national representatives, among other actions. Using their training and knowledge to engage in social justice work, practitioners can help leverage the stress experienced by parental figures of TGD youth, who then are able to use their cognitive and emotional resources to support their TGD child.

Our findings also have implications for other service providers such as teachers, school staff, and social workers. Teachers and school staff can use the findings in this study to better understand how the extra layers of stress as a result of antitransgender laws and bills affect the academic performance and emotional well-being of TGD youth in school. For example, current research shows that when transgender students are exposed to victimization in school, they choose to be more absent and their GPA tends to decline (see review in Abreu, Audette, et al., 2021; Day et al., 2019). Teachers and other school staff (e.g., school counselors) may be crucial in reducing stress by allowing TGD youth to miss school days without consequences to allow them to attend appointments to take care of their physical and emotional well-being. In addition, given that our results show that exposure to the evolving nature of these laws and bills negatively impacts parental figures of TGD youth, social workers could use their privilege and knowledge about how systems affect the individual to stay informed about the status of these laws and bills and regularly check-in with parental figures of TGD youth to see what they might need at the moment for their TGD child and themselves to stay safe.

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