Impact of Gender Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective

Article *in* Journal of Family Psychology · February 2022

DOI: 10.1037/fam0000987

CITATIONS
8

READS
1,591

6 authors, including:

Roberto L. Abreu
University of Florida
69 PUBLICATIONS **753** CITATIONS
SEE PROFILE

Jules P. Sostre
University of Florida
9 PUBLICATIONS **71** CITATIONS
SEE PROFILE

Kirsten A Gonzalez
University of Tennessee
62 PUBLICATIONS **989** CITATIONS
SEE PROFILE

Gabriel Lockett
University of Florida
12 PUBLICATIONS **109** CITATIONS
SEE PROFILE

Journal of Family Psychology

Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective

Roberto L. Abreu, Jules P. Sostre, Kirsten A. Gonzalez, Gabriel M. Lockett, Em Matsuno, and Della V. Mosley

Online First Publication, March 24, 2022. http://dx.doi.org/10.1037/fam0000987

AMERICAN PSYCHOLOGICAL ASSOCIATION

Journal of Family Psychology

ISSN: 0893-3200

https://doi.org/10.1037/fam0000987

Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective

Roberto L. Abreu[1], Jules P. Sostre[1], Kirsten A. Gonzalez[2], Gabriel M. Lockett[1], Em Matsuno[3], and Della V. Mosley[4]

[1] Department of Psychology, University of Florida
[2] Department of Psychology, University of Tennessee, Knoxville
[3] Department of Counseling and Counseling Psychology, Arizona State University
[4] The WELLS Healing, Research, and Consultation Collective at Radical Healing, Durham, North Carolina, United States

Transgender and gender diverse (TGD) youth in the United States are met with systemic barriers that affect their physical and mental health. Recent scholarship has found that TGD youth have been negatively impacted as a result of antitransgender federal, state, and local laws and bills. Given the crucial role of parental figures in the well-being of TGD youth (e.g., supporting their child's health-care decisions), parents can provide important insight about the experiences of their children as they navigate the effects of antitransgender legislation. This study aimed to explore parental figures' perceptions of how bans on gender affirming care affect their TGD child and parental figures' advice for legislators/policymakers regarding the impact of these laws and bills on the well-being of TGD youth. Responses to an online survey with 134 self-identified parental figures of TGD youth were analyzed. Thematic analysis revealed five themes regarding the impact that these antitransgender laws and bills have on TGD youth, including (a) depression and suicidal ideation/risk of suicide, (b) anxiety, (c) increased gender dysphoria, (d) decreased safety and increased stigma, and (e) lack of access to medical care. Parental figures also provided direct feedback to legislators/policymakers regarding the impact of these laws and bills on the well-being of TGD youth, including (a) transgender youth health is not a political issue, (b) decriminalize gender affirming medical care, (c) decrease discrimination and violence against transgender people, and (d) become educated on transgender health-care issues. Recommendations for research and practice are discussed.

Keywords: transgender, youth, mental health, antitransgender legislation, parental figures

Transgender and gender diverse (TGD) youth are met with an unprecedented number of systemic barriers that affect their physical and mental health (Veale et al., 2017). These barriers include transphobia/transprejudice (e.g., Haas et al., 2014; Kosciw et al., 2020) and a lack of access to gender-affirming care (e.g., Gridley et al., 2016). As a result of such systemic barriers, TGD youth experience a myriad of mental health presenting concerns, such as depression, anxiety, and gender dysphoria (e.g., Chodzen et al., 2019).

Transphobia/Transprejudice

TGD youth experience a myriad of mental health presenting concerns, such as depression, anxiety, and gender dysphoria (e.g., Chodzen et al., 2019), due to ongoing experiences of transphobia/transprejudice (e.g., Haas et al., 2014; Kosciw et al., 2020). Transphobia commonly manifests itself as antitransgender violence, hate crimes, and transprejudice (Bandini & Maggi, 2014). TGD youth specifically experience transprejudice from family members, peers, institutions (e.g., academia, health-care, and organized religion), and local, state, and federal policies (e.g., Haas et al., 2014; Kosciw et al., 2020).

This stigma is compounded and exacerbated by the intersection of transprejudice and other oppressive systems such as racism, ableism, employment discrimination, and economic discrimination (Bockting et al., 2013). For example, transgender youth of color experience racism in addition to their experiences of transprejudice (Reck, 2009). Transgender women and girls of color find themselves most affected because of the intersection of racism, cisgenderism, and sexism (e.g., Abreu, Gonzalez, et al., 2021; Brooks, 1981; Meyer, 2003). Facing intersectional discrimination results in transgender women and girls of color experiencing higher rates of negative mental health outcomes and exposure to higher rates of violence (Testa et al., 2012), with transgender women of color

Roberto L. Abreu https://orcid.org/0000-0003-1305-2152
Jules P. Sostre https://orcid.org/0000-0003-0089-1379
Kirsten A. Gonzalez https://orcid.org/0000-0002-5499-6152
Gabriel M. Lockett https://orcid.org/0000-0001-6268-2498
Em Matsuno https://orcid.org/0000-0002-6333-7984

Some of the findings from this study were presented as a poster at the 2021 American Psychological Association (APA) annual conference. Because the 2021 APA annual conference took place online, a copy of the poster presentation was uploaded and archived in the association's conference database.

At this time, the data and study materials are not available to share. Also, this study was not preregistered.

Correspondence concerning this article should be addressed to Roberto L. Abreu, Department of Psychology, University of Florida, 945 Center Drive, Gainesville, FL 32603, United States. Email: rabreu26@ufl.edu

making up to 73% of transgender murders in 2020 (Human Rights Campaign, 2020). In addition, transgender youth experience disproportionately high numbers of homelessness when compared to their cisgender counterparts (Sellers, 2018).

Access to Gender-Affirming Care

Gender-affirming care is oftentimes an essential step in the transitioning process of TGD people. Gender-affirming care, such as puberty blockers, hormone therapy, and gender-affirming surgery have been shown to reduce distress and/or discomfort experienced as a result of a mismatch between one's gender identity and their sex assigned at birth (see review in Lindley & Galupo, 2020). Gender-affirming care is also linked with improved psychological well-being (de Vries et al., 2014). For example, in a study of 55 TGD young adults who were assessed throughout their transition, de Vries et al. (2014) found that receiving gender-affirming care during adolescence consisting of puberty blockers around 13 years of age, hormone therapy around 16 years of age, and gender-affirming surgery around 19 years of age resulted in long-term positive outcomes such as alleviation of gender dysphoria.

Despite the documented positive impact of gender-affirming care for TGD youth, many barriers to health-care access still exist, including (a) lack of competent health-care providers trained to work TGD youth; (b) providers' lack of knowledge about professional guidelines in transition-related care, (c) providers lack of clear and evidence-based gender-affirming protocols; (d) inconsistent use of patients' correct name and pronouns; (e) harmful gatekeeping practices (or restricted access to transition-related health care); and (f) insurance exclusions and denials on the basis of minor status and/or labeling gender-affirming surgery as "cosmetic" or "optional" (e.g., Gridley et al., 2016; Nahata et al., 2017). TGD youth and their parental figures find these experiences distressing and identify these as a source contributing to increased gender dysphoria (Clark et al., 2018; Gridley et al., 2016).

Research indicates that TGD youth experience higher rates of depression, anxiety, suicidal ideation, and self-harm when compared to their cisgender peers. These elevated rates of depression, anxiety, suicidal ideation and self-harm have been linked to TGD-specific discrimination and oppression (see Austin et al., 2020; Peterson et al., 2016; Reisner et al., 2015; Wilson et al., 2016). Additionally, exposure to racist and cissexist incidents are linked to higher rates of psychological distress among TGD people of color compared to their White TGD counterparts (Wilson et al., 2016). Alternatively, research indicates that when TGD youth have access to gender affirming care, negative mental health symptoms decrease (e.g., depression, anxiety) and positive identity increases (e.g., pride; see Fontanari et al., 2020; Hughto et al., 2020; Murad et al., 2010).

State Legislation Criminalizing Gender-Affirming Medical Care for Transgender and Gender Diverse Youth

Early 2020 marked some of the first iterations of the criminalization of medical interventions for TGD youth, with several states in the United States (e.g., Alabama, Arizona, Tennessee, South Dakota) introducing and passing legislations criminalizing gender-affirming medical care for TGD youth. The punishments for providing these life-saving services to TGD youth vary according to state, and range from misdemeanors to felonies (Wax-Thibodeaux & Schmidt, 2020). It should be noted, however, that using legal means to oppress TGD people, and lesbian, gay, bisexual, transgender, and queer (LGBTQ) people overall, have been taking place before 2020. For example, immediately after the election of Trump in 2016, the White House's LGBTQ webpages were removed and openly anti-LGBTQ officials were appointed (Johnson, 2017). In fact, in 2018 the Human Rights Campaign tracked a total of 129 anti-LGBTQ state legislations that were introduced the previous year.

Many medical providers have shared that these antitransgender bills are a result of harmful misinformation, challenging the widely held but inaccurate belief that puberty blockers are irreversible (Wax-Thibodeaux & Schmidt, 2020). While the status of these antitransgender bills continues to change, sometimes within a matter of days, it is crucial to eradicate antitransgender legislation and focus on providing gender-affirming care guided by evidence-based practices aimed at reducing negative mental health outcomes for TGD youth and their families (Abreu, Sostre, et al., 2021; Gerson, 2020).

Role of Parental Figures in the Well-Being of TGD Youth

Parental figures play a crucial role in the well-being of their TGD child (e.g., Abreu et al., 2019; Matsuno & Israel, 2021; Simons et al., 2013), including responsibility for their child's health-care needs (e.g., see review Abreu et al., 2019; Abreu, Sostre, et al., 2021). Additionally, parental figures of TGD youth experience negative mental health outcomes (e.g., anxiety, stress) due to navigating institutions that are oppressive toward their TGD child (e.g., schools, health-care centers, laws and policies; Abreu, Sostre, et al., 2021; Barron & Capous–Desyllas, 2017; Bull & D'Arrigo–Patrick, 2018). Specific to oppressive laws and policies, a study by Abreu, Sostre, et al. (2021) found that parental figures of TGD youth reported a range of cognitive and emotional reactions (e.g., increased fear, anxiety, anger) as a result of laws restricting their child's access to transgender-affirming care. Given the crucial role parental figures play in their TGD child's access to services, parental figures can provide important insight about the experiences of TGD youth regarding antitransgender laws and bills.

Structural Stigma and Antitransgender Laws and Bills

Structural stigma refers to cultural norms, laws, and policies that decrease the well-being of marginalized communities, including transgender people (Hatzenbuehler et al., 2010; White Hughto et al., 2015). For transgender people, structural stigma includes economic inequality, lack of affirming health-care providers, and proposing and passing oppressive laws and bills that restrict access to health care (see review in Nahata et al., 2017; Stevens et al., 2015; White Hughto et al., 2015), among others. For example, many insurance companies exclude transgender people from accessing gender-affirming services, such as hormone therapy and surgery (e.g., Grant et al., 2011; Nahata et al., 2017; Stevens et al., 2015; White Hughto et al., 2015). Lack of proper health-care access negatively affects transgender people in a variety of ways including difficulties accessing job opportunities (James et al., 2016; Kleintop, 2019). Furthermore, specific to the study at hand, research shows that being exposed to local and national laws and bills that restrict sexual and gender diverse youth from accessing medical services, as

well as laws that promote sexual orientation and gender identity change efforts, have significant negative mental health consequences for sexual and gender diverse youth (Fish & Russell, 2020; Russell & Fish, 2016).

The gender minority stress model (Hendricks & Testa, 2012) posits that experiences with discrimination and systemic oppression such as health-care access barriers and oppressive policies contribute to high rates of depression and anxiety for transgender people (e.g., Testa et al., 2015), including transgender youth and their families (Abreu, Sostre, et al., 2021). Furthermore, the gender minority stress model indicates that systems of support, such as being affirmed by family members, can reduce the impact of gender minority stress and contribute to positive psychological outcomes (Testa et al., 2015). Most recently, the antitransgender laws and bills being proposed and passed across the United States (e.g., Sandler, 2021) have contributed to structural stigma and gender minority stress for TGD youth and their families. Little is known about how antitransgender laws effect TGD youth. In fact, to the author's knowledge, this is among one of the first studies to explore the effects of current antitransgender laws and bills on the well-being of TGD youth.

The Present Study

Since early 2020, many states have introduced and passed antitransgender health-care laws and bills aiming to restrict TGD youth's access to gender-affirming care by banning certain gender-affirming interventions for minors and by penalizing medical providers and parental figures for affirming and supporting TGD youth. The aim of this study is to explore parental figures' perspectives of how bans on gender-affirming care impacts their TGD child. The following research questions guided the present study: (a) *How do parental figures perceive that current antitransgender laws and bills impact their TGD child? and* (b) *What do parental figures believe policymakers should know regarding how antitransgender laws and bills impact the well-being of TGD youth?*

Method

The present study is part of a larger study that focused on gender-affirming care bans in the United States and the impact that antitransgender laws and bills have on TGD youth and their parental figures. Due to the depth of responses provided, we (the authorship team) decided to write one manuscript focused on how parental figures perceive that these laws and bills impact their TGD child and advice they have for policymakers. We followed the standards for reporting qualitative research by Levitt et al. (2018) in order to avoid piecemeal publications. We wrote one other manuscript from this dataset that focused on the emotional toll that these antitransgender laws and bills have had on parental figures of TGD youth and parental figures' coping skills (Abreu, Sostre, et al., 2021). The findings from the previously submitted manuscript are distinct from this manuscript. Below, we report how we determined our sample size, all data exclusions, and all measures used as it applies to our study.

This study included 134 parental figures of TGD youth who participated in an online free-response survey. Because little is known about the impact of this proposed and passed antitransgender laws and bills on TGD youth, a qualitative approach was most appropriate. Specifically, the authors used an inductive, semantic, and critical reflexive thematic analysis approach (Braun & Clarke, 2006, 2013) in order to better understand how antitransgender legislation has affected TGD youth according to their parental figures. In addition, thematic analysis does not provide strict guidelines for determining sample size, as this qualitative approach posits that what is important is that researchers "do justice to the complexity and nuance contained within the data" (Braun & Clarke, 2016, p.742). The authorship team determined that significant patterns had emerged with the sample size at hand ($N = 134$) and that, consistent with Braun and Clarke's guidelines, no additional data collection was needed in order to answer the research question in this study.

Participants

Participants in this study self-identified as parental figures of TGD youth ($N = 134$). Participants' ages ranged from 28 to 68 ($M = 46.80$ years-old; $SD = 7.91$). Participants resided within 37 states and four regions of the United States: South ($n = 50$; 36.23%), Northeast ($n = 21$; 15.22%), Midwest ($n = 27$; 19.56%), and West ($n = 36$; 26.10%). Participants reported their relationship to their child as mother ($n = 120$, 89.55%), father ($n = 7$, 5.22%), parent ($n = 2$, 1.49%), step-mother ($n = 3$, 2.24%), guardian ($n = 1$, 0.74%), and foster parent ($n = 1$, 0.74%). The participants identified their racial and ethnic identities as White ($n = 123$, 91.79%), Latinx/Latina/o/Hispanic ($n = 6$, 4.48%), Asian American/Pacific Islander ($n = 1$, 0.74%), and multiracial ($n = 4$, 2.99%). Additionally, participants reported their child's current age as between 5 and 10 years-old ($n = 19$, 14.18%), 11–15 years-old ($n = 43$, 32.09%), 16–20 years-old ($n = 50$, 37.31%), and 21 and older ($n = 23$, 17.16%). See Table 1 for a complete description of the participant demographics.

Recruitment and Procedure

Participants were asked to participate in this study if they were at least 18 years old, previously or currently lived in the United States, and identified as a parental figure of a TGD child. The research team utilized social media platforms, such as Twitter and Facebook to recruit participants for this study. A recruitment flyer including the purpose of the study, participant eligibility criteria, the principal investigator's contact information, and a hyperlink to the online survey was used to recruit in social media groups. Recruitment and data collection took place from February 27th to March 20th, 2020.

After receiving Institutional Review Board (IRB) approval, interested participants were invited to complete the online survey. Participants were first asked to fill out demographic questions (e.g., age, race and ethnicity, sexual orientation, and gender identity of child). Following the demographics questions, participants were given the following information about the gender-affirming care bans across multiple states the United States:

> 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

Table 1
Participant Demographics

Demographics	*n*	%
Race/ethnicity		
European-American/Caucasian/White	123	91.79
Latinx/Latina/o/Hispanic	6	4.48
Asian-American/Pacific Islander	1	0.74
Multiracial	4	2.99
Relationship to child		
Mother	120	89.55
Father	7	5.22
Stepmother	3	2.24
Nonbinary parent	2	1.49
Foster parent	1	0.74
Guardian	1	0.74
Parental figure gender identity		
Woman	122	91.04
Man	7	5.22
Gender nonconforming/nonbinary	5	3.73
Parental figure sexual identity		
Heterosexual	100	74.63
Bisexual	18	13.43
Pansexual	9	6.72
Lesbian/gay	6	4.48
Queer	4	2.98
Fluid	2	1.49
Asexual	2	1.49
Education level		
Attended high school	3	2.24
High school diploma or General educational development (GED)	5	3.73
Some college or technical school (or currently enrolled)	25	18.66
College degree (BA., BS., or equivalent)	36	26.87
Some post-bac or graduate program (or currently enrolled)	8	5.97
Advanced college degree (MA., MS., PhD., JD., MD., or equivalent)	57	42.54
Child's gender identity		
Man/boy	74	55.22
Woman/girl	37	27.62
Gender nonconforming/nonbinary/ genderfluid	23	17.16
Bigender	1	0.75
Mostly female	1	0.75

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.

recommendations will result in a designation of child abuse, and healthcare professionals would face professional misconduct.

Participants were then provided a series of open-ended questions where they were encouraged to provide as many details as they considered necessary. These open-ended questions prompted participants to discuss their reactions to these laws, the impact these laws have on their child and themselves, their coping mechanisms, and advice for legislators/policymakers. The following questions were analyzed for the present study: (a) *What are your reactions to these bills/laws being proposed and/or passed? and* (b) *What would you like for legislators to know in response to these proposed bills/laws?*

Although online recruitment strategies have traditionally been a rigorous avenue for recruiting hard-to-reach LGBTQ and other marginalized communities (e.g., TGD; LGBTQ people of color, LGBTQ people in rural communities; Riggle et al., 2005), in recent years the unique threat of bots and fake responders have threatened the data integrity that comes with recruiting from online platforms (Pozzar et al., 2020). Consistent with Pozzar et al. (2020) recommendations, we used the following criteria for flagging and removing fraudulent data: (a) nonsensical or irrelevant responses to open-ended items (e.g., letters together that did not make a word in the English or other languages), (b) exact responses (copy/paste) provided by more than one respondent, (c) repeated and/or similar IP addresses, (d) duplicate text/responses found on existing websites, and (e) surveys completed in less than 5 min (especially given the amount of open-ended questions that were part of this study). This process led to flagging nine responses and removing five. Despite the increased threat of bots and fake responders, we attribute the low number of fake responses in this study to the number of open-ended responses that participants had to answer. According to researchers, requiring open-ended questions helps prevent low-quality or fraudulent data (Kramer et al., 2014; Pozzar et al., 2020).

Researchers' Positionality and Self-Reflection

The research team identities varied in terms of race, ethnicity, generational status, sexual orientation, and gender identity; this allowed for in-depth dialogs during data analysis. The first author (Abreu) is an assistant professor of counseling psychology who identifies as a first generation Latinx, queer, and cisgender man. The second author (Sostre) is a counseling psychology PhD student who identifies as multiracial, Latinx, pansexual, and genderfluid person. The third author (Gonzalez) is an assistant professor of counseling psychology who identifies as a Latinx, heterosexual, and cisgender woman. The fourth author (Lockett) is PhD student who identifies as African American, queer, and transgender man. The fifth author (Matsuno) is an assistant professor of counseling psychology who identifies as a multiracial (Asian and White), queer, and nonbinary person. The sixth author (Mosley) is a community leader and healer who identifies as a Black, queer (bi+), and cisgender woman. Several members of the research team have expertise in various qualitative methodologies (e.g., thematic analysis, grounded theory) and have published multiple peer-reviewed qualitative studies in mental health, family, and LGBTQ journals. The primary coders on this project, Sostre and Lockett, identify as transgender and kept coding journals to document their reactions and feelings through the coding process (Gilbert, 2001). Congruent with thematic analysis procedures (Braun & Clarke, 2006, 2013), Abreu and Gonzalez, who identify as cisgender, served as auditors during the coding process and engaged in discussions with Sostre and Lockett during the data analysis (see LeCompte & Goetz, 1982). For example, Abreu and Gonzalez asked for clarification about how some selected quotes by Sostre and Lockett captured the identified themes.

Data Analysis

In order to explore the impact that antitransgender laws and bills have on TGD youth, as well as parental figures' advice for legislators/policymakers, the research team followed the six phases of thematic analysis (Braun & Clarke, 2006, 2013). First, Sostre and Lockett independently read through the participants' responses in order to become familiar with the data. Second, Sostre and Lockett coded each response by grouping together words and clauses with

similar meaning (Giorgi, 1985), forming initial codes. These independent preliminary codes were shared with Abreu and Gonzalez for review and feedback. Third, Abreu and Gonzalez analyzed codes and placed them into initial set of themes. Fourth, the thematic structure was finalized after the Sostre, Lockett, Abreu, and Gonzalez discussed, revised, and made minor adjustments to the preliminary theme structure such as addressing redundant word choices. Fifth, Sostre and Lockett independently coded each participants' responses again and placed them into the thematic structure, creating new and final themes. An interrater reliability of 86.38% was calculated. Last, after the final coding process, Sostre, Lockett, Abreu, and Gonzalez met to discuss and reconcile coding discrepancies as well as edit the final themes (e.g., eliminating themes and identifying new themes). Quotes were then selected by Sostre and Lockett to best represent each theme when presenting the results. Once the results section of the manuscript was drafted, Matsuno and Mosley provided further feedback about the finalized thematic structure, resulting in the merging of two themes.

To ensure scientific rigor during the analytic process, auditors and memos were used. Regarding the use of auditors, Abreu and Gonzalez were not involved in the coding process so they could serve as auditors. Abreu and Gonzalez assessed all of the themes independently and then discussed their impressions and made suggestions to Sostre and Lockett in order to ensure rigor and address potential biases. In addition, memos were used by Sostre, Lockett, Abreu, and Gonzalez. Coders and auditors kept notes where they reflected on how their personal reactions and identities might have affected their conceptualization at various stages of the project (Birks et al., 2008). For example, Abreu brought to Sostre's attention that some of the selected quotes for some of the subthemes did not fully capture the extent of the impact that these laws and bills have on TGD youth. At this time, the data and study materials are not available to share. Also, this study was not preregistered.

Results

Five themes depicting the impact of current antitransgender laws and bills on TGD youth were identified from the data. Also, four themes illustrated participants' advice for legislators/policymakers regarding the impact that antitransgender laws and bills have on the well-being of TGD youth.

Impact on TGD Youth Mental Health

Eighty-five parental figures discussed how antitransgender laws and bills have and will continue to impact the mental health and well-being of their TGD child, including (a) depression and suicidal ideation/risk of suicide, (b) anxiety, (c) increased gender dysphoria, (d) decreased safety and increased stigma, and (e) lack of access to medical care. A chi-square analysis was conducted to determine if the child's age was associated with parental figures' endorsement of the theme at hand. We found a significant association between child's age and endorsement of the impact on TGD youth mental health theme, $\chi^2(1) = 4.182$, $p = .041$. Specifically, parents with children of age 17 or younger were significantly more likely to endorse the impact on TGD youth mental health theme when compared to parents whose children were 18 years or older.

Depression and Suicidal Ideation/Risk of Suicide

Forty-five parental figures indicated that antitransgender laws and bills will further increase the already disproportionate rates of depression and suicide among TGD youth. For example, a 40-year-old, White, mother of a 15-year-old trans teen stated, "These laws are a death sentence for many trans youth. The passage of these laws leaves legislators directly responsible for their deaths. I honestly equate these laws with manslaughter." Additionally, a 57-year-old, White, mother of a 16-year-old trans boy from Tennessee stated, "My son would almost surely kill himself [if these laws were to pass]- he has attempted two times, early in his transition." Furthermore, other participants shared how gender-affirming health care is essential in reducing depression and suicide among TGD youth. For example, a 40-year-old, White, mother of a 10-year-old gender-nonconforming child from Oregon stated, "By denying gender-affirming health care to transgender youth, you are directly responsible for the increase in suicide attempts and completions."

Anxiety

Thirteen parental figures indicated that these laws and bills will further increase the level of anxiety (e.g., excessive worry) experienced by TGD youth. For example, a 53-year-old, White, mother of a 16-year-old trans teen from Arizona noted their child's increased experiences of anxiety, "Our son has come to us many times concerned and angry by this activity. His anxiety has been heightened and his mistrust of the government continues to grow." Additionally, a 43-year-old, White, mother of a 13-year-old trans boy from Tennessee named the fear and anxiety experience by her transgender child, as well as anxiety by other TGD youth:

> He and his transgender group of other kids fully believe they will eventually be forced, by law, to attend conversion camps. They are scared every day. Can't they just be kids? Can't we just love them and make sure they have what they need?

Increased Gender Dysphoria

Eighteen parental figures indicated that these laws and bills could further increase gender dysphoria experienced by TGD youth, who already face barriers due to transphobic systems of oppression. For example, a 37-year-old, White, mother of a 17-year-old, agender, transmasculine teenager, from Alabama disclosed the impact of these laws and policies on their child's gender dysphoria:

> My child's gender issues cause extreme dysphoria which has resulted in self harm, an eating disorder, suicidal ideation, improper binding, etc., which affect his physical health as well . . . By removing my right to provide him with medical services that help resolve the dysphoria, he has now began struggling again with his eating disorder.

Decreased Safety and Increased Stigma

Thirty-four parental figures discussed how these law and bills would decrease the safety of TGD youth and the TGD community overall such as increasing exposure to antitransgender sentiment, violence, and discrimination. For example, a 56-year-old, White, mother of a 20-year-old trans man from New Hampshire stated, "I have grandchildren in Alabama but won't live there because my son couldn't come. I think he'd be killed there." Participants also shared

how these laws and bills would also result in TGD youth having to seek out and/or engage in unhealthy, unsafe health-care practices such as binding with duct tape or obtaining meds or surgeries in other countries. For example, a 45-year-old, White, mother of a 14-year-old trans girl from Tennessee described, "It will force trans folks to have more expensive and dangerous surgeries in the future since they will need to reverse the puberty that they were not allowed to block."

Lack of Access to Medical Care

Forty-eight parental figures mentioned how lack of access to medical care would jeopardize the well-being of TGD youth currently and in the future. For example, a 39-year-old, White, mother of a 19-year-old trans man shared her concerns about how these laws would affect the already limited accessibility:

> It does concern me that other parents may face challenges or opposition when trying to care for their children, and I know from experience that geographic and economic situations can already limit a parent's ability to find resources or get legal help.

Another parental figure, a 33-year-old, White, mother of an 8 year-old trans boy from Nebraska, shared the way transitioning has improved her child's mental health, adding that losing access to trans affirming medical care would threaten her child's life:

> He is adopted, and has a history of trauma, so everyone working with him thought that was what it was. He wouldn't make eye contact, he never smiled and his teacher said he never spoke during class. He had no friends and would cry every day. After we started his social transition, he became a new kid. He now has friends and participates in class and plays and talks with his teachers and peers. My husband and I cannot risk losing the child we have now, the actually happy child because of lack of medical care. We would leave this country if we had to.

Advice to Legislators/Lawmakers

Ninety-three parental figures provided direct feedback to legislators/policymakers regarding the impact of these laws and bills on the well-being of TGD youth. Advice for legislators/policymakers included (a) transgender youth health is not a political issue, (b) decriminalize gender-affirming medical care, (c) decrease discrimination and violence against transgender people, (d) become educated on transgender health-care issues. A chi-square analysis was conducted to determine if the child's age was associated with parental figures' endorsement of the theme at hand. We found no significant association between the child's age and endorsement of the advice to legislators/lawmakers theme, $\chi^2(1) = .144$, $p = .705$. Specifically, there were no differences between parental figures with children of 17 years old or younger and parental figures with children over 18 years old on endorsement of the advice to legislators/lawmakers theme.

Trans Youth Health Is Not a Political Issue

Thirty-seven parental figures advised that TGD youth health care should not be controlled by the government or politics but instead by medical professionals, parents, and TGD youth themselves. These responses highlighted the importance of legislators and policymakers relying on doctors' knowledge and training, the current grueling process already in place to access hormones/puberty blockers, and the rights of the TGD youth and their parental figures. For example, a 38-year-old, White, mother of a 9-year-old trans girl from Arizona emphasized the knowledge of her child's medical team and the lack of knowledge of the policymakers:

> My child has a strong team of medical professionals that understand and treat my child. Government needs to remove themselves from this. This is not a legal or political matter. They need to keep their limited knowledge, personal, and religious views out of it before they end up hurting more people. Not supporting the young trans community is fatal.

Another parent, a 45-year-old, White, mother of a 14-year-old trans teen from Tennessee, reflected on politicians' lack of knowledge of transgender medical care and emphasized that other aspects of medical care are not legislated the same way as transgender-affirming care:

> There are no other examples I can think of where medical care has been legislated. Why should politicians be able to decide the medical care of my child? What makes politicians think they know more about my child's medical care than her own endocrinologist who works at [name of medical center]?

Decriminalize Gender-Affirming Medical Care

Twenty-one parental figures expressed how these laws and bills serve to criminalize TGD youth by threatening health-care providers and parental figures with legal action such as jail time; and the importance of decriminalizing TGD youth care. Participants shared how penalizing health-care providers for providing services to TGD youth will deter them from providing services, and thus, further impact every aspect of a TGD youth's life. For example, a 60-year-old, White, father of a 28-year-old trans woman from Kentucky shared:

> Several of the standards of care for treatment of gender dysphoria will cause physicians to have to either violate their ethical obligations to provide care to their patients or to violate the law and risk losing their license to practice medicine, and possibly even risk conviction of a felony offense and go to prison.

Other participants shared how parental figures might not facilitate appropriate services (e.g., taking their child to health-care providers) for fear that their actions will be met with legal action and/or that their child will be taken away under the guise of child abuse. For example, a 43-year-old, White, mother of a 5-year-old, bigender child from Missouri expressed fear over having to deal with child protective services due to the child abuse designation of these legislations,

> I have spent way too much time running scenarios in my head ... dealing with stochastic violence from people who feel emboldened by the law labeling my husband and I as child abusers, or dealing with CPS calls on our family for loving and supporting our child.

Another participant, a 33-year-old, White, mother of a 11-year-old trans boy from Nebraska shared how they were labeled as a child abuser the same week the laws were proposed because they allowed their child access to trans-affirming care:

> It's been hard. The same week that most of these laws were proposed I had a coworker tell me that she thinks I abused my son by letting him get a blocker ... I didn't feel safe at work anymore. I couldn't even walk through the door without crying. The thing is, if states are passing these laws, how could I prove she was wrong? I am terrified of being called in for child abuse for supporting my child through this journey.

Decrease Discrimination and Violence Against Transgender People

Thirty-five parental figures cautioned legislators that passing these laws and bills would mean the legalization of discrimination. Participants expressed concern over how legalized discrimination would increase anti-TGD sentiment, violence, and further invalidate the existence of TGD people everywhere. For example, a 55-year-old, White, father of a 20-year-old trans woman/gender-nonconforming youth explained the dangerous impact these laws will have on TGD people and the LGBTQ community overall:

> These bills are intolerant, hateful, and definitely unchristian. They will validate discrimination and provide justification for violence . . . People will die because of the justification for discrimination and hate these bills give, and the blood from that violence and death will be on the hands of the lawmakers who put these bills in place.

Become Educated on Transgender Health-Care Issues

Forty-three parental figures stated that policymakers were not educated on transgender matters enough to create policies and that their actions were influenced by ignorance and/or religious bias. The majority of parental figures labeled policymakers as uneducated, ignorant, hateful, and having a biased, transphobic agenda. For example, a 47-year-old, White, mother of a 11-year-old trans child from Texas stated, "Listen to the medical experts! Educate yourself on what it means to be transgender. You cannot take away my parental right to treat my child because of ignorance or religious beliefs." Additionally, a 55-year-old, White, mother of a 19-year-old nonbinary youth from Oklahoma expressed anger toward the dismissal of scientific research and the presence of religious bias among these policymakers:

> I think these laws are at best misinformed, but at worst . . . disingenuous and hateful. I believe that the authors of these laws either cherry-pick their data, or ignore data that do not support their goals and beliefs. The science clearly shows that puberty-blockers are physically safe when monitored in a controlled situation, and the mitigate gender dysphoria, which often leads to anxiety, depression, and all too often, suicide.

Discussion

The purpose of the present study was to explore the impact of bans on gender-affirming care on TGD youth according to their parental figures, and advice from parental figures to policymakers. While recent research has begun to document the negative impact of the unprecedented increase in antitransgender legislation being passed (Abreu, Sostre, et al., 2021; Human Rights Campaign, 2018; Lee, 2017), to the authors' knowledge this is one of the first studies to examine how parental figures perceive that bans on gender-affirming care impact their TGD child.

Parental figures in this study indicated that their TGD child has experienced increased negative mental health concerns as a result of passing or introducing these laws and bills. The mental health struggles mentioned were increased suicidality, depression, anxiety, and gender dysphoria. In addition, our findings show that parental figures with underage children (17 years or younger) were significantly more impacted and more likely to endorse that their child was struggling with negative mental health outcomes than parental figures whose children were of legal age (18 years or older) as a result of these antitransgender laws. While these findings support current research about the impact of oppressive laws on TGD individuals (Abreu, Gonzalez, et al., 2021; Lee, 2017), this study adds to research by specifically naming the impact that current laws and bills prohibiting transgender-affirming care have on TGD children and their families. Additionally, participants discussed how these bans would result in decreased safety for their TGD child in terms of trans-specific violence, discrimination, and physical health. Although current research has documented the impact of antitransgender federal laws and policies, discrimination, and violence on TGD people (e.g., Abreu, Gonzalez, et al., 2021; Lee, 2017), and TGD youth specifically (e.g., Abreu & Kenny, 2017; Kosciw et al., 2020), our findings uniquely contribute to research. Specifically, this study adds to this body of literature by documenting the direct impact that antitransgender laws and policies have on medical care for TGD youth. Additionally, while the majority of the research on gender-affirming care focuses on the barriers the transgender community faces in accessing care (e.g., Clark et al., 2018; Puckett et al., 2017), most studies either passively mention or completely ignore the impact that antitransgender laws and bills have not only on TGD youth but on their family.

This study gives voice to the families directly impacted by these transphobic laws and highlights what they wish legislators knew. Parental figures in our study asked why transgender health care have now become a political issue when other medical decisions are typically left up to medical experts and patients. Participants also described the discriminatory nature of these laws and asked legislators to educate themselves on the empirical research that shows gender-affirming medical care is life-saving. This is among one of the first studies to ask parental figures, who have the most knowledge about the experiences of their TGD child, about specific actions that legislators need to take to protect TGD children. We hope that highlighting the voices of those impacted by these laws and bills can help legislators realize the role that they can play in advocating for TGD children and their families.

Strengths, Limitations, and Recommendations for Future Research

This study is among the first ones to explore real-time antitransgender laws and bills and their impact on TGD children and their parental figures. Also, to the authors' knowledge, this is among one of the first studies where parental figures are directly asked to provide comments and feedback to legislators about the effects of these laws and bills on the well-being of their TGD child and their family. This is important because while politicians and proponents of these laws and policies claim to be acting in the best interest of children (Chandler, 2021), our study documents the negative impact of these laws and provides advice to legislators from those who are responsible for the everyday care and well-being of TGD children (i.e., parental figures).

It is important to discuss the limitations of this study. This study used a qualitative approach, so the results cannot be generalized to all TGD children and/or their parental figures. Additionally, the participants of this study were parental figures of TGD youth and not the TGD youth themselves. Future studies should document the experiences and reactions to these antitransgender laws and bills with a sample of TGD youth. Furthermore, the majority of participants were White mothers and the demographic questions did not capture the TGD child's own racial and ethnic identity, missing a

unique opportunity to highlight the experience of parental figures of color and parental figures caring for TGD children of color. Future research should center the experiences of TGD parental figures and children of color and explore how cultural values and beliefs exacerbates and/or buffers the impact of this antitransgender legislation on TGD parental figures and children of color. This is important because research has shown that people of color use culture-specific strategies (e.g., *familismo*; Moore & Brainer, 2013) to cope with systemic oppression. Finally, participants in the study lived in different regions of the United States Future research should assess differences in outcomes for TGD children who live in regions where these laws and bills are in effect versus those who live in regions where these laws and bills have not been introduced.

Implications for Practitioners and Public Policy

Mental health practitioners need to stay informed about current legal attacks and threats to the TGD community in order to best serve their TGD clients. The findings from this study can be used by mental health practitioners to educate their clients and help them process their emotional reactions to these antitransgender laws and bills. Parental figures may also be influenced by such legislation and reject or restrict their child's gender identity or expression. It is important that mental health practitioners educate and work with parental figures to help them best support their child. Furthermore, as a result of the impacts of these antitransgender laws and bills, TGD children and their families have been sought out to testify and advocate on public forums on behalf of their child, themselves, and the rights of the TGD community overall (see Temming, 2021). This has "outed" many TGD children and their families, increasing negative psychological outcomes such as stress, anxiety, and depression for TGD children and their families (see review in Abreu, Sostre, et al., 2021). Practitioners can play a crucial role in preparing parental figures and TGD youth before and after engaging in these public appearances and provide a safe space to process their feelings. For example, in line with principles of liberation psychology (see Martín-Baró, 1994), clinicians can create safe spaces where TGD children and their parental figures feel welcome to share their testimonios (testimonies) about their journey toward advocacy, resistance, and healing (see review in Abreu, 2021).

It is crucial that mental health practitioners advocate against these bills and for increased protections for TGD people. Advocacy can look like educating others about these bills, petitioning or protesting them, and joining larger organizational efforts that condemn these laws. For example, because many of these state policies define affirmative medical care for TGD youth as child abuse, mental health professionals may find themselves in an ethical conflict when providing services to TGD children and their families; and specifically for parental figures of TGD children under the age 18. Although it is unclear from the antitransgender laws being passed exactly how should mental health providers handle the conflict between supporting TGD children and their families in accordance with current standards of care versus legal requirements, it is crucial for mental health providers to become intimately aware of what constitutes child abuse in their state (see review in Kenny et al., 2018), the Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (Coleman et al., 2012), and mental health organizations' guidelines for working with transgender people (e.g., American Psychological Association, 2015). To take these recommendations a step further, we pose that it is not only the ethical responsibility of mental health providers to oppose these bills, but their duty to engage in acts of civil disobedience to protect TGD people and their families (see Flynn et al., 2021 for a review). Using this information, mental health professionals would be able to have research-based evidence to advocate for TGD children and their families.

In terms of involvement in public policy, parental figures have reported engaging in activism and advocacy as a way of coping with the negative mental health impacts caused by these laws and bills (Abreu, Sostre, et al., 2021). In addition, parental figures of TGD children are not only becoming more publicly vocal about the dangers of these laws and bills but are also connecting with other families to provide emotional support and to strategize ways to defeat these laws and bills as a collective (Andrew, 2021; Temming, 2021). Furthermore, reports show that many parental figures of TGD children have used national platforms to speak against these laws and bills such as using popular media such as TEDx Talk (Andrew, 2021).

Conclusion

TGD youth and their families continue to be negatively impacted due to proposed and passed antitransgender laws and bills. This study shed light on different ways in which TGD youth are being affected by these bills according to their parental figures, including increased depression, suicidal ideation, anxiety, stigma, and gender dysphoria, decreased safety, and lack of access to medical care. In addition, participants provided direct feedback to legislators about ways in which they can be advocates such as not making transgender health a political issue, decriminalizing gender-affirming medical care, decreasing discrimination and violence against transgender people, and educating themselves on transgender health-care issues. This article extends a call to mental health practitioners to engage in individual (e.g., help TGD you and their parental figures emotional reactions) and systemic interventions (e.g., practice civil disobedience) in order to provide support and advocate for TGD youth and their families.

References

Abreu, R. L. (2021). Centering Black queer people in our journey toward collective healing: From clinical implications to liberation. *Psychology of Sexual Orientation and Gender Diversity*, *8*(3), 380–381. https://doi.org/10.1037/sgd0000540

Abreu, R. L., Gonzalez, K. A., Lindley, L., Capielo Rosario, C., Lockett, G. M., & Teran, M. (2021). "Why can't I have the office jobs?" Immigrant Latinx transgender peoples' experiences with seeking employment. *Journal of Career Development*. Advance online publication. https://doi.org/10.1177/08948453211062951

Abreu, R. L., & Kenny, M. C. (2017). Cyberbullying and LGBTQ youth: A systematic literature review and recommendations for prevention and intervention. *Journal of Child and Adolescent Trauma*, *11*, 81–97. https://doi.org/10.1007/s40653-017-0175-7

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*, 461–485. https://doi.org/10.1080/1550428X.2019.1656132

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., & Matsuno, E. (2021). "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. *Psychology of*

Sexual Orientation and Gender Diversity. Advance online publication. https://doi.org/10.1037/sgd0000495

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864. https://doi.org/10.1037/a0039906

Andrew, S. (2021). Four parents of transgender boys on the challenges and joys of raising their sons in a world that can be hostile. *CNN*. https://edition.cnn.com/2021/07/25/us/parents-of-transgender-children-joy-wellness-trnd/index.html

Austin, A., Craig, S. L., D'Souza, S., & McInroy, L. B. (2020). Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/0886260520915554

Bandini, E., & Maggi, M. (2014). Transphobia. In G. Corona, E. A. Jannini, & M. Maggi (Eds.), *Emotional, physical and sexual abuse: Impact in children and social minorities* (p. 49–59). Springer International Publishing.

Barron, C., & Capous-Desyllas, M. (2017). Transgressing the gendered norms in childhood: Understanding transgender children and their families. *Journal of GLBT Family Studies*, *13*, 407–438. https://doi.org/10.1080/1550428X.2016.1273155

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, *13*(1), 68–75.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the U.S. transgender population. *American Journal of Public Health*, *103*, 943–951. https://doi.org/10.2105/AJPH.2013.301241

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

Braun, V., & Clarke, V. (2013). *Successful qualitative research*. Sage Publications.

Braun, V., & Clarke, V. (2016). (Mis) conceptualising themes, thematic analysis, and other problems with Fugard and Potts'(2015) sample-size tool for thematic analysis. *International Journal of Social Research Methodology*, *19*(6), 739–743. https://doi.org/10.1080/13645579.2016.1195588

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.

Bull, B., & D'Arrigo-Patrick, J. (2018). Parent experiences of a child's social transition: Moving beyond the loss narrative. *Journal of Feminist Family Therapy*, *30*, 170–190. https://doi.org/10.1080/08952833.2018.1448965

Chandler, K. (2021). *Alabama senate approves treatment ban for trans kids*. U.S. News and World Report.

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

Clark, B. A., Veale, J. F., Greyson, D., & Saewyc, E. (2018). Primary care access and foregone care: A survey of transgender adolescents and young adults. *Family Practice*, *35*, 302–306. https://doi.org/10.1093/fampra/cmx112

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K., Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R., Karasic, D. H., … Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *The International Journal of Transgenderism*, *13*(4), 165–232. https://doi.org/10.1080/15532739.2011.700873

de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, *134*, 696–704. https://doi.org/10.1542/peds.2013-2958

Fish, J. N., & Russell, S. T. (2020). Sexual orientation and gender identity change efforts are unethical and harmful. *American Journal of Public Health*, *110*(8), 1113–1114. https://doi.org/10.2105/AJPH.2020.305765

Flynn, A. W. P., Domínguez, S., Jr., Jordan, R. A. S., Dyer, R. L., & Young, E. I. (2021). When the political is professional: Civil disobedience in psychology. *American Psychologist*, *76*(8), 1217–1231. https://doi.org/10.1037/amp0000867

Fontanari, A. M. V., Vilanova, F., Schneider, M. A., Chinazzo, I., Soll, B. M., Schwarz, K., Lobato, M. R., & Brandelli Costa, A. (2020). Gender affirmation is associated with transgender and gender nonbinary youth mental health improvement. *LGBT Health*, *7*, 237–247. https://doi.org/10.1089/lgbt.2019.0046

Gerson, J. (2020). A Georgia lawmaker wants to make treatments for transgender kids a felony, but doctors say that could put lives at risk. *Insider*. https://www.insider.com/transgender-treatment-felony-under-new-georgia-bill

Giorgi, A. (1985). *Phenomenology and psychological research*. Duquesne University Press.

Gilbert, K. R. (2001). *The emotional nature of qualitative research*. CRC Press.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M., (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. National Center for Transgender Equality and National Gay and Lesbian Task Force.

Gridley, S. J., Crouch, J. M., Evans, Y., Eng, W., Antoon, E., Lyapustina, M., Schimmel-Bristow, A., Woodward, J., Dundon, K., Schaff, R. N., McCarty, C., Ahrens, K., & Breland, D. J. (2016). Youth and caregiver perspectives on barriers to gender-affirming health care for transgender youth. *The Journal of Adolescent Health*, *59*, 254–261. https://doi.org/10.1016/j.jadohealth.2016.03.017

Haas, A. P., Rodgers, P. L., & Herman, J. (2014). *Suicide attempts among transgender and gender nonconforming adults*. Williams Institute, UCLA.

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*, *100*, 452–459. https://doi.org/10.2105/AJPH.2009.168815

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology, Research and Practice*, *43*, 460–467. https://doi.org/10.1037/a0029597

Hughto, J. M. W., Gunn, H. A., Rood, B. A., & Pantalone, D. W. (2020). Social and medical gender affirmation experiences are inversely associated with mental health problems in a U.S. non-probability sample of transgender adults. *Archives of Sexual Behavior*, *49*, 2635–2647. https://doi.org/10.1007/s10508-020-01655-5

Human Rights Campaign. (2018). *Despite onslaught of anti-LGBTQ bills, equality moving forward in states across the nation.* https://www.hrc.org/news/despite-onslaught-of-anti-lgbtq-bills-equality-moving-forward-in-states-acr

Human Rights Campaign. (2020). *Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2020*. https://www.hrc.org/resources/violence-against-the-trans-and-gender-non-conforming-community-in-2020

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. National Center for Transgender Equality.

Johnson, C. (2017). *LGBT page zapped from Trump WhiteHouse website.-Washington Blade*. https://www.washingtonblade.com/2017/01/20/lgbt-page-zapped-trump-white-house-website/

Kenny, M. C., Abreu, R. L., Helpingstine, C., Lopez, A., & Mathews, B. (2018). Counselors' mandated responsibility to report child maltreatment: A review of US laws. *Journal of Counseling and Development*, *96*(4), 372–387. https://doi.org/10.1002/jcad.12220

Kleintop, L. K. (2019). When transgender employees come out: Perceived support and cultural change in the transition process. *Journal of Business Diversity*, *19*, 55–67.

Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). *The 2019 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. GLSEN.

Kramer, J., Rubin, A., Coster, W., Helmuth, E., Hermos, J., Rosenbloom, D., Moed, R., Dooley, M., Kao, Y. C., Liljenquist, K., Brief, D., Enggasser, J., Keane, T., Roy, M., & Lachowicz, M. (2014). Strategies to address participant misrepresentation for eligibility in Web-based research. *International Journal of Methods in Psychiatric Research*, *23*(1), 120–129. https://doi.org/10.1002/mpr.1415

LeCompte, M. D., & Goetz, J. P. (1982). Problems of reliability and validity in ethnographic research. *Review of Educational Research*, *52*, 31–60. https://doi.org/10.3102/00346543052001031

Lee, M. (2017). *A time to act: Fatal violence against transgender people in America 2017*. Human Rights Campaign.

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist*, *73*, 26–46. https://doi.org/10.1037/amp0000151

Lindley, L., & Galupo, M. P. (2020). Gender dysphoria and minority stress: Support for inclusion of gender dysphoria as a proximal stressor. *Psychology of Sexual Orientation and Gender Diversity*, *7*, 265–275. https://doi.org/10.1037/sgd0000439

Martín-Baró, I. (1994). *Writings for a liberation psychology*. Harvard University Press.

Matsuno, E., & Israel, T. (2021). The parent support program: Development and acceptability of an online intervention aimed at increasing supportive behaviors among parents of trans youth. *Journal of GLBT Family Studies*, *19*(6), 1–19. https://doi.org/10.1080/1550428X.2021.1991541

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

Moore, M., & Brainer, A. (2013). Race and ethnicity in the lives of sexual minority parents and their children. In A. E. Goldberg & K. R. Allen (Eds.), *LGBT-parent families: Innovations in research and implications for practice* (pp. 133–148). Springer. https://doi.org/10.1007/978-1-4614-4556-2_9

Murad, M. H., Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Horumon To Rinsho*, *72*, 214–231. https://doi.org/10.1111/j.1365-2265.2009.03625.x

Nahata, L., Quinn, G. P., Caltabellotta, N. M., & Tishelman, A. C. (2017). Mental health concerns and insurance denials among transgender adolescents. *LGBT Health*, *4*, 188–193. https://doi.org/10.1089/lgbt.2016.0151

Peterson, C. M., Matthews, A., Copps-Smith, E., & Conard, L. A. (2016). Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria. *Suicide and Life-Threatening Behavior*, *47*, 475–482. https://doi.org/10.1111/sltb.12289

Pozzar, R., Hammer, M. J., Underhill-Blazey, M., Wright, A. A., Tulsky, J. A., Hong, F., Gundersen, D. A., & Berry, D. L. (2020). Threats of bots and other bad actors to data quality following research participant recruitment through social media: Cross-sectional questionnaire. *Journal of Medical Internet Research*, *22*(10), Article e23021. https://doi.org/10.2196/23021

Puckett, J. A., Cleary, P., Rossman, K., Newcomb, M. E., & Mustanski, B. (2017). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy*, *15*, 48–59. https://doi.org/10.1007/s13178-017-0295-8

Reck, J. (2009). Homeless gay and transgender youth of color in San Francisco: "No one likes street kids"—Even in the Castro. *Journal of LGT Youth*, *6*, 223–242. https://doi.org/10.1080/19361650903013519

Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *The Journal of Adolescent Health*, *56*, 274–279. https://doi.org/10.1016/j.jadohealth.2014.10.264

Riggle, E. D. B., Rostosky, S. S., & Reedy, C. S. (2005). Online surveys for BGLT research: Issues and techniques. *Journal of Homosexuality*, *49*(2), 1–21. https://doi.org/10.1300/J082v49n02_01

Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, *12*, 465–487. https://doi.org/10.1146/annurev-clinpsy-021815-093153

Sandler, R. (2021). *Arkansas passes anti-trans health care bill after lawmakers override veto*. Forbes. https://www.forbes.com/sites/rachelsandler/2021/04/06/arkansas-passes-anti-trans-health-care-bill-after-lawmakers-override-veto/?sh=3338c4cc26fa

Sellers, M. D. (2018). Absent inclusion polices: Problems facing homeless transgender youth. *Public Integrity*, *20*, 625–639. https://doi.org/10.1080/10999922.2018.1446629

Simons, L., Schrager, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *The Journal of Adolescent Health*, *53*, 791–793. https://doi.org/10.1016/j.jadohealth.2013.07.019

Stevens, J., Gomez-Lobo, V., & Pine-Twaddell, E. (2015). Insurance coverage of puberty blocker therapies for transgender youth. *Pediatrics*, *136*(6), 1029–1031. https://doi.org/10.1542/peds.2015-2849

Temming, M. (2021). *Gender-affirming care improves mental health for transgender youth*. Science News. https://www.sciencenews.org/article/transgender-youth-mental-health-gender-affirming-care-laws

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*, 65–77. https://doi.org/10.1037/sgd0000081

Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology, Research and Practice*, *43*(5), 452–459. https://doi.org/10.1037/a0029604

Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). Mental health disparities among Canadian transgender youth. *The Journal of Adolescent Health*, *60*, 44–49. https://doi.org/10.1016/j.jadohealth.2016.09.014

Wax-Thibodeaux, E., & Schmidt, S. (2020). *Republican state lawmakers push bills to restrict medical treatments for transgender youths*. Washington Post. https://www.washingtonpost.com/national/republican-state-lawmakers-push-bills-that-restrict-medical-treatments-for-transgender-youth/2020/01/22/7cbdf6ca-3948-11ea-9541-9107303481a4_story.html

White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science and Medicine*, *147*, 222–231. https://doi.org/10.1016/j.socscimed.2015.11.010

Wilson, E. C., Chen, Y.-H., Arayasirikul, S., Raymond, H. F., & McFarland, W. (2016). The impact of discrimination on the mental health of trans* female youth and the protective effect of parental support. *AIDS and Behavior*, *20*, 2203–2211. https://doi.org/10.1007/s10461-016-1409-7

Received June 19, 2021
Revision received February 7, 2022
Accepted February 25, 2022 ■