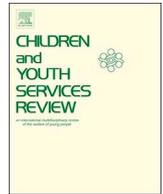




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Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Barriers to adoption and foster care and openness to child characteristics among transgender adults

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ARTICLE INFO

Keywords:

Adoption
Discrimination
Foster care
Gay
Hard to place
Lesbian
Transgender
Trans

ABSTRACT

Purpose: This exploratory study reports findings from 448 transgender (trans) adults, 774 cisgender sexual minority men (CSMM), and 1514 cisgender sexual minority women (CSMW) in the United States, all of whom indicated an openness to adopting/fostering. Specifically, it reports trans adults' fears of discrimination and openness to child characteristics in the adoption/foster care process, relative to cisgender sexual minority parents.

Methods: An online survey was distributed by Clark University and the Human Rights Campaign (HRC), with the goal of understanding LGBTQ individuals' attitudes, perceptions, and experiences related to adoption and foster care.

Results: Trans adults reported more fears of discrimination regarding gender expression, gender identity, finances, and social support than CSMM and CSMW. Trans participants and CSMW expressed fewer fears of discrimination related to sexual orientation and more fears about mental health-related discrimination than CSMM. Trans adults were more open to children over 12, with behavior problems, with a mental health diagnosis, and who are trans, than CSMM and CSMW. Trans adults and CSMW were more open than CSMM with regard to a sibling group, as well as children of color, with a physical disability, and who are LGBTQ.

Conclusion: Trans prospective adopters/foster carers experience heightened fears surrounding potential barriers to adopting and fostering, but also demonstrate remarkable willingness to adopt "hard to place" children (i.e., children that have been historically overrepresented in the child welfare system). Adoption professionals should seek to support them in their efforts to become parents, while also ensuring that they have the resources needed to be successful.

1. Introduction

Gender minorities (e.g., transgender, or trans, people) have historically faced significant stigma in the dominant U.S. culture (Worthen, 2013). Although gender minorities and sexual minorities (e.g., lesbian, gay, bisexual, and queer [LGBQ] people) are often "lumped" together (Galupo, Ramirez, & Pulice-Farrow, 2017), research suggests that in general, attitudes toward gender minorities are more negative than attitudes toward sexual minorities (Worthen, 2013)—and this negativity extends to trans people becoming parents or parenting (Downing, 2013), which is notable given that many trans individuals do wish to have children (De Roo, Tilleman, T'Sjoen, & De Sutter, 2016).

Societal negativity toward trans parents is evidenced by the very harsh public response to "out" trans parents, such as Thomas Beatie (better known as the "pregnant man"; Ryan, 2009), as well as the proliferation of myths that children of trans parents will show greater gender-related difficulties, emotional/behavioral challenges, and peer problems (despite research to the contrary; for a review, see Stotzer, Herman, & Hasenbush, 2014). Amidst this landscape of stigma and negativity, it is reasonable to believe that gender minorities might expect or perceive greater barriers to becoming parents than cisgender sexual minorities.

Indeed, according to gender minority stress theory (GMST; Testa, Habarth, Peta, Balsam, & Bockting, 2015), trans people experience a variety of gender identity-related stressors, such as gender-related

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<https://doi.org/10.1016/j.childyouth.2019.104699>

Received 6 October 2019; Received in revised form 15 December 2019; Accepted 16 December 2019

Available online 21 December 2019

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discrimination, rejection, and victimization, which can have negative impacts on their physical and mental health—and also result in greater expectations of these events occurring in the future (Testa et al., 2015). In fact, even the expectation of encountering stigma has been linked to psychological distress (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Rood et al., 2016). Amidst strong desires to parent (De Roo et al., 2016), but also frequent experiences (and thus expectations) of discrimination in a range of settings (James et al., 2016; Reisner et al., 2015), trans people may experience barriers to parenthood, in part because of real or perceived barriers related to their gender identity (Tornello & Bos, 2017).

1.1. Trans people's routes to parenthood

Some research suggests that some trans adults strongly wish to create a child who is genetically related to them (Tornello & Bos, 2017; Tornello, Riskind, & Babic, 2019),¹ but may also recognize this as unachievable for themselves personally, noting a range of reproductive, financial, and stigma-related barriers (which constitute minority stressors) that might ultimately lead them to consider other options, such as adoption (Tornello & Bos, 2017). Other research has demonstrated notable openness among trans adults in regards to parenting route, with two-thirds of trans adults in one Australian study stating that a genetic relationship to a child was not important to them, with most noting a preference for becoming parents via adoption or foster care (Riggs & Bartholomaeus, 2018). Significantly, trans research participants often indicate that they would like the *option* to have a genetically-related child (i.e., they believe that fertility preservation options should be available to trans people) but espouse an openness to or preference for adoption/foster care when considering their own parenthood pursuits (Riggs & Bartholomaeus, 2018; Tornello & Bos, 2017).

Studies that have found a strong preference for genetically-related children included trans parents who were often older, had genetically-related children, and became parents prior to transitioning (Tornello et al., 2019). A shift towards greater interest in and valuing of adoptive/foster parenthood is evident in studies of trans people who are not yet parents (e.g., most participants in Riggs & Bartholomaeus, 2018) and studies of trans youth and young adults (Chen et al., 2018; Chiniara, Viner, Palmert, & Bonifacio, 2019; Nahata, Tishelman, Caltabellotta, & Quinn, 2017), who show high levels of interest in adoption and foster care and place less priority on genetic parenthood. Indeed, although many trans youth think that they may want to become parents, this is often not their primary concern when medically transitioning and contemplating fertility preservation; and, in addition, many feel that adoption or foster care would be acceptable means to becoming parents (Chen et al., 2018; Chiniara et al., 2019; Nahata et al., 2017). In one study of 156 trans adolescents, 70.5% of participants were interested in adoption and 35.9% in genetic parenthood (Chen et al., 2018). In another study of 79 Canadian trans adolescents, two-thirds wanted to be a parent, but most did not envision having a genetically-related child: a large majority (72% of those assigned female at birth, 80% of those assigned male at birth) were open to adoption (Chiniara et al., 2019).

There are a number of reasons why trans people may seek to become parents via adoption or foster care, rather than pursuing genetic parenthood. First, genetic parenthood may be challenging reproductively (Dickey, Ducheny, & Ehrbar, 2016) and psychologically (Tornello & Bos, 2017). In a study of trans adults without children, for example, transgender men were more likely to see the process of carrying a pregnancy as detrimental to their gender transition and well-being (Tornello & Bos, 2017), resulting in their tendency to view adoption and foster care as more ideal parenting options. In addition to reproductive and psychological challenges, trans people may be

“preferential adopters,” drawn to adoption and foster care specifically because of a desire to give back and/or help children in need, as research on sexual minority adopters has found (Downing, Richardson, Kinkler, & Goldberg, 2009; Goldberg, 2012; Mallon, 2011). In fact, in their study of 32 trans adults, Tornello and Bos (2017) found that one-quarter of their sample was interested in foster care or adoption precisely for these altruistic reasons.

Research on the barriers that trans people perceive in their efforts to become parents has focused predominantly on trans people who pursued genetic parenthood, as opposed to adoption or foster care. In a study of 13 Australian trans parents and non-parents, von Doussa, Power, and Riggs (2015) documented both positive and negative experiences with health care and reproductive care among participants. Gender minority stressors were salient for these participants: indeed, negative experiences often centered on stigma and lack of understanding by providers. In a study conducted in Canada, the majority of trans participants described their overall experiences with assisted reproductive services as negative, noting, for example, providers' cisnormative and heteronormative assumptions (e.g., assuming that all people are cisgender and heterosexual) and being denied services because of their gender identity (James-Abra et al., 2015). Such experiences may reinforce fears about health care-related discrimination (Testa et al., 2015), resulting in future avoidance of health care institutions (Reisner et al., 2015).

Research on sexual minority parents has documented similar barriers in both reproductive (Goldberg, 2006; Rank, 2010) and adoption (Goldberg, Downing, & Sauck, 2007; McKay, Ross, & Goldberg, 2010) services. In regards to reproductive care, sexual minority women have described challenges in accessing fertility services and perinatal care, including explicit discrimination (e.g., being turned away for services), minimization of the non-pregnant partner's role as a parent, and heteronormative language, both written and verbal (see Gregg, 2018, for a review). In regards to adoption, sexual minorities have reported being held to a higher standard than heterosexual prospective adopters (McKay et al., 2010), being turned away without explanation (Goldberg, 2012; Goldberg et al., 2007), and facing explicit homophobia from adoption workers (Goldberg, 2012; Mallon, 2011)—despite their greater openness to and likelihood of adopting, compared to heterosexual people (Gates, 2013).

In part because they are less interested in genetic parenthood, and in part because they experience barriers to genetic parenthood, trans people who wish to become parents might be especially likely to consider adoption. Like sexual minorities, gender minorities can be viewed as an untapped resource for children in the child welfare system—both those who are in need of loving foster parents as well as those who are eligible for adoption and awaiting permanent placement in their “forever homes” (Downing, 2013; Perry, 2017). Yet even more so than their cisgender sexual minority counterparts, trans people may face challenges and barriers in the U.S. child welfare system—including heightened stigma regarding gender identities that fall outside the sex/gender binary that privileges cisgender (i.e., non-trans) people—and, consequently, discrimination that prevents them from fostering or legally adopting children (Farr & Goldberg, 2018; Perry, 2017).

1.2. Trans people and discrimination

Although there are no explicit legal prohibitions related to adoption and fostering in the U.S. for trans people at the time of this writing (Farr & Goldberg, 2018), trans people lack legal protection from discrimination they may face in the adoption and fostering process. Only five states plus DC prohibit discrimination against foster and adoptive parent applicants based on both gender identity and sexual orientation in their laws or regulations (and three states prohibit discrimination based on sexual orientation only), leaving trans people in most states vulnerable to additional scrutiny or denial simply for being trans (Movement Advancement Project, 2019). In addition, there are 10

¹ Studies were conducted in the United States unless otherwise noted.

states with so-called “religious freedom” laws that permit discrimination against prospective LGBTQ adoptive/foster parents on the basis of religious beliefs (Movement Advancement Project, 2019). Adoption agency professionals may also possess anti-trans stigma or biases that result in the denial of trans people’s applications or the sabotaging of potential placements (Goldberg, Frost, Miranda, & Kahn, 2019). Judges, who rule on the placement of a child in a particular home, may also possess biases that disadvantage trans applicants (Goldberg et al., 2019). Further, trans people may possess additional marginalized identities that enhance their risk for discrimination. Trans people are more likely to identify as people of color (Flores, Brown, & Herman, 2016), as well as to have a disability, lower incomes, and a history of employment discrimination (Houtenville & Boege, 2019; James et al., 2016). They are also less likely to endorse a religious or spiritual identity, possibly because they have been rejected from religious institutions (James et al., 2016). These additional factors could contribute to trans people’s experiences of discrimination by adoption agencies and child welfare professionals: indeed, research suggests that professionals’ judgments about a range of personal characteristics, including (dis)ability status, socioeconomic status, and relationship status, may have an impact on whether individuals are approved to adopt or foster a child (Connell, 2017; Hanan, 1997).

Although no research has explicitly examined discrimination of trans people in the adoption process, research in many other domains—including housing, health care, employment, and family courts—has documented heightened experiences of discrimination among trans people (Bradford, Reisner, Honnold, & Xavier, 2013; Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; Leppel, 2019; Minter, 2018). According to the 2015 U.S. Trans Survey (USTS), which surveyed over 27,000 trans people, one-sixth of respondents reported losing a job because of their gender identity or expression during their lifetime (James et al., 2016). One-third of respondents reported at least one negative experience with health care providers related to being trans. In line with these heightened experiences of stigma, trans people also report high levels of mental health distress, suicidality, and substance use. In the USTS, 39% of respondents were currently experiencing psychological distress—eight times the rate in the general U.S. population; and 40% reported having attempted suicide—nine times the rate in the general U.S. population. Finally, one-fourth of the respondents had used marijuana within the past month, compared to 8% of the U.S. population (James et al., 2016).

1.3. The current study

The current study, which uses online survey data from 2736 LGBTQ adults in the U.S. who were open to adopting a child through adoption or foster care, has several goals. First, we seek to gain insight into whether and to what degree transgender and gender nonconforming (herein referred to as trans) people perceive greater barriers and discrimination than cisgender sexual minority men (CSMM), and cisgender sexual minority women (CSMW) in the adoption process. Second, we seek to understand whether and to what degree trans people are open to “hard to place” children, compared to CSMM and CSMW, amidst evidence of openness to adoption and foster care among trans research participants (e.g., Riggs & Bartholomaeus, 2018; Tornello & Bos, 2017). By “hard to place”, we refer to children that have been historically overrepresented in the child welfare system, and have experienced barriers to permanent placement: namely, children of color, children with emotional, behavioral, or physical disabilities, children over 12, siblings, and LGBTQ youth, which aligns with how prominent child welfare organizations and researchers have conceptualized hard to place children (Child Welfare Information Gateway, 2019; Farmer & Dance, 2016; Human Rights Campaign, 2019). These particular child characteristics are also among those that many Americans view as rendering children less “adoptable,” according to national survey data (Dave Thomas Foundation for Adoption, 2017). Our findings hold

implications for agency professionals and policymakers who share the goal of ensuring that as many waiting children as possible are placed in healthy “forever” homes, and who recognize that trans people represent both an untapped resource and a highly vulnerable population with respect to child welfare and adoption organizations (Perry, 2017).

2. Method

2.1. Description of the sample

The total number of participants in the original study was 3853. Not all participants completed every question. We excluded all individuals from the dataset who identified as both heterosexual and cisgender ($n = 573$),² reducing the sample to 3280: 983 cisgender sexual minority men (CSMM), 1780 cisgender sexual minority women (CSMW), and 517 trans individuals. We further limited the dataset to prospective adoptive/foster parents (i.e., participants who indicated “yes” or “maybe” to the question, “Would you consider welcoming a child into their family through adoption or foster care sometime in the future?”; $n = 2776$, 84.6%). We further reduced the sample to those who had data on all study variables ($n = 2736$).

The participants in this sample ($n = 2736$), then, are all sexual and/or gender minorities who were open to considering foster care or adoption as a means of family building in the future. The sample included 774 male cisgender sexual minorities, 1514 female cisgender sexual minorities, and 448 trans adults, only 18 of whom (4.0%) identified as straight or heterosexual. Thus, consistent with prior research (e.g., Dargie, Blair, Pukall, & Coyle, 2014; James et al., 2016), most trans people were also sexual minorities. See Table 1 for a breakdown of race, partnership status, parental status, adoption/foster care vs. other family building routes (among parents/guardians), disability status, religiosity, income, employment status, and sexual orientation by group: trans, CSMM, and CSMW.

2.2. Procedure

The study was approved by the Clark University human subjects review board. Data were collected from October 2018 to February 2019 via an anonymous online survey hosted by Qualtrics that was designed to advance understanding of how LGBTQ people are navigating adoption and foster care processes. This survey was the result of a partnership between the Human Rights Campaign (HRC), a large LGBTQ organization, and Clark University. All respondents were able to read English, lived in the United States, self-identified as LGBTQ or part of an LGBTQ family, and were over the age of 18.

Participants were recruited through social media platforms such as Twitter, Facebook, Instagram, and Reddit, using pages that were LGBTQ focused. Some social media posts utilized paid ads, which were set to target LGBTQ people and make it more likely they would see the survey link. Ads included photos that depicted diverse groups of LGBTQ

² The original study had multiple aims. The first was to assess LGBTQ people’s experience with foster and adoption care. The second was to assess attitudes of non-LGBTQ people as they pertain to policies enabling LGBTQ discrimination in adoption. Thus, 573 non-LGBTQ individuals completed a separate branch of the survey to share their opinions. These individuals were not included in any analyses or demographic measures in this paper, for several reasons: (a) the paper’s goal was to examine the experiences and beliefs of LGBTQ adopters; (b) the inclusion of analyses of the cisgender heterosexual participants would complicate an already complex paper and set of analyses; (c) the cisgender heterosexual participants were not asked an identical set of questions, and thus cannot be directly compared to our sample on all items or questions; and (d) as cisgender heterosexual people responding to a survey sponsored by a major LGBTQ organization, which primarily focused on recruitment via LGBTQ-oriented social media pages and organizations, these individuals are likely not at all representative of heterosexual adopters and prospective adopters as a group.

Table 1
Demographics of Sample.

	Cisgender Sexual Min. Men (M, SD or N, %) n = 774	Cisgender Sexual Min. Women (M, SD or N, %) n = 1514	Trans (M, SD or N, %) n = 448
Age	33.62 (11.25)	33.06 (10.65)	28.16 (9.62)
Race			
White	614 (79.3%)	1331 (87.9%)	386 (86.2%)
Latinx/Hispanic	107 (13.8%)	145 (9.6%)	37 (8.3%)
Black/African American	32 (4.1%)	55 (3.6%)	13 (2.9%)
Am Indian/Alaska Native	16 (2.1%)	32 (2.1%)	14 (3.1%)
Asian	25 (3.2%)	38 (2.5%)	22 (4.9%)
Native Hawaiian/Pac Islander	4 (0.5%)	5 (0.3%)	8 (1.8%)
Middle Eastern/N. African	11 (1.4%)	7 (0.5%)	3 (0.7%)
Something else	18 (2.3%)	19 (1.3%)	17 (3.8%)
Person of Color (not White only)	196 (25.8%) ^b	281 (18.6%) ^a	98 (21.9%)
Partnership status			
Partnered	471 (60.9%) ^b	1091 (72.1%) ^{a, c}	256 (57.1%) ^b
Single/Separated	303 (39.2%)	423 (27.9%)	192 (42.9%)
Parent/Guardian via Adoption/Foster Care	160 (20.7%) ^b	621 (41.0%) ^{a, c}	84 (18.8%) ^a
via Adoption/Foster Care	110 (68.9%) ^{b, c}	308 (49.6%) ^a	41 (48.8%) ^a
Disability	60 (7.8%) ^c	163 (10.8%) ^c	105 (23.5%) ^{a, b}
Religious	386 (50.0%)	749 (49.5%)	172 (38.5%)
Income category ⁱ	4.46 (2.01) ^c	4.40 (1.82) ^c	3.34 (1.85) ^{a, b}
Employment			
Full-Time, Part-Time, Student	696 (89.9%)	1364 (90.1%) ^c	376 (83.9%) ^b
Unemployed/Retired	78 (10.1%)	150 (9.9%)	72 (16.1%)
Sexual Orientation			
Queer	12 (1.6%)	95 (6.3%)	113 (25.2%)
Bisexual	52 (6.7%)	426 (28.1%)	83 (18.5%)
Pansexual	9 (1.2%)	92 (6.1%)	70 (15.6%)
Lesbian	0	807 (53.3%)	79 (17.6%)
Gay	693 (89.5%)	44 (2.9%)	51 (11.4%)
Asexual	1 (0.1%)	17 (1.1%)	20 (4.5%)
Questioning/unsure	3 (0.4%)	19 (1.3%)	6 (1.3%)
Something else	4 (0.5%)	14 (0.9%)	8 (1.8%)
Heterosexual	0	0	18 (4.0%)

Notes. Race categories are not mutually exclusive. Age and sexual orientation differences by group not tested. Superscripts denote significant differences between groups, where a = CSMM, b = CSMW, and c = trans participants. ⁱ1 = < 15 K- 8 = 200 K+.

people and families with short messages about the survey. In some ads, the text referenced adoption and foster care specifically, whereas in others, the text was more general (e.g. “Calling all LGBTQ people! Take a survey from HRC and Clark University for a chance to win \$25”). Respondents were given the option to enter a random drawing for one of 20 Amazon.com gift cards. HRC also used a network of organizational partners to distribute the survey link via various networks and listservs.

2.3. Measures

The average time that participants in this subsample took to complete the survey was 15.21 minutes (*Mdn* = 6.82, *SD* = 166.20). The survey consisted of demographic questions, including questions about sexual orientation, gender, age, race/ethnicity, ability, employment, income, faith, and partnership status. Questions also assessed attitudes about adoption and foster care, fears of and experiences with various sources of discrimination at adoption agencies, and knowledge of state adoption and foster care laws. Our analysis focuses on two sets of closed-ended questions: namely, questions about fears of discrimination in the adoption or foster care process, and questions about openness to

various child characteristics. The first set of questions, then, can be seen as assessing potential barriers in the adoption/foster care process, whereas the second set helps to shed light on the degree to which trans adults, CSMM, and CSMW represent potential resources in placing hard to place children in particular.

2.3.1. Gender and sexual identity

We include in the larger umbrella “trans” individuals who answered “yes” to “are you transgender?” as well as individuals who endorsed any of the following gender identity options: agender, genderqueer, genderfluid, nonbinary, and gender questioning, or indicated (in a write-in option) another non-cisgender identity. Participants could endorse multiple gender identity categories. Some participants indicated they had another gender identity not listed. These included transman, transmasculine, bigender, demigirl, demiboy, androgynous, and femboy. We included all of these participants as well. By drawing on a more expansive definition of ‘trans’, we include individuals who have diverse non-cisgender gender identities, and for whom a more specific identity label than “transgender” more accurately described their gender. Our gender expansive category of trans, then, captures a broad and diverse group of participants who may be vulnerable to discrimination in the adoption and foster care process. Notably, trans participants often chose multiple gender options to describe themselves. The breakdown of gender identities endorsed by participants is presented in [Table 2](#).

Cisgender sexual minority men (CSMM) were men who identified as not being heterosexual (i.e., they identified as gay, bisexual, queer, pansexual, asexual, questioning, or some other identity) or trans. Cisgender sexual minority women (CSMW) were women who identified as not being heterosexual (i.e., they identified as lesbian, gay, bisexual, queer, pansexual, asexual, questioning or some other identity) or trans.

2.3.2. Fears of discrimination

Participants were presented with the query: “For which of the following reasons, if any, do you fear you may be discriminated against during the adoption or foster care process? Please select all that apply.” They were given a list of 16 options: sexual orientation, gender identity, gender expression, marital status, relationship status, family structure, race, age, religious/spiritual beliefs, finances, educational level, work schedule, mental health, health, substance use history, and social support. For each one, individuals indicated whether they were (1) or were not (0) fearful of discrimination in that domain.

Table 2
Gender Identity Breakdown of Trans Participants (categories not mutually exclusive).

	Trans (N, %) (448)
Trans	195 (43.5%)
Nonbinary	169 (37.7%)
Genderqueer	108 (24.1%)
Genderfluid	104 (23.2%)
Trans Man	103 (23.0%)
Trans Woman	100 (22.3%)
Questioning/Unsure	58 (12.9%)
Agender	28 (6.3%)
Another Term (e.g., femboy, bigender, demigender)	27 (6.0%)

Note. There were very few trans women who only identified as trans women. Most individuals who indicated that they identified as trans women also identified with at least one other nonbinary options: 31 identified as genderqueer, 21 as genderfluid, 20 as nonbinary, 18 as questioning or unsure, and four with another term. Among those individuals who identified as trans men, likewise, 18 identified as nonbinary, 13 as genderqueer, 11 as genderfluid, 10 as questioning or unsure, six with another term, and two as agender.

2.3.3. Openness to child characteristics

Participants were also presented with the question, “When thinking about welcoming a child, how likely are you to foster or adopt a child who...” and given a list of eight options (Dave Thomas Foundation for Adoption, 2017): is older than 12, is part of a sibling group, has a physical disability, has behavioral health challenges, has a mental health diagnosis, is a different race/ethnicity than you, is lesbian/gay/bisexual/queer, is transgender/gender expansive. For each of these items, they responded according to a seven-point scale: extremely likely, moderately likely, somewhat likely, neutral, not very likely, moderately unlikely, extremely unlikely. We recoded these to be dichotomous, such that extremely likely or moderately likely = 1 and everything else = 0, thus differentiating those with the greatest likelihood of actually pursuing an adoption of this type (i.e., those with at least moderate openness or willingness). Our rationale for this particular breakdown stems from theories of reasoned action (e.g., Fishbein & Ajzen, 1975), which indicate that attitudes impact intentions which strongly shape behavior; in turn, a relatively weak attitude (e.g., being somewhat willing to adopt a child over 12) would likely not translate to a stated intention (e.g., to an adoption agency) to adopt a child over 12. This rationale is also built on longitudinal research (Goldberg, 2020) illustrating how prospective adopters with vague or ambivalent openness to children with a particular characteristic (e.g., a child with prenatal drug exposure) were usually unlikely to adopt a child with that characteristic—unless they spent considerable time waiting for a placement, at which point they adjusted their stated adoption parameters.

2.4. Data analysis

Demographics: We tested for demographic differences among the three groups (trans, CSMM, and CSMW) on eight demographic variables: race, partnership status, parental status, parent/guardian via adoption/foster vs. other routes, disability status, religiosity, income, and employment status. We chose not to test for group differences on two demographic variables, age and sexual orientation, in order to reduce the number of overall tests—age because it was of limited substantive interest compared to other demographic variables (socio-economic status, marital status) that it typically correlates with, and sexual orientation because it would require a number of additional tests, given the multiplicity of categories (bisexual, queer, etc.). Given the categorical nature of the data, chi-square analyses were used to examine all variables, with the exception of income. ANOVA was used to test for group differences in income.

Analyses: Our main analyses examined whether trans people, in comparison to CSMM and CSMW, were 1) more likely to fear discrimination in various areas (e.g., financial status, mental health, gender identity) by adoption agencies/professionals, and 2) more likely to report greater openness to children with characteristics that often lead them to be considered hard to place (e.g., due to age, race, and mental health). Chi-square analysis was used, as all of the variables were categorical.

Given the large number of statistical tests conducted, it was necessary to use a Bonferroni correction. With statistical tests of group differences for 32 variables (eight demographics, 16 fear of potential discrimination, eight openness to specific child characteristics; independent variable: trans, CSMM, and CSMW groups), a Bonferroni correction of $p = .05/32 = 0.00156$ was used. Significant differences at $p < .00156$ were identified using the Bonferroni-Holm correction (in SPSS). In addition to providing an overall chi-square statistic and p-value, this procedure identifies significant differences between any two specific groups at the specified significance level, however it does not provide separate p-values for these comparisons.

3. Results

3.1. Basic demographics

For descriptive statistics of demographic information, see Tables 1 and 2. We examined group differences among the eight pertinent demographic variables by group status. Namely, we examined race and income, and whether they were single, parents, parents through adoption, disabled, religious, and employed. We found group differences with regard to being a person of color, $\chi^2(2736) = 14.35$, $p < .001$ (see Table 1). CSMM were more likely to be a person of color than CSMW, $p < .00156$, but not trans people: 196 (25.8%) CSMM were of color, versus 281 (18.6%) CSMW, and 98 (21.9%) trans people. There were also group differences in partnership status, $\chi^2(2736) = 49.66$, $p < .001$, with CSMW (1091, 72.1%) more likely to be partnered than CSMM (471, 60.9%) and trans individuals (256, 57.1%). Similar group differences were found with regard to parent/guardian status, $\chi^2(2736) = 139.07$, $p < .001$, with CSMW (621, 41.0%) being more likely to be a parent/guardian than CSMM (160, 20.7%) and trans individuals (84, 18.8%). When looking at parents only, there were group differences in having become a parent via adoption or foster care $\chi^2(865) = 19.41$, $p < .001$, whereby CSMM were more likely to have become parents through this route (110, 68.9%) than CSMW (308, 49.6%) and trans participants (41, 48.8%). Groups differed with regard to disability status, $\chi^2(2736) = 71.18$, $p < .001$, with trans individuals (105, 23.5%) being more likely than both CSMM (60, 7.8%) and CSMW (163, 10.8%) to have a disability. There were also differences in religiosity, $\chi^2(2736) = 18.78$, $p < .001$, whereby trans people (172, 38.5%) were less likely to report being religious than CSMM (386, 50.0%) and CSMW (749, 49.5%). And, there were differences in family income, $F(2, 2634) = 61.19$, $p < .001$. Trans adults had significantly lower incomes ($M = 3.34$, $SD = 1.85$) than CSMM ($M = 4.46$, $SD = 2.01$; $p < .001$) and CSMW ($M = 4.40$, $SD = 1.82$; $p < .001$). Finally, there were differences in employment status, $\chi^2(2736) = 14.33$, $p < .001$: Trans adults were more likely to be unemployed or retired than CSMW (72, 16.1% vs. 150, 9.9%).

3.2. Fears of discrimination

Fears surrounding types of discrimination were examined according to group status. That is, respondents were asked whether they feared discrimination due to a variety of factors: gender expression, age, race, religious/spiritual beliefs, educational level, finances, work schedule, marital status (married or not), relationship status (partnered or not), mental health, health, substance use history, social support, sexual orientation, and gender identity and expression. See Table 3 for the counts and percentages for each type of feared discrimination by group, with significant differences between groups noted (using the Bonferroni correction of $p < .00156$).

3.2.1. Demographics

Fear of discrimination due to finances differed by group, $\chi^2(2736) = 41.60$, $p < .001$. Trans adults experienced more fears about finance-related discrimination than both CSMM and CSMW, $p < .00156$: namely, 170 (37.9%) trans, 164 (21.2%) CSMM, and 392 (25.9%) CSMW reported fearing this type of discrimination. There were, however, no group differences in fear of discrimination related to age, race, religion/spirituality, education, employment/work schedule, or marital/relationship status.

3.2.2. Mental and physical well-being

Fear of discrimination due to mental health differed by group, $\chi^2(2736) = 136.71$, $p < .001$. CSMM were less likely to report fear surrounding mental health discrimination than both CSMW and trans

Table 3
Sources of Feared Discrimination and Openness to Child Characteristics.

	Cis Sexual Minority Men N (%) n = 774	Cis Sexual Minority Women N (%) n = 1514	Trans N (%) n = 448
Sources of Feared Discrimination			
Age	161 (20.8%)	293 (19.4%)	82 (18.3%)
Race	62 (8.0%)	117 (7.7%)	27 (6.0%)
Religion/spirituality	124 (16.0%)	293 (19.4%)	109 (24.3%)
Education	27 (3.5%)	46 (3.0%)	29 (6.5%)
Financial	164 (21.1%) ^c	392 (25.9%) ^c	170 (37.9%) ^{a, b}
Employment/work schedule	134 (25.3%)	307 (20.3%)	89 (19.9%)
Marital status	161 (20.8%)	339 (22.4%)	98 (21.9%)
Relationship status	182 (23.5%)	342 (22.6%)	135 (30.1%)
Mental health	73 (9.4%) ^{b, c}	301 (19.9%) ^{a, c}	166 (37.1%) ^{a, b}
Social support	67 (8.7%) ^c	138 (9.1%) ^c	72 (16.1%) ^{a, b}
Physical health	45 (5.8%)	117 (7.7%)	49 (10.9%)
Substance use history	22 (2.8%)	32 (2.1%)	14 (3.1%)
Sexual orientation	647 (83.6%) ^{b, c}	1118 (73.8%) ^a	316 (70.5%) ^a
Gender expression	33 (4.3%) ^c	94 (6.2%) ^c	239 (53.3%) ^{a, b}
Gender identity	19 (2.5%) ^c	66 (4.4%) ^c	268 (59.8%) ^{a, b}
Openness-Child Characteristics			
Child over 12	265 (34.2%) ^c	615 (40.6%) ^c	260 (58.0%) ^{a, b}
Sibling group	289 (37.3%) ^{b, c}	712 (47.0%) ^a	220 (49.1%) ^a
Race (different; only Whites ¹)	351 (60.7%) ^{b, c}	920 (74.6%) ^a	261 (74.6%) ^a
Mental health diagnosis	214 (27.6%) ^{b, c}	625 (41.3%) ^{a, c}	257 (57.4%) ^{a, b}
Behavior problems	189 (24.4%) ^{b, c}	492 (32.5%) ^{a, c}	197 (44.0%) ^{a, b}
Physical disability	161 (20.8%) ^{b, c}	467 (30.8%) ^a	207 (46.2%) ^a
LGBQ	512 (66.1%) ^{b, c}	1216 (80.3%) ^a	398 (88.8%) ^a
Trans	371 (47.9%) ^{b, c}	1038 (68.6%) ^{a, c}	388 (86.6%) ^{a, b}

Notes: ¹ Only White participants were included in these analyses: namely, 578 CSMM, 1233 CSMW, and 350 trans adults. Superscripts denote significant differences between groups, where a = CSMM, b = CSMW, and c = trans participants.

adults, $p < .00156$: namely, 73 (9.4%) CSMM reported fearing this type of discrimination, compared to 301 (19.9%) CSMW and 166 (37.1%) trans participants. Additionally, trans adults were more likely to report fear of discrimination related to mental health than CSMW. We also found group differences with regard to fear of discrimination due to social support, $\chi^2(2736) = 20.94, p < .001$. Trans adults reported more fears of discrimination related to social support than both CSMM and CSMW, $p < .00156$: 72 (16.1%) trans, 67 (8.7%) CSMM, and 138 (9.1%) CSMW feared this type of discrimination. Groups did not differ with regard to fear of discrimination due to physical health or substance abuse history.

3.2.3. Sexual orientation

Groups differed with regard to fear of discrimination due to sexual orientation, $\chi^2(2736) = 35.70, p < .001$. CSMM were more likely to fear this type of discrimination than both CSMW and trans persons, $p < .00156$: 647 (83.6%) CSMM, 1118 (73.8%) CSMW, and 316 (70.5%) trans adults reported fearing this type of discrimination.

3.2.4. Gender expression and identity

Fear of discrimination due to gender expression differed by group, $\chi^2(2736) = 740.31, p < .001$. Trans participants were more likely to fear this type of discrimination than both CSMM and CSMW, $p < .00156$: 239 (53.3%) trans, 33 (4.3%) CSMM, and 94 (6.2%) CSMW reported fearing this type of discrimination. Fear of discrimination due to gender identity also differed by group, $\chi^2(2736) = 1051.14, p < .001$. Trans participants were more likely to fear this type of discrimination than both CSMM and CSMW, $p < .00156$: 268 (59.8%) trans, 19 (2.5%) CSMM, and 66 (4.4%) CSMW feared this type of discrimination. It is interesting that any CSMM and CSMW endorsed fearing this type of discrimination, given that when asked directly, none of them self-identified as trans or reported another non-cisgender identity. Inspection of the data revealed some overlap in responses regarding fears of gender identity and gender expression related discrimination for cisgender men and women (e.g., 14 of 19 CSMM who feared gender identity discrimination also feared gender expression

discrimination; 29 of 66 CSMW who feared gender identity discrimination also feared gender expression discrimination), but not enough to suggest that they interpreted these questions identically.³

3.3. Openness to child characteristics

Also examined for group differences according to status was participants' openness (extremely or moderately likely, versus slightly likely, neutral, slightly unlikely, moderately unlikely, extremely unlikely) to fostering or adopting different types of children who are over-represented in the child welfare system and often considered less adoptable. Participants indicated how likely they were to adopt/foster a child older than 12, a sibling group, a child of a different race (among White participants⁴), a child with a mental health diagnosis, a child with behavioral problems, a child with a physical disability, an LGBQ child, and a trans child.

³ We suspect that at least some of these participants interpreted gender identity as gender: meaning, do you fear discrimination because you are a man or woman. Support for this possibility comes from the fact that the numbers of CSMM and CSMW who endorsed fears surrounding gender identity exceeded the numbers of those who endorsed fears surrounding gender expression. Additionally, it is important to note that many sexual minorities also do face gender expression-based discrimination: they often present as more gender-nonconforming in appearance and behaviors, compared to cisgender heterosexual people (e.g., Horn, 2019; Levitt, 2019). Alternatively, these findings might reflect a misreading or misinterpretation of the questions, or participants drawing a less strong or clear distinction between gender expression and identity than researchers.

⁴ Question wording only asked participants about their willingness to adopt a child "of a different race than you" as opposed to asking about their willingness to adopt children of specific races. In order to remain consistent with the framework of trans people as a resource to youth overrepresented in the child welfare system, we chose to restrict this one analysis to only White participants.

3.3.1. Demographics

Openness to a child over 12 differed by group, $\chi^2(2736) = 67.64$, $p < .001$, with trans respondents (260, 58.0%) being more likely to be extremely or moderately open than both CSMM (265, 34.2%) and CSMW (615, 40.6%), $p < .00156$. Openness to a sibling group also differed by group, $\chi^2(2736) = 25.81$, $p < .001$: CSMM (289, 37.3%) were less likely to be extremely or moderately open than CSMW (712, 47.0%) and trans respondents (220, 49.1%), $p < .00156$. Openness to a child of a different race differed, among White participants, $\chi^2(2161) = 39.52$, $p < .001$: CSMM (351, 60.7%) were less likely to be extremely or moderately open than both CSMW (920, 74.6%) and trans respondents (261, 74.6%), $p < .00156$.

3.3.2. Mental and physical well-being

Openness to a child with a mental health diagnosis differed by group, $\chi^2(2736) = 106.48$, $p < .001$. Trans participants (257, 57.4%) were more likely than CSMM (214, 27.6%) and CSMW (625, 41.3%) to be extremely or moderately open to a child with a mental health diagnosis, and CSMW were more likely to be extremely or moderately open to a child with a mental health diagnosis than CSMM, $p < .00156$. Similarly, openness to a child with behavioral health challenges differed by group, $\chi^2(2736) = 50.05$, $p < .001$. Trans adults (197, 44.0%) were more likely to be extremely or moderately open than both CSMM (189, 24.4%) and CSMW (492, 32.5%), and CSMW were more likely to be extremely or moderately open than CSMM, $p < .00156$. Finally, openness to a child with a physical disability differed by group, $\chi^2(2736) = 86.53$, $p < .001$. CSMM (161, 20.8%) were less likely than both CSMW (467, 30.8%) and trans participants (207, 46.2%) to be extremely or moderately open; and CSMW were less likely than trans adults to be extremely or moderately open, $p < .00156$.

3.3.3. Sexual orientation and gender identity

Groups differed in terms of openness to a child who is LGBTQ, $\chi^2(2736) = 97.67$, $p < .001$. Trans adults (398, 88.8%) were more likely than both CSMM (512, 66.1%) and CSMW (1216, 80.3%) to say that they were moderately or extremely likely to adopt/foster an LGBTQ child, and CSMW were more likely to indicate this than CSMM, $p < .0156$. There were also group differences in openness to a trans or gender expansive child, $\chi^2(2736) = 200.76$, $p < .001$. Trans adults (388, 86.6%) were more likely than both CSMM (371, 47.9%) and CSMW (1038, 68.6%) to say that they were moderately or extremely likely to adopt/foster a trans child, and CSMW were more likely to say this than CSMM, $p < .00156$.

4. Discussion

This study is one of the first to explore both barriers and possibilities for parenthood among trans individuals. We explored sources of perceived discrimination in the U.S. adoption/foster care system as well as openness to various characteristics of “hard to place” children in the adoption/foster care system. In turn, this study has implications for understanding how and in what ways trans people may be a valuable resource for children. It also sheds insight into the gender minority-related barriers that trans people anticipate from the child welfare and adoption systems, which may impact whether, how, and to whom they will become parents.

Regarding demographics, the current sample of trans adults in the U.S. was less likely to report a religious identity compared to trans adults in the USTS; namely, 39% versus 63% (James et al., 2016). They were also less likely to be a person of color (22% versus 38% in the USTS). They were, however, almost as likely to have a disability (23.5% compared to 28% in the USTS), slightly more likely to be currently not employed (16.1% compared to 15% in the USTS), and almost as likely to be single (49% compared to 43% in the USTS); and, likewise, a similar proportion of our participants were parents/guardians (18.8%

compared to 18% in the USTS; James et al., 2016). Thus, in some ways, our sample was similar and in other ways it was different from one of the largest samples of trans individuals in the U.S. studied to date.

Compared to the cisgender sexual minority men (CSMM) and women (CSMW) in the sample, trans participants were more likely to report being unemployed, being in a lower income bracket, and having a disability. This echoes prior work highlighting the socioeconomic disparities that trans people experience, such as lower rates of employment, lower income, and higher rates of disabilities—which reflect and represent consequences of the gender minority stress to which trans people are exposed (James et al., 2016). In addition, we found that CSMM were more likely to be in a relationship and be a parent, compared to CSMM and trans participants. Of those who were parents, CSMM were the most likely to have used adoption/foster care. These findings are important amidst the generally limited research on trans and sexual minority parent samples, which has been an impediment to our understanding of the intersections among gender, sexual orientation, and parenthood.

Turning to the findings for discrimination, trans participants typically reported more fears than both CSMM and CSMW. One notable exception was CSMM's greater likelihood of reporting fears related to sexual orientation—which might reflect these men's awareness of many adoption agencies' (and society's) tendency to distrust sexual minority men who wish to become parents, in part because of the erroneous and unsubstantiated conflation of male homosexuality and pedophilia (Jenny, Roesler, & Poyer, 1994). In order to understand why trans people report greater fears of discrimination in the vast majority of domains, it is useful to consider the large body of research documenting trans people's exposure to gender minority stress and its consequences, including heightened vulnerability to employment and health care discrimination (James et al., 2016; Reiser et al., 2015) and biases within the family court system (e.g., in the context of divorce and child custody disputes; Minter, 2018). Indeed, according to gender minority stress theory, trans people are exposed to gender identity-related stressors which impact their well-being and health; such experiences may create the expectation of similar experiences occurring in the future (Testa et al., 2015). Amidst a legacy of discrimination in institutions ranging from health care to courts to education, it is reasonable that trans people might assume that they would encounter similar experiences within the adoption and foster care systems.

Unsurprisingly, trans adults were more likely than other groups to fear discrimination related to gender identity and expression, but rates of feared discrimination (53% for expression, 60% for identity) were still lower than fears related to discrimination based on sexual orientation (71%). It is important to keep in mind that most trans individuals also identify as LGBTQ. Perhaps they expected sexuality to be a more salient consideration for social workers and agencies than gender identity, such as during the home study process (Mallon, 2011). It is also possible that participants were more open or “out” regarding their sexual orientation than their gender identity or expression (although outness was, notably, not examined in this study). Future research should further explore the reasons behind trans individuals' fears and experiences of discrimination surrounding sexual orientation as well as gender expression and identity.

In this study, trans individuals were also more likely to report concerns about mental health- and finance-related discrimination, which dovetails with the fact that they were (a) the most likely to report a disability, and (b) reported lower incomes compared to their cisgender sexual minority counterparts. Indeed, national data indicate that trans people report high levels of emotional distress, disabilities, and poverty (James et al., 2016), suggesting that participants' concerns are grounded in actual disparities that affect many trans people, including potential adoptive parents. It is important to emphasize that hopeful adoptive/foster parents do not need to be wealthy to be approved to adopt or foster children, but they are expected to demonstrate that they have enough money to provide financially for dependents in their care

(Considering Adoption, 2019; Mallon, 2011). Likewise, having a history of mental health difficulties does not by itself rule out the possibility that one can be approved to foster or adopt—although documentation is typically required (e.g., from a mental health professional or physician) that indicates that the prospective parent is emotionally and mentally capable of caring for children, and, if mental health issues are ongoing, that they are being treated (Considering Adoption, 2019). Trans individuals in particular may need more education on these issues than some other groups, because of their potential to occupy multiple marginalized statuses which may in turn discourage them from taking steps toward adopting or fostering.⁵ Significantly, trans people also reported more fears of discrimination regarding a lack of or insufficient social support, pointing to the possibility that trans people also experience legitimate challenges in this domain, and highlighting the need for adoption agencies to sensitively inventory existing support needs among trans prospective adopters, with the goal of offering specialized resources where needed. Providing additional support to trans adopters and their children will not only directly benefit individual families, but it will also indirectly benefit society: healthy families have the potential to be productive and powerful members of society.

Turning to the findings related to trans adults' openness to various child characteristics that are often associated with being "hard to place," it is notable that this group was generally the most open to all listed characteristics. Specifically, they were more open than cisgender sexual minority men with regard to adopting a sibling group, a child with a physical disability, a child of a different race (among White participants) and an LGBTQ child—but not more open than cisgender sexual minority women. They were more open than both cisgender sexual minority men and women in regards to adopting a child over 12, a child with a mental health diagnosis, a child with behavioral problems, and a trans child. Notably, cisgender sexual minority women were more open than their male counterparts with regard to all of these hard to place characteristics, with the exception of children over 12.

These findings highlight the potential of trans adults to serve as foster and adoptive parents for children who are both overrepresented and often considered less adoptable in the U.S. child welfare system (Dave Thomas Foundation for Adoption, 2017). For instance, nationally representative data reveal that sexual minority youth are overrepresented in foster care, child welfare services, and out-of-home placements as compared to their heterosexual counterparts (Fish, Baams, Wojciak, & Russell, 2019). In the Los Angeles foster care system alone, 19% of youth identified as LGBT (Wilson & Kastanis, 2015). Trans adoptive parents, the majority of whom are also sexual minorities, may provide a valuable support to these youth by being able to relate to and provide personal acknowledgment of these children's experiences and needs.

In general, trans people may be more open to hard to place children inasmuch as they choose adoption or foster care for altruistic reasons, seeing it as a way to "give back" to society (Riggs & Bartholomaeus, 2018; Tornello & Bos, 2017). But also, as predicted by gender minority stress theory, trans adopters are likely aware that they represent the most marginalized group of potential prospective adopters, and thus are likely to assume they will be deprioritized as potential parents—even more so than cisgender sexual minority women and men—thus necessitating an openness to a broad range of possible children. In this way, trans prospective adopters' openness to "hard to place" children must be viewed critically: rather than simply accepting and capitalizing on this willingness, practitioners in child welfare settings and other agencies that serve families must actively seek to dismantle the

heteronormative hierarchy of families that likely contributes to such willingness in the first place. Further, they must make every effort to ensure that "best fit" takes precedence over the destructive practice of trying to match the least desirable children to the least desirable applicants (Goldberg, 2012; Hicks, 2005).

Undoubtedly, trans individuals who do ultimately adopt or foster children with hard to place characteristics (e.g., over 12, mental health diagnosis) will need a great deal of support, highlighting the need for social service agencies to consider the inclusivity of their programming, outreach, and resources, in order to effectively attract, retain, and support trans foster carers and adopters. Again, our finding that trans adults were the most likely to voice concerns about discrimination about social support suggests that this may represent an area of subjective need and vulnerability, and one that agencies and professionals should seek to address with sensitivity.

4.1. Limitations

This study is exploratory, and the first of its kind. Therefore, although it provides some important findings, we recognize the limitations associated with the study, and hope that it will provide a platform for further research in this area.

Although the sample was relatively large, and captures elements of trans and cisgender sexual minority individuals' experiences that have not been studied in depth in prior work—namely, fears of discrimination and openness to child characteristics—the sample was still predominantly White: indeed, fewer trans participants were of color than in the USTS (James et al., 2016). Further, our reliance on social media channels for a web-based survey resulted in a sample biased toward participants with internet access, stable housing, and time to take the survey. The use of social media advertising can often fail to reach many trans people, particularly trans people of color and/or with very limited incomes. Furthermore, our sample may have been biased in other ways as well, such as towards individuals who were in need of financial compensation, or individuals with more extreme (e.g., negative or positive) perceptions or experiences of the U.S. adoption/foster care system and/or process.

The survey questions themselves may also have resulted in the underrepresentation of certain groups of trans and, more broadly, LGBTQ people. By requiring someone to identify as a member of the LGBTQ community to participate in a survey, we may have failed to reach those who are not yet comfortable with their LGBTQ identity. Many sampling techniques cater to LGBTQ people who are the most visibly "out," failing to reach those who may feel unsafe or unable to disclose their sexual orientation and/or gender identity and other personal information. We did make a conscious effort to mitigate the impact of these limitations by diversifying our recruitment strategies, involving a variety of other organizations as partners in outreach, and using sensitive question wording. Future work should perhaps employ other methods, such as drawing on organizations geared towards LGBTQ people of color, trans communities, and/or possibly using targeted ads (e.g., Facebook boosts) for certain underrepresented communities.

Because of the complexity of our analyses and research questions, as well as sample size limitations, we treated trans participants as a homogenous group, and did not explore heterogeneity within this group in terms of sexual identity, gender assigned at birth, and specific gender identities (e.g., nonbinary, genderqueer). Future qualitative and quantitative studies can explore the nuances of these intersections and their implications for trans prospective adopters and foster carers. Relatedly, future work can pursue greater clarity surrounding gender identity and gender presentation—for example, by providing definitions for each—in order to better understand, for example, the degree to which sexual and gender minorities expect and experience discrimination related to gender identity versus gender presentation. The survey nature of the data meant that we could not probe for important details or context, as we would be able to in an interview. Future work

⁵ It should be noted that mental health diagnoses for some trans individuals may be specific to gender identity and the fact that insurance coverage of transition-related medical costs can be dependent upon receiving a diagnosis of a "gender identity disorder" (Stroumsa, 2014).

that employs interviews to gain more in-depth data on trans individuals' concerns about potential areas of discrimination in the adoption/foster care process will no doubt reveal important new insights. Likewise, future work should inquire about concerns and intentions regarding foster care and adoption separately, in order to more precisely identify processes and challenges specific to each of these routes.

4.2. Implications for practitioners

The implications for practitioners are multifold. First, trans participants' openness to hard to place children, in conjunction with mounting evidence that trans individuals—especially among younger generations—appear particularly interested in adopting and fostering (Chen et al., 2018; Chiniara et al., 2019; Nahata et al., 2017; Tornello et al., 2019), should be a source of excitement for practitioners who are responsible for seeking forever homes for hard to place children. At the same time, practitioners should be cautious not to pressure trans participants in this regard: prospective adopters may be especially likely to see hard to place children as the “only” option if they receive this type of (damaging) message from practitioners. Additionally, practitioners should be careful not simply to see trans individuals as a potentially untapped market (who may indeed bring unique insights, knowledge, and experiences to the table) but a group that may need additional support in order to be successful in parenting hard to place children. Furthermore, care should be taken in determining exactly which children would be the best fit for these prospective parents and foster carers, and they should not be given more than they can realistically manage (e.g., a sibling group over 12 with multiple physical disabilities and behavioral problems) in an effort to facilitate and sustain successful adoptive placements.

Likewise, there is evidence that trans adults may indeed need unique supports and resources in order to adopt, amidst evidence of demographic and other disparities whereby they possess less income, are less likely to be employed, and are more likely to have a disability, than sexual minority prospective adopters—and, relatedly, experience unique gender minority-related stressors (Testa et al., 2015). Yet such disparities and related stresses are not outright barriers to adoption/foster care (and may in fact represent assets, inasmuch as they render trans adopters particularly sensitive to certain types of stressful experiences and vulnerable youth), and all prospective parents are in fact rigorously vetted to ensure that they have the emotional and structural resources to parent effectively (Mallon, 2011).

Trans prospective adoptive and foster parents navigating the U.S. adoption/foster care process would likely benefit from enhanced inclusivity and cultural sensitivity among child welfare agencies and professionals. Child welfare professionals should receive training related to competencies in working with trans people. The American Psychological Association and the Human Rights Campaign each have produced a wealth of related resources, such as guidelines for practice with trans individuals (American Psychological Association, 2015) and the “All Children – All Families” program (Human Rights Campaign, 2017), respectively. Social work programs, which train many future child welfare professionals, should evaluate the degree to which their coursework and clinical training are trans-inclusive, and seek out professional guidance in revising their curricula if necessary. It is also important that child welfare and adoption agencies that seek to engage and support trans adoptive/foster parents consider ways to communicate this visibly and authentically; such efforts will be important in softening the anticipatory stress that trans people so often experience when approaching or interacting with potentially discriminatory societal systems (Rood et al., 2016; Testa et al., 2015).

Finally, in addition to considering the vulnerabilities of trans prospective adopters, it is essential to note their strengths. Children raised by trans parents show typical developmental outcomes overall (see Stotzer et al., 2014, for a review). Specifically, children being raised by

trans parents are not more likely to identify as trans and tend to demonstrate typical parent-child and peer relationships (e.g., Freedman, Tasker, & di Ceglie, 2002; White & Ettner, 2007). Also, due to trans people experiencing more frequent discrimination and bias in their own lives, trans parents may be better equipped to address issues of bullying that their children may experience (Haines, Ajayi, & Boyd, 2014). For example, as noted, trans parents—who are also more likely to be people of color and to have disabilities—are exposed to a number of stressors that may render them more attuned to issues of discrimination and stigma, which may in turn make them uniquely capable of sensitively supporting their children to anticipate and respond to bias (Goldberg, Sweeney, Black, & Moyer, 2016; Ryan, 2009). Relatedly, trans parents have been found to be especially likely to cultivate and nurture their children's acceptance of individual differences and to teach their children values of tolerance and open-mindedness (Pyne, Bauer, & Bradley, 2015; Ryan, 2009).

4.3. Conclusions

Many trans people want to become adoptive parents (Chen et al., 2018; Chiniara et al., 2019; Nahata et al., 2017; Riggs & Bartholomaeus, 2018) but they remain a relatively untapped resource. In this study, we found that trans people perceive a number of barriers to becoming adoptive parents, such as discrimination based on gender identity or expression from child welfare/adoption agencies in the U.S. Even with these barriers, trans people described being more open and willing to adopt typically hard to place children than cisgender sexual minority participants. Child welfare and adoption agencies would greatly benefit from working to eliminate these perceived barriers, thereby enabling an invaluable pool of potential parents to welcome children into their lives.

CRediT authorship contribution statement

Abbie E. Goldberg: Conceptualization, Investigation, Methodology, Writing - original draft. **Samantha Tornello:** Writing - review & editing. **Rachel Farr:** Writing - review & editing. **JuliAnna Z. Smith:** Writing - review & editing, Visualization. **Liam Miranda:** Writing - review & editing, Project administration.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.childyouth.2019.104699>.

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