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“I Self-Protect to Avoid Child Protection”: Transgender Parents’ Fears of Help-Seeking and Social Service Systems

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ABSTRACT

Objective: This mixed-methods study examined transgender (trans) parents’ concerns about being targeted and reported to child protective services by schools, health care providers, neighbors, and family members.

Background: Trans people and parents specifically may be experiencing heightened fears about interfacing with sources of potential support (or harm) amid the current anti-trans sociopolitical climate in the United States.

Method: We conducted quantitative (descriptive statistics and logistic regression) and qualitative analyses of responses to closed- and open-ended survey questions from 108 trans parents in the United States. Most parents were experiencing financial worries and relied on at least one form of governmental assistance.

Results: Having a trans partner, having young children, living in an urban environment, and living in a state with more anti-trans policies were most strongly associated with parental worries about potential targeting and reporting to child protective services in various areas of parents’ lives. Participants’ narratives highlighted the growing sense of unease and vulnerability they felt in their communities since Donald J. Trump was re-elected, which contributed to their avoidance of governmental and social systems and health care providers. Most participants had mental health challenges, but many avoided seeking help for fear of scrutiny and surveillance.

Conclusion: Trans parents are experiencing heightened fears during a socio-politically turbulent time in the United States, and may be avoiding formal and informal supports out of fear of potential targeting on the basis of their gender identity.

Implications: Our findings highlight the need for family practitioners and allied professionals to be aware of the pressures that face trans parents today, and to stay up-to-date on current policies in order to best support them in protecting themselves.

1 | Introduction

Transgender (trans) people are facing historic levels of scrutiny and fear in the U.S. After the election of President Donald J. Trump to a second term on November 5, 2024, many trans Americans reported experiencing intense fear, anxiety, and anger (Goldberg and Sears 2025). During his campaign, Trump pledged to end what he described as “transgender insanity,”

such as by cutting Medicaid and Medicare funding to gender-affirming health care providers (Sosin 2024). The campaign spent over \$200 million on anti-trans political ads that amplified backlash against LGBTQ+, and especially trans, Americans (Alfonsica and Kim 2024; Kemp 2024).

At his January 20, 2025 inauguration, President Trump stated that “the official policy of the United States government is that

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there are only two sexes—male and female” (Axios 2025). One of his first executive orders aimed to erase the identities of trans people for the purposes of federal law and policy, with sweeping implications for non-discrimination protections, accurate federal identification documents, housing for incarcerated trans people, health care access for trans youth, access to shelters, and students’ access to equal education (Redfield and Chokshi 2025). Another executive order eliminated Biden administration executive orders and policy guidance that aimed to protect the rights of trans people (Redfield and Chokshi 2025).

The impact of the Trump administration on trans people extends beyond anti-trans policies. Many trans people have other identities that create added vulnerabilities under various policies, such as being low-income, a person of color, disabled, or an immigrant (James et al. 2024). Trans people who are parents represent a particularly vulnerable group given the long history of legislative discrimination against trans parents (Minter 2018, 2019), coupled with the Trump administration’s position that children are harmed by “gender ideology,” which includes the idea that gender is not necessarily derived from sex (Kurtzleben 2025; Smallens 2025). Recent years have shown rising attacks against the rights of both parents of trans youth and trans parents, with attackers using the language of “child protection” as a means of framing gender affirmation as abuse (Kant et al. 2025; Siegel 2024). In his proclamation during Child Abuse Prevention Month, rather than focusing on threats to youth such as food insecurity and violence, Trump attacked supporters of trans youth, describing “gender ideology” as one of the “most prevalent forms of child abuse” and calling gender-affirming care, which is broadly regarded by professionals as evidence-based health care, “evil” (Smallens 2025). Given the current presidential administration’s animus against trans people, and their tendency to position young children in particular as innocent and in need of protection from “gender ideology” (Snaider 2024), trans parents may be experiencing heightened—and legitimate—concerns about their family’s safety and well-being in the current climate.

1.1 | Trans Parents and Legal Vulnerability

Trans people have historically been stigmatized as mentally ill, a stigma that conflates issues of gender identity, gender dysphoria, and emotional distress, and also fails to account for systemic factors that increase minority stress and risk poor mental health for trans populations (Howansky et al. 2021; Reed et al. 2015). Trans mental health disparities both reflect and are exacerbated by interpersonal and structural stigma (Hanna et al. 2019; Scheim et al. 2022). Discrimination and rejection in relationships, workplaces, and communities may also contribute to stress, isolation, and social disadvantage (Sherman et al. 2024). Compounding their risk of mental distress are the barriers that trans people face when seeking mental health care, including fear of being pathologized, affordability issues, and history of ill treatment by providers, all factors that may also lead to care avoidance (Kcomt et al. 2020; Snow et al. 2019).

Stereotypes of trans people as mentally ill and deviant (Howansky et al. 2021) may contribute to views of them as inappropriate or unworthy parents (Massey et al. 2021; Worthen

and Herbolsheimer 2022), and presumptions that their children are at heightened risk of victimization and poor adjustment (Di Battista et al. 2024). These views are contradicted by limited research suggesting that neither gender identity nor sexual orientation determines individuals’ ability to parent, their children’s development, or parent–child relationship quality (Imrie et al. 2020; Patterson 2024; Tornello et al. 2025). Data suggest that trans parents are highly invested and committed parents (Hafford-Letchfield et al. 2019), and that parenting stress, rather than gender identity, is most closely related to their children’s psychological outcomes (Tornello et al. 2025). Family communication, broader family acceptance, and sufficient support resources can, in contrast, help children with trans parents thrive (Dierckx et al. 2017; Patterson 2024; Veldorale-Griffin 2014).

Despite the research showing that trans parenting does not negatively impact children, inaccurate assumptions may shape the policies and decisions of social and legal professionals with the power to grant or withdraw parenting rights. There are well-documented examples of trans parents losing or suffering restrictions of their parental rights based on cisgender (cis) parents’ unjustified arguments and judges’ determinations that it was not in a child’s best interest to have a relationship or live with a trans parent (Cohen 2017; Donelson and Polikoff 2020). A Canadian study of 110 trans parents found that 18.1% reported no legal access to their child, and 17.7% had lost custody or had it reduced, because they were trans (Pyne et al. 2015). In a Brazilian study, 17.1% of 45 trans parents reported having lost custody or having custody reduced for being trans, and 48.1% suspected or were told that these losses were due to their gender identity (Silva et al. 2023). In their study of 50 US trans parents, Haines et al. (2014) observed that “parents reported that their trans identity was used against them in conflicts over visitation or custody,” and concluded that fear of experiences of discrimination in family court is a “major stressor that can interfere with trans parents’ ability to parent,” a burden that was likely to be “especially heavy for lower income parents and other groups who face discrimination in the legal system” (p. 243). Other work has also found that trans parents involved in custody cases perceive implicit and explicit forms of bias from judges, attorneys, and allied professionals (e.g., guardians ad litem, caseworkers; Minter 2018, 2019; Pyne et al. 2015; Siegel 2024), noting anti-trans sentiments in professional judgments about their “parental fitness” (Siegel 2024).

1.2 | Trans Parents, Social Services, and Other Institutions of Surveillance

The child welfare system¹ (CWS) has been referred to as the family regulation system by scholars who note that its function is not simply to look after the welfare of children but also to police, control, and regulate families (Polikoff and Spinak 2021). From this critical perspective, the CWS often operates in ways that can cause damage to families, in that it treats families, particularly non-normative families, as the source of any problems and “purports to address those problems through surveillance, intervention in family life, deep reliance on removing children, and providing services to families that rarely support their complex needs” (p. 433). Rather than supporting these families, the system more often interferes with them (Polikoff

and Spinak 2021). Furthermore, the CWS relies on mandated reporters such as child care workers, teachers, and health providers to report suspected abuse or neglect, which places these supposedly supportive resources in a position where they may be mistrusted amid concerns about bias or surveillance (Child Welfare Information Gateway [CWIG] 2023). Such reports may trigger a response by the investigative arm of the CWS, child protective services (CPS), whose mandate is to assess for child safety and endangerment, and, in severe cases, remove children from the home (CWIG 2023). Mandated reporters often exhibit biases that result in certain groups (e.g., poor, of color, queer, trans) being more likely to be suspected and investigated (Dettlaff 2025).

Although limited research has examined trans parents' experiences with CWSs, there is more research on sexual minority (e.g., lesbian, gay, bisexual, queer; LGBTQ+) parents' experiences (Goldberg and Frost 2025; Harp and Oser 2016), which may reflect overlapping stigmas. Trans people often have diverse sexual orientations, behaviors, and relationship structures that are also vulnerable to sexual minority stigma (Reisner et al. 2023).

LGBTQ+ (queer) parents, like trans parents, experience scrutiny by societal systems, and to the extent that they perceive themselves as vulnerable to sexual orientation-related bias regarding their parenting ability, may have concerns about potential intrusion by the CWS (Goldberg and Frost 2025). Such concerns may be elevated in the context of poverty or mental health issues, domains also implicated in parenting "fitness" decisions (Harp and Oser 2016; Washington 2022). A US study of over 600 Black mothers, 21% of whom were lesbian or bisexual (LB), found that LB mothers were more than four times as likely to have lost custody of their children than heterosexual mothers, which the authors suggested may reflect bias related to their sexual minority status (Harp and Oser 2016). LB mothers also have an elevated risk of living in poverty, which may compound the risk of custody loss (Wilson and Bouton 2024).

As noted, health care providers represent one source of referral to the CWS. A mutual deference exists between the medical and legal systems which leads each to take the other's assessment "at face value," insulating both systems from liability while imposing harm on families (Presler 2021). Recognizing the medical system's power to surveil their families, and recognizing health care providers' roles as mandated reporters, some queer and trans parents may avoid accessing health care out of fear that seeking help could lead to CWS involvement. Goldberg and Frost (2025) studied 99 queer parents and found that the majority reported postpartum mental health problems, but many avoided seeking help due to fear of discrimination and judgment, with over half endorsing a fear of being deemed "unfit" by providers. Young and low-income queer parents were especially fearful of CWS contact and risk of child removal (Goldberg and Frost 2025), reflecting exposure to multiple forms of social exclusion and heightened scrutiny from societal systems (Kuri 2020).

Referrals to the CWS also come from schools. School staff are the leading driver of child maltreatment allegations—although research shows that educator reports are the least likely to be

substantiated, suggesting that such reports, even when well-intentioned, are often made in error and at the cost of families (Harvey et al. 2021). Vulnerable parents, such as trans parents, may feel anxious and uneasy in their interactions with schools, seeing them as sites of scrutiny and potential harm rather than sources of support (Harvey et al. 2021; Pyne et al. 2015).

1.3 | LGBTQ+ Parents in the Current Sociopolitical Climate

As anti-LGBTQ+ bills have ramped up over the past several years, parents in many states have been threatened with CWS interference if their parenting is deemed to violate sexual and gender norms (Dettlaff 2025; Dey and Harper 2022; Washington 2022). Fears of interference have likely intensified among both parents of trans children and trans parents during Trump's second term (Dettlaff 2025; Goldberg and Sears 2025; Lang 2025). Research with trans adults (Price et al. 2021; Veldhuis et al. 2018) and LGBTQ+ parents (Gabriele-Black et al. 2022; Radis and Nadan 2021) suggests that escalating anti-LGBTQ+ legislation and sentiment may cultivate family safety worries and associated protective efforts. A study of 15 Black lesbian mothers found that they reported significant fears about their family's safety amid the intersectional risks posed by the Trump presidency, with white supremacy culture and the conservative evangelical movement creating a climate where women felt increasingly vulnerable (Radis and Nadan 2021).

Some LGBTQ+ parents have been found to take steps to decrease their visibility and reduce community engagement to protect their families in politically hostile environments. In a study of LG adoptive parents after the 2016 US election, Gabriele-Black et al. (2022) found that parents often sought to be less visible in schools and public settings for fear of discrimination. After the passage of the Parental Rights in Education Act/"Don't Say Gay" law in Florida, Goldberg et al. (2024) found that trans parents, parents who reported higher levels of bias, and parents who reported that signifiers of LGBTQ+ inclusion had been removed from their children's school were the most likely to report making changes to become less "out."

Given the recency of Trump's re-election, there has been limited research on LGBTQ+ people's concerns about his proposed policies. However, there is early evidence that trans people perceive a heightened sense of threat and feel less safe. Goldberg and Sears (2025) conducted a survey of trans adults soon after the 2024 election and found that 93% were concerned about what a Trump presidency might mean for trans people, with 83% reporting increased fears of discrimination and 83% reporting increased concerns about their mental health. Further, 73% were concerned that the quality of their health care would be worse; this was especially the case among poorer trans people. Most (80%) planned to engage in covering behaviors to reduce their visibility as trans and decrease the chances of scrutiny (Goldberg and Sears 2025).

Trans parents may feel especially vulnerable in the current climate—particularly if they interface with governmental systems, social services, schools, and health care providers, contexts of scrutiny and judgment where their rights could be under threat.

Indeed, even if no specific federal or state policies have been passed that explicitly target the rights of trans parents, there is evidence that the threat of such policies and an increasingly hostile climate are impacting trans people's sense of safety and well-being (Goldberg and Sears 2025).

Certain trans parents may feel especially vulnerable to potential surveillance in the current climate, based on various individual, family, and contextual factors that may enhance their exposure to bias and scrutiny. Trans parents who possess additional marginalized identities, such as being a person of color, disabled, low-income, or young, may feel especially vulnerable (e.g., Goldberg and Frost 2025; James et al. 2024). Trans parents of young children may also be particularly fearful, as young children are often positioned by anti-trans groups as the most vulnerable and in need of protection from “dangerous” ideologies about gender and sexuality (Snaider 2024). Young children are also at the greatest risk of being removed by CPS (Annie E. Casey Foundation 2024), in part because of their high levels of contact with various mandated reporters (e.g., pediatricians, day care workers; Grossman et al. 2023). Trans parents who lack other forms of privilege or control over their visibility—such as being “visibly trans” or gender non-conforming (Rogers 2019) or having a trans partner, which may heighten the family unit's visibility (Siegel 2024)—may feel less safe interacting with such systems. In addition, trans parents in urban environments may have more access to trans-specific resources but also may have more (potentially scrutinizing) interactions with strangers, and may therefore experience more fear (Lampe et al. 2020). Finally, those living in states with more anti-trans policies may also experience more fear (Goldberg and Sears 2025).

1.4 | Theoretical Perspective

This investigation is informed by a structural stigma framework that includes “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized” (Hatzenbuehler and Link 2014, 2). In this study, structural stigma encompasses the institutional practices, policies, and norms embedded in health care, school, governmental, and social service systems, including the CWS. Prior work has established how health care (Falck and Bränström 2023), social service systems (McGrath et al. 2023), and the legal system (Siegel 2024) may represent structurally stigmatizing contexts that perpetuate negative outcomes in vulnerable groups, including trans people. This study is also informed by a minority stress model, which aims to explain the processes by which structural stigma and other factors, particularly those related to discrimination and marginalization, affect minoritized persons (Meyer 2003).

The impacts of structural stigma are often felt differently for different members of minoritized groups, and may be greater for individuals with multiple intersecting marginalized identities, contributing to greater minority stress (e.g., internalized stigma, fear, hypervigilance) and more mental health challenges (Price et al. 2024). Trans people who are poor, Black, young, and/or have disabilities, for example, may face significant stigma in health care contexts and social service programs (Kattari et al. 2017; Lacombe-Duncan et al. 2022; Velasco et al. 2022).

Trans parents also face unique risks in being out at their children's schools, particularly those who view themselves as under scrutiny for other reasons, such as disability or poverty (Goldberg and Smith 2024). These intersectional effects may increase the risk of unwanted attention and interference, including from CPS (Polikoff and Spinak 2021).

This study is also informed by an ecological framework (Bronfenbrenner 1986), which emphasizes the multiple contexts that shape individuals and families, with influences ranging from distal contexts, or macrosystems (e.g., government institutions) to proximal contexts, or microsystems (e.g., families, schools). This framework also emphasizes the interactions across settings or contexts, such as between schools and families. Further, it enables attention to how mandated reporters in various contexts (e.g., teachers, health care providers) not only act to observe and protect (Rochford et al. 2023) but may also hold perspectives and enact behaviors that reflect, perpetuate, and serve ideological codes at the broadest level, raising the potential to negatively impact individuals and families who fall outside normative expectations.

1.5 | The Current Study

This study aimed to understand 108 American trans parents' experiences and worries during the first several months of the second Trump administration, amid an increasingly anti-trans social and political climate that may impact their sense of trust, safety, and well-being within family and community contexts, as well as in their interactions with social systems such as schools, governmental systems, and health care. Although these contexts and systems should theoretically be sources of support and services, in the current climate, they may instead be seen by trans parents as sites of potential judgment and harm. Our research goal was to understand (a) trans parents' experiences of vulnerability amid structural stigma and minority stress exacerbated by the current sociopolitical climate, and (b) whether and how fears of bias and concerns about threats to their rights as parents affect their decisions and experiences in interacting with various systems and services. The more specific research questions framing this study are:

1. (How) do fears of scrutiny, surveillance, and being reported to CPS shape parents' willingness to engage with governmental services? To what extent have these fears increased since the beginning of the Trump administration?
2. (How) do fears of scrutiny, surveillance, and being reported to CPS shape parents' engagement with key settings such as schools and health care?
 - a. What individual, nuclear family, and social context factors (or vulnerabilities) are associated with greater fears of targeting by schools, health care providers, neighbors, and family members?
 - b. Amid high levels of mental health challenges, what is the nature of parents' experiences with health care providers and fears of help seeking?
 - c. Given the powerful role of one particular type of family member—partners and ex-partners—in the context of concerns about parental rights and child removal, what are parents' experiences and concerns related to how

their gender identity might be used against them in a family court setting?

We use descriptive statistics and qualitative analysis to address Questions 1, 2b, and 2c; we use logistic regression to Answer 2a.

2 | Method

Participants ($N=108$)—all trans and/or nonbinary identified parents—were recruited via Prolific, an online recruitment platform that uses specialized targeting techniques to share surveys to pre-registered respondents. Respondents who (a) designated their gender as “transgender woman,” “transgender man,” “transgender,” or “nonbinary,” (b) lived in the United States, and (c) were the parent of at least one child under 18 were invited to participate in an anonymous survey between June 19 and July 14, 2025. All respondents underwent an identity check by Prolific to ensure they were valid participants. They were told that the anonymous survey included “closed- and open-ended questions about parenting, well-being, and issues related to visibility and safety as a transgender person and a transgender parent specifically.” The survey was hosted on the online platform Qualtrics and took an average of 43 min to complete ($SD = 19.4$ min). It was approved by Clark University’s institutional review board.

2.1 | Sample Description

See Table 1 for additional and more detailed sample demographics. Most participants identified as trans women, nonbinary, or trans men. Two-thirds were white. Most (91%) had made changes to their name, pronouns, or appearance. Just under one-third (32%) had made legal changes to their gender marker and/or name. Most identified as bisexual, queer, or pansexual. Almost two-thirds were 35 years and younger.

Most ($n=100$; 92.6%) participants were employed. Over one-quarter (27%) reported household income (HI) of \$50K/year or less; 27% reported HI of \$51–\$100K/year, and 46% reported HI of > \$100,000K/year. Almost three-quarters (73%) reported at least one financial challenge over the past year. For example, over one-third (42%) had struggled to pay basic household expenses, 34% had struggled to pay their rent, 33% had relied on government assistance to meet basic needs, and 30% had relied on family/friends to pay living expenses. Just 4% had slept outside or in a shelter.

Over two-thirds of parents were married ($n = 76$; 70.4%), and almost one-fifth were partnered but not married ($n = 19$; 17.6%). Among those who were married or partnered ($n = 99$), considering their partners’ gender identity, 22 (22.2%) were cis women, 20 (20.2%) were trans women, 18 (18.2%) were trans men, 17 (17.2%) were cis men, 11 (11.1%) were nonbinary, seven (6.5%) were men of trans experience, and four (4%) were something else (e.g., genderqueer, woman of trans experience). Nine parents indicated that they were separated or divorced from the parent of at least one of their children.

Most parents had one ($n = 46$; 42.6%) or two ($n = 46$; 42.6%) children; just 9 (8.3%) had three, four (3.7%) had four, and three had

TABLE 1 | Demographics.

	<i>N</i>	%
Gender identity		
Trans woman	34	31.5%
Trans man	20	18.5%
Nonbinary	40	37.0%
Man of trans experience	4	3.7%
Genderqueer	3	2.8%
Something else (e.g., genderfluid; genderflux)	7	6.5%
Gender transition		
Legal changes		
Changed my gender marker (e.g., on official IDs)	35	32.4%
Changed my legal name	27	25.0%
Social/Medical changes		
Use hormone therapy	42	38.9%
Changed facial hair	39	36.1%
Use different pronouns	76	70.4%
Go by a different name	43	39.8%
Changed clothing, jewelry, or hairstyle to fit w/gender identity	74	68.5%
Started or stopped wearing makeup	46	42.6%
Have not made any social/medical changes	9	8.3%
Sexual orientation		
Bisexual	49	45.4%
Queer	13	12.0%
Pansexual	13	12.0%
Gay	11	10.2%
Lesbian	8	7.4%
Something else (e.g., asexual; demisexual; heterosexual)	14	13.0%
Race ^a		
White	78	72.2%
Black	29	26.9%
Hispanic	4	3.7%
Asian	2	1.9%
Native Hawaiian or Other Pacific Islander	1	0.9%
American Indian or Alaska Native	1	0.9%
Something else (i.e., “mixed”)	1	0.9%

(Continues)

TABLE 1 | (Continued)

	<i>N</i>	%
Age		
18–25 years	19	17.6%
26–30 years	25	23.1%
31–35 years	26	24.1%
36–40 years	23	21.3%
41–45 years	10	9.3%
46–50 years	3	2.8%
Age 51+ years	2	1.8%
Education		
High school diploma	8	7.4%
Some college/an associate's degree	16	14.8%
Bachelor's degree	30	27.8%
Master's degree	39	36.1%
PhD/JD/MD	15	13.9%
Family income		
0–\$12,500	8	7.4%
\$12,501–\$25,000	7	6.5%
\$25,001–\$50,000	14	13.0%
\$50,001–\$75,000	20	18.5%
\$75,001–\$100,000	9	8.3%
\$101,001–\$125,000	16	14.8%
\$125,001–\$150,000	9	8.3%
\$150,001–\$175,000	8	7.3%
\$175,001–\$200,000	3	2.8%
> \$200,000	14	13.0%
Financial challenges (past year)		
Struggled to pay rent	37	34.3%
Struggled to pay basic household expenses	45	41.7%
Relied on government assistance, e.g., food assistance, Medicare)	36	33.3%
Relied on family/friends to pay living expenses	32	29.6%
Slept outside, in a shelter, or in a place not meant for sleeping	4	3.7%
Route to parenthood		
Any child via sexual intercourse, my partner	56	51.9%
Any child via sexual intercourse, not current partner	8	7.4%

(Continues)

TABLE 1 | (Continued)

	<i>N</i>	%
Any child via donor insemination (DI); gestational parent	14	13.0%
Any child via DI; non-gestational parent	13	12.0%
Any child via DI; Reciprocal IVF (RIVF), gestational parent	5	4.6%
Any child via DI; RIVF, non-gestational parent	9	8.3%
Any child via surrogacy	7	6.5%
Any child via adoption through foster care	21	19.4%
Any child via private adoption	10	9.3%
Any child via international adoption	5	4.6%
Any child, foster parent	3	2.8%
Any child, stepparent	7	6.5%
Any child via some other route	3	2.8%

^aParticipants could indicate as many categories as applied to them; thus, numbers add up to more than 100.

five or more. Half ($n = 54$) had at least one child aged 0–5, almost two-thirds ($n = 65$; 60.2%) had at least one child 6–12, and over one-third ($n = 39$; 36.1%) had at least one child 13–18. Sixty-five (60.2%) had at least one cis boy, 59 (54.6%) had at least one cis girl, two (1.9%) had a trans boy, four (3.7%) had a trans girl, and one (0.9%) had a nonbinary child. Most were legal parents to all children ($n = 100$; 92.6%); three (2.8%) were legal parents to some, and five (4.6%) were not legal parents. The most common routes to parenthood were sex with one's current partner (51.9%) and adoption via foster care (19.4%).

The largest number of participants was from Texas ($n = 17$; 15.7%), New York ($n = 8$; 7.4%), Virginia ($n = 8$; 7.4%), North Carolina ($n = 6$; 5.6%), and Florida ($n = 5$; 4.6%), with 1–4 participants in an additional 29 states.

2.2 | Measures

The survey questions were informed by our theoretical framework, our knowledge of the relevant literature, and our prior research on related topics. During development, the first author consulted with several colleagues with expertise in trans communities and (a) poverty, (b) the CWS, (c) parenting, and (d) the current sociopolitical context. The survey itself was proofed for functionality and ease of use by several graduate students in clinical psychology.

2.2.1 | Outcome Variables

2.2.1.1 | Fear of Being Reported. Participants were asked, “Do you experience fear related to [group] reporting you to child and family services (e.g., CPS, DCF, DSS, DCF) because

you are trans/because of your gender identity?” This question was asked about four different entities: (1) children’s schools/daycares (1=yes, 41%; 0=no, 59%); (2) health care providers (1=yes, 38%; 0=no, 62%); (3) neighbors (1=yes, 42%; 0=no, 58%); and (4) family members (1=yes, 30%; 0=no, 70%; Table 3). These items were the outcome in a series of logistic regressions examining predictors of trans parents’ fears of being reported to CPS in various contexts.

2.2.2 | Predictor Variables

Predictor variables were individual, nuclear family, and social context vulnerabilities that were hypothesized to affect the likelihood of the outcome (i.e., fear of being reported to CPS by individuals in four domains).

2.2.3 | Individual Context Predictor Variables

2.2.3.1 | Perceived as Trans. Participants were asked, “Do you believe that you are perceived as transgender by others?” and this variable was used as a marker of visibility or vulnerability. A total of 14 (13.9%) said very much so, 34 (33.7%) said somewhat, 25 (24.8%) said mixed/it depends on the context or person, 17 (16.8%) said not very much, and 11 (10.9%) said not at all. This was recoded as a dichotomous variable, where very or somewhat = 1 ($n = 48$; 47.5%) and it depends, not very much, and not at all = 0 ($n = 53$, 52.5%).

2.2.3.2 | Of Color. Individuals who endorsed race/ethnicities other than white were categorized as of color ($n = 36$; 33.3%) and coded as 1. White only participants ($n = 72$; 66.7%) were coded 0.

2.2.3.3 | Low Income. Participants who reported a family income of under \$50 K ($n = 29$; 26.9%) were coded as 1, and those who had family incomes of > \$50 K ($n = 79$; 73.1%) were coded as 0.

2.2.4 | Family Context Predictor Variables

2.2.4.1 | Trans/Not Cis Partner. Having a trans/not cis partner ($n = 63$; 62.4%) was coded as 1, and having a cis partner ($n = 38$; 37.6%) was coded as 0.

2.2.4.2 | Children 5 and Younger. Having children under six was coded as 1 ($n = 48$; 47.5%) and not having children under 6 was coded as 0 ($n = 53$; 52.5%).

2.2.5 | Social Context Predictor Variables

2.2.5.1 | Urban/Metro Communities. Participants who lived in what they described as urban areas were coded as 1 ($n = 46$; 42.6%), and those who lived in rural ($n = 16$; 14.8%) or suburban ($n = 46$; 42.6%) communities were coded as 0.

2.2.5.2 | Trans Hostile States. Participants who lived in states that, according to the Movement Advancement Project’s

gender identity policy tallies (MAP 2025), were deemed to have low or negative protections for trans people were coded as 1 ($n = 70$; 64.8%), while those in states with high, medium, or fair protections for trans people were coded as 0 ($n = 38$; 35.2%).

2.2.6 | Additional Closed-Ended Questions

In addition to demographic items (i.e., assessing gender, sexual orientation, age, race, income, partnership status, employment status, location, children, and parenthood route; see Sample Description and Table 1), the survey asked about mental health conditions and whether these were self- or provider-diagnosed. It also asked if participants had sought help from a therapist/other provider; if they experienced fears or worries related to seeking help; and, if so, to indicate the sources of those fears from a preset list (e.g., fear of being deemed ‘unfit’). Finally, participants were asked about concerns related to whether ex-partners or current partners might use their gender identity against them (e.g., to gain primary custody of children).

2.2.7 | Open-Ended Questions

Participants were asked to elaborate on their closed-ended item responses (e.g., fears of being targeted). For example, they were asked they were fearful of being reported to CPS by various entities. They were also asked stand-alone open-ended questions, such as: How, if at all, have you observed changes in your community with respect to how accepting it feels? How, if at all, has the Trump presidency and broader sociopolitical climate affected you as a parent?

2.3 | Data Cleaning and Sample Selection

Participants were recruited via Prolific, a web-based research platform that includes multiple safeguards for preserving data quality, minimizes bots and bad actors, and has been shown to be a reliable, efficient means of collecting data (Bradley 2018; Palan and Schitter 2018). Prolific’s participant pool has significant economic and racial diversity, ensuring that individuals who are less likely to be included in research on LGBTQ+ people are adequately represented (Goldberg and Frost 2025). Although all participants are prescreened by Prolific to ensure they are valid participants (they undergo an identity check), we excluded 31 people from our full sample of 139 due to (a) incomplete responses or short response times, (b) numerous suspected AI-generated responses, and/or (c) failure to meet inclusion criteria once “in” the study even after providing consent, perhaps due to comprehension issues. The final sample was 108.

2.4 | Data Analysis

This study employs a mixed-method design, combining inductive and deductive approaches. We draw on the unique insights gained by both approaches, facilitating a more comprehensive, nuanced understanding of phenomena including complex social issues (Lincoln and Guba 1985; Mason 2006). Our quantitative approach enables us to focus on general patterns in the

data and associations between variables of interest, whereas our qualitative component gives depth and meaning to the quantitative findings (Mason 2006). Some open-ended questions were mapped closely onto the quantitative data (e.g., asking for elaboration) to provide meaningful illustration of patterns in the data, while others were more general, seeking to understand participants' perspectives in their own words.

2.4.1 | Quantitative Analysis

Basic descriptive statistics were calculated. We also conducted a series of logistic regressions to determine if trans parents' fear being reported to CPS in four distinct domains (schools/daycares, health providers, neighbors, family members) was predicted by individual vulnerabilities (perceived as trans, of color, low income), family vulnerabilities (trans partner, child under 6), and social context vulnerabilities (urban area, trans-hostile state). Due to the exploratory nature of the study, we note marginally significant findings ($p < 0.10$).

2.4.2 | Qualitative Analysis

To enhance trustworthiness in study preparation and data collection, we pursued a data collection strategy that we believed would result in high-quality and contextually valid data (Elo et al. 2014; Lincoln and Guba 1985). We also posed both open- and closed-ended questions to obtain multiple forms of data that would lend themselves to a more nuanced understanding of the phenomena of interest (Morrow 2005). Our analysis also benefited from our diverse positionalities as authors and our willingness to engage in a reflexive process throughout the writing process, examining how our experiences and assumptions shaped our interaction with the data (Morrow 2005). Our research team is diverse in disciplinary background, professional setting, career stage, gender identity, and parenthood status, and we drew from our varied identities throughout the analytic process, enabling a deeper, richer, and more comprehensive description and interpretation of our findings (Goldberg and Allen 2024).

Responses to the open-ended survey portions ranged from one sentence to half a page of text, with most participants providing responses of 2–5 sentences. The first author used qualitative content analysis (Krippendorff 2004) to examine open-ended responses. Content analysis is a standard method for examining open-ended survey responses, generating new insights through the process of systematically identifying, coding, and categorizing primary patterns or themes in the data. Through careful exploration, we condensed text into content categories to develop a coding system to organize the data (Bogdan and Biklen 2007).

The analysis focused on participants' reflections on their well-being, help-seeking, and fears related to child removal and legal security. It was informed by prior literature and structural stigma, minority stress, and ecological frameworks. The first author initially read all open-ended responses to gain familiarity with the data, including overarching themes in responses. She made note of, and bracketed, her own experiences and preconceptions to facilitate a curious and open stance. Then, responses

were annotated: via line-by-line coding, she labeled phrases relevant to the primary domains of interest (e.g., reasons for fear of targeting). These codes were abstracted under larger categories and subcategories, which were positioned in relation to each other such that connective links were established (e.g., links among fear of targeting, hypervigilance and closeting, and consequences of closeting) to describe parent' experiences. These connective linkages were informed by and reflected our theoretical frameworks, whereby we were attentive to how structural stigma manifested in multiple social and institutional settings, was perpetuated by various systems, and contributed to minority stress. A tentative scheme was produced and reapplied, such that all data were recoded according to the scheme.

The second author provided critical input at various stages of coding and further feedback about the finalized coding structure. To further enhance credibility, several research assistants served as auditors, independently coding one-third of open-ended responses as a basic "check" on primary themes, to strengthen analytic credibility (Goldberg and Allen 2015). Minor discrepancies were discussed and reconciled with the first author. Data for several sections were recoded according to the slightly revised scheme. After reaching the final thematic structure, the first and second authors noted the absence of any new concepts, codes, or themes, indicating that data saturation had been reached (Lincoln and Guba 1985). The third and fourth authors then reviewed the coding scheme, which resulted in several small changes for cohesion and flow. Our paper is organized around this final coding scheme.

3 | Results

Trans parents may engage with multiple contexts that they both need (e.g., for support) but also recognize as potential sites of surveillance, scrutiny, and risk. Such contexts range from the most distal (e.g., governmental assistance, the legal system) to the more proximal (e.g., family, school, health care), and may reflect and perpetuate stigmatizing ideologies that place trans parents at risk for child removal. In turn, we organize the results as follows. First, amid moderate to high levels of financial need in this sample, we address participants' reliance on governmental assistance and their feelings about engaging with governmental services since the beginning of the Trump administration. Second, we address participants' fears of targeting and being reported to CPS, predictors of such fears, and the nature and nuances of such fears, attending in particular to the role of the sociopolitical climate. Third, amid high levels of mental distress in this sample, we examine their experiences with health care providers and fears of help seeking, with attention to how concerns about judgments of parental "fitness" amplified such fears. Finally, we address parents' concerns surrounding their parental rights and custody with regard to their current and former partners, who possess a unique blend of proximity and power.

3.1 | Engagement With Government Services

As detailed in the sample description, the majority of participants experienced financial challenges. In turn, more than two-thirds ($n = 75$; 69%) relied on at least one form of

TABLE 2 | Current reliance on governmental assistance.

Currently receive support from social service agencies	N	%
Health insurance (e.g., Medicaid, Medicare)	47	43.5%
Mental health services	25	23.1%
Food assistance (e.g., SNAP, WIC)	24	22.2%
Financial assistance/cash assistance	11	10.2%
Child care (e.g., Head Start)	9	8.3%
Employment assistance	9	8.3%
Shelter and housing assistance	8	7.4%
Utilities assistance	8	7.4%
Disability services	7	6.5%
Veteran's and military families services	6	5.6%
Child welfare (e.g., DCF)	5	4.6%
None of these	33	30.6%

governmental support over the past year (Table 2). A total of 44% received federal/state health care, 25% received government-subsidized mental health services, and 22% received food assistance. Smaller numbers used cash assistance (10%), Head Start (8%), employment assistance (8%), disability services (7%), housing assistance (7%), utilities assistance (7%), and veterans' benefits (6%), and 5% had interacted with child welfare services.

Almost two-thirds of participants who relied on at least one form of governmental support (64%; 48 of 75) endorsed “increased anxiety, hesitance, or uncertainty” around using these services since Trump began his second presidential term. When asked to elaborate on their financial precarity and dependence on these systems, many parents emphasized a tension between their need for services and their worries about the risks of engaging with them as trans parents. The majority underscored concern about being judged or flagged, mistreated or denied services, or even reported to the CWS (e.g., “[due to] me being trans and not presenting traditionally”). In general, they saw government systems as less predictable and safe in the current climate: “There’s more fear that systems meant to support us could turn punitive, especially for trans parents.” One parent said: “I’ve felt more anxious about being judged...when interacting with systems like Medicaid, mental health services, and Head Start, [thinking] they might use my gender identity, mental health status, or queer family structure to question my parental fitness.” A few were avoiding using new services, such as disability and employment assistance, for fear of being “profiled.”

Parents’ concerns about being scrutinized appeared to be tied to both interpersonal interactions (e.g., how a government agent might respond to their gender identity or presentation) as well as the personal information they provided in the documentation required to receive various services. In turn, their worry about potential targeting led to hypervigilance whereby they felt the need to be “extra careful, to double

check forms, and think twice before disclosing anything personal” for fear that the information they provided could be used against them—a constant guarding that was described as “exhausting.”

On top of the concerns that they experienced related to their gender identity, one-quarter of participants were anxious about the possibility of losing governmental benefits amid the recognition that, under the current administration, “many of these already underfunded programs will soon have funding cut again and have even more hoops to jump through.” Participants noted that the Trump administration was making “changes to Medicaid and SNAP that might make access harder,” with one parent sharing, “I worry that I’ll be cut off of Medicaid, WIC, and rental assistance now that DEI laws are being rolled back.” Looking toward the future, they braced themselves for a worsening situation, noting, “The BBB [big beautiful bill], if it passes, will eliminate the stepping stones out of poverty that I have used to keep us from having to utilize food banks, and my health care.” Another parent said, “Since Trump is trying to take these services away, I’m afraid because I’m trying to get a [better] job, but it’s harder since I’m trans but also because of the market.”

Thus, participants often experienced heightened worry about interacting with government systems because of their vulnerability as trans parents alongside ongoing financial struggles, fear of loss of benefits, and concerns about a more general rollback of aid. They grounded their concerns in the administration’s stated priorities and specific proposed policies, underscoring their lived experiences amid heightened levels of anticipatory anxiety and the very real threat of a declining safety net. In this way, their marginalized identities as both trans and low-income created unique, intersectional forms of minority stress that were compounded by structural forces (e.g., federal and state policy) and rising anti-trans and “anti-DEI” sentiment.

3.2 | Fears of Being Reported to CPS

Participants were asked about whether they experienced fears of various entities—schools, health care, neighbors, or family members—reporting them to CPS because of their gender identity, sexual orientation, or other relevant statuses (e.g., race, social class, disability status, mental health). See Table 3.

Significantly, participants consistently identified their gender identity as the most salient target for reporting by all of these entities. Because of their trans identities, 42% feared being reported by neighbors; 41% by schools or daycare; 38% by health providers; and 30% by family. (See Table 3 for exemplar quotes illustrating such fears.) Sexual orientation was the second most frequently identified focus of potential targeting, followed by race, and then mental health status.

3.2.1 | Logistic Regression: Predicting Fear of Targeting and Reporting due to Gender Identity

In order to better understand concerns about how different potential vulnerabilities related to parents’ individual, family,

TABLE 3 | Fears of child welfare reporting and interference.

Fear of [entity] reporting me to child and family services because of...	School or day care (N, %)	Health care providers (N, %)	Neighbors (N, %)	Family members (N, %)
My gender identity	44 (40.7%)	41 (38.0%)	45 (41.7%)	32 (29.6%)
My sexual orientation/same-sex relationship	32 (29.6%)	28 (25.9%)	35 (32.4%)	27 (25.0%)
My race/ethnicity	13 (12.0%)	17 (15.7%)	15 (13.9%)	12 (11.1%)
My socioeconomic status/low income	9 (8.3%)	7 (6.5%)	13 (12.0%)	4 (3.7%)
My religion	9 (8.3%)	5 (4.6%)	8 (7.4%)	7 (6.5%)
My immigration status	0 (0%)	0 (0%)	0 (0%)	1 (0.9%)
My mental health status	12 (11.1%)	15 (13.9%)	9 (8.3%)	10 (9.3%)
My disability status	8 (7.4%)	5 (4.6%)	9 (8.3%)	6 (5.6%)
My political beliefs or orientation	8 (7.4%)	7 (6.5%)	12 (11.1%)	8 (7.4%)
I do not experience worry	42 (38.9%)	49 (45.4%)	40 (37.0%)	57 (52.8%)

Fear of [entity] reporting me because of my gender identity	N (%)	Example quotes
School or day care	44 (40.7%)	“A lack of understanding [by staff] has led me to be cautious about full disclosure depending on who I’m interacting with.” “Some are clearly not accepting, and have gone out of their way to ‘discreetly’ out me by not changing my name after they found out. They even sometimes intentionally used a different name.”
Health care providers	41 (38.0%)	“I’ve avoided medical settings out of fear of being judged or misgendered, even when care was needed.” “I don’t want to be considered unfit and separated from my baby.” “The ER here is ran by a Christian company that has shown discrimination ... toward [LGBTQ] people.”
Neighbors	45 (41.7%)	“I have seen greater polarization. A part of the neighborhood is more supportive, and another part is more openly averse to queer families and rights.” “[Some neighbors] have grown emboldened in their hostility or judgment.”
Family	32 (29.6%)	“My ex, other family members, and some officials have been vocal about me not parenting my son... correctly. My ex has even threatened to take him over ‘mental health’ mostly because of my gender identity.”

and social context were related to fears of being reported to CPS, a series of four logistic regressions were conducted, with “fear of being reported because of one’s gender identity” by each of the four sources (schools, health providers, neighbors, family) as the outcomes. Individual-level predictor variables were perceived as trans or not, being of color versus white, and being low income or not. Family context predictor variables were presence of a trans/not cis partner and presence of children age 5 and under. Finally, social context predictor variables were urban vs. rural/suburban area and trans-hostile state or not.

3.2.1.1 | Schools/Day Care. Participants whose partners were not cis (i.e., were trans or nonbinary) were more likely

to fear schools reporting them because of their gender identity ($B=0.99$, $SE=0.50$, $Wald=3.97$, $Exp(B)=2.70$, $p=0.046$). Parents who had young children were somewhat more likely to fear schools reporting them, at the level of a trend ($B=0.85$, $SE=0.45$, $Wald=3.48$, $Exp(B)=2.40$, $p=0.062$). Parents in urban areas were more likely to fear schools reporting them ($B=1.55$, $SE=0.48$, $Wald=10.22$, $Exp(B)=4.70$, $p=0.001$).

3.2.1.2 | Health Care Providers. Parents who had young children were somewhat more likely to fear health providers reporting them because of their gender identity, at the level of a trend ($B=0.75$, $SE=0.45$, $Wald=2.79$, $Exp(B)=2.12$, $p=0.095$). Parents in urban areas were more likely to fear health providers reporting them ($B=1.39$, $SE=0.49$, $Wald=8.17$, $Exp(B)=4.02$,

$p=0.004$). Parents in trans-hostile states were more likely to fear health providers reporting them ($B=1.21$, $SE=0.53$, $Wald=5.20$, $Exp(B)=3.37$, $p=0.023$).

3.2.1.3 | Neighbors. Parents in urban areas were more likely to fear neighbors reporting them because of their gender identity ($B=1.08$, $SE=0.45$, $Wald=5.84$, $Exp(B)=2.95$, $p=0.016$).

3.2.1.4 | Family Members. Parents whose partners were trans or nonbinary were more likely to fear family members reporting them because of their gender identity ($B=1.80$, $SE=0.63$, $Wald=8.07$, $Exp(B)=6.03$, $p=0.005$). Those who lived in trans-hostile states were more likely to fear family members reporting them ($B=1.26$, $SE=0.60$, $Wald=4.40$, $Exp(B)=3.52$, $p=0.036$).

Thus, considering the family context, having young children appeared to heighten parents' perceived vulnerability for targeting in school and health care domains; having a trans partner heightened parents' sense of vulnerability in school and family domains. Considering the broader social context, urban settings were related to an enhanced sense of vulnerability in school, health care, and neighborhood domains, and living in more hostile states was associated with an enhanced sense of vulnerability in health care and extended family domains. Individual-level characteristics—namely, being perceived as trans, being of color, and having low income—were not significantly related to fear of being reported.

3.2.2 | A “Lack of Trust” and “Low-Grade Anxiety”: The Nature of Parents' Fears

Participants were asked to share details about the nature and experience of their fears of being reported or targeted. Many shared a general sense of anxiety, unease, and vulnerability when describing the possibility of being singled out for scrutiny because of their gender identity or other reasons. They alluded to mistrust of systems of authority, as well as, in some cases, members of their community, including neighbors and teachers. They recognized that “any stranger or professional [could] interpret our family through a prejudiced lens.” One parent said: “I just worry. You never know who might turn on you. They could make up reasons and as someone low income, we don't really have the resources to fight as well as rich people.” Another parent shared their “constant, low-level worry that being trans and raising children makes me a target, even when I'm doing everything right. There's always a fear that someone, whether a school official or neighbor, might make assumptions and report me without real cause.”

Some parents specifically spoke to the intersectional nature of their fears. They described ways in which their gender identity or expression, race, social class, and age intersected to impact outsiders' judgments of them, potentially causing health providers, teachers, or some other mandated reporter or government entity to challenge their parental rights or capacity and report them to CPS. One parent shared, “I worry that my nonbinary identity, combined with being a parent of color and sometimes operating on a limited income, might lead some

officials to question my parenting.” Referring to health providers and school officials, one parent said, “I am afraid they might find fault in me because am trans and bisexual and somehow find a way to take away my kids. I have never had issues before and prefer to keep that way.”

A few parents emphasized that their children's diagnoses or neurodivergence represented additional reasons why they might be targeted—and which could potentially be used against them to argue for why children should be removed from their care. Said one, “My child is also autistic. I'm concerned about that being weaponized to target our parental rights if we are ever targeted for our political activism.” Another parent shared, “Part of me continues to be afraid that if things continue to escalate [in terms of anti-trans climate] I could be accused of ‘grooming’ my child and have their autism used as an excuse to take them from us.”

Some parents managed their fears (e.g., “How much do I let other parents or teachers know about my identity? Will being out hurt my child?”) by reducing their visibility or engaging in selective disclosure of their identities. This decision was often fraught, and held consequences for parents who felt unable to be authentically themselves and exist openly in their gender. One parent said, “It's hard knowing that I have to keep my identity a secret in so many spaces. Every time I have to describe myself as a female, I cringe inside. It's hard to explain, but it kills me a little each time. But I know I am doing it to keep our family safe.” Another parent revealed that they had decided to homeschool “so that my child and I cannot be unfairly targeted,” noting, “[I have] limited my ‘outness’ in public spaces, especially in church related settings. We still go to church, but I've explained that we cannot disclose that I am [trans]. He seems to understand.”

3.3 | Role of the Sociopolitical and Legislative Climate in Parents' Fears

Asked to elaborate on whether they had experiences that made them fearful of being targeted or reported, most pointed to the anti-trans discourse pervading the nation and their specific communities. Noting the presidential administration's disdain for the trans community and its willingness to “violate the constitution to round up people they do not like and send them to prisons in other countries,” one parent said, “It is not a large stretch to believe they could target our communities next.” Another parent said, “The propaganda trying to frame queer and trans folk as being predators terrifies me that my family will be destroyed.”

Participants recognized that the current anti-trans environment could “encourage or enable reporting against LGBTQ families, even when no actual wrongdoing exists.” One parent reflected, “I know that some people, including those in positions of authority, still carry harmful biases... I worry about being misunderstood, especially in a political climate that has vilified trans people.” A few lived in “very Christian” or conservative areas, which amplified their worry about being “profiled,” “singled out as a problem,” or “having the way I parent scrutinized.”

Proposed laws that threatened consequences for parents who affirmed their children's gender nonconformity were

emphasized by a few parents as heightening their anxiety, as such laws seemed to target parents who could be seen as parenting in a way that might threaten or disrupt “normal” gender identity development—including trans parents. One parent said, “Some laws have been passed requiring teachers and doctors to report parents that allow gender affirming care,” noting, “I am trans,” implying that such laws could be applied to attack them. A few parents described how media coverage of trans parents who had faced discrimination and threats of child removal had escalated their concerns about being surveilled. One parent said:

I worry about being misperceived in contexts where people see my gender identity or parenting style as unconventional or unsafe. Stories in the media about trans parents losing custody or being harassed by state systems have made me more cautious, even if it hasn't happened to me personally.

In addition to grounding their fears in media coverage of stories from which they were somewhat removed or distanced, some participants' fears derived from negative experiences with people in their community, from whom they felt “a lot of judgment.” One parent shared “I have had neighbors make comments in the past stating that I am ruining my girls' lives... but that's all they have been, is comments.” Another parent shared that they had been “attacked on [their] way home,” causing them to feel unsafe in their own neighborhood. Most, though, spoke to a general sense of feeling unsafe in their communities rather than any direct threats against them. In turn, many spoke to a shift in community climate since Trump was re-elected, which fostered their unease, noting that community members seemed more hostile, avoidant, or “cautious about expressing allyship openly.” One parent shared, “When I first moved here people weren't necessarily accepting, but they kept their opinions to themselves. Now people are openly hostile and will harass queer members of the town.” Another shared, “The bible thumpers are more willing to shout from the hilltops how evil anyone not like them is.” In describing the shift in community sentiment, they cited cancellations of local LGBTQ+ community events, anti-trans discussions on local online forums, and an increase in certain flags/yard signs (“e.g., more flags and slogans promoting ‘parental rights,’ and more pushback against anything queer”). Such changes signaled an increasingly unsafe environment for trans people and their families.

3.4 | Mental Health Challenges, Experiences With Health Care Providers, and Associated Fears

Of particular interest was how participants' interactions with health providers might be meaningfully impacted by their heightened sense of scrutiny surrounding their gender identity and/or potential threats to their parenting rights—especially given the high rates of mental health challenges reported in the sample (Table 4). Such challenges underscore both (a) a high level of need for mental health supports in the sample, and (b) the vulnerability experienced by trans parents with mental health challenges, with regard to surveillance and potential reporting to CPS.

Almost 80% reported current anxiety (60% diagnosed by a provider, 19% self-diagnosed) and over two-thirds reported current depression (50% diagnosed by a provider, 17% self-diagnosed). Just 7% reported no mental health challenges. Asked how they were addressing or coping with such challenges revealed that over half of the sample was seeing a therapist, just under half were taking medication, and over 40% were engaging in hobbies or exercising.

3.4.1 | Concerns About Mental Health Help-Seeking

The mental health system can theoretically provide trans parents with support and resources to deal with the consequences of structural stigma and minority stress, but may not be trusted amid both historic and contemporary examples of mistreatment and bias. We were therefore interested in the degree to which participants experienced certain fears, worries, or concerns that may have interfered with help-seeking for their mental health challenges. When asked if they were fearful of seeking help for the difficulties outlined above, 10 (9.3%) said very much so, 35 (32.4%) said somewhat, 20 (18.5%) said neutral/mixed, 17 (15.7%) said not really, and 21 (19.4%) said not at all, with 5 (4.6%) missing. Thus, over 40% of the sample ($n=45$) experienced at least some worry about seeking help for their mental health challenges.

Considering only those who very much or somewhat feared seeking help or had mixed feelings about seeking help ($n=65$), when asked about reasons for these fears, almost half ($n=31$; 47.7%) endorsed fear of being judged as an “unfit” parent by providers, and almost one-third ($n=21$; 32.3%) endorsed fear of the CWS (e.g., having their children taken away). A total of 41.5% ($n=27$) feared being judged as “crazy” by family members, 40.0% ($n=26$) feared being judged as “crazy” by health care providers, 43.1% ($n=28$) feared their concerns would be invalidated by the medical system, 30.8% ($n=20$) feared homophobia or transphobia by the medical system, 13.8% ($n=9$) feared racism by the medical system, and 6.2% ($n=4$) indicated other worries (e.g., finding a trans-affirming therapist; lack of insurance).

Asked to elaborate on their fears, many participants emphasized their vulnerability when seeking out mental health support while trans and also a parent, whereby “biased interpretations of my identity or mental health could lead to investigations or challenges to my parenting.” They recognized that their gender identity, combined with their mental health and/or low-income status, could lead mental health or medical professionals to “view my challenges as neglect rather than a need for support.” One parent said, “I'm constantly afraid a professional is going to look at my PTSD and decide I need to be removed from positions of caregiving.” Another participant worried if they shared too much about

depression, about being overwhelmed, someone might see me as unstable. As a trans person, I already feel scrutinized, and I know that many trans parents have been investigated unfairly. It creates a chilling effect. [I want to] avoid raising red flags.

TABLE 4 | Mental health challenges and coping.

Current mental health challenges	Diagnosed by provider (N, %)	Self-diagnosed (N, %)	Total (N, %)
Depression	54 (50.0%)	18 (16.7%)	72 (66.7%)
Anxiety	65 (60.2%)	21 (19.4%)	86 (79.6%)
Obsessive compulsive disorder (OCD)	12 (11.1%)	6 (5.6%)	18 (16.8%)
Post-traumatic stress disorder (PTSD)	23 (21.3%)	14 (13.0%)	37 (34.3%)
Attention deficit/hyperactivity disorder (ADHD)	24 (22.2%)	14 (13.0%)	38 (35.2%)
Bipolar disorder	11 (10.2%)	2 (1.9%)	13 (12.1%)
Eating disorder	5 (4.6%)	6 (5.6%)	11 (10.2%)
Something else			5 (4.6%)
• Autism, $n = 3$ (two self-diagnosed, one provider diagnosed) • Dissociative identity disorder, $n = 2$ (both provider diagnosed)			
None of these/no mental health challenges			7 (6.5%)
Coping with mental health challenges	Yes (N, %)		
Seeing a therapist	56 (51.9%)		
Seeing a psychiatrist	31 (28.7%)		
Taking medication	51 (47.2%)		
Attending a support group/group therapy	13 (12.0%)		
Exercising	46 (42.6%)		
Meditating	34 (31.5%)		
Spending time with friends/family	40 (37.0%)		
Engaging in hobbies	45 (41.7%)		
Avoiding the news/media	25 (23.1%)		
Spending time with pets	32 (29.6%)		
Working	35 (32.4%)		
Using alcohol or drugs	14 (13.0%)		

Some participants delayed seeking treatment that they needed because of such concerns. As one parent shared, “It took me a long time to get help for my postpartum mental health conditions because I was concerned of CPS involvement if they thought I was unsafe with my child [even though] there was no basis for that concern.”

Participants engaged in hypervigilance alongside ongoing risk assessment, often walking a tightrope between sharing openly and being cautious about revealing personal information as they weighed the need for help against the risk of discrimination. One parent said, “My fear doesn’t always stop me from reaching out but definitely makes it harder.” Another parent said, “I carry a lot of fear that being open about mental health or financial struggles could be used against me, especially as a trans parent. There’s a tension between asking for help and staying under the radar.” Some parents had made the decision to not be “fully transparent” about their mental health struggles when they did seek help, worrying that “disclosing too much might trigger a

report or bias, even if I’m just trying to care for myself and my child responsibly.”

In some cases, fears were grounded in prior negative experiences with the health care system. These experiences often involved invalidation (e.g., “[I had] a therapist who imposed female gender norms on me”; “[I experienced] misgendering, invalidation of my experience, and refusal of care” and “glossing over ... of my concerns and mental health issues, [causing me to] lose faith in these systems”). Such invalidation was sometimes accompanied by harmful judgments. For example, one participant shared that their prior therapist “pushed [them] towards conversations and relationships with my abusive parents”, noting, “I didn’t feel heard, seen, or validated in my trans or nonbinary identities.” Another parent shared an account of a therapist who discouraged them from coming out as trans, and who “focused on how my life was and how I should....not change that out [to avoid] loss.” At times, these experiences led participants to “avoid new interactions with doctors.” One parent shared:

I recently cut ties with a therapist due to her refusal to write me a letter of support for top surgery... so even those professing to offer gender-affirming care abandoned me when I needed their help most. I have not sought another therapist since, and lost my Medicaid coverage [so can no longer] afford care right now.

At times, therapists invalidated their experiences and concerns as trans parents specifically, failing to recognize “the challenges of parenting while trans [and failing to] ask how they could support both my identity and my parenting journey.”

3.5 | Concerns About Legal Challenges to Parental Rights by Partners and Ex-Partners

In addition to their mental health concerns, participants endorsed other areas where they felt vulnerability vis-à-vis their parental rights in the legal system. Recalling that 30% of parents were fearful of family members reporting them to CPS, it became evident in the open-ended responses that some of the family members of concern were indeed partners and/or ex-partners. Given the unique power of partners and ex-partners to leverage the legal system against trans parents in a battle over their parental rights, we focus on these particular relational contexts.

3.5.1 | Current Partners

Most participants were partnered ($n = 100$; 93%), and most (68%) reported that these relationships were either excellent ($n = 36$) or very good ($n = 32$). Twenty-one (21%) indicated that their relationship was good, with the remainder indicating that it was better than okay ($n = 3$), okay/fair ($n = 6$), worse than okay ($n = 1$), and bad ($n = 1$). Asked if they had any concerns that their partner might use their gender identity against them (e.g., to gain custody) if they were to separate or divorce, 11 (11%) said yes, and 11 (11%) were not sure.

When elaborating about concerns about how their gender identity could be used against them in a legal setting by a current or past partner, participants emphasized knowledge of and at times personal exposure to anti-trans bias in the legal system. Some knew or were aware of other trans people who had lost custody of their children, which informed their concerns. Said one: “I worry that my gender identity might be... unfairly judged by courts or opposing parties during a custody dispute, even though I provide a loving and stable environment.... My concern is rooted in past experiences and stories from others in similar situations.”

Some participants voiced a sense of uncertainty, acknowledging both that they could not be completely sure of what their partners might do in a separation or divorce situation and also highlighting their vulnerability as trans and/or lack of legal protections vis-à-vis their children. One parent shared that their partner had “never shown signs of weaponizing my identity. Still, I remain cautious due to how legal systems can misinterpret or amplify bias.”

Most participants were not concerned about their partners weaponizing their gender identity. Over half emphasized that they trusted their partners, and their partners knew that they were good parents. One parent said, “I do not have concerns about this due to the way that my partner honors, respects, treats, and sees me. I trust her to never use that against me in any way.” A few parents said that they simply did not think they would get divorced, and thus the issue was moot. One parent said, “I just don’t see the likelihood of a divorce any time soon. Initial stresses [related to my gender identity/transition] were handled early on and we live as normal now, so this is unlikely to be a thing, and even less likely to be used against me.” Over 10% of participants said that they were not worried because their partner was also trans and/or queer (“We are both nonbinary”; “Both of us are not straight so there’s no possibility of that”).

A few parents noted that despite being trans or nonbinary, they were, in the eyes of the law, “the mother” (e.g., because they had given birth to their child and were the child’s legal biological mother) and did not anticipate discrimination. A few parents stated that they were good parents, and trusted that would be a key consideration. One parent felt that their children’s voices would drown out any efforts by their partner to use their gender identity against them.

3.5.2 | Ex Partners

Of the nine participants who were divorced or separated from the parent of one or more of their children, three noted concerns that this parent might use their gender identity against them to gain custody. One parent elaborated: “Since the parent is straight, he might pull the gender card to gain primary custody of our child.” Another parent said, “My former partner has made veiled comments in the past about ‘what’s best for the kids,’ especially when I began transitioning. I worry they might lean into anti-trans rhetoric if legal custody were ever revisited.” Then, in one case, an ex-partner had “already used my being trans as reasoning for why I shouldn’t have full custody of our daughter.”

Participants without concerns described positive coparenting relationships and affirmation of their gender identity, with one sharing, “She’s also trans.” One parent said, “We split on really good terms. We both believe having both of us in the kid’s life is best for the kid, so we just focus on that. I’ve never been threatened over my gender identity or anything.” Another parent was reassured by their “respectful co-parenting relationship; [ex] has consistently affirmed my identity and prioritized our child’s well-being over any personal differences.”

4 | Discussion

The trans parents in this study expressed substantial concerns that their gender identity could lead to people from four domains of interaction—health care, schools, neighborhood, and family—reporting them to social services, in part due to the current sociopolitical environment. The quantitative data demonstrated that components of trans visibility (i.e., being

a trans person with a trans partner), as well as social context factors such as urbanicity and state legal environment, had the strongest pattern of association with parental worries across reporting domains. The qualitative data revealed how different intersectional identities, while not statistically significant predictors in our regressions, were salient in shaping participants' concerns, with parents discussing how stigma related to their trans identity as well as their race and low-income status informed their fears.

The finding that trans parents with trans partners experienced heightened worries about their vulnerability to CPS reports by professionals in both school and health care domains is important, as it signals how, on the flipside, trans parents with cis partners may experience a layer of protection and privilege that buffers them from the stress of more intense scrutiny (Siegel 2024). It is possible that having a cis partner may serve as a safety net by being the face of the family during interactions or situations where being trans makes parents feel unsafe or vulnerable. Alternatively, it may simply be that trans parents with trans partners are on heightened alert in these settings due to the combination of their own and their partners' heightened vigilance, whereby the minority stress related to worry about scrutiny and targeting becomes compounded for both parents. Future research can explore this.

Our finding that parents of young children were more likely than parents of older children to experience concerns about CPS reports by school and day care officials as well as health care providers likely reflects their understanding that young children, in general, have more “eyes” on them (CWIG 2023). It may also reflect their awareness of the stigma reinforced by political and social discourses that position young children as innocent and in need of “saving” from deviant adults (Snaider 2024) and the reality that young children are most likely to be removed by CPS (Annie E. Casey Foundation 2024). Some parents mentioned homeschooling as a way of reducing visibility and securing their family's safety, security, and privacy. This option may be especially desirable among parents of young children, who may see the harms associated with opting out of formal school as low compared to the risks of exposure to potentially judgmental teachers and day care providers—powerful actors with the duty to report suspected “harm.”

Although the fears and experiences described by the study population may have originated prior to the election of Donald Trump to a second term, they were clearly exacerbated by his campaign, associated rhetoric, and proposed policies. Parents articulated ways in which these structural stigmas—namely, the rise of anti-trans rhetoric, alongside proposed and enacted anti-trans policies—created an environment where they felt less safe being themselves, using needed resources, reaching out for help, and disclosing difficulties, inasmuch as they recognized that their multiple vulnerabilities could be used against them. Concerns were present even among individuals who had not experienced discrimination directly but were reacting to reports of discrimination enacted against others.

Participants recognized that the mental health struggles that they faced, in part as a result of both direct and indirect

experiences of minority stress and discrimination, could be used as a reason to find them unfit. Such findings echo other work documenting how LGBTQ+ people who are marginalized based on race and class in particular may possess heightened fears surrounding scrutiny and surveillance (Goldberg and Frost 2025) and may not disclose key aspects of their identity and experience, potentially leading to amplified distress but also potentially shielding them from discrimination (Suppes et al. 2021). Given that trans parents in trans-hostile states were more likely to fear reporting to CPS by health providers than those in trans-affirming states, there is a clear need for health care providers to be explicit in their commitment to unbiased care for trans patients, recognizing that trans parents in particular may be hesitant to engage with care amid broader community, state, and national anti-trans discourse.

Trans parents' efforts to shield themselves from potential stigma and scrutiny, such as by trying to reduce their visibility as trans as well as limiting their access to health care and mental health supports, were in tension with the recognition that such efforts came with costs, including the pain of hiding who they were and going without needed services. The trans parents in this study reported high levels of mental health challenges: 60% reported a current diagnosis of anxiety, and 50% reported a current diagnosis of depression, which is higher than rates reported among trans people generally, and in clinical settings specifically. For example, using electronic health records data, Wanta et al. (2019) found that 58% of trans patients had at least one psychiatric diagnosis compared to 14% of the cis patient population—and, specifically, 31% of trans people (vs. 6% of cis people) had an anxiety disorder, and 31% of trans people (vs. 5% of cis people) had major depression. Thus, the current sample is experiencing high levels of distress, likely at least in part influenced by the current sociopolitical environment, in concordance with recent research (Goldberg and Sears 2025).

Although we did not ask about moving as a strategy for addressing their fears, our quantitative data highlight the significance of the state legal context in shaping parents' concerns, and, other researchers have reported on a growing number of trans parents and parents of trans children uprooting their lives in order to move to safer locations (Abreu et al. 2022; Goldberg and Sears 2025; Pyne et al. 2015; Lopez et al. 2025). Yet given the role of income and other dimensions of privilege (e.g., job mobility) in LGBTQ+ people's ability to relocate amid the increasingly nationwide impact of anti-LGBTQ+ policies and rhetoric (Goldberg et al. 2024), it is likely that many of our participants would not see this as an accessible option. In this way, trans parents' options for coping with or escaping structurally stigmatizing environments are inevitably constrained by their access to resources—resources that were generally limited for the participants in our study, most of whom were financially dependent on government services.

This study speaks clearly to the profoundly negative effects of the current political climate on trans parents and their children. The growth of anti-trans policies and rhetoric has led to an environment of growing anxiety and mistrust—in relation to neighbors, community members, teachers, family members, health care providers, and ex-spouses. Against a backdrop of intensifying anti-trans sentiment (Kemp 2024) and unverified

stereotypes of trans parents as “unfit” (Hafford-Letchfield et al. 2019; Massey et al. 2021), trans parents in this study voiced a set of fears and experiences that underscore the ways that the CWS might be used less to protect children and more to establish what types of parents and families are considered acceptable in a given environment (Goldberg and Frost 2025; Polikoff and Spinak 2021). Even among parents who had not experienced discrimination themselves, there was a deep, immediate awareness of the potential for such discrimination, with many parents highlighting how knowledge of discrimination (e.g., via the media) had impacted their sense of safety and security.

It is worth noting that the study also identified several factors that improve the resilience of trans parents. The state legal environment significantly affected parents' fears about being reported to the CWS, such that parents in more supportive states were less afraid. This finding echoes prior work on trans adults (Goldberg and Sears 2025) and parents of trans children (Abreu et al. 2022) in underscoring the effects of the state legal climate on feelings of vulnerability and associated distress. Further, the qualitative data revealed that supportive ex-partners helped to deflect concerns about the potential for reduction in child custody, highlighting the need for legal professionals to guide respectful and cooperative coparenting arrangements that protect and uplift both parents' right to their children (Minter 2018, 2019).

4.1 | Limitations

This study has several limitations. The sample of trans parents available on Prolific, and in particular the sample who responded to this survey, may not be fully representative of the range of identities and experiences of trans parents more broadly in the United States. This study also took place in a very specific political context where the “Big Beautiful Bill” was being emphasized in the news and may have increased a focus on and concerns about loss of funding to the social safety net (Evans 2025). Additionally, the sample size was not sufficient to fully evaluate many of the intersectional factors that may have affected parents' concerns about surveillance across contexts, which will need to be evaluated in future research. Also, the crude dichotomization of race into white vs. of color limited our ability to test for racial differences. Similarly, our use of dichotomous outcomes and predictors reduced our ability to detect small effects. Indeed, we did not find significant results for some expected findings (e.g., living in a state with less trans-affirming policies was unrelated to fear of being reported by schools), warranting additional research with larger samples and more refined and targeted measures.

4.2 | Implications for Policy, Practice, and Research

Family practitioners, behavioral health providers, and other allied health and community service professionals must work to understand and address the fears of trans parents and their corresponding efforts to protect their families, as trust in the efficacy of the US legal system wanes (Copeland 2025). In

particular, professionals should make a point of staying up-to-date with changes in local and federal politics that may affect trans and queer parents, including their mental health and ability and willingness to access resources, and should initiate discussions at the organizational level as to what the implications of these policies are for family safety and how they can best be addressed. Further, given that trans parents often hold other vulnerable identities, the organizations and individuals that work with them should be aware of their very valid concerns about potential victimization of their families as well as themselves.

Data show that many trans people, including trans parents and parents of trans children, are actively concerned that steps they previously took to legally transition, or to improve their health care and social services experiences (e.g., self-identifying their pronouns and gender in electronic medical records), may now increase their visibility and vulnerability to systematic harm by an overtly oppressive regime (Queerdock 2025). For trans parents of minor children, this fear has clearly intensified (Lang 2025). Our participants' reported concerns around help seeking and identity disclosure add to and nuance these emerging findings.

The data used in this study were gathered in the fifth and sixth month of the second Trump presidency, prior to reports that the FBI is considering classifying trans people as “nihilistic violent extremists,” and prior to launching a banner on federal government websites that include gender-affirming care (referred to as ‘gender mutilation’) as a reason that Americans are unable to access their SNAP benefits during the 2025 government shutdown (Monteil 2025a, 2025b). Other studies report that trans parents face growing dread as civil rights are eroded, acts to expose the private patient records of trans youth to the media are decriminalized (Raymond 2025), and the government is seeking the medical records of individuals undergoing gender affirming care as well as their providers' identities (Associated Press 2025). Finally, as access to and availability of adult gender affirming care narrows, trans parents are likely to face concerns about structural medical transition interruptions leading to increased visibility in the community and an associated potential uptick in personal vulnerability and risk.

The current political environment raises questions around whether previously developed best practices for collecting sexual orientation and gender identity data (e.g., Waad and Johnson 2025) could potentially now risk more harm than good—and whether the documentation of sexual and/or gender minority status across both health care and various government systems might risk criminalization of identities as well as child removal (Lewis et al. 2025). Researchers must similarly consider not just the safety of their study data but how their research could be misinterpreted by bad actors (Wuest 2025).

Trans parents' fears are likely to increase as more state governments pass bills criminalizing the use of bathrooms and changing spaces (e.g., Idaho House Bill 752 2026). These bans not only affect trans people's safety and well-being, but also increase forced parental isolation as states aim to criminalize access to public spaces where parents commonly take their children, such as playgrounds, swimming pools, and libraries.

Amid the rise in state-supported scrutiny of suspected trans people in restrooms (e.g., Kansas House Substitute for Senate Bill 244 2026), and the alarming potential penalties for conviction, increased anxiety and isolation among trans parents are likely outcomes. Also, trans parents are being forced to consider that, should they be arrested, their children will likely come into contact with CPS, and, should they become incarcerated, they may be at risk for forced de-transition amid the roll-back of safety precautions in prisons (Ferguson 2025). Mental health providers must be attuned to the serious threats that trans parents are facing, and seek to provide both validation and strategic supports.

5 | Conclusions

In Trump's second presidency, attacks on the rights and well-being of trans Americans have increased the vulnerability already experienced by many trans parents. Our research demonstrates the ways in which individual and contextual factors, such as trans visibility, having young children, living in an urban community, and the state policy environment, may affect parents' sense of vulnerability and associated concern about being targeted and reported to CWSs for who they are rather than because of actual concerns about their ability to parent or their relationship with their children. Having demonstrated the ways that these concerns may reduce trans parents' willingness to engage with medical and social service systems, there is an urgent need to determine how social systems can be made safer in order to facilitate trans parents' access to necessary services for themselves and their children.

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Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Endnotes

¹In this paper, we distinguish between the "child welfare system" (or child welfare services; CWS) and "child protective services" (CPS). Although these terms are sometimes used interchangeably to describe government services tasked with safeguarding children and prioritizing their safety, CWS more often refers to the broader comprehensive system that focuses on family stability and providing resources and services, whereas CPS typically refers to the reactive, investigative arm of the CWS (Child Welfare Information Gateway 2025).

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