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Mothers of transgender youth experience stigma-by-association

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Abstract

The current research investigated whether mothers of transgender youth experience stigma-by-association. Mturk participants ($N = 489$) were randomly assigned to read a vignette about a family in which the social identity (transgender, gay/lesbian, cisgender/heterosexual control) and gender (girl, boy) of a child was manipulated, while all other information was held constant. Results revealed stigma targeting mothers as a function of children's social identity (but not gender), such that mothers of transgender girls and boys were viewed substantially more negatively than identical mothers of cisgender/heterosexual youth. Moreover, this stigma was particularly robust among politically conservative participants. In contrast, mothers of gay/lesbian youth did not encounter systematic stigma, though they were sometimes perceived more negatively than mothers of cisgender/heterosexual youth. Results provide novel experimental evidence of stigma-by-association targeting mothers of transgender youth and raise serious concerns about the treatment of parents who seek to affirm their transgender children.

1 | INTRODUCTION

In 2022, Texas Governor Greg Abbot issued an Executive Directive (later upheld by the State Supreme Court) mandating the criminal investigation of parents who support gender-affirming care for their transgender children, explicitly equating medically necessary treatments with child abuse (Chappell, 2022). This case demonstrates that the pervasive discrimination and stigma against transgender youth (e.g., Grant et al., 2011) may extend to people close to them—namely, their parents. Such stigma may limit parents' support of gender-affirming care for their transgender children, with serious consequences for children's well-being (e.g., De Vries et al., 2014; Matouk & Wald, 2022). Thus, the current research provides a novel experimental investigation of whether parents of transgender youth experience stigma-by-association, even when they do not explicitly affirm their children's gender identities. Further, given past research (e.g., Hoyt et al., 2018; Norton & Herek, 2013; Prusaczyk & Hodson, 2020), we explored whether this stigma-by-association might be associated with

observer's political orientation, such that it is particularly likely to emerge among conservative participants.

2 | STIGMA TARGETING THE TRANSGENDER COMMUNITY

For the purposes of the current work, we utilize the word *queer* as an umbrella term to refer to minoritized gender and sexual identities (e.g., Ariza & Brown, 2020). We also employ the term *gender modality* to refer to the ways in which “a person's gender identity stands in relation to their gender assigned at birth” (Ashley, 2022). This overarching category encompasses various specific modalities including transgender (i.e., when the sex assigned at birth does not align with one's current gender identity) and cisgender (i.e., when the sex assigned at birth is consistent with one's current gender identity), and facilitates the inclusion of additional terms reflecting diverse experiences of gender modality. In the current work, we focus on stigma targeting those with transgender modalities—and more

specifically, whether this stigma extends to people closely associated with them.

Of great concern, the transgender community experiences substantial levels of stigma, associated with serious consequences such as suicidal ideation (e.g., Lelutiu-Weinberger et al., 2020). Indeed, transgender people experience violence and discrimination in the health care (Kcomt, 2019), legal (Stotzer, 2014), occupational (Moss-Racusin & Rabasco, 2018), and education (GLSEN, 2017) systems. For example, experimental work revealed that transgender job applicants were less likely to be hired than identical cisgender applicants (Moss-Racusin & Rabasco, 2018). Stigma targeting the transgender community may currently be expressed more readily than that targeting sexual minority groups (e.g., those who identify as gay, lesbian, and bi/pan-sexual; Macapagal et al., 2016). Further, transgender youth (i.e., those in middle and high school settings) may be particularly likely to experience serious stigma, especially from classmates and school staff (Grant et al., 2011). However, very little is known about whether this stigma extends to people associated with those in the transgender community—that is, their families, friends, colleagues, and acquaintances.

3 | STIGMA-BY-ASSOCIATION

People close to stigmatized individuals sometimes experience stigma themselves, termed stigma-by-association (Kulik et al., 2008; Neuberg et al., 1994; Pryor et al., 2011) or courtesy stigma (Goffman, 1963). For example, a job applicant pictured talking with a Black employee was rated as less hireable than the identical applicant seen with a White employee (Pryor et al., 2011), and men who support gender egalitarianism encounter stigma-by-association by virtue of their perceived affiliation with women (Rudman et al., 2012). Stigma-by-association effects have been observed across many contexts, targeting otherwise non-stigmatized people affiliated with atheists (Franks et al., 2019), overweight individuals (Hebl & Mannix, 2003; Pryor et al., 2011), and those with mental illness (van de Sanden et al., 2013). Further, people affiliated with those from sexual minority groups appear to encounter stigma-by-association. For example, one study (Neuberg et al., 1994) exposed participants to a video of a heterosexual male college student engaging in conversation with another male friend. When participants were told that the friend was gay, they rated the student more negatively than when they believed his friend was heterosexual (see also Goldstein, 2017). While this work suggests that stigma can spread from those in the broader queer community to their friends, it is not yet clear whether these patterns emerge for family of transgender people.

Some existing work has explored the theoretical processes underscoring stigma-by-association effects, including potential mediators and moderators. Informed by balance theory (Heider, 1958), models of stigma-by-association seek to explain the means by which observers make sense of apparently-contradictory relationships between nonstigmatized individuals (who likely evoke positive evaluations) and stigmatized individuals (who likely evoke negative

evaluations). To do so, many utilize dual-process theories incorporating both deliberate/intentional/explicit as well as associative/reflexive/implicit reactions to both stigmatized targets and those affiliated with them (e.g., Kulik et al., 2008; Neuberg et al., 1994; Pryor et al., 2011). Although we do not directly consider process variables in the current work (see Section 6.1), our theoretical reasoning is consistent with these existing frameworks in that we presume that both associative (e.g., classical/evaluative conditioning) and deliberate (e.g., consciously blaming mothers for children's perceived flaws) are likely at play. Further, prior work suggests that stigma-by-association may be highly likely to emerge in this context, because maternal roles encompass highly gendered expectations for caregiving (Ladd-Taylor & Umansky, 1998; Riggs et al., 2023) as well as meaningful and highly entitative familial relationships (Pryor et al., 2011). Thus, we expected to uncover novel experimental evidence of stigma-by-association targeting the mothers of transgender youth.

Of importance, prior work has explored several constructs related to the current research question. For example, existing research has demonstrated stresses experienced by cisgender parents of transgender children (e.g., Hidalgo & Chen, 2019), implicit and explicit bias against sexual and gender minority youth on the part of their cisgender, heterosexual parents (Hubachek et al., 2023), discrimination against parents who are transgender (e.g., de Brito Silva et al., 2022), and stigma-by-association targeting the children of queer parents (e.g., Fairtlough, 2008; Knight et al., 2017). And yet, few studies have directly explored possible stigma-by-association effects targeting the parents of transgender youth. Much of the literature that does exist on this topic consists of self-report data and case-study interviews with family members who report having experienced stigma-by-association (e.g., Menvielle & Tuerk, 2002).

To our knowledge, only one study has experimentally examined our research question. Riggs et al. (2023) had participants read vignettes about a parent and child, manipulating the gender of the parent, gender of the child, and the child's gender modality (cisgender, transgender, or nonbinary). They found no impact of children's gender modality on ratings of parents. However, we argue that several specific methodological elements may have contributed to these results, necessitating the need for further research. First, this experiment used a within-subjects design in which each participant read about and rated identically-described parents of cisgender, transgender, and nonbinary youth. Encountering children of each gender modality may have reasonably alerted participants to the true nature of the study (i.e., testing for negative reactions to parents of gender minoritized youth). This may have been exacerbated by the fact that, as reported by the authors, "The fictional vignettes were identical, with just the name of the parent, the name of the child, and the gender (of the parent) or gender and gender modality of the child manipulated" (p. 201). In other words, participants read the *exact same* description of parent and child, with only the manipulated variables changed across vignettes, further highlighting the importance of child's gender modality to the true nature of the study. As a result, social desirability effects may have led participants to

artificially rate all targets equally, so as not to appear prejudiced against marginalized gender modalities (Tebbe & Moradi, 2012).

Additionally, Riggs et al. (2023) only presented descriptions of parents who overtly supported their child, writing in each vignette (with italicized information varying according to condition): "(Parent Name) believes that, as a parent, *her/his* role is to support *her/his daughter/son/child* to be happy, to allow *his/her daughter/son/child* to make decisions about *her/his/their* life, and to help *her/his daughter/son/child* navigate the complexities of growing up in contemporary Australia" (p. 201). This highly positive depiction may have artificially suppressed the emergence of any stigma-by-association effects that would have been observed in the presence of more nuanced stimulus materials. Indeed, substantial existing research has indicated that prejudicial reactions are far more likely to emerge in the presence of realistic ambiguity, and tend to be suppressed when unambiguously positive experimental materials artificially constrict otherwise variable reactions (see Gaertner & Dovidio, 2005). Thus, we reasoned that it would be critical to create more ambiguous depictions of parents and their children, to allow for the emergence of stigma-by-association effects if they exist. Finally, because Riggs et al. (2023) did not include conditions in which children expressed marginalized sexual identities (e.g., gay, lesbian) and only recruited participants who were living in Australia, additional work is needed to determine whether results might reveal evidence of stigma-by-association targeting the parents of sexual minority youth, and/or generalize to other cultural contexts.

4 | THE CURRENT RESEARCH

We sought to expand upon the prior research (Riggs et al., 2023) by utilizing a between-subjects design to mitigate social desirability effects, as well as less overtly positive vignettes to avoid suppressing the emergence of potential stigma-by-association effects. We focused on reactions to mothers, because prior work has indicated that mothers (relative to fathers) are particularly likely to be viewed as responsible/to blame for their children's outcomes (see Ladd-Taylor & Umansky, 1998; Riggs et al., 2023). Furthermore, we included a condition in which targets' children identified as gay/lesbian (rather than transgender), to compare potential stigma-by-association as a function of children's gender modality as well as sexual orientation and obtain a clearer picture of reactions to mothers of queer youth. Consistent with prior work (Riggs et al., 2023), we manipulated children's gender identity to determine whether there were any differences in reactions to mothers of boys and girls. Thus, we utilized a 3 (child's social identity: transgender, gay/lesbian, cisgender/heterosexual control) \times 2 (child's gender: boy, girl) between-subjects design.

We note that this design artificially contrasts gender modality with sexual orientation, in that it compares reactions to mothers of children who identify as transgender (i.e., a gender modality) with those who identify as gay/lesbian (i.e., a sexual orientation). Of great importance, we do not intend to imply that identifying as transgender

and identifying as gay/lesbian are mutually exclusive. Indeed, experiences of gender modality and sexual orientation encompass many diverse identities (e.g., many people are both transgender and lesbian/gay), and these two categories are in fact distinct elements of broader social identification. We chose to manipulate the overarching category of children's social identity—including a condition in which the child identifies as a minoritized gender modality, as well as one in which the child identifies as a minoritized sexual orientation—to compare potential stigma-by-association effects targeting the mothers of transgender versus gay/lesbian youth.

As preregistered (see below), we hypothesized that we would observe a main effect of child's social identity such that mothers of queer children (i.e., those who identify as transgender and gay/lesbian) would be rated more poorly across all outcomes relative to mothers of cisgender/heterosexual children. Although there was insufficient prior literature to warrant specific predictions, we explored whether the magnitude of stigma-by-association might differ for (1) mothers of transgender versus gay/lesbian children and (2) mothers of boys versus girls. Finally, because prior work has shown that relatively conservative people may be more likely to express stigma toward marginalized gender and sexuality groups compared with relatively liberal people (e.g., Hoyt et al., 2018; Norton & Herek, 2013; Prusaczyk & Hodson, 2020), we explored the potential moderating role of participants' political orientation.

5 | METHOD

All methods, materials, and analyses were preregistered and are available on the Open Science Framework (https://osf.io/jysbh/?view_only=0e902b038a354d448a10d4d06b1a410f). All deviations from this preregistration are clearly noted. All conditions and measured variables are reported. Data and materials are available at (OSF link to be included postacceptance).

5.1 | Participants

Participants were recruited via Amazon Mechanical Turk (using Cloud Research; Litman et al., 2017), located in the United States, 18 years or older, and fluent in English. An a-priori power analysis conducted with G*Power (Faul et al., 2007) revealed that 432 participants would be required to detect a small effect size ($f = 0.15$). To account for potential attrition, we collected data from 500 participants (two of whom could not submit their data due to computer error). We removed nine participants for failing the critical manipulation check (assessing their memory for experimental condition), resulting in a final sample of 489 participants. A post-hoc sensitivity analysis (again using G*Power) indicated that this sample size enabled us to detect effects as small as $f^2 = 0.02$ with 0.80 power.

Among our final sample, 69.9% self-identified as female and 30.1% self-identified as male ($M_{\text{age}} = 45.88$, $SD_{\text{age}} = 11.95$). Further, 80.6% were White, 7.6% Black, 3.7% Latinx, 1.8% East Asian, 1.8%

South Asian, 1.4% Southeast Asian, 0.2% Middle Eastern, 1.6% Native American/Pacific Islander, and 0.8% Multiracial. On average, participants were neutral in their political orientation, $M = 3.90$, $SD = 1.78$, $t(488) = -1.22$, $p = .224$, on a scale of 1 (*very liberal*) to 7 (*very conservative*). 0.4% of the sample identified as transgender; 94.3% reported being heterosexual, 0.8% lesbian, 4.3% bisexual, 0.2% pansexual, and 0.2% preferred to self-describe; 94.9% from the USA, 5.1% other country; 24.5% rural, 40.3% suburban, 16.4% small town/city, 18.6% large town/city; 98.4% were parents, and 25.6% had middle-school aged children. On a scale of 1 (*not at all*) to 7 (*very much*), participants reported considering themselves somewhat “religious” (i.e., just above the midpoint of the 1–7 scale, $M = 3.74$, $SD = 2.25$, $t(488) = -2.58$, $p = .010$, and quite “spiritual,” $M = 4.61$, $SD = 2.06$, $t(488) = 6.50$, $p < .001$. Of participants, 59.3% reported sometimes/often attending religious services, 75.5% reported sometimes/often praying, and 41.5% reported having had a religious or spiritual experience that had changed their life.

5.2 | Materials

5.2.1 | Structured brainstorming task

Participants completed a brainstorming task modified from existing research (e.g., Fetterolf & Eagly, 2011; Gartzia & Fetterolf, 2016; Moss-Racusin et al., 2021) designed to help them take the perspective of someone with a child in middle school (see Supporting Information for the full text of the prompt). Of interest, participants generally spent longer than the required 2 min on the brainstorming task ($M = 259.05$ s, $SD = 144.54$ s, range: 120.98–1062.64 s) and generated detailed vignettes, suggesting that they were able to take the perspective necessary to complete the remainder of the study.

5.2.2 | Manipulation of child's social identity and gender

Participants read that they would “be presented with a written description of a real family randomly selected from our database. Remember, the computer will randomly select one family for you to read about from our large database, which contains real descriptions about all kinds of families managing different sorts of life experiences. We are particularly interested in people's perceptions of mothers who encounter different situations.”

Participants were then assigned to read one of six vignettes, depicting the mother of a child who identified as either transgender, lesbian/gay, or cisgender/heterosexual control, as well as either a boy or a girl. The vignettes read as follows, with information in italics varying appropriately across conditions:

A few weeks ago, a new family moved in down the street from you. They have one child (*Sofia/Ethan*, age 13), who will be riding the bus to middle school with

your children. Soon after the family moves in, *Sofia/Ethan* invites one of your kids to go for a walk. The two become fast friends—both enjoy soccer, photography, and running, and they get along well. One day, when your child comes home from seeing *Sofia/Ethan* after school, they mention that several kids were talking on the bus about how they were learning about social identities in health class. When *Sofia/Ethan* overheard this, *she/he* mentioned that *she/he* has thought a lot about *her/his* own social identity. *She/he* shared that *she/he* identifies as transgender, and recently transitioned to live and present as a girl/boy; *She/he* shared that *she/he* identifies as gay/lesbian; *She/he* shared that *she/he* identifies as straight. The next time you're on a walk in your neighborhood, you see *Sofia's/Ethan's* mother getting into her car. You've been seeing her around her house and walking in her yard and can't quite tell what she's been up to. She's not overly friendly or particularly shy, but she did say hello when you saw her at the grocery store last week, and she mentioned that she is starting to get used to the town.

To create the vignettes, we first selected names that were common among middle school-aged youth of multiple racial backgrounds at the time of data collection, and clearly conveyed gender (i.e., according to census data, “Sofia” and “Ethan” were both among the top 10 most common names across racial groups 13 years earlier). Further, we intentionally included the last two sentences, because prior work suggests that potential stigma is mostly likely to emerge under conditions of social ambiguity (see Gaertner & Dovidio, 2005).

5.2.3 | Measures

We identified nine dependent variables often assessed in the broader stigma literature to begin to explore the nature and severity of stigma-by-association targeting mothers of transgender youth (and included a 10th variable assessing reactions to the child directly). Items were averaged to create all scales, with higher scores indicating greater levels of each construct. *Perceived maternal competence* was assessed with six items (1 = *not at all*; 7 = *very much*), including: “I believe that [Ethan/Sofia]'s mother is competent” and “How likely is it that [Ethan/Sofia]'s mother has the necessary skills to be a good parent?” ($\alpha = .94$). *Perceived maternal likeability* was assessed with seven items (a typo in the preregistration mistakenly referred to eight items), of which the first was a feeling thermometer (“Overall, how warm or cold do you feel towards this mother on a scale of 0 (*very cold*) to 100 (*very warm*)?”), and the last six were measured on a scale from 1 (*not at all*) to 7 (*very much*), including: “How much did you like [Ethan/Sofia]'s mother?” and “I would want to be friends with [Ethan/Sofia]'s mother” ($\alpha = .91$). *Perceived maternal blame* (i.e., the extent to which the mother was viewed as responsible for who her child

becomes) was assessed with five items (1 = *not at all*; 7 = *very much*), including: “To what extent do you think that [Ethan/Sofia]’s mother shapes who [Ethan/Sofia] is becoming?” and “I believe that [Ethan/Sofia]’s mother is not influencing [Ethan/Sofia]’s identity” (reverse-scored; $\alpha = .85$). Participants’ *willingness to help* the mother was assessed with seven items (1 = *not at all*; 7 = *very much*), including: “I would be willing to talk with [Ethan/Sofia]’s mother about her problems,” “I would help drive [Ethan/Sofia] if [applicable pronoun] mother asked,” and “I would be happy to run errands for [Ethan/Sofia]’s mother if she needed my help” ($\alpha = .94$). *Perceived maternal involvement* in the child’s life (i.e., the extent to which the mother was perceived as aware of and engaged with her child’s experiences) was assessed with 11 items (1 = *not at all*; 7 = *very much*), including: “To what extent do you think [Ethan/Sofia]’s mother knows what is going on in [Ethan/Sofia]’s life?,” “I believe that [Ethan/Sofia]’s mother typically asks how [Ethan/Sofia]’s day went,” and “I would guess that [Ethan/Sofia]’s mother might not be checking in on [Ethan/Sofia] enough” (reverse-scored; $\alpha = .95$). *Perceived maternal morality* was assessed with nine items (1 = *not at all*; 7 = *very much*), including: “If you had to guess, to what extent would you say [Ethan/Sofia]’s mother has good values?” and “I believe that [Ethan/Sofia]’s mother instills good morals in [Ethan/Sofia]” ($\alpha = .84$). *Desired social distance* from the mother was assessed with 10 items (1 = *not at all*; 7 = *very much*), including: “If you were having a social gathering, would you invite [Ethan/Sofia]’s mother?” (reverse-scored), “To what extent would you be inclined to avoid [Ethan/Sofia]’s mother?,” and “I would be willing to join a carpool with [Ethan/Sofia]’s mother” (reverse-scored; $\alpha = .95$). *Anticipated awkwardness* around the mother was assessed with four items (1 = *not at all*; 7 = *very much*), including: “To what extent do you anticipate feeling awkward around [Ethan/Sofia]’s mother?” and “I would not know what to say to [Ethan/Sofia]’s mother” ($\alpha = .90$). *Willingness to vote* for the mother for PTA (which was referred to as a behavioroid measure in the preregistration, with unspecified coding) was assessed with one item (1 = *definitely not*; 7 = *definitely yes*): “You find out that [Ethan/Sofia]’s mother is running for the Parent Teacher Association at your child’s middle school. Would you vote for her?”. Finally, to explore the nature and magnitude of stigma directly targeting queer youth, a 10th outcome variable assessed *positive perceptions of the child* with five items (1 = *not at all*; 7 = *very much*), including: “To what extent do you feel comfortable letting your child be friends with [Ethan/Sofia]?” and “I think that [Ethan/Sofia] is probably a nice kid” ($\alpha = .88$).

5.2.4 | Manipulation checks

In keeping with our preregistration, we removed nine participants who failed the central manipulation check, which was: “What was the social identity that [Ethan/Sofia] disclosed to your child?” (gay/lesbian, trans, straight, I don’t remember). We also asked: “What was [Ethan/Sofia]’s gender?” (boy, girl, I don’t remember) and “If you had to guess, how do you think [Ethan/Sofia] probably identifies?” (transgender, cisgender, not sure). Consistent with some past

research (Gallagher & Bodenhausen, 2021), participants were more likely to misgender the child (i.e., identifying a boy as a girl or a girl as a boy, or not remembering the gender) in the transgender conditions compared with the gay/lesbian and control conditions, $Chi^2(2) = 88.70, p < .001$. In addition, although the control and gay/lesbian conditions did not explicitly note the child’s gender modality, participants were more likely to assume that children were transgender when they identified as gay/lesbian ($n = 14$; 8.43%) than when they identified as heterosexual ($n = 3$; 1.91%), $Chi^2(4) = 395.36, p < .001$.

5.2.5 | Demographics

We assessed participants’ demographics, including age, gender, gender modality, sexual orientation, race, political orientation, country of origin, level of education, employment status, academic field, parental status, number of children, religiosity/spirituality, (sub) urban status.

5.3 | Procedure

All study materials were presented using Qualtrics survey software. After consenting to our study (“First Impressions of Families”), participants were told that we were “interested in understanding how people form first impressions of parents that they read descriptions of. Although research has shed light on the ways in which we perceive people when we meet in person, relatively little is known about how we perceive individuals when we read about them online.” After providing informed consent, participants completed the structured brainstorming task and were then randomly assigned to read one of the six vignettes (i.e., about a family who has a child who either identifies as transgender, gay/lesbian, or cisgender/heterosexual control, and is a boy or girl). After reading the vignette, participants completed all scales (with scale and item order randomized), reported their demographic information, were fully debriefed, and compensated \$2.50.

6 | RESULTS

6.1 | Do mothers of transgender children experience stigma-by-association?

To evaluate our preregistered hypothesis as well as exploratory research questions, we conducted a 3 (child’s social identity: gay/lesbian, transgender, control) \times 2 (child’s gender: boy, girl) multivariate analysis of variance (MANOVA) including all 10 dependent variables.¹ This yielded a significant multivariate main effect of child’s social identity, $F(20,948) = 7.15, p < .001, \eta_p^2 = 0.131$. The multivariate main effect of child’s gender, $F(10,473) = 1.03, p = .418$, and the multivariate interaction effect, $F(20,948) = 1.13, p = .316$, were

TABLE 1 Means, standard deviations, and significant effects by child social identity.

Variable	Social identity	M (SD)	Social identity main effect	Significant post-hoc tests	<i>p</i>	<i>d</i>
Maternal competence	Transgender	4.96 (1.36)	$F(2,482) = 3.69, p = .026, \eta_p^2 = 0.015$	trans < cis/het	.008	0.30
	Gay/lesbian	5.07 (1.17)				
	Cis/Het	5.31 (0.91)				
Maternal likeability	Transgender	-0.15 (0.90)	$F(2,482) = 4.46, p = .012, \eta_p^2 = 0.018$	trans < cis/het	.004	n/a
	Gay/lesbian	0.04 (0.79)		trans < gay/lesbian	.035	n/a
	Cis/Het	0.11 (0.69)				
Maternal blame	Transgender	4.15 (1.36)	$F(2,482) = 19.81, p < .001, \eta_p^2 = 0.076$	trans < cis/het	<.001	0.64
	Gay/lesbian	4.21 (1.22)				
	Cis/Het	4.91 (1.00)		gay/lesbian < cis/het	<.001	0.63
Willingness to help	Transgender	5.24 (1.65)	$F(2,482) = 7.04, p < .001, \eta_p^2 = 0.028$	trans < cis/het	<.001	0.36
	Gay/lesbian	5.67 (1.13)		trans < gay/lesbian	.003	0.30
	Cis/Het	5.73 (0.95)				
Maternal involvement	Transgender	5.43 (1.17)	n/a	n/a	n/a	n/a
	Gay/lesbian	5.26 (1.13)				
	Cis/Het	5.49 (0.88)				
Maternal morality	Transgender	4.64 (0.95)	$F(2,482) = 18.53, p < .001, \eta_p^2 = 0.071$	trans < cis/het	<.001	0.68
	Gay/lesbian	4.83 (0.90)		trans < gay/lesbian	.043	0.21
	Cis/Het	5.23 (0.79)		gay/lesbian < cis/het	<.001	0.47
Social distance	Transgender	3.15 (1.69)	$F(2,482) = 4.25, p = .015, \eta_p^2 = 0.017$	trans > cis/het	.004	0.32
	Gay/lesbian	2.86 (1.33)				
	Cis/Het	2.70 (1.06)				
Anticipated awkwardness	Transgender	3.35 (1.80)	$F(2,482) = 5.66, p = .004, \eta_p^2 = 0.023$	trans > cis/het	.002	0.35
	Gay/lesbian	2.94 (1.38)		trans > gay/lesbian	.012	0.26
	Cis/Het	2.81 (1.27)				
Willingness to vote	Transgender	4.53 (1.78)	$F(2,482) = 5.34, p = .005, \eta_p^2 = 0.022$	trans < cis/het	.001	0.38
	Gay/lesbian	4.81 (1.72)				
	Cis/Het	5.13 (1.33)				
Perceptions of child	Transgender	5.19 (1.30)	$F(2,482) = 18.27, p < .001, \eta_p^2 = 0.070$	trans < cis/het	<.001	0.71
	Gay/lesbian	5.44 (1.27)				
	Cis/Het	5.96 (0.81)		gay/lesbian < cis/het	<.001	0.49

Note: See the Supporting Information for a detailed report of all univariate ANOVAs and post-hoc tests, as well as means and standard deviations as a function of child's social identity and gender. Cohen's *d* effect sizes are not computed for maternal likeability, because this variable was z-scored.

not significant. The results from the univariate tests mirrored these findings for each of the dependent variables, except for perceived maternal involvement (for which no significant effects were obtained (all p 's ≥ 0.133). Table 1 displays the means and standard deviations as a function of child's social identity, and reports the significant main effects and pairwise comparisons. For a more detailed report of the univariate analysis of variances (ANOVA) results and post-hoc tests (as well as means and standard deviations reported by child social identity as well as gender), please see the Supporting Information.

To summarize, in keeping with predictions, results revealed that mothers of transgender youth experience stigma-by-association. Despite the fact that targets were viewed as equally involved mothers regardless of their children's social identity, for the remaining eight maternal outcome variables, there was a significant main effect of children's social identity. In each of these cases, post-hoc tests revealed that mothers of transgender children were viewed more poorly than the identical mothers of control (i.e., cisgender/heterosexual) children. Further, for half of these variables (perceived maternal likeability, willingness to help the mother, perceived maternal morality, anticipated

awkwardness), mothers of transgender youth were also viewed more negatively than the identical mothers of gay/lesbian youth.

Of interest, results did not generally reveal systematic stigma-by-association targeting the mothers of gay and lesbian children. Specifically, these mothers were perceived just as positively as the mothers of control children on all but two maternal outcome variables. Finally, participants' perceptions of children themselves were consistent with existing self-reports of stigma against queer youth (e.g., Grant et al., 2011). Specifically, transgender children were viewed less positively than both control and gay/lesbian youth, who were in turn viewed less positively than identical cisgender heterosexual youth.

Two maternal outcome variables demonstrated markedly divergent patterns. First, as mentioned above, perceived maternal involvement was the only variable that did not demonstrate a significant main effect of child's social identity, and the mean score for this variable was significantly above the midpoint of the 7-point scale, $M = 5.39$, $SD = 1.07$, $t(488) = 28.62$, $p < .001$. Further, contrary to predictions, mothers of both transgender and gay/lesbian youth were blamed less than mothers of control children.

6.2 | Exploratory analyses: Does political orientation impact stigma-by-association?

Prior work has revealed that individuals' political orientation is sometimes related to stigma itself (e.g., Hoyt et al., 2018; Norton &

Herek, 2013; Prusaczyk & Hodson, 2020). However, research has not yet explored whether political orientation might impact stigma-by-association. Thus, exploratory research question 3 addressed whether the current results might be moderated by participants' political leanings, such that more liberal participants might be less likely to show evidence of stigma-by-association relative to more conservative participants. To do so, we conducted multiple regression analyses for each of the dependent variables, including the transgender versus control conditions (dummy-coded as 1 vs. 0), gay/lesbian versus cisgender/heterosexual conditions (dummy-coded as 1 vs. 0), child's gender (1 = girl, 0 = boy), political orientation (mean-centered) and the two- and three-way interactions. Results are summarized in Table 2 and reported in detail in the Supporting Information.

We obtained a significant main effect of transgender versus control condition for all variables (all $ps \leq .016$) except perceived maternal involvement and anticipated awkwardness, and a significant main effect of gay/lesbian versus heterosexual condition for perceived blame, perceived morality and positive perceptions of the child (all $ps \leq .012$). Notably, we obtained a significant two-way interaction between trans versus control condition and political orientation for all variables (all $ps \leq .008$), and a significant two-way interaction between gay/lesbian versus control condition and political orientation for desired social distance, willingness to vote, and positive perceptions of the child (all $ps \leq 0.013$).

TABLE 2 Significant effects obtained from multiple regression analyses.

DV	Predictor	<i>b</i>	SE	95% CI for <i>b</i>		β	<i>p</i>
				LL	UL		
Perceived maternal competence	Trans versus cis/het × polor	-0.39	0.09	-0.57	-0.21	-.35	<.001
Perceived maternal likeability	Trans versus cis/het × polor	-0.24	0.06	-0.36	-0.11	-.31	<.001
Perceived maternal blame	Trans versus cis/het × polor	0.32	0.10	0.12	0.52	.27	.001
	Trans versus cis/het × gender × polor	-0.34	0.15	-0.63	-0.04	-.19	.026
Willingness to help	Trans versus cis/het × polor	-0.42	0.10	-0.62	-0.21	-.33	<.001
Perceived maternal involvement	Trans versus cis/het × polor	-0.28	0.09	-0.45	-0.11	-.27	.001
Perceived maternal morality	Trans versus control × polor	-0.19	0.07	-0.33	-0.05	-.22	.008
Desired social distance	Trans versus cis/het × polor	0.52	0.11	0.31	0.73	.39	<.001
	Gay/lesbian versus cis/het × polor	0.29	0.12	0.06	0.53	.22	.013
Anticipated awkwardness	Trans versus cis/het × polor	0.45	0.12	0.22	0.69	.31	<.001
Willingness to vote	Trans versus cis/het × polor	-0.60	0.13	-0.86	-0.35	-.38	<.001
	Gay/lesbian versus cis/het × polor	-0.40	0.14	-0.68	-0.12	-.25	.005
Positive perceptions of child	Trans versus cis/het × polor	-0.47	0.09	-0.64	-0.30	-.41	<.001
	Gay/lesbian versus cis/het × polor	-0.33	0.10	-0.52	-0.14	-.29	<.001

Note: "polor" refers to "political orientation."

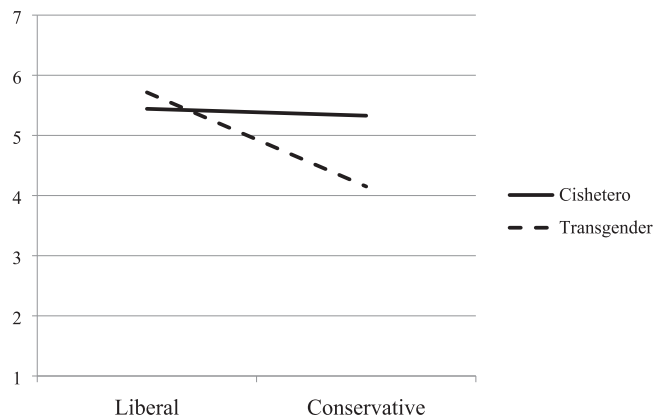


FIGURE 1 Two-way interaction between transgender versus cisgender/heterosexual identity and political orientation for perceived maternal competence. The interaction observed for this variable is illustrative of those obtained with other variables (see Supporting Information for full results and additional figures).

The general pattern of these two-way interactions was that relatively conservative participants perceived the targets more negatively when the child was transgender compared with the cisgender/heterosexual control condition, whereas relatively liberal participants did not differ in their perceptions between the conditions. Furthermore, political orientation was not related to the dependent variables in the cisgender/heterosexual control condition, but was associated with the dependent variables in the transgender condition, with relatively conservative participants holding more negative views than relatively liberal participants. See Figure 1 for an illustration of this general pattern, utilizing the perceived maternal competence variable.

The same pattern emerged when comparing stigma levels in the gay/lesbian condition relative to the control condition, but only for three dependent variables (desired social distance, willingness to vote, and positive perceptions of the child). For perceived blame, we additionally obtained a three-way interaction between trans versus control conditions, target gender and political orientation. These results are reported fully in the Supporting Information.

7 | DISCUSSION

This work provides novel evidence of stigma-by-association targeting mothers of transgender youth. Across nine outcome variables, results revealed a pattern in which mothers of transgender youth were viewed substantially more negatively than identical mothers of cisgender/heterosexual youth. This was true regardless of children's gender, suggesting that stigma-by-association effects target the mothers of transgender boys and girls. This pattern extended from evaluations of the mother to willingness to vote for her for the Parent/Teacher Association, suggesting that real-world stigma-by-association against parents of transgender children could have important behavioral consequences. Additionally, consistent with

prior research on stigma targeting transgender people themselves (Axt et al., 2021; Gülgöz et al., 2018), participants viewed transgender girls and boys less positively than cisgender (and lesbian/gay) targets. While it was the case that all parents were generally rated fairly positively, past work has argued that one doesn't need to face overt hostility to experience discrimination; merely being liked less than members of another group is itself a form of bias (e.g., Greenwald & Pettigrew, 2014).

Exploratory analyses revealed that these trends were particularly strong among participants who identified as politically conservative (relative to liberal). These results are consistent with and build upon past work revealing that conservatives are more likely than liberals to express stigma toward the transgender community (e.g., Hoyt et al., 2018; Norton & Herek, 2013; Prusaczyk & Hodson, 2020). Additionally, this work suggests that effective interventions to reduce stigma and stigma-by-association might consider an audience's political beliefs. For example, interventions could seek to target conservatives and explicitly acknowledge and contend with more traditional viewpoints, to optimize efficiency.

Of interest, stigma-by-association effects did not consistently emerge for mothers of gay/lesbian youth. While the mothers of gay/lesbian youth were viewed as less moral than the identical mothers of cisgender/heterosexual youth (and gay/lesbian children were themselves viewed less positively than controls), we found no differences on the other dependent variables. This effect may reflect growing positivity in attitudes toward gay/lesbian people; alternatively, it may be that our measures were not sensitive enough or attentive to the variables for which we would find a sexual orientation-based stigma-by-association effect.

Although the results were remarkably consistent across outcomes, a few deviations bear mentioning. First, there were no effects on the maternal involvement variable (i.e., the extent to which mothers were viewed as aware of and engaged with their child's experiences). If future work suggests that the lack of difference on this variable is not reflective of a Type-II error and/or a ceiling effect, this pattern could indicate that mothers' high (perceived) engagement in their children's lives does not shield them from stigma-by-association when their children are transgender.

The results for the maternal blame variable contradicted expectations, in that the mothers of both transgender and lesbian/gay children were "blamed" less than the mothers of cisgender/heterosexual children. While we can only speculate about this unexpected finding, one possibility is that our novel scale of maternal blame may have inadvertently conveyed "credit" for how children were turning out, rather than blame (e.g., "To what extent do you think that [Ethan/Sofia]'s mother... is responsible for how [Ethan/Sofia] is turning out/shapes who [Ethan/Sofia] is becoming?"). Because the vignette depicted a fairly well-functioning child, mothers of heterosexual children may have been conferred with more credit than mothers of identical queer children. Another possibility is that these items may have unintentionally tapped maternal responsibility (either positive or negative). If so, the mothers of queer children may have been absolved of responsibility for children who could have

been viewed as sufficiently “headstrong” or deviant enough to come out publicly by age 13, particularly in a school setting which encouraged the discussion of gender modality/sexual orientation in health class. In other words, perhaps participants inferred that there was nothing a mother could do to control a child this determined, thus reflecting stigma toward the child in an unexpected form. Future work should seek to replicate and/or explore this novel finding.

Prior work has established that transgender children do best when they are actively supported by their parents. Indeed, parent support (and the lack of parent rejection) is associated with lower suicidality, depression, and anxiety in transgender youth (Hatchel et al., 2019; Jin et al., 2020; Pariseau et al., 2019). Unfortunately, stigma often functions as a powerful behavioral deterrent (e.g., Moss-Racusin et al., 2018; Rudman & Fairchild, 2004). Indeed, prior work has observed that heterosexual women may distance themselves from lesbians as a means of avoiding stigma-by-association (Swim et al., 1999). To the extent that parents encounter damaging stigma-by-association as a function of their children's transgender identities, they may be discouraged from providing support or beneficial gender-affirming care. The current work thus highlights the need for evidence-based interventions (Moss-Racusin et al., 2014) designed to reduce stigma and stigma-by-association targeting people in the transgender community and those close to them.

Finally, one may wonder why our results are seemingly at odds with the findings of Riggs et al. (2023), which found no differential evaluation of Australian parents of transgender children compared with their cisgender peers. In addition to cultural context, there are many differences between that work and ours, including its use of a within-subjects design, which may have allowed participants to identify the study's hypotheses and assert a nonprejudiced response more easily. In addition, in that study, the parents were described as clearly supportive of their transgender children's identities, something left more ambiguous in the present work. Prior work suggests that subtler forms of contemporary prejudice are more likely to emerge in more ambiguous situations (Gaertner & Dovidio, 2005), potentially explaining why our study captured more bias. Riggs et al.'s (2023) own interpretation of their findings seems consistent with this reasoning: they write that “...it is perhaps logical that (results were) not differentiated by child's gender modality or gender, given all vignettes reported on parents who were affirming of their child's agency and decision-making capacity” (p. 204). In other words, Riggs et al. (2023) may have suppressed the emergence of stigma-by-association by creating a ceiling effect in ratings of unambiguously-positive parents, whereas our more nuanced vignettes allowed for differential judgments. In this case, ambiguity may interact with child social identity, such that mothers of transgender youth are rated more negatively than identical mothers of less marginalized youth only/primarily under conditions that do not convey (potentially unrealistically) high levels of parental affirmation.

Ultimately, when stigma-by-association is or is not seen in evaluations of parents of transgender youth will be determined by future work that can investigate these and other potential factors that may play a role in these evaluations. In the meantime, we argue

that there are serious downsides to drawing overly rosy conclusions in this domain. For example, if parents of queer youth experience stigma-by-association that they were (inaccurately) informed does not exist, they may reasonably conclude that any negative social judgments they encounter are due to their own idiosyncratic behaviors/failures as parents. In other words, they may unfairly blame themselves for the prejudices of others, in ways that could undermine family functioning and well-being as well as the provision of needed gender-affirming care. Further, unwarranted optimism may undermine the pursuit of social progress—if we inaccurately conclude that parents of queer youth are treated equitably, we may fail to engage in the work necessary to create gender justice in this context.

7.1 | Limitations and future directions

The current work is not without limitations, which raise additional interesting possibilities for future research. We made several design decisions that may have influenced our results. Future work could investigate whether our findings generalize beyond these situations, for example, asking whether the guided brainstorming task (e.g., Fetterolf & Eagly, 2011; Gartzia & Fetterolf, 2016; Moss-Racusin et al., 2021) was necessary to increase the perceived relevance and realism of the task at hand, if the results generalize to nonparent participants, to stimuli in which participants' own families may be less personally involved with stigmatized targets and close others, and when the targets of evaluation are other family members (e.g., fathers, siblings). Additionally, all of the children in the present work were described as boys or girls; none were described as nonbinary. Alternative designs, in which some of these other possibilities are examined, would allow us to better explore the nature and scope of these stigma-by-association effects.

Our conclusions may also be limited by how we described the key conditions. First, we did not orthogonally manipulate children's gender modality and sexual orientation, instead focusing on comparing potential stigma-by-association targeting the mothers of transgender versus gay/lesbian youth separately. Second, we intended our control and gay/lesbian conditions to depict a child who was cisgender, as well as heterosexual or gay/lesbian accordingly. However, initial pretesting indicated that participants viewed it as highly suspicious, unusual, and confusing when the child explicitly asserted their normative gender modality in addition to their sexuality (e.g., “She/he shared that she/he identifies as cisgender and straight/gay/lesbian”). Because we were concerned that this phrasing would tip participants' off to the nature of the study (i.e., induce social desirability effects) and because we expected that participants would assume a target was cisgender unless otherwise stated, we reasoned that it would be sufficient to merely state the control child's heterosexual identity. Results were consistent with this speculation, in that 91% of participants in the control condition reported having assumed that the heterosexual child was also cisgender (while 80% did so in the gay/lesbian condition).

And yet, it is important to note that not specifying gender modality in the control and gay/lesbian conditions is a limitation of the current work, both methodologically and ethically. Cisgenderism assumes a default dominant gender modality in ways that routinely harm individuals with minoritized modalities, and undermines social equity and progress. Our manipulation capitalizes upon this default, in that we (correctly) assumed participants would infer a cisgender modality in the absence of other information. To generate crucial novel data, this approach prioritizes social desirability concerns (i.e., not alerting participants to the true nature of the experiment) over appropriate specificity (i.e., naming rather than assuming the dominant gender modality). Future work should address these limitations by finding ecologically-valid ways to convey and orthogonally manipulate all relevant levels of both children's gender modality and sexuality, to more cleanly tease apart the potential impact of these different variables (and to avoid the unintended implication that these important aspects of social identity are mutually exclusive and/or that cisgenderism should remain the default gender modality).

7.2 | Conclusions

This work provides novel experimental evidence of stigma-by-association targeting the mothers of transgender boys and girls, suggesting that the biases transgender people face can extend to people associated with them. While the direct violence and discrimination targeting transgender people themselves likely remains more severe than the "courtesy stigma" spreading to their (potential) allies, anticipation of stigma-by-association may further impede support for and contact with people who experience stigma (e.g., Swim et al., 1999). If parents reject their transgender children as a means of avoiding their own social penalties, this may undermine their provision of gender-affirming care that is necessary for the mental and physical health and safety of transgender youth. In this way, transgender children may be doubly harmed, not only by experiencing stigma themselves, but by the indirect effects of stigma targeting those close to them. We call for more research exploring whether stigma-by-association limits parents' support for their transgender children. If so, there is an urgent need for the development of interventions aimed at reducing gender modality stigma-by-association (as well as stigma itself), and in turn, facilitating the widespread provision of gender-affirming care.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTE

¹ In the preregistration we specified individual ANOVAs for each DV. We've conducted these and fully report them, as planned, in the Supporting Information. However, at the request of an anonymous reviewer, we now report a MANOVA approach with an adjusted *p*

value of .001 for preregistered analyses in the main paper. We adopted this approach to utilize a more parsimonious analysis strategy and to better account for multiple comparisons.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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