

FAMILIES & CHANGE

Coping With Stressful Events and Transitions



EDITION

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LGBQ-Parent Families: Development and Functioning in Context

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Vignette

Anya and Vivian are a female same-sex couple who have been together for 10 years. Anya is a White, 33-year-old social worker, and Vivian is an African American 35-year-old music teacher. They reside in the rural Midwest, where they met attending graduate school. Six years ago, the couple adopted Keisha, a 2-year-old biracial (White and African American) girl through the foster care system. Both women felt strongly about adopting a child, and Vivian expressed a sincere desire to adopt a child of color from the foster care system. Because of the number of children available for adoption via foster care, she felt irresponsible not choosing that route. Initially, Anya's parents were resistant to the adoption because they felt the couple already faced enough trouble in the world as an interracial female couple. Also, Anya's family had never completely accepted Vivian, which the couple suspected was due more to her race than their same-sex relationship. Upon adopting Keisha, however, Anya's parents went from being distant and fairly uninvolved in their lives to begging to babysit all the time. Currently, Anya's and Vivian's biggest stressor is Keisha's school. They are the only same-sex parent family in the school, which was not a problem from kindergarten through second grade because of Keisha's "cool teachers." However, in third grade, Keisha is now facing some teasing at school and has an unresponsive, unsympathetic teacher. Feeling helpless and desperate, Anya and Vivian have become more cautious about coming out to Keisha's teachers and school officials and have considered switching Keisha to the local charter school. The couple has even entertained the idea of Vivian

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returning to her former career as a lawyer, a job she hated. This change would enable the couple to relocate to a more urban, progressive, and diverse community that might more readily accept their family.

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An ecological or systems approach to human development recognizes that individuals exist within, are influenced by, and interact with multiple intersecting contexts, including their families, friends, neighborhoods, communities, and workplaces, as well as broader societal institutions, ideologies, and discourses (Bronfenbrenner, 1977; Whitchurch & Constantine, 1993). Such interactions shift throughout the life cycle, as individuals develop, establish relationships, and create families and communities. This approach is particularly useful in the study of lesbian, gay, bisexual, and queer (LGBQ) individuals, whose lives, relationships, and families are increasingly visible in society and yet who continue to encounter stigma and discrimination in a range of contexts (Goldberg, 2010; Savin-Williams, 2008). Indeed, continual and pervasive exposure to stigma and lack of access to equal rights may lead LGBQ persons and their families to experience psychosocial stress (also termed *minority stress*; Meyer, 2003). Such stress arises from the stigmatization that minorities tend to experience, as well as the power imbalance that exists between minorities and the broader systems with which they interact (e.g., families, schools, health care, the legal sphere) and places minorities at risk for adverse mental health outcomes, such as depression and anxiety (Goldberg & Smith, 2011; Meyer, 2003).

This chapter discusses research on various aspects of LGBQ individuals' experiences. Special attention is paid to the situational and contextual forces that impact LGBQ people's experiences as they move through the life course, particularly those that may pose challenges for sexual minorities and their families. Topically, this chapter begins with a discussion of LGBQ people's *coming out experiences*, as well as their experiences *forming and maintaining intimate relationships*, with attention to the barriers they face in doing so (e.g., lack of recognition and stigma). Next, the multiple barriers that LGBQ people face in *becoming parents* is discussed (e.g., challenges in accessing fertility treatments; discrimination in the adoption process) with attention to the resourcefulness that they display in the face of such barriers. The research on *LGBQ parents and their children* is also highlighted, with a focus on the stressors that LGBQ-parent families experience in relation to three major overlapping contexts: their families of origin, schools, and the legal system. A discussion of the *implications of this research*, along with suggestions for teachers, therapists, social workers, health care providers, and other professionals with regard to supporting LGBQ-parent families, concludes the chapter.

COMING OUT AND BEING OUT

The process of coming out is one that is unique to the life experience and life cycle of sexual minorities. According to Cass's (1979) stage model, which is perhaps the most widely known framework for understanding the coming out process, individuals move from a state of questioning and confusion ("could I be gay?") to acceptance of one's non-heterosexual identity ("I am gay, and I will be okay") to pride and synthesis of their LGBQ identity ("This is a part of who I am and I need to let people know who I am"). Thus, the coming-out process is conceptualized as one that is relatively linear and proceeds according to a series of predefined and continuous stages. Contemporary scholars, however, have asserted that coming out is an ongoing process for sexual minorities that is not necessarily linear but is often marked by contradiction and change and both pride and shame (Dindia, 1998; Orne, 2011). Furthermore, scholars have increasingly argued for a conceptual distinction between individual sexual identity and group membership identity (McCarn & Fassinger, 1996), noting that, for example, a woman may come to terms with her same-sex erotic feelings and intimacy (and may ultimately identify as a lesbian) without identifying with or becoming active within the lesbian community. Thus, failure to disclose one's sexual orientation in diverse contexts should not necessarily be interpreted as implying an incomplete sexual identity (Cohen & Savin-Williams, 2012; Orne, 2011).

Scholars have also increasingly emphasized the importance of considering the varied situational and contextual forces that impact individual decisions to come out (Orne, 2011). In deciding whether to disclose their sexual orientation, LGBQ people must consider their immediate social contexts and potential threats associated with disclosure (e.g., verbal or physical harassment, social humiliation and rejection, loss of housing or employment), how well they know the individual at hand, and the ease of concealment (Cohen & Savin-Williams, 2012). Broader contextual factors, such as characteristics of one's family, friendship network, workplace, neighborhood, and community will also influence the coming out processes; indeed, as we saw in the opening vignette, LGBQ individuals who find themselves in settings that are not LGBQ-affirming may in turn be more hesitant to disclose their sexuality. Individuals from highly religious or politically conservative families, for example, may be particularly fearful of rejection and social alienation (Cohen & Savin-Williams, 2012) and may resist or delay coming out to family members. Social class and occupation may also impact the degree to which individuals are out in various aspects of their lives (Moore, 2011; Nixon, 2011). For example, working-class sexual minorities, who are often employed in male-dominated, blue-collar workplaces, may experience less freedom to be "out" at work than their middle-class counterparts (McDermott, 2006). As illustrated in the opening vignette, geographic location may also shape sexual minorities' negotiations around outness, inasmuch as there may be fewer visible (i.e., out) LGBQ persons in rural and nonmetropolitan areas than urban areas (Kinkler & Goldberg, 2011). In turn, in the absence of a visible LGBQ community or role models, sexual minorities may experience greater hesitation or anxiety surrounding disclosure (Goldberg, 2010; Tiemann, Kennedy, & Haga, 1998).

Race and ethnicity may also shape coming out. LGBQ racial/ethnic minorities may face multiple forms of marginalization, in that they are vulnerable to racism in the LGBQ community and may also be vulnerable to heterosexism and homophobia within their own

families and their racial/ethnic communities (Green, 2007; Nadal & Corpus, 2012). For example, LGBTQ racial/ethnic minorities are often aware of hostile attitudes regarding homosexuality within their immediate and extended families and thus may conceal their sexual orientation because they do not wish to lose the emotional and material support that family members provide (Green, 2007; Malebranche, Fields, Bryant, & Harper, 2009), particularly if they depend on their family for financial resources (Moore, 2011). They may also hesitate to come out because of strong cultural restrictions on sexuality and gender roles (Bridges, Selvidge, & Matthews, 2003) or because they do not wish to show disrespect for their cultural upbringing (Nadal & Corpus, 2012). For example, Merighi and Grimes (2000) found that African, Mexican, and Vietnamese American gay men struggled with wanting to establish their own gay identity while also respecting certain cultural norms and ideals. They were aware their families would respond to their coming out as the “end to the family lineage” and as a source of shame and embarrassment, and thus they were cautious about making their sexual identity widely known.

Social class and geographic location may also intersect with individuals’ racial and sexual identities in key ways that have implications for outness. Moore (2011) studied a sample of Black lesbians in New York and found that the middle-class and upper middle-class lesbians in her sample tended to reside in economically stable and safer communities, which facilitated their outness. In contrast, working-class women tended to reside in urban areas where “strangers . . . may be more menacing, and safety in these communities is a sobering concern—not just around sexuality but around any visible identity that targets one as an easy mark,” which had the effect of limiting their ability to live open lives (Moore, 2011, p. 202).

There are a number of benefits associated with outness. First, being out may reduce self-stigma and facilitate a sense of pride in one’s identity (Vaughan & Waehler, 2010). Second, failure to come out may restrict individuals’ ability to meet potential partners as well as their ability to maintain healthy relationships (Vaughan & Waehler, 2010). Third, closeting (i.e., hiding one’s sexual orientation) necessarily limits the amount of support that sexual minorities have available to them, which may create feelings of isolation and intrapersonal conflict and contribute to mental health problems (Lane & Wegner, 1995; Vaughan & Waehler, 2010). At the same time, closeting oneself is a protective and adaptive strategy in certain contexts, individuals who are not “out” in all areas of their lives are not necessarily less psychologically healthy than those who are (Orne, 2011). Furthermore, sexual minorities who closet themselves in certain situations do not necessarily experience ambivalence or inner conflict but recognize that such closeting is often necessary to survival (Anderson & Holliday, 2004; Moore, 2011). Indeed, it is important to recognize the function, meaning, and implications of outness will vary depending on situational contexts, such that, individuals who are very out in unsupportive or homophobic contexts may suffer mental health consequences (Goldberg & Smith, 2013a; Legate, Ryan, & Weinstein, 2012).

SAME-SEX RELATIONSHIPS

Coming out may precede or occur alongside the formation of same-sex relationships. Same-sex unions share many characteristics with heterosexual unions but are also defined by certain unique characteristics, including the partners’ shared sex, the stigmatized nature of

nonheterosexuality, and the absence of legal, structural, and social supports to protect and maintain these relationships (Goldberg, 2010). And yet, despite the stigmatized nature of these relationships and in contradiction to stereotypes of LGBTQ individuals as incapable of forming lasting relationships (Baker, 2005), many sexual minorities are in fact members of committed same-sex relationships. According to the 2010 U.S. Census, 646,464 same-sex couples reported sharing a household. Of those couples, 131,729 reported being married, while 514,735 reported being unmarried (Gates & Cooke, 2011). These estimates are probably conservative, in that some same-sex couples likely chose to conceal their relationships on the Census.

Studies have begun to compare the quality of same-sex relationships and heterosexual relationships (e.g., in terms of perceived relationship quality and satisfaction) and have found few differences between the two groups (Goldberg, Smith, & Kashy, 2010; Kurdek, 1998; Mackey, Diemer, & O'Brien, 2004). Several studies have found that female same-sex couples report higher relationship quality than heterosexual couples (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Kurdek, 2001; Meuwly, Feinstein, Davila, Nunez, & Bodenmann, 2013), a finding that may in part reflect the absence of structural barriers that have historically governed heterosexual (but not same-sex) relationships; that is, in the absence of fundamental relationship "constraints" such as legal support, family support, and children, relationships that are not highly rewarding are perhaps more easily terminated (Goldberg & Kuvalanka, 2012). Indeed, a study by Kurdek (2006) found that male and female same-sex married couples were more likely to separate than were heterosexual married couples with children (i.e., couples with multiple institutionalized barriers to leaving).

On the other hand, same-sex *parents* may be no more likely to separate than their heterosexual counterparts. For example, a study of 73 lesbian couples with children found that 30 couples had split up by the time their children were 10 years old (Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Gartrell, Rodas, Deck, Peyser, & Banks, 2006), which is comparable to rates among heterosexual couples (national survey statistics indicate that at least one third of heterosexual couples terminate their first marriages within 10 years: Bramlett & Mosher, 2001). Likewise, a longitudinal study of 150 lesbian, gay, and heterosexual adoptive couples found that by 6 years postadoptive placement, similar numbers of lesbian and heterosexual couples had separated (15% and 11%, respectively), with gay male couples showing the lowest separation rate (3%; Goldberg, Moyer, Black, & Henry, 2015). Thus, children may serve as a relationship constraint for all types of couples (i.e., they help keep couples together, regardless of parents' sexual orientation).

Characteristics of Healthy Relationships: Same-Sex Couples

Of interest are the characteristics of healthy or stable relationships among same-sex couples. That is, what factors appear to promote relationship quality? And, by extension, what variables appear to contribute to instability in same-sex relationships?

Equality

Some scholars suggest that perceptions of egalitarianism in the relationship—that is, the extent to which partners perceive themselves as sharing decision-making power, household management, and so on—may be particularly important in same-sex couples,

in that both partners may be particularly sensitive to power imbalances due to their stigmatized status in society (Blumstein & Schwartz, 1983; Goldberg, 2013). Female same-sex partners in particular may be especially likely to value equality in their intimate relationships, given their common socialization as women, and, therefore, their exposure to inequity in a variety of interpersonal and institutional contexts (Blumstein & Schwartz, 1983; Goldberg, 2013). Indeed, research suggests that women in female same-sex couples tend to place a greater valuing of equality in their appraisals of “ideal” relationships (Kurdek, 1995) and are more likely to perceive equal power in their relationships, compared to heterosexual and male same-sex couples (Kurdek, 1998). Both female and male same-sex couples also tend to share housework more equitably than heterosexual couples (Goldberg, 2013; Solomon, Rothblum, & Balsam, 2005). Importantly, such sharing appears to be facilitated by financial, educational, occupational, and social resources (Goldberg, Smith, & Perry-Jenkins, 2012). For example, Carrington (2002) studied the division of labor among gay and lesbian couples and found that equal sharing of domestic labor was most common among financially comfortable couples who relied on paid help and among couples in which both partners had flexible schedules.

Perceptions of equality have in turn been linked to relationship outcomes in same-sex couples. For example, Kurdek (1998) found that higher perceived equality was associated with higher relationship satisfaction among same-sex couples. Furthermore, Kurdek (2007) found that lesbian and gay partners’ satisfaction with the division of labor affected relationship satisfaction and stability over time, via the mediating influence of perceived equality in the relationship. Increasing discrepancies between ideal and actual levels of equality over time have also been linked to declines in relationship quality for both lesbian and gay partners (Kurdek, 1995).

Conflict and Difference

Few couples can avoid any conflict or disagreement in their relationships. Indeed, lesbian, gay, and heterosexual couples tend to report a similar frequency of arguments in their relationships (Peplau & Fingerhut, 2007) and to disagree about similar topics, such as finances, sex, and household tasks (Kurdek, 2006). Likewise, research suggests that higher levels of conflict are associated with lower levels of relationship quality in both heterosexual and same-sex relationships (Balsam et al., 2008; Goldberg & Sayer, 2006).

Some sources of conflict may be specific to same-sex couples, however. Given the unique relational context of same-sex relationships (e.g., partners’ shared sex and shared status as stigmatized minorities), same-sex couples may encounter certain unique interpersonal patterns and challenges with regard to conflict management. Mackey, O’Brien, and Mackey (1997) found that gay men in long-term committed relationships tended to avoid discussing their thoughts, feelings, and frustrations until difficulties threatened their relationships. Perhaps such dynamics arise from the “double dose” of male socialization that characterizes gay men’s relationships (i.e., men are socialized to mask or avoid emotional distress and vulnerability). Female same-sex couples struggled in other areas (Mackey et al., 1997). For example, in the early stages of their relationships, women often avoided confronting interpersonal differences in an effort to maintain relational harmony.

As their relationships progressed, however, they became less avoidant of these differences and were increasingly likely to address them. The authors suggest this change might have been facilitated by women's declining fears of being abandoned by their partners and, therefore, their greater sense of security in their current relationships. Notably, though, female same-sex couples may also benefit, in some ways, from the presence of two women, or the "double dose" of female socialization that characterizes their relationships. Indeed, Meuwly et al. (2013) compared women in same-sex and heterosexual relationships and found that women in same-sex relationships reported receiving more support from and experiencing less conflict overall with their female partners, as compared to women in heterosexual couples.

Partners within same-sex couples may differ from one another in important ways that may cause conflict. For example, racial/ethnic differences between partners may create the potential for stress and misunderstanding. Racial/ethnic minority LGBQ individuals with White partners may experience alienation within their relationships if they feel that their partners cannot empathize with the intersecting forces of sexism, heterosexism, and racism that they face on a daily basis (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Pearlman, 1996). Likewise, White partners may feel guilty about internalized or institutional racism and attempt to compensate for their privilege, a strategy that may leave both partners feeling frustrated. Furthermore, interracial same-sex couples—such as Vivian and Anya, the couple in the opening vignette—may be more identifiable than two women or men of the same ethnic group, thereby eliciting strong homophobic and racist reactions from outsiders (Rostosky, Riggle, Savage, & Gilbert, 2008; Steinbugler, 2005) and possibly placing them at risk for victimization. This perceived risk may lead couples to avoid racially homogeneous settings and to prefer diverse racial atmospheres (Rostosky et al., 2008; Steinbugler, 2005). Despite the challenges that interracial same-sex couples face, however, they often maintain healthy committed relationships. For example, Peplau, Cochran, and Mays (1997) found that, on average, interracial couples did not differ from same-race couples in terms of relationship satisfaction. Thus, many interracial same-sex couples are able to successfully navigate their differences and the stigma their relationships endure to create satisfying and lasting unions.

Social Support and Recognition

The intimate relationships of LGBQ individuals are necessarily impacted by their social networks. The support (or lack of support) they receive from their families of origin, their friends, their communities, their workplaces, and from their state and national governments has profound implications for their individual and relational health (Goldberg & Smith, 2011). Individuals in same-sex couples have been found to perceive less social support from family members compared to heterosexual couples (Goldberg & Smith, 2008; Kurdek, 2001), which may have implications for their intimate relationship quality (Goldberg et al., 2010) and mental health (Goldberg & Smith, 2008, 2011). Certain sexual minorities are particularly at risk for diminished familial support, including LGBQ racial/ethnic minorities and sexual minorities in interracial relationships (Rostosky et al., 2008). In addition, gay male couples in which one or both partners are diagnosed with HIV/AIDS may

be more likely to experience rejection by and alienation from their families (Paul, Hays, & Coates, 1995), which may have negative implications for their mental health and sexual risk behaviors (Hoff, Chakraverty, Beougher, Neilands, & Darbes, 2012).

Sexual minorities also face legal nonsupport and lack of recognition. Their relationships have historically been denied many of the legal protections and securities that are routinely afforded to heterosexual couples (Goldberg & Kuvallanka, 2012; Shapiro, 2013). That is, before the Supreme Court decision on June 26, 2015, which ruled that state bans on same-sex marriage are unconstitutional (a decision that, as of this writing, continues to be protested by some law makers as well as religious officials; Gryboski, 2015), many same-sex couples were denied the right to marry. Denial of this right disallowed them of automatic financial decision-making authority on behalf of a spouse, the ability to make medical decisions for an incapacitated partner, and the ability to file joint income tax returns, among numerous other benefits (Shapiro, 2013). The legal and social recognition that marriage provides to same-sex couples arguably has the capacity to strengthen these relationships and, in turn, individual well-being (Herek, 2006). Solomon and colleagues (2005) studied couples that had obtained civil unions in Vermont and found that 54% of same-sex couples reported positive changes in their love and commitment for each other as a result of having had a civil union. Other studies have also documented the positive effects of getting married on same-sex partners' sense of security, recognition as a couple, and mental health (Lannutti, 2011; Shulman, Gotta, & Green, 2012; Wight, LeBlanc, & Badgett, 2013), although some qualitative research suggests that some sexual minorities demonstrate ambivalence about the idea of marriage (e.g., they hold concerns about "assimilating" to a heterosexual way of life; Lannutti, 2011).

BECOMING PARENTS, FORMING FAMILIES

Many sexual minorities may become parents in the context of heterosexual relationships: That is, they become parents before coming out as LGBTQ, and then, in some cases, enter same-sex relationships, wherein their children may ultimately be raised in LGBTQ-parent stepfamilies (Tasker, 2013). Other LGBTQ people become parents in the context of same-sex committed relationships,¹ a phenomenon that has become increasingly common due in part to advancements in reproductive technology and increasingly tolerant attitudes regarding same-sex parenting and adoption (Goldberg, 2010; Savin-Williams, 2008). An estimated 3 million LGBTQ Americans have had a child, and as many as 6 million American children and adults have an LGBTQ parent (Gates, 2013). Furthermore, as of 2013, among those individuals under age 50 who are living alone or with a spouse or partner, nearly half of LGBTQ women (48%), and one fifth of LGBTQ men, are raising a child under 18 (Gates, 2013). Of note is that LGBTQ parents currently represent a sizable minority of *adoptive* parents, specifically. Among couples with children, same-sex couples are four times more likely than heterosexual couples to be raising an adopted child, with 16,000 same-sex couples raising more than 22,000 adopted children in the United States (Gates, 2013).

Alternative Insemination

Same-sex couples who wish to become parents may consider several potential routes to parenthood: alternative insemination (among lesbian couples); adoption; surrogacy; or more complex parenting arrangements (e.g., a female couple and a male couple may choose to coparent). The most common routes to parenthood among intentional LGBQ-parent families are alternative insemination and adoption.² Each of these presents unique challenges. Female couples that choose insemination must decide who will carry the child, a decision that may have profound legal implications, in that the biological mother is automatically the legal parent, and less than half of U.S. states allow the nonbiological mother to become a legal parent to her child via pursuing a second-parent adoption³ (Human Rights Campaign [HRC], 2014; Shapiro, 2013).⁴ Lesbian couples also confront legal anxieties in the context of deciding whether to use sperm from a known or unknown donor. Indeed, women who choose unknown donors often do so out of a desire to avoid unclear or fuzzy boundaries, or potential custody challenges (Chabot & Ames, 2004; Goldberg, 2006; Haines & Weiner, 2000). Women who pursue insemination via known donors may also experience legal worries but feel strongly that their child deserves access to their biological heritage (Goldberg & Allen, 2013; Haines & Weiner, 2000; Touroni & Coyle, 2002). They may also choose known donors because they wish to avoid interfacing with official, potentially heterosexual institutions such as sperm banks and fertility clinics (Touroni & Coyle, 2002).

Social change, combined with the increasing visibility of female same-sex couples with children, has gradually facilitated greater awareness and more sensitive treatment of sexual minority women who seek out donor insemination; however, reports of insensitive and inappropriate treatment by health care providers continue to appear in the literature (Goldberg, 2006; Spidsberg, 2007). For example, doctors may refuse to inseminate based on moral or ethical grounds (Goldberg, 2006). In addition, some insurance carriers have historically justified their decision to only cover married women on the basis that they treat infertility, and when a woman in a married couple seeks to inseminate it is because of a medical problem “within the couple” (e.g., genetic risk) or because of infertility “within the couple” (e.g., the husband is infertile; Agigian, 2004). Sexual minority women also routinely encounter clinic forms that are inappropriate for LGBQ patients (e.g., they assume a heterosexual two-parent family), as well as health care providers who fail to acknowledge the nonbirthing partner at office visits and prenatal classes (Goldberg, 2006; Goldberg, Downing, & Richardson, 2009).

Adoption

Some same-sex couples pursue adoption as a means of becoming a parent. Specifically, couples may pursue international adoption, public domestic adoption (through the child welfare system), and private domestic adoption (e.g., through a lawyer or agency). Private domestic adoptions may in turn be “open” or “closed.” Open adoption (which is increasingly common in U.S. private domestic adoptions) refers to a continuum of openness that allows birth parents and adoptive parents to have information about and to communicate with each

other before and/or after placement of the child. Closed adoptions refer to arrangements in which the birth parents and adoptive parents do not exchange identifying information and there is no contact whatsoever between the birth parents and the adoptive parents.

Same-sex couples may choose private domestic open adoption because they are attracted to the possibility of maintaining contact with birth parents and/or being able to provide their child with (possibly ongoing) information about their birth parents (Goldberg, Downing, & Sauck, 2007; Goldberg, Kinkler, Richardson, & Downing, 2011). They may also be drawn to open adoption because of the greater likelihood of adopting an infant compared to international or public adoption (Downing, Richardson, Kinkler, & Goldberg, 2009). On the other hand, prospective adoptive parents may select international adoption to avoid the long wait associated with domestic private adoptions of healthy infants (Hollingsworth & Ruffin, 2002). Sexual minority prospective parents may be particularly drawn to international adoption for this reason: That is, many sexual minorities suspect that birth mothers (who often choose the adoptive parents in open adoption arrangements) are unlikely to choose them because of their sexual orientation, and they worry they will end up waiting “forever” (Goldberg, 2012; Goldberg et al., 2007). Such concerns are not unrealistic: Some birth parents specifically protest the placement of their child with LGBTQ parents (Brodzinsky, 2003).

However, same-sex couples who pursue international adoption must weigh such considerations against the reality that if they choose to adopt internationally, they must closet their relationship (no country allows same-sex couples to adopt, and therefore, same-sex couples who choose this route must choose one partner to pose as a single parent). This situation can create intra- and interpersonal tension and stress, in that one partner is virtually invisible in the adoption process (Goldberg, 2012; Goldberg et al., 2007). The nonlegal partner may in turn experience feelings of inadequacy, invisibility, anxiety, or jealousy, whereas the legal partner may feel burdened with feelings of guilt and/or overresponsibility. Finally, same-sex couples who seek to adopt through the child welfare system are typically in part motivated by finances and/or altruistic reasons (e.g., the wish to give a child a permanent family; Goldberg, 2012); indeed, as described in the opening vignette, it was important to Vivian to “adopt a child of color . . . and there are so many in the foster care system that it seemed irresponsible not to choose that route.” Additionally, sexual minorities may also choose to adopt via the child welfare system because they believe that they have the best chance of adopting through this route, in that the number of children in foster care far exceeds the number of heterosexual prospective adoptive parents. And yet, while it is true that sexual minorities may be welcomed by some child welfare workers and social service agencies, reports of insensitive practices by child welfare workers do continue to appear in the literature (Goldberg, 2012; Goldberg et al., 2007; Matthews & Cramer, 2006).

Upon settling on an adoption route, prospective adoptive parents must then choose an agency and/or lawyer, a process that can be particularly challenging and time-consuming for same-sex couples. Given their vulnerability in the adoption process, it is not surprising that many same-sex couples expend significant time and effort researching potential adoption agencies for evidence that they are open to working with sexual minorities (Goldberg, 2012; Goldberg et al., 2007). Furthermore, even if same-sex couples select agencies that they believe to be accepting and affirming, they may still encounter heterosexism further into the adoption process. Sexual minorities often encounter forms, materials, and support groups that seem to focus on heterosexual couples only (e.g., they presume a history of

infertility; Goldberg et al., 2007, 2009; Matthews & Cramer, 2006). They may also confront adoption professionals who hold discriminatory stereotypes and attitudes toward LGBQ people and who therefore sabotage potential adoptive placements. And, because of their vulnerability in the adoption process, LGBQ prospective parents may be silent about such incidents, so as not to “make waves” and further jeopardize their chances of adopting (Goldberg, 2012). Sexual minorities with few resources (e.g., social, financial, geographic) may be particularly careful about “making waves”; indeed, same-sex couples who have few financial resources, or who live in rural areas, for example, may have few choices in terms of what agency or lawyer to work with (Kinkler & Goldberg, 2011).

Other Challenges

Sexual minorities, regardless of what route to parenthood they choose, are typically vulnerable to additional challenges as they make their way toward parenthood. For example, LGBQ people do not benefit from the societal support that heterosexual couples receive when they become parents: They may face nonsupport from other (heterosexual) parents, as well as resistance from their families of origin (Goldberg, 2010). Female same-sex couples who become parents via insemination also encounter the unique challenge of negotiating various asymmetries in their relationship (i.e., during pregnancy, with regard to breastfeeding, and in the partners’ genetic relatedness to the child; Goldberg & Perry-Jenkins, 2007). Such asymmetries may create feelings of jealousy on the part of the non-biological mother, and/or conflicts over who the child “belongs” to (Goldberg, Downing, & Sauck, 2008). Such issues are initially negotiated during the transitional stage of becoming parents but likely continue to be relevant as sexual minorities shape their lives as parents and families.

There is evidence that many LGBQ people adopt transracially and/or transculturally, as was the case of Anya in the opening vignette (Gates, Badgett, Macomber, & Chambers, 2007; Goldberg, 2009). Specifically, national survey data suggest that 47% of adopted children of same-sex couples are non-White, compared to 37% of adopted children of married heterosexual couples (Gates et al., 2007). In turn, same-sex transracial adoptive households may face additional challenges related to their multiply stigmatized and highly visible family structure, in that these families are vulnerable to the stresses associated with both heterosexism *and* racism (Goldberg, 2009, 2012). For example, both parents and children may experience discrimination and rejection on the basis of their family’s racial/ethnic makeup as well as on the basis of parents’ sexual orientation. Because of their visibility, they may also be faced with intrusive questions about the why’s and how’s of their family’s creation (Gianino, Goldberg, & Lewis, 2009).

LGBQ-PARENT FAMILIES: EXPERIENCES AND CHALLENGES

Next, the experiences of LGBQ parents and their children is explored. Findings related to parent, family, and child functioning and well-being is discussed. Then, the challenges that LGBQ-parent families encounter in several interrelated contexts (namely, the family, school, and legal spheres) are examined.

Parent and Child Functioning

Despite concerns that the sexual orientation of LGBTQ parents will negatively affect children in both indirect and direct ways, research is consistent in indicating that sexuality is not relevant to men and women's parenting capacities and parent-child relationships. Specifically, studies that have compared lesbian, gay, and heterosexual parents in terms of mental health, parenting stress, parenting skills, and parental warmth and involvement have found few differences according to family structure (Bos, van Balen, & van den Boom, 2007; Goldberg & Smith, 2011, 2014; Golombok et al., 2003; Leung, Erich, & Kanenberg, 2005; Shechner, Slone, Lobel, & Schechter, 2013). Some studies have found that sexual minorities may have less conventional parenting values than heterosexual women and men. Specifically, lesbian mothers appear to be less interested in fostering conformity in their children (Bos et al., 2007) and may also be more accepting of a range of sexualities in their children (Tasker & Golombok, 1997).

Similarly, studies suggest that children who grow up with LGBTQ parents do not appear to differ remarkably from children of heterosexual parents in terms of their emotional and behavioral adjustment. Studies have found few differences between the two groups in terms of self-esteem, depression, behavioral problems, or social functioning (Goldberg & Smith, 2013b; Golombok et al., 2003; Tasker & Golombok, 1997; van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012; Wainright, Russell, & Patterson, 2004). In fact, some studies point to potential strengths associated with a planned LGBTQ-parent family. In a study of 17-year-olds raised by lesbian mothers from birth, adolescents were rated significantly higher in social competence and significantly lower in social problems and aggressive behavior, compared to an age- and gender-matched group of adolescents with heterosexual parents (Gartrell & Bos, 2010). Other studies have found that young adults cite various strengths associated with growing up with LGBTQ parents, including resilience and empathy toward marginalized groups (Goldberg, 2007). Finally, although Tasker and Golombok (1997) found that young adults with lesbian mothers were more likely to express openness to and acceptance of same-sex relationships, they were no more likely to *identify* as gay as compared to young adults with heterosexual mothers. Other research has also found that children of LGBTQ parents are no more likely to assume a homosexual identification compared to children of heterosexual parents (e.g., Bailey, Bobrow, Wolfe, & Mikach, 1995).

That LGBTQ parents and their children demonstrate such positive outcomes suggests remarkable resilience, given that they develop in a heterosexist society and are exposed to stigma and nonsupport in multiple intersecting, overlapping contexts (Goldberg, 2010). Specifically, LGBTQ parents and their children are vulnerable to nonsupport and alienation from their *families of origin*. They are also vulnerable to misunderstanding and mistreatment in the *school context*. Finally, they also confront lack of recognition and support in the *legal sphere*. LGBTQ-parent families' experiences navigating challenges in these domains are discussed next.

The Family Context

LGBTQ parents may perceive less support from members of their family of origin than heterosexual parents (Goldberg & Smith, 2008) but tend to report greater support from

family members than LGBQ nonparents (DeMino, Appleby, & Fisk, 2007). It seems that family members may become more supportive once a child enters the picture. Goldberg (2006) found that lesbian women's perceptions of support from their own and their partners' families increased across the transition to parenthood. Thus, some family members may push their feelings about nonheterosexuality aside and seek to repair problematic or damaged relationships in the interest of developing a relationship with a new grandchild (or niece, or nephew; Goldberg, 2012). In fact, in some cases, family ties may actually be strengthened by the arrival of a child, such that LGBQ parents enjoy closer ties to their parents after becoming parents themselves (Goldberg, 2012; Sullivan, 2004). Indeed, as Anya and Vivian experienced, Anya's family went from having a "distant" relationship to the couple "begging to babysit." Of course, not all family members become more supportive or involved across the transition to parenthood. Some LGBQ parents confront reduced support from their families upon announcing their intention to parent. For example, their families may express opposition to their decision to parent on moral or religious grounds or because they believe that life as an LGBQ-parent family will simply be too difficult (Goldberg, 2012; Sullivan, 2004).

The level of support that LGBQ-parent families receive may depend on whether the child is biologically related to the family of origin. Some research suggests that biological mothers' families may be more involved in children's lives than nonbiological mothers' families (Patterson, Hurt, & Mason, 1998). Importantly, the establishment of *legal* ties has been found to foster greater investment and involvement by extended family members: Hequembourg and Farrell (1999) observed that when nonbiological lesbian mothers secured second-parent adoption rights (thereby legally validating their relationship with their children), their own parents often became more willing to acknowledge them as parents and to emotionally invest in their grandchildren.

Families' level of support can also vary depending on the racial-ethnic match between parent and child, such that LGBQ parents who adopt across racial lines may encounter particular resistance and nonsupport from family members—as we saw in the case of Anya, in the opening vignette (Johnson & O'Connor, 2002). Family members may be uncomfortable acknowledging their new grandchild (or niece, or nephew) based upon their own racist beliefs. They may also find it difficult to embrace a child that looks different from them (Goldberg, 2012). Additionally, family members may experience (and express) concerns about the many challenges and vulnerabilities that the children might be exposed to because of their multiple marginalized statuses (Johnson & O'Connor, 2002).

The School Context

As illustrated in the opening vignette, both LGBQ parents and their children are also vulnerable to alienation and stigma within the school setting (Goldberg & Smith, 2014). A recent study conducted by the Gay, Lesbian, and Straight Education Network (GLSEN) that focused on LGBT families' experiences in education found that more than half (53%) of over 500 LGBT parents described various forms of exclusion from their children's school communities (i.e., being excluded or prevented from fully participating in school activities and events, being excluded by school policies and procedures, and being ignored; Kosciw & Diaz, 2008). For example, parents were told that they could not be aids in their children's

classrooms, that only one parent was allowed to attend a school event, and that their offers to assist with creating a more inclusive classroom were not welcome or needed. Furthermore, 26% of LGBT parents reported being mistreated by other parents (e.g., being stared at or ignored). Importantly, parents whose children's schools had comprehensive safe school policies (i.e., policies that protected both students and their parents from harassment or exclusion based on actual or perceived sexual orientation or gender) reported lower levels of mistreatment than did parents whose children's schools did not have such policies.

The GLSEN survey also found that 40% of the 154 students surveyed reported being verbally harassed in school because of their family (e.g., being called names such as "fag" and "lesbo"). Furthermore, although the vast majority of students in the study identified as heterosexual, 38% reported being verbally harassed at school because of their real or perceived sexual orientation; thus, they were assumed to be gay because their parents were gay (Kosciw & Diaz, 2008). Such data would appear to suggest that peer teasing and bullying are quite common; however, it is important to recognize that such experiences tend to be relatively prominent at certain developmental periods and relatively minimal at others, as illustrated in Keisha's case in the opening vignette. Gartrell et al. (2000) found that 18% of lesbian mothers reported that their 5-year-old children had experienced some type of homophobia from peers or teachers. However, by the age of 10, almost half of children had reportedly experienced some form of homophobia (e.g., in the form of teasing; Gartrell et al., 2005). Similarly, a study of LGBTQ parents and their children in Australia found that no children in kindergarten through second grade had experienced bullying; 44% of children in Grades 3 through 6 had experienced bullying related to their parents' sexual orientation; 45% of children in Grades 7 through 10 had experienced bullying or harassment; and 14% of children in Grades 11 through 12 had experienced bullying (Ray & Gregory, 2001). Those who did not encounter bullying attributed it to the geographical area that they lived in or the type of school that they attended (e.g., progressive private schools). Thus, middle- and upper middle-class LGBTQ parents may be at an advantage with regard to protecting their children from bullying: Their social and financial resources allow them some choice in where they live, and they may therefore favor areas and schools that are known to be more inclusive and progressive (Goldberg & Smith, 2014). Indeed, in the case of Anya and Vivian, both were considering career changes that would allow them to move to a more progressive area where their family and child would be better received.

It is notable that despite their potential vulnerability to teasing and stigma, the academic progress and performance of children of LGBTQ parents appears to be on par with that of children of heterosexual parents (Potter, 2012; Rosenfeld, 2010). Growing up with LGBTQ parents is not related to delayed progression through elementary school (Rosenfeld, 2010), nor is it related to lower academic achievement (Gartrell & Bos, 2010; Wainright et al., 2004).

The Legal Context

The legal sphere also presents challenges for LGBTQ parents and their families. Historically, LGBTQ parents have lacked legal recognition of their relationships—although again,

with the 2015 Supreme Court decision on gay marriage, the legal landscape for same-sex relationship recognition has changed (although continues to be contested at the time of this writing). Second, they may also lack legal recognition of their parental status. Specifically, prior to the Supreme Court decision, many states did not allow openly same-sex couples to co-adopt their children—that is, to adopt their child jointly—on the basis that couples had to be married in order to adopt.⁵ Thus, same-sex couples living in these states have historically had to select one partner to perform the official adoption; and then, in some states, same-sex partners were able to complete a second-parent adoption, thereby enabling their child to have two legal parents (HRC, 2014). Similarly, female same-sex couples that create their families via donor insemination have historically sought to obtain a second-parent adoption for the nonbiological, nonlegal parent (again, when available in their state of residence).

Research has shown that inequalities in parents' legal relationships to their children can have devastating consequences if couples dissolve their relationships. In such situations, the parental status of the legal parent (who is often also the biological parent) is virtually always affirmed (Goldberg & Allen, 2013). For example, in one study of 77 lesbian couples that consisted of a biological mother and a nonbiological mother, 30 couples had separated by the time that their children were 10; of these 30 couples, custody was shared after 13 separations, and the biological mother retained sole or primary custody in 15 cases (Garrett et al., 2006). Couples in which the nonbiological mother had obtained a second-parent adoption were more likely to share custody, highlighting the importance of legal supports for family stability and, in turn, child well-being.

CONCLUSION AND SUGGESTIONS FOR PRACTITIONERS

LGBQ parents and their children are vulnerable to social and legal challenges at multiple stages of the life course and in multiple settings. For example, Anya, Vivian, and Keisha encountered nonsupport from their family, school, and community at various points during their lives. Such challenges undermine the integrity of sexual minorities' family relationships and threaten their emotional and physical well-being. And yet, LGBQ parents and their children demonstrate remarkable resilience in the face of such challenges. This resilience is likely facilitated by the formation of strong and stable relationships that are characterized by equality, mutuality, and compassion (Connolly, 2005; Kurdek, 1998); access to and engagement with an active and/or visible LGBQ community (Russell & Richards, 2003); and perceptions of support and affirmation from one's family and/or friendship network (Goldberg, 2012; Russell & Richards, 2003). Of course, the fact that LGBQ parents and their children demonstrate remarkable resilience by no means legitimates the heterosexism that they face in their everyday lives. Scholars, practitioners, educators, and policy makers are urged to work on behalf of LGBQ persons and families to identify and ameliorate the conditions that underlie and perpetuate the social stress and oppression that sexual minorities must endure. By destabilizing systems of oppression and inequality, we can begin to improve the social conditions in which sexual minorities live.

Therapists and practitioners who work with same-sex couples should be attentive to the unique dimensions of their relationships as compared to heterosexual relationships but at the same time should remain cognizant of the ways in which same-sex couples' relational difficulties may reflect "universal" relationship conflicts. Furthermore, therapists should be sensitive to the many variables and contexts that impact the formation, nature, and stability of same-sex relationships, such as similarities/differences between partners in terms of outness, race, and so on. Finally, and perhaps most importantly, therapists should maintain a heightened awareness of the ways in which both subtle and overt forms of societal stigma and exclusion may contribute to existing individual and relational problems. For example, in treating a socially isolated lesbian couple, a therapist should recognize the potential systemic causes of their isolation and should resist blaming the couple for their lack of social connectedness.

Practitioners (e.g., gynecologists, social workers) and institutions (e.g., fertility clinics, adoption agencies) that work with LGBQ individuals and couples during the transitional stage of becoming parents should strive to communicate a philosophy of inclusion and acceptance. Pink triangles, rainbow decals, and other symbols of LGBQ affirmation can be posted inconspicuously in hospitals, offices, and waiting rooms. Facilitators of prenatal education classes and adoption support groups can strive to use inclusive language (e.g., terms such as "partner"; Goldberg, 2006, 2012). In addition, practitioners (e.g., lawyers, social workers) who work with prospective LGBQ parents should aim to educate couples *in advance* about the legal barriers that they may face (e.g., in obtaining coparent or second-parent adoptions) and should assist them in (a) understanding the consequences of such barriers (e.g., the fact that their child will have one legal parent) and (b) considering other legal safeguards (e.g., living wills, medical powers of attorney, financial powers of attorney, hospital visitation authorizations) to offset the challenges posed by these barriers (Shapiro, 2013).

School educators and personnel are encouraged to take steps to reduce stigmatization of LGBQ-parent families by actively creating a climate of acceptance and inclusion of these families within schools and classrooms (Goldberg & Smith, 2014). School educators and administrators, for example, may choose to seek ongoing training and education about diverse families (e.g., via organizations such as the Gay, Lesbian, and Straight Education Network: www.glsen.org). Such training will support them in advocating for diverse families and actively fighting discrimination and prejudice against children resulting from their parents' sexual orientations.

Finally, at the policy/legal level, greater protections are clearly needed for LGBQ-parent families. State laws that discriminate against LGBQ-parent families (e.g., by allowing adoption and foster care agencies to refuse to place children with LGBQ individuals or couples) render families vulnerable to stigma and serve to legitimate treatment of children and families as second-class citizens. Laws that protect the parenting rights of LGBQ parent-families will help to (a) foster acceptance, (b) ensure the protection of these families via the provision of standard rights and benefits, and (c) promote the stability and security of LGBQ parent-families and their children, thereby contributing to their health and well-being.

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NOTES

1. These families are often referred to as “planned” or “intentional” LGBQ-parent families.
2. For a review of the limited research on surrogacy by LGBQ people, see Berkowitz (2013).
3. Second-parent adoptions allow nonlegal parents to adopt their partners' children without requiring the biological parents to give up their parental rights. These adoptions have historically been used by heterosexual stepparents to adopt their wives'/husbands' children. Some courts have interpreted the second-parent adoption to apply in same-sex couples, whereas others have not (Shapiro, 2013).
4. With the supreme court decision on same-sex marriage, many people have assumed that parental rights issues for same-sex couples will disappear (NeJaime, in press). In fact, parentage is (generally) not conclusively established through marriage for same-sex or different-sex couples, although there is a marital presumption that applies: namely, the husband of a woman who gives birth is presumed to be the father of child (although this presumption can be rebutted in certain circumstances, through, for example, evidence of nonbiological connection). Hence, in some states, nonbiological married fathers who are the intended parents in different-sex marriages are also technically just as vulnerable to questions of parentage as nonbiological parents in same-sex marriages. In turn, the

recommendation that nonbiological lesbian mothers continue to complete second-parent (or step-parent) adoptions still stands (despite the reality that most husbands in different-sex marriage do not complete these). Advocacy is currently being focused on ensuring that marital presumptions of parentage apply equally regardless of whether marriage is same-sex or different-sex (National Center on Lesbian Rights, 2015).

5. Although same-sex couples living in states that formerly prohibited same-sex couples from adopting on the basis of the fact that they were not married should theoretically now be able to co-adopt, it is not yet clear whether efforts to do so will meet resistance. Indeed, some states have passed laws allowing adoption agencies—even those that are publically funded—to refuse to place children with same-sex couples if they have religious objections to doing so (Green, 2015).

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