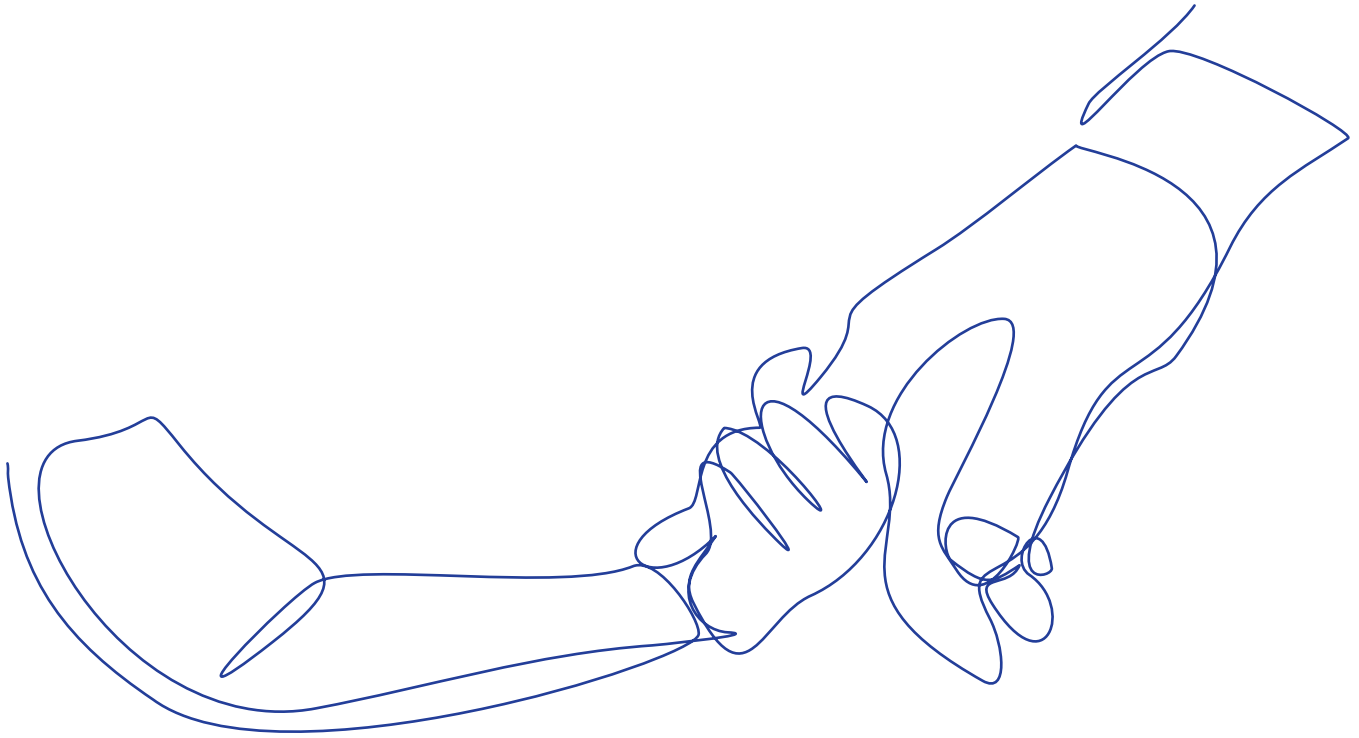


# ENGAGING AND AFFIRMING LGBTQIA+ FAMILIES IN HEALTH CENTERS



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

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## INTRODUCTION

The visibility of lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexually and gender diverse (LGBTQIA+) families is growing, reflecting the evolving landscape of contemporary society. It is estimated that 5 million American children live with a parent who identifies as LGBTQIA+, and nearly 170,000 children are being raised by same-sex couples.<sup>1</sup> Among transgender adults in the U.S., 15-19% are currently a parent of a child under 18 years old.<sup>1,2</sup> Given the large number of LGBTQIA+ families with children, it is crucial for health centers to recognize the unique and diverse configurations of families in order to meet their health care needs. Effectively providing care for LGBTQIA+ families with children requires a commitment to understanding and embracing their distinct experiences and challenges. By becoming more informed, adapting new terminology, and fostering a sense of community, health center care teams can significantly improve care experiences and health outcomes for all patients and families.

## PURPOSE

This brief aims to fill a critical gap by providing important guidance for health centers providing care to diverse LGBTQIA+ families with children. While acceptance of LGBTQIA+ people has generally increased in the U.S., significant challenges remain. Research has highlighted the ways in which children with LGBTQIA+ parents are impacted by stigma, frequently having to navigate rejection, microaggressions, and bullying.<sup>3-5</sup> The downstream effects of stigmatization as it relates to health care outcomes has been extensively documented,<sup>6</sup> although research specific to the experiences of LGBTQIA+ families and stigma continues to grow. By understanding the unique challenges and strengths of children raised within LGBTQIA+ families, and by providing a culturally sensitive and inclusive care environment, health centers can ensure that all family structures receive the care and support they need.

## THE MANY DIMENSIONS OF LGBTQIA+ FAMILIES WITH CHILDREN

As shown in **Figure 1**, there are various diverse dimensions that make each family unique. These dimensions include:

- Parental<sup>2</sup> identification of sexual orientation, gender identity, sex development, race, and ethnicity
- The method(s) of family formation
- Family configurations
- Child identification of sexual orientation, gender identity, sex development, race, and ethnicity
- Stage of parental identification as LGBTQIA+
- Intersecting demographics

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<sup>1</sup> For these statistics, parent refers to biological, adoptive, step, or foster parent with a child under 18 in their household.

<sup>2</sup> For the remainder of this publication, the term parent will include legal guardians as well as caregivers without legal guardianship status.



**Figure 1.** A visual representation of diverse LGBTQIA+ family dimensions.

## Family Configurations

There are many types of family configurations beyond the commonly understood single-parent and two-parent households. These diverse families can be found among both LGBTQIA+ and cisgender-heterosexual (non-LGBTQIA+) people. “Multi-parent” families, for instance, may consist of a child with divorced parents who remarry, with all four adults playing active co-parenting roles. Another multi-parent family might consist of a lesbian couple who conceived a child with the donor sperm of a friend, and who co-parent with this friend. Sometimes children have an adult in their life without a biological or legal connection, who is as central to the children’s upbringing as their parents. There are also adopted children who maintain a connection to their birth parents. Finally, there are polyamorous families in which parents have multiple romantic partners who may also be involved in childrearing. Data on the prevalence of multi-parent families are scarce; nonetheless, these family configurations exist and warrant recognition and culturally affirming care.

## Life-Stage of Parent’s LGBTQIA+ Identification

The timing of a parent’s LGBTQIA+ identity can impact the experience and identity of a child. For an adult child who has always known their parents as LGBTQIA+, this aspect of their identity may be a central and integral part of their experience. In contrast, if a parent identifies as LGBTQIA+ later in the child’s life, the adult child might experience their parent’s LGBTQIA+ identity with different levels of significance and novelty. In other words, while there are various dimensions that contribute to the complexity of families, it is crucial to consider how important and influential these dimensions are for each individual’s lived experience. What might be central to one person’s experience could be less significant or circumstantial for another. Figure 1 serves as a starting point for practitioners to think about when conceptualizing family units, but it does not cover every possible aspect.

## Varying Experiences

Even among families that share many characteristics, these shared features may resonate differently with the parents and children. For example, consider comparing two children, each being raised by what the children refer to as “gay parents.” The first child, raised from birth by two gay cisgender male fathers, might have a different experience than the other child whose birth parents, a cisgender male and female, are now divorced and have new same-sex partners who are also involved in raising the child.

## AVOIDING PITFALLS AND ASSUMPTIONS

The overarching principle in working with families can be referred to as “DNA”: Do Not Assume. Much like when we rely on patients to provide their subjective health experience (i.e., “history of present illness”), we should also follow a patient’s lead concerning their family background, (i.e., “history of family dynamics”). Particularly in scenarios where children may be accompanied by family members, it is important to allow the patients and their families an opportunity to introduce themselves and their relationships. In settings where clinicians and their staff are overwhelmed with numerous tasks and demands, this step of building a connection and safe non-judgmental environment is crucial for ensuring that patients and their families feel recognized and supported.

### ***Suggested Phrases***

- “Can you tell me your relationship to [child’s name]?” or “Who do we have here today?”(instead of “Are you mom/dad?”)
- “Tell me about who raised you,” or “Who are/were the people important to you while growing up?” (instead of “So tell me about your parents.”)

Children of LGBTQIA+ families may use their own terminology to refer to their families or themselves. Clinicians would again do best by avoiding assumptions and asking patients about what language they use. For example, a patient may refer to one parent as “mom” and the other as “mama,” while another patient may opt for terms that under-emphasize the parental connection, such as by using their parents’ first names. Some children from LGBTQIA+ families may resonate with terms that may be unfamiliar to clinicians, such as the term “queerspawn,” which is meant to highlight a child’s connection to their LGBTQIA+ identifying parents. Children conceived through donor insemination (DI) sometimes choose the term “DI-bling,” to describe their biological siblings through a common sperm donor (see this [resource](#) for more terms).

## CLINICAL INTERVENTION AND SUPPORT

In a sample of 78 children conceived by donor insemination with lesbian parents, 41% experienced homophobia from peers.<sup>7</sup> For transgender parents, a sample of 18 children found 33% faced peer difficulties.<sup>8</sup> Qualitative studies with children of transgender parents revealed themes of navigating social stigma and feeling pressure to defend their parents' identities.<sup>9,10</sup>

Anti-LGBTQIA+ stigma can adversely affect the mental health and well-being of children of LGBTQIA+ families. Negative health outcomes may include increased externalizing behaviors, hyperactivity in boys, and low self-esteem in girls.<sup>11,12</sup> To navigate a stigmatizing environment, these children might conceal information about their family, causing distress and internal conflict.

### Case Study: Billy Kim

Billy Kim (he/him), a 7-year-old, is brought into the health center by his father, Steve. Billy, who was previously an enthusiastic and engaged student, has recently begun to exhibit troubling behaviors, including a noticeable decline in school performance and increased conflicts with peers. During the consultation, Billy discloses that his recent difficulties started when “someone found out I had two dads and started to tease me.” He expresses feelings of shame and embarrassment, which appear to be directly linked to the teasing he has endured at school.

### Clinical Intervention

#### 1. Affirm Billy's Family Structure

- Sit down with Billy in a comfortable and supportive environment. Acknowledge and validate his feelings by emphasizing that families come in many different forms. Explain that having two dads is just one of many ways that families can be structured, and that all families are special in their own way.
- Emphasize the love and care that Billy's parents provide for him. Share examples of how diverse families can offer unique and valuable experiences, reinforcing that his family's love and support are what matter most.

## **2. Affirm Identity and Address Stigma**

- Assure Billy that his feelings are valid and that it is okay to talk about his experiences. Normalize his emotions and reassure him that he is not alone.
- Help Billy understand that the teasing reflects others' lack of understanding and not his family's worth or value. This can help to build Billy's resilience and self-esteem.

## **3. Support for the Family**

- Provide Billy's parents with resources to connect with local and online LGBTQIA+ family support groups, social events, and online forums. These types of spaces are for sharing experiences and receiving support from other families in similar situations.
- Recommend family counseling or support groups that focus on LGBTQIA+ issues, which can provide a safe space for Billy and his family to discuss their experiences and receive guidance from professionals and peers.

## **4. Educational Support**

- Collaborate with Billy's school to ensure that staff are aware of and sensitive to Billy's situation as well as LGBTQIA+ families in general. This might involve working with school counselors and administrators to promote an overall inclusive environment and address the teasing and bullying that Billy and other children may be facing.
- Support educational programs or workshops at the school that address diversity and inclusion, helping to foster a more accepting and supportive environment for all students.

## **5. Follow-Up and Monitoring**

- Schedule regular follow-up appointments to monitor Billy's progress and provide ongoing support. This allows for continuous assessment of his emotional and academic well-being and ensures that any new issues are addressed promptly.
- Offer to work with Billy's family to help develop coping strategies and resilience-building techniques, such as role-playing scenarios or discussing ways to handle teasing in the future.

By implementing these strategies, clinicians can help Billy and his family navigate the challenges of stigma and discrimination, ultimately supporting their overall well-being and fostering a positive environment for their growth and development.



**Given the intense scrutiny LGBTQIA+ families face, children may feel pressured to “prove” detractors wrong, often hiding or minimizing struggles to normalize their experiences. LGBTQIA+ families can face the same challenges as other families, such as disabilities, substance use disorders, intimate partner violence, and child abuse. However, children in these families may worry that disclosing conflicts could harm perceptions of LGBTQIA+ families. Clinicians should be aware of potential underreporting of home conflicts.**

One unfounded criticism of LGBTQIA+ families is that they “produce” LGBTQIA+ children. For children who identify as LGBTQIA+, this can be a significant stressor, as they may fear that coming out would reinforce this narrative. It should not be assumed that these children naturally turn to their parents for support regarding their identities. Generational divides may affect how they engage with their gender identity or sexual orientation. Clinicians should avoid assuming that coming out was “easier” for these children. Additionally, many children of LGBTQIA+ families, even if not LGBTQIA+ themselves, may experience nuanced relationships to LGBTQIA+ identities. Some may even define their experience as having grown up “culturally queer” to emphasize the role that having LGBTQIA+ parents had in their upbringing.

### **Case Study: Terra Johnson**

Terra (they/them pronouns) is a 16-year-old who privately identifies as nonbinary, but publicly presents as a cisgender male. Terra’s parents since birth are Kelly, who identifies as a cisgender female, and Michelle, who identifies as a transgender female. Both Kelly and Michelle have faced significant challenges, including opposition from extended family regarding Michelle’s transgender identity, which they have successfully navigated together.

Despite Terra’s confidence in their nonbinary identity, they feel apprehensive about disclosing this aspect of themselves to their parents. Terra expresses a desire to share their true identity with others but is concerned about the potential for judgment from their family, friends, and community. They confide, “My parents had to fight for years against people in my family saying my mom being trans would mess me up, and I know that’s not true, but I don’t want them to be targeted for that.”

## **Clinical Intervention**

### **1. Affirm Terra's Identity**

- Create a supportive environment where Terra feels safe discussing their identity. Acknowledge their feelings of apprehension and validate their concerns about the potential impact on their parents. Reassure Terra that their feelings and identity are important and worthy of respect.
- Explore Terra's fears about disclosing their nonbinary identity. Discuss potential scenarios and help them articulate their thoughts and emotions about coming out to their parents and others.

### **2. Discuss Disclosure to Parents**

- Discuss strategies for Terra to communicate their identity to Kelly and Michelle. Help them prepare for the conversation by role-playing or drafting a letter if that feels more comfortable. Emphasize that Terra's parents' past experiences with discrimination do not negate Terra's own right to be authentic.
- Encourage Terra to consider timing and setting for the conversation, ensuring it is a safe and private environment where their parents can be receptive and supportive..

### **3. Empower Terra's Confidence**

- Help Terra build confidence in their identity by exploring their experiences and feelings in therapy.
- Encourage Terra to engage with supportive communities or groups where they can connect with others who share similar experiences.
- Provide resources, such as books, articles, or online forums, that offer information and support for nonbinary people or people raised by trans-identifying parents. This can help Terra feel more informed and empowered as they navigate their identity.

### **4. Support Family Dynamics**

- Offer to work with Kelly and Michelle to provide education and resources about nonbinary identities, if they are not already familiar. This can help them better understand and support Terra's experience.
- Encourage family therapy or counseling sessions where Terra and their parents can discuss their feelings and concerns in a guided and supportive environment. This can help address any fears or misconceptions and strengthen family bonds.

### **5. Address Community and Social Concerns**

- Explore Terra's concerns about judgment from friends and the community. Discuss strategies for coping with potential negative reactions and finding supportive allies.
- Provide information about local LGBTQIA+ support networks and organizations that Terra can connect with. These networks can offer additional support and resources for both Terra and their family.

## 6. Monitor and Follow-Up

- Schedule regular follow-up appointments to check on Terra's progress and well-being. This allows for ongoing support and adjustment of strategies as needed.
- Encourage open communication between Terra and their parents and offer continued support as they navigate this process together.

By sensitively addressing Terra's concerns, and by providing tailored support, clinicians can help Terra confidently navigate their identity while fostering a supportive environment within their family and community.

## RESOURCES AND REFERRALS

Research indicates that community connection is a protective factor against the harms of discrimination and harassment.<sup>13</sup> Health center care teams can build a referral list of national and local community resources for LGBTQIA+ families. The national organization [Children of Lesbians and Gays Everywhere \(COLAGE\)](#), provides online peer support networks and in-person meet-ups for children of LGBTQIA+ parents and caregivers. [Family Equality](#) offers virtual peer support groups and in-person events for LGBTQIA+ parents, caregivers, and their children. Health centers may also choose to develop resources and hold their own support groups if there is sufficient demand. Developing resources specifically for transgender and gender diverse parents and their children may be particularly important, given the lack of resources in the community.

## INCLUSIVE AND AFFIRMING ENVIRONMENT

Finally, health centers can lay the foundation for supporting LGBTQIA+ families by creating care environments that are inclusive and affirming. There are several ways to do this, including displaying positive depictions of LGBTQIA+ couples, individuals, and families in posters, pamphlets, and on your social media and website; by adding LGBTQIA+ family picture books and magazines in waiting rooms; and by partnering with local LGBTQIA+ community groups to host events celebrating diverse families.

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