Care Considerations for Children of LGBTQIA+ Families

Dominic Schnabel, MPH
Our Roots

Fenway Health

• Independent 501(c)(3) FQHC
• Founded 1971
• Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
• Integrated primary care model, including HIV and transgender health services

The Fenway Institute

• Research, Education, Policy
The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - CE and HEI Credit
- Extension for Community Healthcare Outcomes (ECHO) Programs
- Publications and Resources

www.lgbtqiahealtheducation.org
Technical Questions?

• Please call Zoom Technical Support: 1.888.799.9666 ext 2

• You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon and type your question.

• Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.
**Sound Issues?**

- Ensure your computer speakers are not muted.
- If you cannot hear through your computer speakers, navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon.
- Choose “I will call in”.
- Dial the phone number and access code.
CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

| Physicians | AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1. |
| Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants | AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned.  
- American Academy of Physician Assistants (AAPA)  
- National Commission on Certification of Physician Assistants (NCCPA)  
- American Nurses Credentialing Center (ANCC)  
- American Association of Nurse Practitioners (AANP)  
- American Academy of Nurse Practitioners Certification Program (AANPCP)  
- American Association of Medical Assistants (AAMA) |
| Other Health Professionals | Confirm equivalency of credits with relevant licensing body. |
LGBTQIA+ Community

Legal
Systemic
Interpersonal
Internalized
LGBTQIA+ Community

Legal

Systemic

Interpersonal

Internalized

LGBTQIA+ Families
My Background

Setting the Stage

The Challenges

The Considerations
My Background

Born in Southern California

My Biological Parents

Placed in Foster Care

Created by NoNsEnSe ThInGs from Noun Project
My Background

Uncle “Frank”

Enter “David”

Legally a Family
My Background
The Many Questions

- “Where’s your mom?”
- “Is that your grandpa?”
- “Who’s your real dad?”
- “Why don’t you look like your ‘dad’?”
- “Why is your mom named X?”
- “Isn’t it hard to live with parents that don’t love you?”
My Background

**School**
- Forms specifying “Mother/Father”
- Family Tree Assignments
- Mother’s Day Gifts
- Uncertain allies

**Medical**
- Forms specifying “Mother/Father”
- Family History
- Denial of visitation
- Representation

**Media**
- The Many Questions

**Institutional Influences**
My Background

Legislative Stigma

Institutional Influences
School  Medical  Media

The Many Questions

Image: https://www.courthousenews.com/california-moves-to-dump-proposition-8-from-constitution/
My Background

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Legislative Stigma

The Many Questions

For me...
Confusion  Concealment  Distancing  Collapsing Identities  Helplessness

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Supports

Image: https://www.courthousenews.com/california-moves-to-dump-proposition-8-from-constitution/
https://www.popluckclub.org/news
https://www.ptownfamilyweek.com/event-details/2021/7/26/cilage-making-gay-history-podcast
https://campuspress.yale.edu/gpocrresources/the-office-of-lgbtq-resources/
Learning Objectives

**External Pressures**
Understand the external societal pressures faced by LGBTQIA+ families and their children, including legal, social, and cultural challenges, to better support and advocate for their rights and well-being.

**Internalized Coping**
Explore the internal coping mechanisms utilized by LGBTQIA+ children in response to societal stigma and discrimination.

**Protective Supports**
Identify strategies within health care to mitigate distress and promote the holistic health and well-being of LGBTQIA+ children and their families, fostering inclusive and affirming environments.
My Background

Setting the Stage

The Challenges

The Considerations
LGBTQIA+ Family Prevalence

6 million Americans with LGBT parents

170,000 children raised in same-sex household

25–49% of transgender people are parents

More data needed: multi-parents, polyamorous, other gender minorities

Sources:
Past Research Shows No Difference in Outcomes

- Consistent findings over the years: **No significant difference in psychological adjustment** for children in straight households vs. same-sex households\(^3-4\)

- Recent shift in focus: From proving normality to celebrating uniqueness

- Qualitative research enables nuanced discussions and deeper understanding of individuals' lived experiences within LGBTQIA+ family units\(^1-2\)

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## Dimensions of LGBTQIA+ Families

<table>
<thead>
<tr>
<th>Parent Identification</th>
<th>Sexual Orientation // Gender Identity // Sex Development // Race // Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Family Formation</td>
<td>Sexual Activity // Adoption // Fostering // Donor Insemination // Surrogacy</td>
</tr>
<tr>
<td>Family Configuration</td>
<td>Single-Parent Households // Co-Parent Households // Separated Parents (+/- new partners) // Multi-Parent Households</td>
</tr>
<tr>
<td>Child Identification</td>
<td>Sexual Orientation // Gender Identity // Sex Development // Race // Ethnicity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of Parent Identifying as LGBTQIA+</th>
<th>Parent(s) identified as LGBTQIA+ while raising children // Parent(s) identified as LGBTQIA+ after raising children</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Additional Demographics</th>
<th>Education Level // Employment // Income // Access to health insurance // Geographic Location // Citizenship Status</th>
</tr>
</thead>
</table>
Untangling Complexity: LGBTQIA+ Family Histories

- Family background is an invisible aspect of identity, yet still incredibly impactful
- LGBTQIA+ families can have vastly different experiences based on the dimensions shown previously from timing of parental coming out to family-forming methods
- Traditional labels may not perfectly fit for complex family relationships, including those involving adoption, surrogacy or donor insemination
Untangling Complexity: LGBTQIA+ Family Histories, continued

- There may be difficulty in obtaining a comprehensive family history due to uncertainties surrounding familial relationships.
- Despite documentation, families can still face barriers to participation in medical care decisions, particularly when familial relationships are not legally recognized and/or contested.
Gathering a Family History with Sensitivity

- Overall guiding principle: DNA (Do Not Assume!)
- Avoid assumptive language (e.g. real father, biological mother, other mother) about family relationships and use more broad and inclusive terminology unless initiated by the patient
- Use open-ended questions to guide inquires (e.g. “Tell me about who raised you?” or “Who were the people important to you when growing up?”)
Gathering a Family History with Sensitivity, continued

- Work collaboratively to address uncertainties in family history, acknowledging there may be limitations to achieving a complete picture.

- Ensure healthcare practice has non-discrimination policies that offer full protections for families of all sexual orientation, gender identities, and legal statuses.

  - Consider being familiar with local parentage laws as it pertains to your patients (Resource for New England: GLAD.org)
- Consider getting familiar with the various terminology that children of LGBTQIA+ families may be familiar with
- As always, it is best to allow the child to initiate these terms but it is still worth becoming familiar
- Queerspawn Resource Project has a useful online dictionary as well as other educational materials
  (https://queerspawnresource.org/portfolio/living-language/)
Pressures to be the Model Family

- Heavy politicization and scrutiny towards LGBTQIA+ families can place pressure on children to hide or minimize struggles \(^1\)-\(^2\)
  - Qualitative studies have shown tendency for children in LGBTQIA+ families to be wary of disclosing items such as IPV and alcoholism \(^2\)-\(^3\)
- Children who identify as LGBTQIA+ themselves may worry that embracing their own identity puts their family at risk of being targeted by criticism that “queer families raise queer kids”

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Pressures inside the Family Unit

- Despite a possibly shared identity, children who identify as LGBTQIA+ may have different perspectives on their identity and may not turn to their parents for support.¹

- Even if the child does NOT identify as LGBTQIA+, they may still have complexity in how they approach queerness, gender diversity, and cis-heteronormativity.²

Navigating Pressures for LGBTQIA+ Families

- Be attentive to potential underreporting of conflicts in the home
- Recognize that children of LGBTQIA+ families may not turn to their parents for support regarding their identities
  - This is an opportunity to provide a safe and nonjudgemental space for children to explore their identities and express concerns
- Avoid assumptions that coming out as LGBTQIA+ was “easier” for children in LGBTQIA+ families
Cisheterosexism and Microaggressions

- Cisheterosexism is “...privileging of heterosexuality, cisgender identity, and binary sex assignment as the norm”¹
- Microaggressions
  - 41% of children with lesbian parents reported homophobia at school ²⁻³
  - 33% of children with trans parents reported conflict with peers ⁴
  - Children with trans parents reported feeling put in position to “defend” parents identity ⁵⁻⁶
- Downstream effects of stigmatization: increased externalizing behaviors, low self-esteem, hyperactivity ⁷⁻⁸

Sources
¹- https://lgbtq.unc.edu/resources/exploring-identities/coming-out/
⁸- Bos HM, van Balen F. Children in planned lesbian families: Stigmatisation, psychological adjustment and protective factors. Cult Health Sex 2008;10(3):221-236; doi: 10.1080/13691050701601702
To avoid conflict or avoid scrutiny, children of LGBTQIA+ families may decide to conceal information about their family. This can vary in degree and be situationally dependent. Concealment leads to distress as children feel torn between their desire for openness about their family and societal pressures to conform to cisheteronormativity. Even if not LGBTQIA+ identifying, children in LGBTQIA+ families may still experience a secondary minority stress.

Sources
Addressing Cisheteronormativity

- Prioritize looking into ways that cisheteronormativity permeates into individual interactions and broader clinical practices
  - Modify intake forms to be more inclusive with gender-neutral language such as Parent(s)/Guardians(s)
  - Avoid assumptions about family members present with child
  - Provide guidance for clinical staff interfacing with patients to ensure sensitivity in interactions with LGBTQIA+ families
Importance of Community

- Qualitative interviews show that community connection is crucial for children of LGBTQIA+ families, offering protection against cisheterosexist discrimination and harassment.¹
- Organizations such as COLAGE (originally, Children of Lesbians and Gays Everywhere) serve as points of connection for families of diverse configurations to create community online and in-person.

Sources
1. Kuvalanka KA, Topper B, Morrison OA. COLAGE: Providing community, education, leadership, and advocacy by and for children of GLBT parents. J GLBT Fam Stud 2006;2(3-4):71-92; doi: 10.1300/J461v02n03_05
Fostering Community

- Be knowledgeable about resources like COLAGE or local LGBTQIA+ networks to provide families with support options
- Encourage open dialogue by asking patients and their families about their support systems and needs
- Ensure your clinical space reflects inclusivity by displaying diverse representations of families in artwork, books, and materials to create a welcoming environment for LGBTQIA+ families (more work needs to be done for building trans-inclusive materials 2)

Sources
**Next Steps**

- **Further research** is necessary to better assess the diverse array of family structures within the population.
  - Understanding how these communities navigate the healthcare system is crucial for identifying pain points and areas for improvement.
- Ongoing legal challenges persist, necessitating **continued advocacy**. Some groups seek to silence our voices and existence, highlighting the importance of allies in advocacy.
- Important to **acknowledge the challenges** faced by LGBTQIA+ families, provide space to grieve and offer support.
Thank you!!

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Contact Info

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Sources

Icons: NounProject

1- https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=SS&area=12#density
2- https://williamsinstitute.law.ucla.edu/publications/impact-dont-say-gay-parents/
3- https://www.courts.ca.gov/6465.htm
4- https://www.history.com/this-day-in-history/prop-8-passed-california-gay-marriage
11- Bos HM, van Balen F, van den Boom DC. Child adjustment and parenting in planned lesbian-parent families
12- https://lgbtq.unc.edu/resources/exploring-identities/coming-out/
19- Bos HM, van Balen F. Children in planned lesbian families: Stigmatisation, psychological adjustment and protective factors. Cult Health Sex 2008;10(3):221-236; doi: 10.1080/1369105070161702