

Lesbian, Gay, Bisexual, and Transgender Families

Cecil R. Webster Jr, MD*, Cynthia J. Telingator, MD

KEYWORDS

- LGBT parents • Children with LGBT parents • Microaggressions
- Assisted reproduction • LGBT parents and the health care system
- Race and ethnicity in LGBT families • Transgender parents and well-being
- Child and adolescent development in LGBT families

KEY POINTS

- Sexual minority families face unique barriers to care and health equity in health care and educational systems, as well as health-related law and policy.
- Health care providers can play an important role in navigating the unique barriers and challenges that sexual minority families face when seeking welcoming and affirming clinical practices.
- Empirical data demonstrate good functioning in the majority of children of same-sex parents.
- These children develop and function comparably to those from traditional families, and develop particular strengths that are linked to having parents who are sexual minorities.
- Familiarity with lesbian, gay, bisexual, and transgender language, family composition, support, financial vulnerability, and intersectionality with factors such as race/ethnicity are key to competency in assisting these families in the health care system.

There is a significant number of youth in families headed by sexual minorities.^{1–3} Between 1.1 and 2 million children under 18 years of age have a single lesbian, gay, or bisexual parent.² Further, about 210,000 children are being raised by a same-sex couple, one-third (34%) of whom were married as of 2013.³ In states that allowed same-sex marriage in 2013, just more than one-half (51%) of children raised by same-sex couples had married parents. The Institute of Medicine has identified provider knowledge about sexual minority patients, and the impact of stigma on sexual minorities' health, as areas requiring further attention.¹ Both external stigma and internalized shame may represent significant barriers to care and health equity for these families. Given the vulnerabilities of these families, and the likelihood that they are

Disclosure Statement: The authors have nothing to disclose.

Division of Child and Adolescent Psychiatry, Cambridge Health Alliance, Harvard Medical School, 1493 Cambridge Street, Cambridge, MA, USA

* Corresponding author. 137 Newbury Street, 6th Floor, Boston, MA 02116.

E-mail address: mail@cecilwebstermd.com

Pediatr Clin N Am ■ (2016) ■–■

<http://dx.doi.org/10.1016/j.pcl.2016.07.010>

0031-3955/16/© 2016 Elsevier Inc. All rights reserved.

pediatric.theclinics.com

seeking care in pediatric practices in diverse geographic and sociocultural settings, it is the goal of this article to help the clinician consider issues relevant to these families.

Internalized homophobia is something sexual minorities may experience in a society where heterosexuality is the assumed default. Some sexual and gender minority parents may worry that their sexual minority status will have a negative impact on the children owing to the children needing to contend with having a “different” family than other children in their community.⁴ However, empirical data from studies with appropriate control groups indicate resilience in youth despite such concerns. Children of same-sex couples, for example, have been found to have no differences than other children on self-reported assessments of psychological well-being (eg, self-esteem, anxiety), school outcomes (eg, grade point average, trouble in school), and measures of family relationships (eg, parental warmth, care from adults and peers).⁵ There are no differences in peer relationships, self-reported substance abuse, delinquency, or peer victimization.^{6,7} More important than their parents’ gender is the quality of relationships that exist within families that impact teenager adjustment.⁸

FAMILY STRUCTURE

The US Supreme Court’s *Obergefell v. Hodges* ruling in June 2015 that established the federal recognition of same-sex marriage may increase the estimated numbers of children raised in lesbian, gay, bisexual, transgender, and queer families. This may be owing to increased visibility of these families and uniformity in marital law, which may pave the way for more lesbian, gay, bisexual, transgender, and queer families to be married and therefore included in estimates. As it stands now, nearly 1 in 5 (19%) of same-sex couples, and single lesbians, gays, and bisexuals were raising children under the age of 18.^{3,9} A greater proportion (35%) of lesbian, gay, bisexual, and transgender (LGBT)-identified individuals are raising children than might be anticipated among men and women age years 50 or younger who are living alone or with a partner or spouse.⁹ Currently, the vast majority of same-sex parents are female (77%).³ This may change as there is increased acceptance of LGBT families and of men parenting. There are some complementary data that show that 27% of female couples have children and 48% of individual lesbians have children. Gay male individuals (20%) are currently more likely to raise children than male couples (11%). Adoption and foster care are prevalent in same-sex couples in general. Same-sex couples are 4 times more likely to be raising adopted children (13% vs 3% of different-sex couples) and 6 times more likely to be raising foster children (2% vs 0.3% of different-sex couples).⁹

Family structures may change and evolve over time. Detailed demographic and related research are necessary to characterize these families, and studies may fail to capture their full diversity (eg, socioeconomic level, race, sexual orientation, and gender expression) given limits in scope, reach, and view.^{1,4,10} Therefore, the information presented here may have methodologic limitations, but may nevertheless aid in understanding sexual minority parent families.

PARENTING PREPARATION

Let us consider the following vignette to guide our exploration:

Javier and Jonathan have come to your office together and are interviewing new pediatricians because they are anxiously awaiting the birth of a daughter next month. They have one 10-year-old son, Joey, from Javier’s previous relationship. The two initially considered seeing Joey’s pediatrician; however, they felt less confident that this physician was able to care for their family.

Download English Version:

<https://daneshyari.com/en/article/5720265>

Download Persian Version:

<https://daneshyari.com/article/5720265>

[Daneshyari.com](https://daneshyari.com)