

# 10

## Practice with LGBT parents

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The research and literature in the area of LGBT parenting has grown exponentially since 2008. There has also been a surge of legal and practice changes since this chapter was first developed. Gary Gates (2013) from the Williams Institute in Los Angeles, provides important statistics to ground this chapter in the most recent data on LGBT parenting:

- It is estimated that 37 percent of LGBT-identified adults have had a child at some time in their lives.
- An estimated three million LGBT Americans have had a child and as many as six million American children and adults have an LGBT parent.
- More than 125,000 same-sex couple households (19 percent) include nearly 220,000 children under age 18.
- More than 111,000 same-sex couples are raising an estimated 170,000 biological, step, or adopted children.
- Same-sex couples raising children are four times more likely than their different-sex counterparts to be raising an adopted child.
- An estimated 16,000 same-sex couples are raising more than 22,000 adopted children in the United States.
- Same-sex couple parents and their children are more likely to be racial and ethnic minorities.

Lesbians, gays, bisexuals, and transgender (LGBT) people become parents for some of the same reasons that heterosexual people do (Gates, 2013; Goldberg & Allen, 2012; Goldberg, Gartrell, & Gates, 2014; Mallon, 2008). Some pursue parenting as a single person and some seek to create a family as a couple. Others became parents when they were in a heterosexual relationship (Buxton, 2005, 2006, 2012; Gochros, 2016; Tasker, 2013). Although there are many common themes of LGBT parenting that readers will see reflected in the pages that follow, there are also some unique features.

Unlike their heterosexual counterparts, who couple, get pregnant, and give birth, most LGBT individuals and couples who wish to parent must consider many other variables in deciding whether to become parents. First, the couple must decide how they should go about creating a family: adoption (Mallon, 2004), foster parenting (Lavner, Waterman, & Peplau, 2014), surrogacy (Berkowitz, 2013; Mallon, 2008), shared custody from a heterosexual relationship (Buxton, 2005), or alternative insemination (Batza, 2016; Chan, Raboy, & Patterson, 2000).

This chapter is based on my analysis of the existing literature, qualitative data analysis from interviews conducted with LGBT people who are parents, and more than 41 years of clinical social work practice experience.

## Research on LGBT parenting

As noted earlier, the research on LGBT parenting has exploded in the past decade. Goldberg et al. (2014) note that

The past several decades have seen a proliferation of studies on lesbian, gay, and bisexual (LGB) parenting, with increased attention to (a) family building by LGB people; (b) the transition to parenthood for LGB parents; and (c) functioning and experiences of LGB parents and their children. The findings are consistent in suggesting that despite confronting heterosexism in a variety of social contexts – including the health care system, the legal system, and the school system – LGB parents and their children are functioning quite well

(p. 1)

The earliest documentation on lesbian mothers and gay fathers (Mezey, 2014; Patterson, 2013) was mostly explored in the context of children born in heterosexual marriages which ended in divorce. Such early studies have been replaced by those focusing on children in planned LGBT-headed families without the confounding variable of divorce and the coming-out process of the parents.

There are, as with all research, some limitations to the research in the area of LGBT parenting. Since not all LGBT people are “out,” random representative sampling of LGBT parents is a challenge to methodology. This is particularly so as there is no reliable data on the number and whereabouts of LGBT parents in the general population in the United States, or elsewhere.

In the existing research, there remain biases toward white, urban, well-educated, and mature lesbian mothers and gay fathers.

The Pew Research Center (2013) found that over 80 percent of bisexual people in committed relationships are in relationships with people of a different gender. Bisexual parents in different-sex relationships may be able to more easily create legal ties to their children, but may struggle to find family or community who support bisexual people being parents, and thus feel isolated in their parenting. Bisexual parents may feel they have to hide their sexual orientation, leading to poorer health outcomes.

Stotzer, Herman, and Hasenbus (2014, p. 1), provide an excellent review of the literature on transgender parenting. Their analysis included 51 studies, and found the following:

That substantial numbers of transgender respondents are parents, though at rates that appear lower than the U. S. general population. Of the 51 studies included in this review, most found that between one quarter and one half of transgender people report being parents. In the U. S. general population, 65% of adult males and 74% of adult females are parents.

That there may be substantial differences in the rates of parenting among trans men, trans women, and gender non-conforming individuals. In all the studies included in this review that

provided data about different transgender subgroups, higher percentages of transgender women than transgender men reported having children.

That people who transition or “come out” as transgender later in life tend to have higher parenting rates than those people who identify as transgender and/or transition at younger ages. This higher rate of parenting could be due to individuals becoming biological parents before they identified as transgender or transitioned.

In studies that asked transgender parents about their relationships with their children, the vast majority reported that their relationships are good or positive generally, including after “coming out” as transgender or transitioning.

Studies on the outcomes for children with transgender parents have found no evidence that having a transgender parent affects a child’s gender identity or sexual orientation development, nor has an impact on other developmental milestones.

Transgender parents have reported discrimination – either formally through the courts or informally by the child(ren)’s other parent – in child custody and visitation arrangements. Transgender people who wish to adopt may experience discrimination in adoption.

One of the challenges in LGBT parenting research is that it is not easy to define groups that would be an appropriate comparison to LGBT parents – and comparing them to a heterosexual parenting population does not lend greater legitimacy either, as there are intrinsic differences. In her excellent review of the literature in this area Scott (2002, p. 12) indicates:

There are also limitations in how far the findings of such research on biologically related parents and children can be simply “borrowed” to answer questions concerning the impact on children of being adopted or fostered by lesbians and gay men.

How are LGBT-headed families different from heterosexual families? One of the most consistent findings over the past ten years, according to Patterson and Farr (2015), is that same-gendered couples with and without children tend to establish a more even distribution of household tasks in comparison with heterosexual couples. Without socially prescribed guidance on gendered roles, LGBT parents tend to value equality in partnership and structure and equitable division of labor in housework, childrearing, and in work outside the home. Even though this repeated finding seems to be well known in the mental health community, it has not been discussed in the mainstream dialogue about the pros and cons of lesbian and gay marriage or parenting. The challenge for social services professionals, especially those interested in competent practice with LGBT parents, is to understand what this finding might mean for the children and their parents.

Biblarz and Stacey (2010) identify parental gender to be predictive of parenting skill. All mothers (heterosexual, trans-women, lesbian, birth, and adoptive) are more likely than fathers to be more invested and skilled at caring for children. Therefore, when two women co-parent, gender and sexual orientation interact, with two mothers both committed to and working together toward creating an equitable and mutually caring environment that provides a loving and supportive foundation for their child’s developing self-esteem.

The research on biological gay fathers and their children has burgeoned in the past decade (Armesto & Shapiro, 2011; Bergman, Rubio, Green, & Padron, 2010; Berkowitz, & Marsiglio, 2007; Bos, 2010; Gianino, 2008; Goldberg, 2016; Goldberg, Downing, & Moyer, 2012; Giesler, 2012; Krishna Vinjamuri, 2016; Richardson, Moyer, & Goldberg, 2012). Mallon’s study (2004) of the parenting

process in a group of 20 self-identified gay fathers was among the first to examine the experience. Results in these studies indicate that gay fathers are as effective as heterosexual fathers in caring for their children. They have also been found to be more emotionally expressive and nurturing with their children, less likely to prioritize their “breadwinner” functions over their parenting roles, and less interested in conventional gender-role behaviors than heterosexual fathers (Mallon, 2004).

## Fears about LGBT parents

Although there has been a vast increase in the literature about LGBT parenting in the past two decades (Gates, 2013; Goldberg & Allen, 2012; Goldberg et al., 2014; Lubbe, 2013; Mallon, 2011; Moore & Stambolis-Ruhstorfer, 2013; Patterson & Farr, 2015; Stotzer et al., 2014), the idea of an LGBT person as a primary nurturing figure rearing children is still remarkable to many (Goldberg & Allen, 2012). Many social work professionals still hold firm to a belief system grounded in the ubiquitous, negative myths and stereotypes about LGBT people (Mallon, 2008; Shidlo & Ahola, 2013) – for example, that an LGBT person might abuse children, that children might be encouraged or “recruited” to be LGBT, or that LGBT people are not suitable role models.

Those who oppose the idea of LGBT people as parents base their thinking on a number of fears; for example:

- the child will be bullied or ostracized due to having LGBT parents;
- the child might become LGBT because of having an LGBT parental role model;
- living with or having contact with an LGBT parent may harm the child’s moral well-being (these beliefs may have their foundation in religious texts that condemn relationships that are other than heterosexual);
- the child will be abused (based on the myth that all LGBT people are sexual predators).

None of these rationales are borne out or supported by evidence (Carey, 2005; Patterson, 2006; Peter, Taylor, & Edkins, 2016; Roberts, 2016; Biblarz & Stacey 2010). Such attitudes can have a crucial impact on social work professionals working with LGBT parents.

The myth of LGBT people (especially bisexual and gay men) as child abusers (Gates, 2015; Goldberg & Allen, 2012; Gottlieb, 2014) remains ingrained in the psyche of many people, including professionals in the social work field, so much so that the idea that an LGBT person would be “allowed” to parent seems incredulous to some. These ideas are derived in part from the cultural myth that men in general, and gay men in particular, are sexual predators, unable to control themselves sexually, and prone to sexualizing all situations.

The published social science literature (Dempsey, 2013; Goldberg, Gartrell, & Gates, 2014; Goldberg et al., 2014; Rizzi, 2014) also confirms that the myth of child abuse by LGBT people is a fallacy. Pedophilia is the attraction of an adult to children for sexual gratification, and has nothing to do with the gender or sexual orientation of the perpetrator. One study examining sexual orientation and child sexual abuse (Jenny, Roesler, & Poyer, 1994), which looked at 269 cases of sexually abused children, found that only two offenders were identified as gay. These findings suggest that a child’s risk of being sexually abused by the heterosexual partner of a relative is more than 100 times greater than the risk of being abused by somebody who might be identifiable as being LGBT.

## Quality of family relations

Numerous studies show that the qualities that make good fathers or good mothers are universal and not related to sexual orientation or gender. The need for fathers to be involved in the lives of their children has been very clearly established by many (Ball & Moselle, 2007; Horn & Sylvester, 2002; Strong & Cohen, 2013). The ability to love and care for a child is not determined by one's sexual orientation (Biblarz & Savci, 2010; Biblarz & Stacey, 2010). Furthermore, the desire to parent is not exclusive to heterosexuals, but is one shared by many LGBT people (Barber, 2012; Berkowitz, 2009; Drescher, 2014; Mallon, 2011).

Although most research to date on gay and lesbian parenting is based on those who are biological parents, researchers looking at LGBT parenting have reached the same, unequivocal conclusions. That is, the children of LGBT parents grow up as successfully as the children of heterosexual parents (Goldberg, 2016; Patterson, 2013; Patterson & Farr, 2015; Richards et al., 2016).

Not one study has found that the children of LGBT parents face greater social stigma. There is no evidence to support the belief that the children of LGBT parents are more likely to be abused, or to suggest that the children of these parents are more likely to be gay, lesbian, bisexual, or transgender themselves. Children will, in fact, be who they are. It is important to bear in mind that the majority of LGBT people have been raised by heterosexual parents.

## Becoming a parent: making decisions

Although LGBT people become parents for some of the same reasons as heterosexuals, there are some unique circumstances as well (Mallon, 2011; Sussman, 2012; Tasker & Bigner, 2013). Unlike their heterosexual counterparts, LGBT individuals and couples who wish to parent will have to give more careful consideration to how they will become a parent, and at the outset be open to different ways of becoming a family and parenting children – for example, through adoption and fostering (Brodzinsky & Goldberg, 2016; Gates, Badgett, Macomber, & Chambers, 2007; Lavner, Waterman, & Peplau, 2014), shared parenting (Hicks, 2013), and surrogacy or donor insemination (Batza, 2016; Berkowitz, 2013; Mohler & Frazer, 2002). LGBT people who choose to parent as single parents will, like most single parents, face stresses more to do with parenting solo than with their sexuality (Gates, 2013; Golombok, 2015; Melina, 1998, p. 292).

On the positive side, LGBT people who choose to create families have the advantage of redefining and reinventing their own meaning for family and parenting, precisely because they exist outside of the traditionally defined “family.” They have the unique opportunity to break out of preconceived gender roles and be a new kind of father or mother to a child (Goldberg, 2010). Most LGBT people who parent are not invested in raising LGBT children as suggested by some, but to raise children who will be authentic, happy, self-confident, and have the ability to support them regardless of their expressions of gender or sexual orientation.

## *Future research*

Clearly, much more research has been conducted on lesbian mothers than gay fathers (Biblarz & Stacey, 2010; Goldberg, 2010), and the research on bisexual and trans parents is limited, but growing (see Downing, 2013; Power et al., 2012; Ross & Dobinson, 2013).

There are also a variety of subtopics within the field of LGBT parenting that have received little or no attention, including intimate partner violence in LGBT-parent families; LGB military families; sibling relationships among children with LGBT parents; and family functioning when one or both LGBT parents has HIV/AIDS or a chronic illness. Also, it will be interesting to explore how children in LGBT-parent families feel about marriage equality in the wake of the US Supreme Court's 2013 rulings on the Defense of Marriage Act. It is also critical that research studies should have a more diverse representation of LGBT parents in terms of ethnicity, race, education, income, geographic region, and nationality.

## Issues for LGBT people when considering parenting

The focus of this section is on the issues that LGBT people face as they make the decision for becoming parents. Although LGBT people become parents through a variety of means – alternative insemination, kinship, marriage, and shared custody arrangements – the increasing number of LGBT people choosing to adopt or become foster parents has brought the issue of LGBT parenting to the forefront of the field of children, youth, and family services. There are a number of issues that social work practitioners need to consider in order to develop a knowledge base that will lead to competent practice with LGBT parents.

First, it is important to recognize that although there are many similarities, LGBT parenting families also differ from the heterosexually parented families. The conventional notion of a family presumes there will be two parents, one of each gender, that they will share a loving relationship and live under one roof, that they will both be biologically related to the children they raise, and be recognized legally as a family. This mom-and-dad nuclear family is the baseline model in Western culture against which all other models of family are measured, and it is assumed by most to be the optimal family environment for child development, compared with which all other types of families are viewed as deficient in some way.

This model, however, does not apply to most families with an LGBT parent(s). In families with an LGBT couple, usually there is at least one parent who has no biological relationship to the child. Although there are many legal changes, there is often a parent-child relationship with at least one of the parents that is not recognized or protected by the law.

It has become increasingly clear that it is quality of care, and not family constellation, that determines what is optimal for a child's healthy development. The ability of LGBT parents to provide for the social and emotional health of their children has been documented repeatedly in the research literature and has already been outlined in this chapter.

## Decision to explore parenting

The following narratives recount personal experiences of LGBT parents. I have edited them only for typos and obvious grammatical errors so that the conversational tone and originality are retained. In addition, all identifying information has been altered or eliminated to protect the confidentiality of these parents.

I have always loved children, and there has always been a part of me that wanted to be a dad. As a gay man, I thought it was impossible – who was going to let me be someone's parent? And it

wasn't like I could just go out and get pregnant myself and have a baby. I guess I had internalized a lot of the homophobia that I had been fed – somewhere along the way, I believed that gay people could not be good parents, just because they were gay. It made me sad. I was always close to my sister's kids, but it wasn't enough to be the really devoted uncle; I wanted to be something more for a child. One day I thought, "Why not? Why can't I be a dad?" I could be a great dad for some child. I had a lot of the qualities that make for a great parent.

Some LGBT parents with whom I have worked noted that their longing to be parents stemmed from their own positive experiences with family, and the myth that LGBT people could not parent was tinged with sadness, as this man noted:

I come from a very intact two-parent home, and family has always been the center of our lives, and my parents – being the very good parents that they were – instilled in us the value of family. Family was always very important. When it was clear to me that I was bisexual, there was a sadness that I could not have children and the coming out process for me was not about people knowing I was bisexual it was more about losing the idea of having children.

Another lesbian mother reconciled the desire to become a parent with living life as an lesbian who was out:

I came out when I was 24, but previous to that I always wanted children. I'm one of seven, all my siblings have lots of kids and I just always had in my head that I was going to have children. I just always wanted to have children. Then when I came out I thought, I guess I'm not having kids. I didn't really think twice about it. It didn't cross my mind to get married and have children. I thought I'm not doing that, I'm not living a big lie or whatever but that's what it felt like to me when women got married to have children and fulfil that parenting desire. So I just got totally into my career and then [I got] very active in the gay and lesbian community. I never heard of people having children as gays and lesbians; I never heard of that.

A trans-woman echoed the sentiment of initial sadness about not being able to become a parent, and identified the life event that helped her see that she could indeed become a parent.

Well it was something that I had always wanted, actually. It was probably the only problem I had with being transgender was that I couldn't be a parent. At least that was what I thought. But that changed when I was working in Boston and a friend was there, a friend from college and she was ill. She asked me if her son could stay with us until she got better. Her son was just 16 months old. I was so excited, and he stayed with me for about nine months. When his Mom got better he went back home with her, and at just about the same time that we moved to Los Angeles. His leaving left this huge, huge void. So I decided to fill that void by trying to adopt a child of my own. The LA Gay Lesbian, Bisexual, and Trans Center was really helpful in supporting me in this process.

For many LGBT people, meeting another LGBT person who chose to be a parent was a transformative experience in their lives.

When my friend Ben, who was an openly bisexual man, adopted his first child and I spent time with him and his partner, I realized that I could do it and it opened up a whole new world to me.

As with other parenting couples, in some cases there was one partner who wanted children more than the other:

Definitely Bill felt more strongly. He said that he couldn't live without being a parent and I felt, well, it's not that likely, but if it didn't happen I would try to make something else important and that would be my life. Certainly my nieces and nephews would be more important, as they are to many gay people, kind of like substitute children. But my partner felt like he could not live without them, having children.

## Becoming a parent via alternative insemination

According to the LGBT Health Channel, alternative insemination (AI), also called artificial or donor insemination, is a method of conception whereby freshly gathered or frozen sperm is inserted manually into a woman's vagina or uterus to fertilize an egg. Insemination is usually performed on or near the day of ovulation, when a woman's egg is released from her ovary. AI is used among some lesbian, gay, bisexual, and transgender people (who are not taking hormones) as a means toward becoming parents. Some LGBT people choose to utilize AI on their own without the assistance of professionals; others may be interested in participating in an AI program such as the one held at the Fenway Community Health Center in Boston (see [www.fenwayhealth.org](http://www.fenwayhealth.org)) which details a six-step, well-thought-out program, including an AI orientation, medical tests, counseling sessions, and assistance in ordering sperm, for those considering AI as a means to becoming parents.

However, when LGBT people choose to pursue this process, it begins when a woman obtains sperm from a male friend or from an anonymous donor at a sperm bank. There are several ways that LGBT people may move toward utilizing AI as a means toward parenthood. A single bisexual woman may choose to conceive on her own without a partner; in other cases a lesbian couple may choose to conceive together as a couple; in other cases still, a woman may conceive and act as a surrogate mother for a gay man or trans-person's child after being inseminated with his sperm. According to Batza (2016), the conception rate through AI is similar to that through sexual intercourse. Approximately 11 percent of women who are trying to conceive are successful during a given menstrual cycle. Failure to conceive with AI is most often a result of fertility problems and not insemination error. There is a 20 percent rate of miscarriage among women who use AI and women who conceive during sexual intercourse. Age and medical history affect a woman's ability to conceive regardless of the method. It is a common misconception that more boys than girls are born of AI, but there is no data that suggest this is true.

AI can be a cost-effective alternative to adoption, which can cost anywhere from \$10,000 to \$30,000. AI using banked sperm may cost \$500 to \$1,000, depending on the number of inseminations that are needed to conceive.

Choosing between an anonymous or a known donor may, however, be complicated by logistical and social factors. Insemination with a known donor is cost-effective, can be done responsibly at home, and can provide a child with an identifiable father. General medical standards require a woman to use fresh sperm during home insemination, which can be difficult if the donor is not near. For most people, it results in a rewarding, personal environment for mother, father, and child. However, some difficulties listed here can compel women to choose an anonymous donor: custody and visitation rights; legal issues; greater risk for sexually transmitted disease when using untested, familiar sperm; and parenting and family complexities.

Insemination with an anonymous donor is safer and more reliable, since the sperm is tested for sexually transmitted diseases (STDs) and because the procedure is managed by an experienced care team. Thawed, donated sperm lives for only one day, so conception is harder than with fresh sperm, which can live for several days in the uterus.

When a partner is involved in the insemination, the conception process can be a planned part of love-making, and not simply a “medical” procedure, as this woman recalled:

When we decided to become parents, we had been together as a couple for over ten years. We talked about a number of ways to have children, foster care, adoption, but decided after a great deal of discussion to try to have a child through alternative insemination, using an anonymous donor. We did pick a donor who noted in his narrative that when the child became 18, he would be willing to be contacted if the child wished to do that. We wanted to keep that option open, not everyone does, but for us, that was important that our child had the option of contacting his or her birth father at some point in time.

I am a nurse so we purchased the frozen sperm from a reputable sperm bank in California, it came packed in dry-ice via Fed Ex – we thawed it out, and decided when the timing was right (within 24 hours after I started ovulating – we were fanatical about charting and timing my ovulation when we were trying to get pregnant) to have my partner perform a intracervical and intrauterine insemination using a sterile cannula attached to a needleless syringe, both of which I brought home from the hospital. I taught my partner how to do the insemination and we wanted to make this experience as much like a love-making experience as we could, given that a cannula and syringe were not a normal part of our love-making!

We had to do this three times, the first two times it didn’t take, but on our third try, we got pregnant. Nine months later, Josh was born – and our family was created!

## Legal issues

Individuals donating or using sperm should consult a lawyer who is knowledgeable about legal issues surrounding AI. Women working with known donors should hire an attorney and make a legal agreement that protects everyone concerned, especially issues of visitation. Lesbian partners are advised to make co-parenting agreements that stipulate the care of the child in the event of separation. Though some states allow co-parent adoption, or same-sex parent adoption, and legally recognize both partners as parents, many do not. Parents should ask their attorneys about their legal rights with respect to these issues.

## Practice issues

AI is one way that some LGBT people are choosing to create families and become parents. There are, however, several practice issues which should be considered in planning for the creation of families via AI. The first is educating family members about the process. Some families will be confused about the process and may be embarrassed to ask questions, such as “Who is the father of the baby?” Individuals and couples will need to be proactive in comfortably explaining the process to family members who may need to know. Family members will need to be taught the language of AI – for

example, how should a family refer to the child's father? Later, as the children born via AI develop, they will also need parents to provide them with a language they can use with friends to discuss, if they chose to, their birth situation. In many cases, the practice issues for families created via AI are not very different from those families created through adoption, kinship, or foster care.

### ***Becoming a parent via surrogacy***

Increasingly, many more LGBT individuals and couples are deciding to have children through surrogacy and egg donation. With the rise of *in vitro* fertilization and advancements in the process of freezing embryos, “traditional surrogacy,” in which the woman who provides the egg also carries the baby to term, has fallen out of favor. Far more common today is “gestational surrogacy,” in which the surrogate is not the same woman as the egg donor, and therefore has no biological or genetic tie to the baby she carries for the “intended parents.”

The surrogacy process for LGBT families is similar in many ways to the process for heterosexual families. LGBT people pursuing surrogacy may particularly value the importance of biological ties, which may be the motivating factor in their parenting decisionmaking process. The surrogacy process can best be described in the following phases.

#### *Phase 1: to begin the process*

- Intended parents identify a surrogacy agency to work with and attend a seminar to learn more about the surrogacy process and options.
- They attend a consultation to meet identified agency staff, an independent surrogacy attorney, and a psychologist specializing in surrogacy. Some topics covered may include: which program to participate in, characteristics wanted in the surrogate, abortion and selective reduction, amount of contact with the surrogate, legal aspects and financial considerations, and how to tell your child about his/her unique beginnings.
- When the individual or couple is ready to proceed, retainers are signed, and the process begins.

#### *Phase 2: the matching process*

- Preparation for matching: You will develop and write a profile and choose photos to present the individual or couple to surrogate mother candidates and any other steps needed before matching.
- Matching: when a surrogate completes her psychological and medical screening, the counseling team will present them with a few profiles of intended parents. Once the surrogate makes a selection, her profile is sent to the intended parents for consideration. This process occurs for each potential match of a surrogate and intended parents. The intended parents then select which surrogate mother they would like to have help them. The counselor assists all the parties in coordinating a meeting with one another (the counselor is present at this meeting). Once all parties agree, the match is confirmed and legal contracts are drafted.

### *Phase 3: medical procedures*

- There are two types of surrogacy, from a medical perspective – traditional surrogacy and gestational surrogacy. In traditional surrogacy, a surrogate mother is artificially inseminated, either by the intended father or an anonymous donor, and carries the baby to term. The child is thereby genetically related to both the surrogate mother, who provides the egg, and the intended father or anonymous donor.
- In gestational surrogacy, an egg is removed from the intended mother or an anonymous donor and fertilized with the sperm of the intended father or anonymous donor. The fertilized egg, or embryo, is then transferred to a surrogate who carries the baby to term. The child is thereby genetically related to the woman who donated the egg and the intended father or sperm donor, but not the surrogate. Some lesbian couples find gestational surrogacy attractive because it permits one woman to contribute her egg and the other to carry the child.
- Traditional surrogacy is more controversial than gestational surrogacy, in large part because the biological relationship between the surrogate and the child often complicates the facts of the case if parental rights or the validity of the surrogacy agreement are challenged. As a result, most states prohibit traditional surrogacy agreements. Additionally, many states that permit surrogacy agreements prohibit compensation beyond the payment of medical and legal expenses incurred as a result of the surrogacy agreement.

### *Phase 4: the pregnancy and beyond*

- Intended parents stay in contact with the surrogate at least once every two weeks throughout the pregnancy. Our goal is to involve our intended parents as much as possible in this pregnancy. Most intended parents will attend several doctor's visits, if possible, or speak to the surrogate's physician on the phone. The process of establishing parental rights begins in the second trimester.
- Intended parents are present at the birth of their child. Typically a baby will remain in the hospital for one day after birth. Once the baby is given a medical clearance the parents will leave the hospital with their baby. The attorney helps the parents get the birth certificate and passport.

## **Continuing to parent after coming out as an LGBT person**

The issue of being a formerly married LGBT person is a phenomenon that is more prevalent than most might imagine. Some LGBT people enter a heterosexual marriage to hide their orientation, or because they are not clear about their gender or sexual orientation at the time of their marriage. Once they come out, some previously heterosexual people separate, ultimately divorce, and lead lives as LGBT people. Others continue to remain within a heterosexual marriage and renegotiate their relationships. However, many LGBT people claim that they initially married to create a family that included rearing children.

These men and/or women often feel like a minority within a minority as they walk the line between the heterosexually privileged world of "parent" and the less than privileged world as an LGBT person. There is often a sense of not fitting into either world, which adds to the sense of isolation and aloneness.

With great effort, significant pain, and steadfast courage these men and women may come forth with their authentic identity to challenge the heterocentric definition of sexuality and parenting that Western culture dictates.

Gay dads, lesbian moms, bisexual moms or dads, and trans-moms or -dads who were previously married go through various stages in their coming-out process that are similar and yet different from their LGBT counterparts who have not been married or have children. The effects of their coming out are felt by not only the LGBT person, but also by their spouse, their children, parents, friends, relatives, and new partners. Most formerly married LGBT people with whom I have worked have not been aware of the difficulty of this coming out in regard to the entire family system. The pain they feel in the process can, and has been for many, among the worst they have experienced in their lives. The difficulty in many instances is that the LGBT person may still love his or her spouse, and the sense of dedication to his or her children cannot be understated. The thought of separation and not seeing the children on a daily basis tears at their hearts, particularly for those who may have married with an expressed interest in having children. The process these LGBT people go through and the loss and at the same time a sense of rebirth at each step cannot be underestimated.

The sense of rebirth was called biphasic development by the late Alan Malyon (1982). The experience of being able to live one's life authentically is best described by Mark in the following narrative:

I knew I was “different” since I was six or seven, but I did not come out until I was 31 years old. I got married when I was 24 years old, I desperately wanted to have a family which included children and I never thought that as a gay man I could have that. I was married for seven years to a woman whom I loved and we had two great children, Luke age six and Andrew age four. After a few years of being married, I just couldn't deny that I was a gay man. I knew that if I came out that it would also mean that my link to my children would possibly change and I didn't want to do anything that might damage that relationship. So I hid, I snuck around with men, I lied to my wife and felt horrible about being a “bad” husband.

One day, it all broke wide open and I couldn't keep it all together anymore. My wife and I had an honest discussion. I told her I was gay and knew for a long time that I was a gay man; we agreed that we should separate – at least as a couple – and we continued to live together. It was so painful, so hard for me, for my wife, and ultimately for the kids, the worst time of my life. I liked the privileges I had in being seen as a married man by society and I feared giving that up if I came out as a gay man. After several months, we sat with the kids, talked to them about our separation, assured them that it was nothing that they had done, and told them that I would be getting my own place, three blocks away from our house. This was hard too, but better than trying to live together as a couple. My main focus was on continuing to be a real, involved parent in their lives, but not a married dad. We have had many ups and downs in this journey, but five years later, we are all still a family, albeit a very different kind of family. My wife and I share custody of the boys, they have two homes and go back and forth every other week, my wife has a new man in her life who is a great guy, and I have a new partner too. We have tried to be adults in this, making the kids our focus not our former marriage, sometime we are great at being co-parents and sometimes it's a challenge, but overall, I think our kids are happy, well adjusted, and know that they are loved, and for us that is the most important thing.

To come out as an individual LGBT person or one who was married is no easy process. No one can do such work in isolation. Support during this time in the form of a trusted friend, a family member,

or a professional (in either individual or group settings) is critical. As with anyone coming out, the fear of disapproval and exclusion is no different for these LGBT people than anyone else. It is important to reframe this situation for the LGBT people as what type of example they offer to their children when they do come out to them. The example being that, despite fear, they take action to let others know who they are and live life as genuinely as possible. Certainly their children will have differences among their peers, and in relationships as they mature, so the example has been set to proudly and without apology be your authentic self despite the pressures to conform. This is an especially important lesson for children, particularly for adolescents who face such peer pressure as they mature.

Fronczak and Campanaro-Cummings (2006) note that it is their experience that the spouses of LGBT people tend to try to cope alone and are unsure where to go for the sympathy and support they need. Groups focused on the unique needs of this population can provide an atmosphere of confidentiality, validation of feelings, constructive problem-solving strategies, and guidance and resolution of issues in a positive direction (see Buxton, 2012; Gochros, 2016; Klein & Schwartz, 2002). The group emphasis should be on respect for individual circumstances, understanding, and compassion, all vital components in helping to rid the system of isolation and helplessness.

Many of the spouses of LGBT people, note Fronczak and Campanaro-Cummings (2006), have recognized that there are stages of grieving and healing that occur for them. They have identified the stages:

*Stage one: pre-disclosure or period of discontent.* This stage usually starts with identification by the non-LGBT spouse that something is wrong. There can be a tendency toward reduced intimacy, fear, and denial. There is confusion over the origin of the discontent.

*Stage two: disclosure or re-disclosure.* The issue of being an LGBT person is identified for the first time or re-identified as a serious area of concern. Feelings of shock, anger, guilt, blame, denial, and isolation occur.

*Stage three: trial accommodation and questioning.* The couple tries to make sense of the issue and maintain their couple-ness. The non-LGBT spouse exhibits empathy mixed with anger toward his or her spouse. Questions surface such as: Why is he or she LGBT? When did it start? Was it something I did? Can I fix this? There is often hope for a magic cure. Issues of love, trust, honesty, and spiritual beliefs begin to emerge.

*Stage four: awareness.* There is awareness of one's own feelings apart from that of the LGBT spouse. The non-LGBT spouse has alternate feelings of disillusionment and hope. Symptoms of depression and heightened anxiety occur. This is often the stage where the non-LGBT spouse seeks help. The issues of fidelity, monogamy, and safer sex are confronted. If children are involved, decisions around disclosure are discussed (see Socha & Stamp, 2013).

*Stage five: renegotiating the relationship.* Decisions are made about which direction the relationship should take. Options are discussed such as separation, divorce, mediation, couple's counseling, or staying together but redefining the relationship. The support system is enlarged as the couple reaches out and discloses the issue of gay/lesbian identity, bisexuality, or transgender identity to other people.

*Stage six: acceptance.* A better understanding about the complicated issue starts to occur. The non-LGBT spouse reevaluates his or her own identity and becomes more autonomous. Often this is accompanied by fear of moving on and the realization that the relationship will be changed forever. This can be a stage of great growth.

*Stage seven: exploration and detachment.* For those who stay married: The couple negotiates new rules and goals for their relationship. They are learning to cope with a newly defined relationship.

Open communication is essential. Each individually gains more independence. The couple begins to build trust and commits to moving forward. For those who leave the marriage: The couple moves onto their separate lives. If children are involved, visitation, custody issues, boundaries, and rules are negotiated (children of LGBT parents should see Garner, 2004; Howey, Samuels, Cammermeyer, & Savage 2000; Snow, 2004). The non-LGBT spouse defines new goals for themselves. Often careers are expanded. Education is pursued, culminating in an expanded vision of herself or himself. Although somewhat fearful, the non-LGBT spouse eventually considers dating and other relationships.

*Stage eight: resolution.* Both parties get on with their lives, establishing healthy boundaries and a mutual respect.

These stages are often not in this exact order or sequence. They can last for differing amounts of time depending on the individual, the couple, and other life experiences. Grieving occurs in all stages – greater in the beginning and more tolerable in the end. There is no escaping the great struggle that occurs when a couple confronts LGBT identity together. However, the closet that both were in can be a far more debilitating place. The following is one narrative from a woman whose husband transitioned to a female identity:

I married Alex when I was 30 and he was 32. We have a daughter, Jill who is now age 12. Two years ago, Alex told me that he was very unhappy and that he needed to tell me something that would be very upsetting to me, but that he had to tell me. He told me that all of his life he has felt trapped in his male body. He said that ever since he was a kid he really felt that inside he was a girl, not a boy. He said that at this point in his life he wanted to explore his female identity. I asked if he was gay and he said no, he was a woman, not a man. Well, I was clearly shocked and very dismayed. I could deal with him being attracted to another person, but to say that he was a woman not a man, was very difficult for me to take – I mean we had a child together! Alex decided that it would be best if we separated while he was doing his exploration. I was so completely thrown off – I didn't know what to think. I called my therapist who saw me immediately and then referred me to a website called the straight spouses support network – it was really so helpful to help me get through the initial crisis and to get some support for myself; the fact that it was online was helpful to, I wasn't sure I could go to a group or talk with others about this (see [www.straightspouse.org](http://www.straightspouse.org)).

Alex moved out of our home and into an apartment about ten blocks from our house. He stopped by every day to see Jill. After about two weeks when things calmed down a bit – we both spoke to our daughter Jill and told her about Alex's decision. He made it very clear to her that even though we might no longer live together that he still wanted to be a parent to her. Alex and Jill were close and he had always been a great parent. Her only question was if her dad became a woman, would that mean she now had two Moms? We both smiled, looked at each other and said – Yeah, I guess so.

## Adoption and fostering

Lesbian, gay, bisexual, and transgender people are in a unique position with respect to adoption and fostering (Mallon, 2011). Most heterosexuals come to the idea of fostering or adoption after trying or considering different ways of creating their own family – for example, infertility treatment or donor insemination. Although some women who identify as lesbian, bisexual, or trans may have infertility

issues, may have tried sleeping with a man, or tried to find a donor or have tried donor insemination, for many LGBT people becoming a parent through fostering or adoption is a first choice.

Like all potential adopters and foster parents, LGBT people have had to learn about the process. The women and men whom I met were resourceful and gathered information from books (Jennings, Mellish, Tasker, Lamb, & Golombok, 2014), from other people who had adopted or fostered, including heterosexuals as well as other LGBT people, and agency social workers.

The issue of openness about one's sexual orientation was a clear theme for all of the LGBT people who were considering fostering or adoption. The secondary theme was whether or not they could adopt.

We wanted so much to become parents and often thought about and talked about adoption. We always kept hearing how many children were in need of homes. I thought that it would be great for a kid who had two parents that loved them. But I wasn't even sure that it was legally possible for gay men to adopt.

Many LGBT prospective parents are also concerned that agencies may offer them the children who have traditionally been the most difficult to place. What strikes psychologist April Martin, author of *The Lesbian and Gay Parenting Handbook*, as ironic is that the same agencies that believe LGBT people are not suitable parents will place with them children who require the most highly skilled parenting. She, and others, have pointed out that non-traditional families have unique strengths that make them excellent, and in some cases the best, homes for certain children. The following quotation exemplifies the sentiment expressed above:

When I went to the agency to find out more about adoption, they told me that I would have better luck by trying to become a foster parent first. That sounded fine to me, but then they told me that the only children they had for me were children that were born HIV positive. That sounded fine too, I had lots of experience with HIV, I had seen literally hundreds of friends die, but in retrospect, I did not realize at the time that it was a very different disease in children. My son, Julio, was placed with me; he was eighteen-months-old, underweight, sick quite a bit, and required lots of medical treatment. Being a parent to a HIV-positive child has a lot of ups and downs. It requires a style of parenting that most parents never have to deal with. But it was worth every doctor's visit. I am happy to say that today Julio is a healthy fifteen-year-old, managing and living with HIV.

In addition to understanding the mechanics of the adoption process, it was important also to understand how forming a family by adoption differs from creating a family biologically:

There was so much that we needed to learn about the adoption process, that we always had to keep clearly in our minds that what we were moving toward was going to be a very life changing event. Biologically, having a baby allowed you to prepare for nine months, adopting a child could take nine months, a year or even more. But more than that, we were talking about a child's life here, not just this intellectual process of being a family. Sometimes that was scary, but also very exciting.

Lesbian, gay, bisexual, and transgender people must also decide whether to be open or not about their gender or sexual orientation. Although foster care agencies approved single men and single women

to become foster parents during the 1980s and early 1990s, most LGBT people whom I met were determined early on, or had been warned by other LGBT people who had become parents, that they should not be open about their gender or sexual orientation. Some still opt for the “don’t ask, don’t tell” policy. Many LGBT people do choose to be open about their gender or sexual orientation, while others identify their partners as “friends” who will help raise the child. Despite the discomfort they felt about “going back in the closet,” most took this approach as a matter of expediency, for fear of being rejected as parents. Most resented that they had to do so, but also believed it was the price they had to pay for the gift of becoming a parent.

Most LGBT people who are considering fostering or adoption have probably openly identified as LGBT for some time (in fact, assessing a potential parent’s level of “outness” is critical to the home-study process), but as coming out is a continual process and not a one-time event, these individuals will as prospective adopters or foster parents experience coming out in ways that are uniquely different within their own families and communities. Becoming parents will inevitably increase their visibility within their communities in different spheres, such as schools.

## Dealing with family of origin issues

Social workers will want to explore how the applicant’s family of origin has responded to their desire to foster or adopt. For the LGBT people I spoke to there was some uncertainty, in general, about whether or not their families would support their decision to become parents. However, although there was a range of experiences reported, the overwhelming majority said their families had been very supportive.

Some families were initially shocked by their child’s decision:

At first my parents were taken aback. They just kept saying, “We don’t get it, I thought gay people didn’t want to have children.” They kept telling me how hard it was going to be and asked if I was sure. After they realized that we had done our homework and had given this parenting thing a great deal of thought, they were very supportive, and have been great grandparents to Tanya. I have been very fortunate I have a very loving family.

Some recalled how their parents seemed to feel the need to warn them about the realities of parenting:

When I told my father, after we had everything in process, that we were going to adopt, he first said, “Are you sure this is what you want to do?” When I told him yes, he said, well then, great, but be prepared to give up a lot of things that you used to do for yourself. Your focus now will have to be on those children.

One man recalled this heart-warming, welcoming ceremony from his family for his new son:

My family was ecstatic when Josh came. I went down that next weekend and, unbeknownst to me, my entire family had assembled. They all showed up – all at one time, every single one of them. It was unprecedented – this only happened when we had weddings or funerals. I had no idea they were all gathering. When I got there, they all ran out of the house and my sister grabbed Josh and he didn’t know this woman – he was being passed from one person to another. It was a very nice thing, we had a lovely dinner and it was great.

In contrast, one of the women met with complete rejection of her decision to parent by her own parents:

My family has always been so nonsupportive of my life as a bi-person, so it was no surprise when they were completely rejecting of my decision to parent. I told them I planned to adopt and they just rolled their eyes and said, “Do you really think that is fair to those children?” I have dealt with the pain I feel about their rejection of me, but in some small part of my heart, I wished they could have gotten over it and been there for my children as grandparents. I think I have reconciled this pain by realizing that my family is missing so much by not being a part of Joe and Jeremy’s lives . . . they are such beautiful kids.

Whether it was assumed that parents would be supportive or not, a number of the men and women reported that they did not seek the input of their families:

We didn’t tell family, not until it was time; we discussed it a little bit with siblings beforehand, but not parents. I felt like I was over 30, 30 years old, and I felt like this was my personal decision and they only needed to know when it happened. It was not something I really cared for any input on from people. It was between my partner and me, and other people didn’t matter, except to be informed. I didn’t feel like I needed approval from anyone. It was our decision. When we did tell our families, my family was fine, but my partners’ family, especially his father, was very disapproving – so much so that they didn’t meet our child until he was six months old. That was hard.

Most reported that their parents approved of their decision to become parents. Many were excited by the prospect of having a grandchild (one of the first laments from parents when their son or daughter comes out to them is: “But I wanted grandchildren!”). Their new role of parent often brought LGBT people closer to their own parents. They found new appreciation and sensitivity for their parents’ struggles to raise them, and they could rely on the support and guidance of their parents in raising their children. The narratives suggest that no matter how different their parenting style was from their own parents’, or how different were the circumstances under which they became parents, LGBT persons’ empathy for their parents increased when they stepped into the role of a parent.

Social workers need to be aware of the strong anti-LGBT sentiment held by many religious groups and the impact that this can have on family members for whom sexual orientation is an issue. Families, particularly families with strong religious convictions, may openly condemn homosexuality, unaware that one of their own family members is lesbian or gay (DeYoung, 2015; Parents & Friends of Lesbians and Gays, 1997; Stone, 2016). Religious views of homosexuality vary widely. According to many religious creeds and denominations, sexual relations between people who are not of the opposite sex are forbidden and regarded as sinful, and many religious teaching texts have been erroneously used as a weapon against lesbians and gay men, causing a great deal of distress in many families of faith. There are several excellent resources, however, which provide an alternative perspective (Hubbard, 2013; Parents & Friends of Lesbians and Gays, 1997).

Second, the couple must decide whether to be open about their gender and sexual orientation. Although it is legal for LGBT people to adopt, some fear that they would not be able to adopt if they disclosed their orientation. Some LGBT people do choose to be open about their orientation, while others identify their partner as “friends” who will help raise the child. This is because in most states

only one parent can be recognized as the legal parent; this establishes, as Hartman (1996, p. 81) points out, “an asymmetrical relationship between the two parents and the child.” This asymmetry occurs on multiple levels: from school visits, to medical permission forms, to eligibility for Social Security survivors’ benefits in the case of the death of a co-parent, to lack of support from family members, and to requirements for support and visiting arrangements in the case of a separation.

LGBT individuals who choose to adopt as single parents will also face stresses that may be more unique to single parenting than to their LGBT identification (Marindin, 1997; Melina, 1998, p. 292; Moore & Stambolis-Ruhstorfer, 2013). However, it is not all struggle and hardship – on the positive side, LGBT people who choose to create families have the advantage of redefining and reinventing their own meaning for family and parenting, precisely because they exist outside of the traditionally defined “family.” They have the unique opportunity to break out of preconceived gender roles and to be a new kind of parent to a child (Baumle & D’Lane, 2015; Moore & Stambolis-Ruhstorfer, 2013).

## **Trends in adoption: dilemmas agencies face in accepting gay and lesbian prospective parents**

Numerous child welfare agencies across the country have broken through their own organizational bias against LGBT people and are already placing children with LGBT parents (Evan Donaldson, 2003). The Evan B. Donaldson Adoption Institute issued a report in October 2003 that found that 60 percent of the country’s adoption agencies accept applications from same-sex couples. The study further showed that 40 percent of US agencies have already placed children in homes with gay or lesbian parents. In a report analyzing Census 2000 data, Arc’s Family Net Project and the Urban Institute also found that same-sex parents are 1.7 percent more likely to have adopted than all other households.

However, by and large, there are few child welfare agencies that seem to be openly discussing this process. Agency heads might be concerned that it will attract negative attention to their agency, or somehow be divisive among staff. There is a large adoption and foster parenting network within LGBT communities across the country as well as a virtual community found on many websites, all of which assist LGBT people interested in adoption or foster parenting in identifying the names and address of “safe” child welfare agencies where they can be certified (see [www.aclu.org/issues/gay/parent](http://www.aclu.org/issues/gay/parent); [www.aclu.org/issues/gay/child](http://www.aclu.org/issues/gay/child); and [www.lambdalegal.org](http://www.lambdalegal.org)).

Historically perceived as a preferential service granted only to those couples who were Caucasian and infertile, and who could afford to take a healthy, same-race infant into their home, adoption is now viewed in a much broader context. Contemporary adoption has made it possible for a broader range of children to be adopted – children of color; children with a range of disabilities; children with medical and developmental issues; and preschoolers and adolescents.

Similarly, policies have made it possible for a broader range of adults to adopt, including foster parents, families of color, single individuals (both male and female), older individuals, individuals with disabilities, and families across a broad economic range. At one time or another, many of these groups were excluded from the adoption process. Inclusion of some of these groups caused great controversy when initiated. In the process of moving toward inclusiveness, however, many professionals voiced concern about “lowering” the standard of adoption and thereby “damaging” the field.

The trend toward inclusiveness, and a broader understanding of who makes a suitable parent, has had a major impact on the almost 500,000 children in out-of-home care, some of whom have waited for extended periods for permanent homes. Such changes have allowed children and youth

previously considered “unadoptable,” or not suitable for family foster care, to be provided with permanent homes with caring adults, some of whom are LGBT people. Although accurate statistics on the number of LGBT people do not exist, it has been estimated that up to 10 percent of the population (25 million individuals) identify as having a sexual orientation as other than heterosexual. Excluding 25 million individuals from becoming adoptive parents, solely on the basis of sexual orientation, seems preposterous considering how many children and youth are in need of permanent families.

Although some child welfare agencies are struggling to develop policies about LGBT parenting, many agencies appear to believe “the less said the better” (Sullivan, 1995, p. 3) and therefore don’t publicize the fact that they place children with LGBT people. Perhaps they are afraid of being stigmatized as “the gay adoption or foster care agency.” Organizational structures, which operate in the absence of written policies, frequently compel staff members to develop their own policies. The lack of written policies, in and of itself, is a strategy that many child welfare agency executives and boards have permitted to exist with respect to the issue of LGBT adoption and foster parenting. When individuals design their own policies to guide agency practice, the agencies run the risk of personal, cultural, and religious bias. Child welfare agencies, some of which continue to avoid written policies, do not provide the opportunity for the community to resolve the issue. Policies responding to the needs of children and families need to be written and clearly communicated to all interested groups.

## Other issues for LGBT parents

Becoming a family is far more complex than simply getting a child; this was what each of the LGBT people who were parents discovered from day one.

### *The homecoming: the initial reactions*

After many months and in some cases years of anticipation and preparation, the day arrived when the wished-for child finally comes home. The homecoming process is an occasion mixed with great emotion for both the parent and the child. Even with the best-laid plans, it didn’t happen the way they fantasized it would.

### *What have we done?*

It’s not uncommon for new parents to feel inadequate (Brazelton, 2015). Second-guessing and questioning one’s ability are universal sentiments for all new parents. This mom recalled her ambivalence vividly:

I was so happy, but also so scared I think I was sick for three days after he came, I kept thinking, What have we done? We have no business being a parent to anyone, we have no idea what we are doing. I kept looking at this little scrawny baby and thinking we will never be able to do this. . . . But then I got over it and got on with being a parent.

Preparing the home for a child seldom seemed to go smoothly for most LGBT parents. Most recalled having a definite plan before the child arrived. They had a plan for where the child would sleep, how

they would cook for their child, and how they would do things, but almost immediately they had to modify their plans when the reality of having a child in the home set in. One couple recalled:

The day he came to our home was such a joy for us. The first few weeks of parenting were a blur, the house turned upside down, our workout room quickly became his playroom. We were so caught up in the whirl of diapers, formula, and baby Tylenol and everything else that we barely had time to think about how Perry had settled into his own home. I was initially worried about whether or not he would mess up the living room, but within two or three days we didn't even try anymore or care.

Initial reactions to parenting may not always have prepared the new parent for their new role; child care for a new baby is one major issue:

Well my initial intention was I had this woman I set up to watch him. My plans were that I had my own business and I would bring Wade to work a lot of times and at least three times a week I would have a baby sitter. I found this woman from our neighborhood and she babysat for me three days a week, six hours a day. It was a couple months. And I expected that kind of support at work and I expected family support more. My mother was alive at the time; she died a year after Wade was born. She had been a really good grandmother, she babysat her grandchildren and was a very active grandparent. I didn't realize that she was so gravely ill at the time when Wade was a baby. So I expected all of this family support and I ended up with zero family physical support.

All parents have dreams and fantasies about becoming a family. Sometimes the fantasy matches the reality and sometimes it does not. Most LGBT people acknowledged that things changed when they added a child to their lives. Many, as do all first-time parents, have well-developed fantasies about what having a child will be like. The stress of becoming a family depends on many factors. Some of these forces are predictable, and some are beyond our immediate control. The temperament of the parent is a key component in this process. Martin (1993) suggests that parents ask themselves the following questions in evaluating their temperament for parenting: How well do we adapt to change in general? How quickly do we recover from disruption? How high is our tolerance for chaos, noise, sleep deprivation, intrusion, and lack of solitude? Most parents go into a kind of shock when a child arrives. They may have dreamed about parenthood, but they could never imagine how relentless and how completely it changes time, space, sleep, and every other aspect of one's former, child-free life. Most LGBT parents, like other parents, had no idea if they could handle it, or what their limits might be, or what their capacity to rise to the task might be. One mom recalled it this way:

What surprised me most about parenting was how incredibly unselfish I had become. All my thoughts were about him, making sure that he was safe and nurtured. Before becoming a parent, my check, my discretionary funds, everything was all about me and now I am worried about do I have enough money to do that kind of stuff. And from the first day, until Josh was about nine or ten, I never slept an entire night without waking up about three to four times a night to make sure that there were blankets on his bed and that he was safe, and that he was breathing, the whole ideal that he was okay. My whole waking moments were about my child. So that is a very unusual feeling to have and the whole thing about that when he first came in was that there was no bond between us. I think we both felt this paternal bond that I think mothers have when they

first give birth to kids. There is something in that first twenty-four hours that connects them to their child, an emotional attachment, I had read about that, and I had heard people talk about that, but you don't know what it is until you experience it. It's when it just clicks and that's what happened – we were inseparable, I mean literally inseparable. He lived and breathed me, and I lived and breathed him.

In addition to parental temperament, the individual child's temperament is also a key factor in the family-making process. All infants require an enormous amount of attention and are, by virtue of their development, demanding, but there are differences between those who are cheerful and those who are fussy. It does not take a difficult child to complicate the emotional adjustment to parenthood (Brazelton, 2015). Even when LGBT parents love their child completely, they experience many other emotions as well – feelings of loss, depression, loneliness, and frustration among them. Having a new baby is such a transformative experience for all parents. Many parents note that activities they used to do for intellectual stimulation or exercise or accomplishment also had to change.

### ***Single moms and dads***

Some LGBT people become single parents by choice. Quite simply, there was a time in their lives when they were ready to become parents, but they had not found a life partner, and so they moved ahead anyway and decided to parent alone. While there are some obvious hardships associated with single parenting, there are some advantages of single LGBT parenthood. One dad, who adopted two children as a single man, recalled:

I feel guilty for saying this, but I think it's easier to be a single parent, in many ways. I see, and I could be wrong because I'm not in a gay coupled relationship, but by outside observance of gay couples, you have more of a built-in set of roles for parenting. With just me as a parent, there are no roles to play, no male/female roles to play. For many gay male couples who are parents and from what I have witnessed, there is a lot of fighting over doing everything. Then you have the two of them constantly fighting. I've seen it in all the couples where they are both trying to be the mom and the dad. As the only parent, I make the rules, I make the decisions, and I don't have to negotiate with the other partner.

Of course, dating for single parents can be a challenge. One lesbian mom said:

In the beginning, I had a lot of girlfriends and brought them home comfortably and didn't think too much of it. As my kids have gotten older there are such a multitude of issues and concerns and I have changed how I deal with dating. So many issues come into play . . . especially during the teenage years. You kind of remember the discovering of your own sexuality so you know what it's like . . . and I guess I have had to put my own needs second to what I think my child needs from her parent.

One trans-parent, although obviously delighted with her role as parent, had this lament, which resonates more with the experiences of single parenthood cited in the research (Marindin, 1997; Melina, 1998, p. 292; Moore & Stambolis-Ruhstorfer, 2013):

I feel very alone sometimes being a single parent – it’s lonely sometimes – it’s not a sexual thing, I just kind of want someone to hold me and say, You’re doing all right – you’re a good person and a good parent.

### ***Couple relationships change***

Many couples find that their relationship changes when a child becomes a member of the family constellation. A relationship between two adults is a complex process. There are always conflicting needs and desires between partners, all of which require communication, negotiation, and a willingness to tolerate the flaws that are inherent in everyone. When a child comes into the picture, interpersonal dynamics can become more complex (as most of us know well from our own families of origin). Parenting a child means that the relationship between partners will change, as this gay dad recalled:

We were so happy to be parents, but I don’t think we had any idea about how much our lives as a couple would change once Josh came into our lives. We were busier than ever. We had less time for each other; our focus became Josh, not each other, sometimes that was really hard.

After a child is adopted by an LGBT couple, many questions come to the surface, including who will take responsibility for what areas of parenting, and how to navigate legal issues, and how to handle emotional issues, including bonding and attachment. If a couple already has buried communication problems, it will come to the surface with full force when children enter the family, and will contribute to already substantial parenting challenges (Brodzinsky & Pinderhughes, 2013).

### ***Dividing roles and duties***

Having a child is a labor-intensive enterprise, as any parent will corroborate (Brazelton, 2015). Living outside the patriarchal norms set for men and women, same-gender couples have a unique opportunity to redefine their roles and responsibilities in the family according to their strengths and skills rather than their gender. Since gay men do not have to divide the labor of parenthood according to prescribed, gendered roles, there is a lot more room for conversation and, as always, negotiation. One of the positive outcomes of deciding who does what is that LGBT parents are free to come to a decision about what works best for them and their child.

Despite their planning and discussions, one parent may end up doing the bulk of the nurturing, either because that is how they planned it, or because one partner is clearly more suited to that role than the other. However, modification of their original intention to parent equally may cause the parent who is less involved to feel left out. The child may also become much more intensely bonded during the first few years to the parent who is the primary caretaker. As Martin (1993, p. 221) so aptly points out, “the unabashed love affair between child and primary parent may further contribute to the other parent’s feeling shut out.” The recollections of this dad clearly illustrate Martin’s point:

After the initial shock of parenting wore off, we had this plan. I would work three days a week, stay home with Andrew on one day and write the other day. Craig would work four days and stay home with Andrew the day I wrote. But even though that was the plan, it almost never

worked. Craig frequently worked on the day he wasn't supposed to, because of that our bond grew stronger. I was resentful that Craig didn't hold up his part of the parenting agreement, but in reality, I was more the primary parent. My relationship with Andrew became closer and my relationship with Craig became more distant; he felt left out, and in some ways, he was.

### ***Non-legal parents***

Since 2015, LGBT people have been legally able to adopt in all 50 states. Whether or not they can both be listed on their child's birth certificate is another matter. Since many LGBT people who choose to become parents together cannot be legally recognized as parents in most states, in some cases one parent in the dyad is likely to receive less validation and support from the outside world than the legal parent who is erroneously identified by many as the "real parent." In a heterosexual couple, a father may not be seen as the primary caregiver, yet he will clearly be recognized as a real parent. With only one parent recognized legally, the second father or mother often has to go out of his or her way to assert their true parenthood, which is often stressful to both partners. Both people in the couple may be profoundly disturbed by the fact that one parent is left out. And the one left out may feel increasingly insecure about his or her role in the family if his or her partner is not sensitive to his particular situation.

### ***Communication, arguments, and negotiations***

Although the necessity of negotiation and good communication between co-parents escalates once a child enters the picture, there is less and less time for couples to talk things over. Finding time to communicate was a challenge for most of the LGBT parents I worked with, as this dad recalled:

We were always sleep deprived and just plain tired from all of the energy that is consumed by active parenting. We could rarely find time to spend together never mind having a real heart to heart talk. I had a harder time with loss of independence than my partner did. Becoming a parent was a big adjustment for me. We both continued to work, we both tried to parent equally, but one partner always seems to be doing more. We fought about a bunch of things that we never even had to think about before we had children – like whose turn it was to go get the Pampers in the middle of the night when we realized we were out of them. The first year was the hardest, it got better after that.

Another mom had a different take on finding time to communicate. Conscious of the effect their arguments were having on their child, she and her partner became more diligent about communicating well with each other:

There are many times when we can't discuss something right then and there. If we really get loud or start to raise our voices, the kids get this really wide eyed upset look, so we have to wait until they go to bed or they are out of earshot before we resume our discussion. It's hard to wait when you're upset, stuffing feelings can really build up to a bigger argument. But we have recently gotten to a point where we look at one another and say, let's talk about this later.

## When parents separate

Lesbian, gay, bisexual, and transgender people who become parents, like their non-LGBT counterparts, may also split up (Melina, 1998). Problems that existed in the relationship before children sometimes come to the surface with the demands of childrearing, as this narrative suggests:

We were both so in love with the idea of being parents that we forgot to take care of and communicate with each other. Like most parents the energy goes into being a parent and not being a partner and we were not always good about acknowledging it. My partner felt left out of the relationship that I shared with our son; when he got home from work I was so tired from parenting that I didn't have the strength to give him the attention that I had before our son came into our lives.

Feeling emotionally deprived and excluded are painful feelings. Another person who comes along offering affection, attention, and comfort may make a partner vulnerable to an affair, or may lead to anger and resentment, which can be toxic to the relationship. Some couples may seek support and assistance from the social work or mental health community:

We had a lot of conflicts in our relationship when we became parents. Money issues, scheduling issues, parenting styles, were all issues. Our sex life had deteriorated and our communication had broken down. We needed tools to help us reconnect. We went to a therapist, someone who understood gay people and parenting issues. It really saved our relationship and made us better parents too. It wasn't as easy as I am making it seem, it was a lot of work, but it was worth it.

When a coupled relationship ended, the family relationships were reconfigured to create a responsible parenting plan:

When we finally decided to separate after a lot of painful discussion, once again, we had to figure out everything about being divorced gay parents by ourselves. It's not like with straight couples where they can go to an attorney and have someone mediate the separation agreement. Since gay people do not have sanctioned legally recognized unions they, once again, have to figure out how to do things without sanctioned legal guidance. No one we knew had ever had to figure out how to develop a separation agreement with a gay couple who had children. We now had to learn to be co-parents who lived separately. It's really hard to work out an amicable agreement with someone who you used to love, especially when you are really angry with them – but you have to forget your own pain and focus on being a good parent.

Brodzinsky and Pinderhughes (2013) found that adopted and non-adopted children were similarly affected by the separation and divorce of their parents. Although the breakup of a relationship is always disruptive to the couple and to the children involved, the LGBT parents who experienced separation from their original partners kept the well-being of their children as their primary focus.

## Growing up with gay parents

Children move through infancy, toddlerhood, preschool, school-age, and then adolescence, and the shifts and changes that parents must weather as a child ages present numerous challenges for all parents (Brazelton, 2015; Gordon, 2000; Leddy, Gartrell, & Bos, 2012; Perrin et al., 2013; Wolf, 2002). The most common issues LGBT parents dealt with were summarized into four main themes: (1) What do we tell them? (2) Where did I come from? (3) I wish I had a mom/dad; (4) Growing up with LGBT parents.

### *What do we tell them/ where do I come from?*

The majority of the LGBT parents I spoke with were very comfortable talking with their children about their adoption, insemination, foster, or kinship process. One dad's trajectory about talking to his children about this process captures all of the elements of the other parent's narratives:

We have always told them about their birth families and about how they were adopted. They love hearing the story of how we picked them up at the airport and how we brought them home. As they got older they have had questions about their birth families and we have told them as much as we know about them. We have also made it clear that we will help them to find their birth families when they are 18 if that is something that they want to do. I think we just kept our discussions very natural – every now and then I try to check in with them to just see how they are feeling about things and their birth families is an area that we frequently talk about.

LGBT parents I spoke with were clear that they needed to keep the communication open with their children about adoption, insemination, their family configuration, and LGBT-headed families. They also noted that most children were not that interested in communicating about these topics on a daily basis. Knowing when to address these issues and when not to talk about them was key. One mom described it this way:

We try to weave things into the conversation normally, like when we are talking about our lives before we had children, we might say – before we adopted you. Our oldest child thought for the longest time that being gay meant that you were in a committed relationship with another person of the same gender; it wasn't completely accurate, but we didn't go out of our way to correct him. Kids don't generally associate being gay with sex, but I think most children don't think of their parents as sexual beings. Sometimes we were I think overly sensitive about gay issues, and the kids would set us straight and let us know right away that whatever it was had nothing to do with their unique family situation.

These experiences seem to be corroborated by the work of H. David Kirk (1964) when he notes that adopted people handle adoption best when they are raised in families that allow them the freedom and opportunity to explore adoption-related issues (and, in this cases, issues related to being in an LGBT-headed family) whenever they arise.

## ***I wish I had a mom/dad***

Most children live in worlds that are dominated by moms, not dads. Moms are highlighted in cartoons, on TV commercials, in videos, and are usually the ones in the family who bring younger children to school in the morning and pick them up in the afternoon. Most LGBT parents we spoke to did not seem to feel the need to intentionally connect their children with mother or father figures; they did acknowledge that there were times when their children verbalized a desire at one time or another for a mom or a dad. This desire for a mom or a dad took several forms, and parents were aware of what the verbalization for a mom or a dad meant for their own child. One dad's narrative recalls how his child expressed an interest in a mom:

One day Wade just started talk about his birth mom; it was near his birthday and I think that often adopted kids think about their birth families during those anniversary times – but he just said, kind of sadly, I love you dad, but, wish I had a mom. I felt bad for him, I knew that there wasn't anything that I could do to make it better, but I just felt sad for him.

Other parents noted that their child's lack of a dad was pointed out more by other children:

My kids were obviously comfortable with their own family, but other kids who were my children's friends frequently mentioned the lack of a dad in our family. In some cases, the kids who were my children's friend were from single mom families or divorced families where they lived with their mom, with very little involvement with their dad, so the fact that our children had two moms was quite a different experience for them.

Children utilize parents in ways that make them feel safe and comfortable. One dad recalled how his son needed to be physically close to him and that he equated that need for closeness with a mom figure:

Drew was a very tactile child, he needed, at times to be close physically to me and in times when he was very stressed he used to snuggle up close and say, I love to be all mushy with you – you are like a big fat mother pig. He meant this as the highest compliment and he clearly selected the mushier dad since my partner is the more physically fit of the two of us.

The following narrative of this mom suggests that her child had clearly thought about having a dad. It also points to the concrete ways that children think about their own lives:

When I ask my son if he ever misses having a dad, he kind of looked at me incredulously and said, "How can you miss something that you never had?"

## **Children with LGBT parents**

During infancy and toddlerhood the issues of having an LGBT parent are subtle and, for most children, irrelevant, as children are unaware of gender roles in the home (Perrin et al., 2013). The children of LGBT parents whom I met seemed to bond to their parents, and parents were accepting

of their child, praising them, correcting them when necessary, and creating a conscious environment of affection and warmth. Kirk (1964), in his classic work on adoption, offers a perspective that may explain why the bond between the adopted child and adoptive parent can be so strong, which I believe can also be applied to LGBT parents and their children. According to Kirk's hypothesis, they all have suffered a deep sense of loss: the LGBT parent experienced loss because of the exigencies associated with coming out as an LGBT person in a heterocentric, bi/transphobic, and sexist world that presumes they will never be a suitable primary parent; the adopted children experience the loss of their birth families. When the parents understand the shared nature of their loss, they can be more empathic toward their child and better able to raise him or her in a sensitive and understanding way.

As children develop into middle childhood (ages 6–12), they began to further develop their sense of self (Brodzinsky & Pinderhughes, 2013), including the development of gender, racial, and cultural difference, and in the case of the children of LGBT parents, differences in their family composition. Many of the issues brought to light by these LGBT parents seem to be more related to issues of adoption than to issues pertaining to their LGBT parent, but in some cases there are more subtle complexities that are inextricably linked to insemination, adoption, foster care, and having a family that is considered to be different from the norm.

## The pain of being different

In middle childhood and then adolescence, children become acutely aware of being different or being perceived as being different. Some children may relish their differentness, but most do not. Sometimes LGBT parents report that their child was teased in school for being adopted and for being the child of gay parents. Like the training that parents of color provide for their children to combat prejudice (Mallon, 2008), most of the LGBT parents we worked with spoke about providing their child with emotional armor to protect against the pain of a taunt. However, even with this emotional preparation by their parents, the children had to learn to protect themselves at school:

My 11-year-old son, who struggles with being perceived as different and having a different kind of family, came home from school one day and said, “You don’t get it do you? Do you know what they say to me in school? They say, ‘Like father, like son.’ You know, they make these cracks trying to say that I’m gay, which I’m not, because you are. It pisses me off!”

As the children became teenagers, many of the parents noted, there were new issues that they had to address in their families. Huge changes occur in the years between 13 and 19. Physically, children grow faster during their teens than at any time since the prenatal period (Arnett, 2014; Offer, Ostrov, Howard, & Atkinson, 2013). Biological and emotional changes in adolescents strain most family systems (Wolf, 2002). Most of the LGBT parents were clear that the changes their child experienced had less to do with their LGBT identity and more to do with the emerging identity of the teenager (Wolf, 2002). There were some cases, however, where parents did feel that their LGBT identity was at issue for their child. The comments of this one dad are representative of many of the issues discussed in interviews about the changes brought about by adolescent development:

The onset of junior high school caused our son to deal with our family situation in different ways. While in grammar school all of his friends knew our family and had sleepovers, spent time

with us, our being gay was no big deal. We knew their families, we socialized with their parents, and our gayness was a nonissue. However, when our son went to a new school, he had to meet new friends, and make decisions about how much or how little he told them about his family. It was like the first day of camp, but on a bigger scale. He now had the control over telling others about his gay dads, not us. It was sometimes difficult for him. But he learned to tell friends when he felt comfortable, and he did not necessarily do that on day one. He also had to tell them he was adopted and I think in some ways, not having a mother was a bigger issue than having too many fathers.

As parents of adolescent children, the LGBT parents whom we talked with described how they had to learn a new set of rules about parenting. They had to get used to knocking on closed bedroom doors; they had to learn not to take adolescent moodiness personally; and they had to learn to let go. The hallmark of adolescence is moving toward independence, and for very involved parents such as the LGBT parents with whom I worked, allowing their child to move away from them was a necessary, but sometimes painful, process. Most of the parents acknowledged that this had less to do with them as LGBT people, and more to do with the development of their teenaged child. Nonetheless, caring for a teenage child was a new phenomenon for the LGBT parents, and many were weighed down as well with memories of their own tumultuous adolescence. Some equated their own coming-out process as adolescents to the coming out that their children had to experience as the children of an LGBT parent:

I felt guilty sometimes that adolescence is difficult enough without having this extra layer of having to come out to your friends about having a gay, lesbian, bisexual, or trans parent. My child also had to come out about being adopted and not having a mom. In some ways these issues are really the bigger ones.

## Conclusion

This chapter has focused solely on the evidence in relation to LGBT people *choosing* parenthood and the effects on the children they parent.

I would not argue that all LGBT people should be adoptive parents. In the same way, I would never argue that all non-LGBT people would make suitable adoptive parents. There are thousands of untold narratives by LGBT parents who are caring parents for children who needed temporary or permanent families. The question is not whether LGBT people will be parents, but how publicly they will be, and whether these families will be offered the same fair process and open opportunity as non-LGBT people who parent. Sidestepping the issue of parenting by LGBT people, or pretending that the issue does not exist, does not protect children. LGBT parenting challenges the traditional notions of family and in turn challenges practitioners to examine their own views of what constitutes a family.

The body of literature on this topic has grown tremendously since the second edition of this text was published. Numerous authors reviewing the research relevant to LGBT parenting have concluded that there is no evidence that LGBT parents are less capable of being effective parents than are heterosexuals (Brooks & Goldberg, 2001; Golombok, 2015; Hicks, 2000; Stacey & Biblarz, 2001).

While more research specific to the reality of LGBT parents, especially for bisexual and trans people, should certainly be undertaken, there is a foundation of evidence indicating that the sexual or gender orientation of parents makes very little difference to outcomes for children.

While the research and practice findings summarized here are highly relevant to the concerns raised by those opposed to the consideration of LGBT people as parents, further research into the specific experiences of children reared by LGBT people is clearly needed.

As social work practitioners, particularly those working with LGBT parents, it is essential for us to read the research and to analyze, interpret, and discuss the research findings and practice implications for effective practice with this population. It is incumbent upon us as a professional community that we are clear about the facts, able to rebut the misinformation presented by those who may not see LGBT people as “appropriate” resources for children in need of homes, and that we nurture the narratives of truth that we have witnessed through case examples. Research findings and their interpretation have enormous impact in many influential arenas, including court cases for custody and visiting rights, judges, child advocates, professionals in the health and mental health communities, and those charged with developing and enacting the legislation that guides our laws. In the midst of a politically charged environment in which negative stereotypes and ideological assertions can easily gain status as “truth,” it is essential for social work practitioners, to become familiar with what is known and not known from the research studies and practice implications so that LGBT parents work with and are supported by informed and competent practitioners.

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