LGBT Community Members Experiences of Support During Family Formation and Parenting

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LGBT Community Members Experiences of Support During Family Formation and Parenting

By

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MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work St. Catherine University and the University of St. Thomas St. Paul, Minnesota in Partial fulfillment of the Requirements for the Degree of Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

This study explores how members of the LGBT community experience support systemically during family formation and parenting. Six Caucasian women, who identified as lesbians, were interviewed in relation to their perceptions of support during family formation and parenting. The researcher asked 12 semi-structured questions to capture the level of support LGBT members receive by family, friends, general public and professionals (i.e., social workers). The majority of the respondents felt supported systemically in part because of the intentional environment they chose to live in and the family of choice chosen as a support system. Although the participants felt supported by the environment they interact in, all shared a level of uncertainty and fear in relation to their children receiving support, specifically in school and away from the intentional environment chosen for them. Similarly, this fear came from the heteronormative lens in which society views family in that there is one mother and one father. Currently, families that do not consist of having one mother and one father are considered “untraditional.” Most literature that depicts families identifies families from this heteronormative perspective and fails to recognize families such as the LGBT population. As a result, children who come from untraditional families are often targeted. In response, this paper provides implications and suggestions for future research and advocacy.
I would like to express my gratitude to my husband, Nick Vruno, who has stood by my side and supported me in all my decisions for the past 10 years. Without his unconditional love and support, despite my crazy irrational moments of complete breakdown, I would not have made it as far as I have in my academic adventure. Second, I would like to thank our three girls, Alysia, Emily and Mia, for accepting and understanding our limited time with one another for the past six years and always bringing laughter and joy to our house when life became overwhelming. Third, I would like to thank my family and friends for always coming to our rescue, believing in me and giving me the boost of confidence needed to keep me moving forward. It truly takes a village; I would not have accomplished my dreams and goals without your help!

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Recently, there has been a considerable amount of controversy surrounding lesbian, gay, bi-sexual and transgender (LGBT) marriages. Many people have been unsupportive of this amendment, as some believe it changes the heterosexual norm of one man and one woman. With the passing of the marriage amendment in Minnesota and the attitudes expressed by individuals who opposed this equal right, it brought attention to explore further challenges that members of the LGBT community may be currently facing by society. More specifically, it led to questioning what type of attitudes exist for LGBT couples raising children or are in the process of becoming parents when there is a lack of acceptance for LGBT couples. According to a technical report, written in the American Academy of Pediatrics by Perrin, Siegal and the Committee on Psychosocial aspects of Child and Family Health (2013), “Children whose parents are gay or lesbian have historically been subjected to laws, social policies, and disapproving attitudes that create social distance and ostracism and challenge the stability of their families as well as their optimal social and psychological development” (p.e1374).

Unfortunately, there are still laws, social policies and disapproving attitudes in the United States towards people who identify as LGBT and are raising children. For example, on August 27, 2013, three LGBT couples in Nebraska filed a lawsuit because they were unable to adopt or become foster parents. Additionally, Nebraska policies state, individuals are prohibited from issuing a foster home license if they identify themselves as a member of the LGBT community and individuals who are “unrelated, unmarried adults residing together” (American Civil Liberties Union, 2013). This also bans individuals from adopting children in state care because an individual must first become a
foster parent before they are able to adopt children who are wards of the state (American Civil Liberties Union, 2013).

In Minnesota, as of September 1, 2013, an estimated 889 children were under state guardianship of which 520 were waiting to be adopted (Minnesota Department of Human Services, n.d., p.1). In recognition of these statistics, professionals, such as social workers, need to be aware of the implications policies, such as banning LGBT couples from adopting, can have not only on the individual or couple experiencing the oppression, but also the children who are awaiting a family. Minnesota currently allows for LGBT families to foster and adopt children, but it is unclear how we are supporting LGBT families during the process of family formation and parenting.

Within the literature, there were many negative attitudes revealed towards LGBT families raising children and oppressive policies set forth. In response, it is crucial to identify whether or not LGBT families feel supported in the various stages of parenting and family formation. By identifying whether or not LGBT couples feel supported, professionals are able to gather what type of support is or is not needed for this specific population. In conclusion, this research study seeks to explore this gap by conducting a qualitative study with LGBT couples asking the question: How do LGBT couples feel supported by professionals, family, friends and the general public throughout the various stages of family formation and parenting?
Literature Review

This literature review will explore themes from past research in relation to LGBT couples and alternative family planning. To gain a fluent understanding of the topic at hand, this review will discuss the various definitions of family, alternative family planning, attitudes toward alternative family planning, implications of attitudes, policies, impact on child development, and supports. Further, this review will provide a summary of the literature and conclude with a question that will reflect the gaps in the current research.

Overview of Family Definitions

Defining family in specific terms can be ostracising to family groups that do not fit in specific parameters. Because of this, the author will not put any restrictions as to who or what defines a family, as it’s a subjective term that is constantly evolving. This section will however provide an overview of the varying definitions of family found within the literature.

Traditional vs. non-traditional. Research on the definition of the ‘traditional family’ revealed several characteristics. A common finding within the literature found families are traditionally viewed to be headed by heterosexual couples and categorize LGBT couples as a non-traditional family (Moore & Ruhstorfer, 2013; Tillman & Nam, 2008). This finding is often congruent with the heteronormative view in that the societal norm of sexual orientation encompasses one man and one woman (Gray, 2011). According to Fine (1992), the term traditional has been misinterpreted to define family structure rather than family values. Further, Fine (1992) states it often refers to heterosexual families excluding other family structures such as single parent, stepparent,
members of LGBT community, and cohabitating families (as cited in Ford, 1994, p.68). For example, in the book *We're Still Family: What Grown Children Have to Say about Their Parents' Divorce* (Ahrons, 2004) shared a passage from her interview with adult children who experienced divorce: “Normal kids must have two parents of different genders who live in the same household; anything else is abnormal, and if you’re abnormal then you must be dysfunctional " (p.11). This belief was also prevalent in the study conducted by Ford (1994). Ford (1994) asked 462 university students to identify which of the 16 scenarios she constructed represented a family. The findings revealed over 80% of the participants believed that a married couple with children, a married couple without children, a divorced mother, a married couple living with one of their two children, grandparents not living with their grandchildren and three siblings cohabitating were defined as family. However, this study also revealed that most participants did not agree that members of the LGBT community could be identified as a family (p.70).

Further, DiFonzo & Stern (2013) stated that society has viewed non-traditional families through the perspective of a traditional nuclear family norm. As a result of the traditional family norm, it often marginalizes families who do not fit within the dominant culture of family (p.3). Last, another study found some people in the United States are resistant to the inclusion of couples in the definition of family because it threatens the dominate heterosexual norm of family, gender and sexuality (Moore & Stambolis-Ruhstorfer, 2013, p.493). Similarly, this belief is also known as heterosexism; heterosexism is the act of “discrimination or prejudice against [LGBT members] on the assumption that heterosexuality is the normal sexual orientation” (Webster Dictionary, Heterosexism).
Construction of family. Some people who identify as LGBT may be faced with the challenge of their biological families not accepting them for their choice of sexuality. As a result, research has found some people who identify as LGBT, often construct their own family. Weston (1990) found members of the LGBT community tend to identify family through peer relationships more than biological interconnectedness possibly because of the rejection from their own traditional biological family members (as cited in Goldberg, Downing, and Richardson, 2009, p.943). Individuals who have been rejected by society, Parry (2005) found they are most likely to construct “families of choice” that is composed more from affective bonds than biological connection. Further, they are less likely than heterosexual individuals to construct their family built on biological connections or the presence of children to define oneself as a family (as cited in Goldberg, Downing, and Richardson, 2009, p.943).

Definition of family by United States standards. The definition of family acknowledged by the US Census Bureau identifies the term family “as a group of two people or more related by birth, marriage, or adoption and residing together: all such people are considered members of one family” (as cited in Tillman and Nam, 2008, p.368).

Alternative Family Formation

LGBT families rely on alternative forms of family planning to become parents. The most common methods of alternative family planning include adoption, second-parent adoption, fostering, Assisted Reproductive Technologies (ART), and kinship arrangements (Moore & Stambolis-Ruhstorfer (2013); Bos, 2010; Meezan & Rauch, 2005). To gain a better understanding of what is meant by alternative family planning,
this section will briefly define the alternative methods LGBT couples utilize in family planning.

**Adoption & Foster Care.** Adoption is the legal process of providing children with a permanent family (The Free Dictionary, 2009). Many heterosexual and LGBT families turn to adoption for many reasons. Research has found that many heterosexual couples, who have undergone many attempts to conceive a biological child naturally and/or through ART, often pursue adoption once all resources have been exhausted, and the couple is no longer able to sustain the emotional aspect of infertility (Goldberg, Downing, & Richardson, 2009). In contrast for LGBT couples, especially males, adoption is one of few options available due to biology and/or cost. Research has found that LGBT couples are more likely to become parents through adoption in contrast to heterosexual couples. According to Goldberg, Downing and Moyer (2012), it is believed that LGBT couples are more likely to adopt because they, much like adoptees, are viewed as a non-traditional family. They also stated men are more prone to adopt because other options such as surrogacy are not accessible due to financial strains (p.160).

Additionally, Farr and Patterson (2009) conducted a study on whether heterosexual or members of LGBT community were more likely to complete transracial adoptions. According to Vonk and Angaran, transracial adoptions are “the placement of children with a parent or parents of a different race…” (as cited in Farr and Patterson 2009, p.187). The results revealed that LGBT couples were more likely than heterosexual couples to adopt transracially (Farr & Patterson, 2009). Further, the American Civil Liberties Union (1999) stated that many gay and lesbian families are willing to adopt children and are often open to accepting the harder-to-place children, such as those who
are older (as cited in Averett and Nalavany, 2009p.130). However, Nordquist (2012) found white lesbian couples will make strategic decisions about the racial identity of children conceived through donor insemination (DI) in an attempt to create “families of choice” which are deeply influenced by social constructs of normalcy (race, gender, etc). Moreover, this conscience decision is made in part as a protective factor to not stand out more than they already do by having a non-Caucasian child (Nordquist, 2012, p.644).

**Second parent adoption.** For many LGBT couples who have either conceived a child through donor insemination, in-vetro fertilisation (IVF), surrogacy or became parents through past heterosexual relationship or adoption, it is common for only one parent to have legal connections to the child. Most often, it is the parent who is biologically related to the child or who went through the adoption process that will have legal guardianship (Human Rights Campaign, na). For both parents to be identified as the child’s legal guardian, they have to apply for second parent adoption. According to Federle (2005), second parent adoption is the legal process of adopting their partner’s child without terminating his or her parental rights. Further, Federle (2005) stated second parent adoptions are generally the best way to provide both parents with a legal connection to the child (p.79).

**Joint parent adoption.** According to Humans Right Campaign (2013) a “joint adoption involves a couple adopting a child from the child’s biological parent(s) or adopting a child who is in the custody of the state” (na).

There are many advantages to second parent and joint adoption. According to American Academy Pediatric (AAP) (2002), second parent adoption guarantees that both parent’s rights and responsibilities to a child are protected if a tragedy occurs, protects
parents’ rights to custody and visitation in the occurrence of a separation, establishes both parents are responsible for supporting the child if separated, ensures health benefits from both parents, gives both parents consent for medical care and other substantial decisions that need to be made for child, and provides financial security, such as Social Security upon a death of a parent (p.339).

A report conducted in 2003 by the AAP Task Force in relation to family stated, “A stable, well-functioning family that consists of 2 parents and children is potentially the most secure, supportive, and nurturing environment in which children may be raised” (Perrin & Seigel, 2013, p.e1375).

**Foster care.** Some families who desire to become parents may also decide to provide temporary parenting through foster care, which can sometimes lead to adoption. Foster care is defined by the federal government as a “24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes” (Johnson, 2004 p.264). Research has revealed that some LGBT families have chosen foster care or adoption as a first preference in comparison to heterosexual couples who are more likely to choose this style of parenting as a second choice (Mallon, 2011, p.10).

**Assisted Reproductive Technologies (ART).** Heterosexual and LGBT families rely on ART as a means to be biologically related to their child. According to American Society for Reproductive Medicine (2011), ART is the application of “All treatments,
which include the handling of eggs and/or embryos” (p.23). Some treatments include donor insemination, surrogacy, and in-vitro fertilisation.

**Donor insemination (DI) and kinship arrangements.** According to the American Pregnancy Association (2012), DI is a procedure that uses a syringe to inject donated semen into a woman’s vagina as a means to reproduce (na). Research has found some gay men have donated sperm to lesbian couples as an alternative and cost-effective route to become parents. Further, gay men have also donated their sperm with the agreement that the lesbian and gay couple would share parental responsibilities through kinship arrangements (Bos, 2010, p.356). A kinship arrangement is an agreement between the sperm donor and lesbian couple, of which they are not sexually involved, to share the child-rearing process through co-parenting the child/ren (Bos, 2010, p.357).

**Surrogacy.** According to Human Fertilisation & Embryology Authority (2009), surrogacy is defined as “when another woman carries and gives birth to a baby for the couple who want to have a child” (na). Surrogacy is one of few options available for gay men to be biologically related to their child/ren. According to Berkowitz and Marsiglio (2007), upon their review of past literature they found surrogacy was the least common route to parenthood because it is expensive and only available in specific jurisdictions. Further, they also state LGBT couples who elected to have children via surrogacy, are challenged by only one parent being biologically related to the child and determining what involvement the surrogate mother will have in the child’s life, if any (as cited in Moore and Stambolis-Ruhstorfer, 2013, p.496).

**In-vitro fertilisation (IVF).** IVF is the process of combining a female’s egg and a male’s sperm externally in a laboratory dish to fertilize the egg (Storck, 2012).
Heterosexual couples who have experienced infertility issues and LGBT couples who want a biological connection to their child may turn to IVF as an alternative route to conceiving a child (Dempsey & Critchey, 2010). However, like other routes to parenthood, IVF can be very expensive and is not 100% guaranteed to work.

**Policies: What impact do they have on LGBT families?**

When LGBT families are ready to become parents, they are faced with many challenges. The most significant challenges they are faced with are the policies surrounding their ability to adopt a child through an agency or second parent adoption. Similarly, Averett and Nalavany (2009) stated, “policies of adoption agencies, social stigma, and state laws have created barriers for gay and lesbian couples in the adoption process” (p.130). Further, according to Becker (2012), the policies that impede on the civil rights of LGBT couples, such as second parent adoption, have “significant legal and financial implications for gay and lesbian couples with children” (p.1027) This section will outline the policies currently in place for adoption, joint parent adoption, second parent adoption, and foster care.

**State Policies on Adoption.** Currently, according to Human Rights Campaign (2013) and Mississippi Department of Human Services (2009), there are two states that prohibit LGBT couples from adopting; The two states are Mississippi and Utah (na). However, according to the Movement Advancement Project (MAP) (2013), twenty-one states, including Minnesota, allow LGBT couples to petition for joint adoption, twenty-five states there is uncertainty as to whether joint adoption is possible, and five states have restrictions. The five states are Utah, Michigan, North Carolina, Mississippi and Louisiana (Movement Advancement Project, 2013).
Second parent adoption. There are currently fourteen states with certainty that allow second parent adoptions. However, there are thirty states, including Minnesota, where availability is uncertain. Last, there are seven states, Utah, Nebraska, Kansas, Wisconsin, Ohio, Kentucky & North Carolina, that have restrictions on second parent adoption (MAP, 2013).

**Foster care.** There are six states that have policies restricting discrimination towards LGBT couples providing foster care. The six states are Oregon, California, Wisconsin, Massachusetts, Rhode Island and New Jersey. Last, there are two states that put restrictions on LGBT couples, Utah and Nebraska (MAP, 2013). Because of these policies, many LGBT couples do not disclose their orientation out of fear of rejection (Mallon, 2011, p.10).

**Attitudes toward Alternative Family Formation**

LGBT couples are impacted by a large array of attitudes surrounding their decision to become parents. This section will discuss the attitudes perceived by professionals in adoption and foster agencies and the general public.

**Professionals in Adoption and Foster Agencies.** Research has found that many LGBT couples do not disclose their sexual orientation to adoption and foster agencies because of the attitudes and stigma surrounding their sexual preference (Mallon, 2011, p.10). Research has also found that some LGBT couples may be reluctant to pursue adoption because of the possibility of discrimination by adoption agencies and/or rejection by potential birth mothers (Goldberg, Downing, & Sauck, 2007). Tasker and Patterson (2007) stated, “Lesbian and gay men who have applied to foster or adopt sometimes report rejection, suspicion or homophobic attitudes on the part of the agencies
or social workers, or the child’s family of origin” (p.12). Moreover, Kinkler and Goldberg (2011) conducted a study in a small metropolitan area to identify the barriers and supports LGBT couples have in adopting. Their findings concluded that agencies who were willing to work with LGBT couples, some couples “encountered subtle or overt forms of discrimination by professionals within the agency” (p.393). In addition, Mallon (2011) found that some workers in adoption agencies were reluctant to place children with LGBT couples in fear that the child would identify as LGBT (p.22).

**General Public.** According to Ulrich and Weatherall (2002), LGBT couples and heterosexual couples are confronted with many different attitudes from the general public surrounding their decision to become parents, especially when their choice to become parents does not fit into the social norm of a married man and woman conceiving a child biologically (as cited in Goldberg, Downing & Richardson, 2009). Letharby (1999) argues, heterosexual couples that have decided on an alternative way of family planning due to personal choice or infertility, often do so because of the expectation that women should have children, yet said children by societies standards should be biological (as cited in Goldberg, Downing & Richardson, 2009). On the other hand, according to Hayden (1995), lesbian women are not held to the same standards as a traditional wife would have in conceiving children; therefore, there is no expectation to become a mother as there is with heterosexual women (as cited in Goldberg, Downing and Richardson, 2009, p.943). Further, gay men do not receive the same support or encouragement as heterosexual men, who are often expected to become parents, in relation to their parental desires (Goldberg, Downing & Moyer, 2012).
However, LGBT couples face many challenges from the general public in relation to changing the formation of family and the impact their sexual orientation will have on their children. In an article written by Bernheim (2013) he stated, “[LGBT] parenting is not parenting.” He then went on to explain that LGBT parenting was implemented to give a child two legal parents (p.44). Other studies have also questioned the sanctity of LGBT parenting by holding the belief that LGBT couples are less fit than heterosexual parents (Kinkler & Goldberg, 2011, p.387). Similarly, Hollekim, Slaatten, and Anderssen (2011) interviewed 1,246 participants in Norway in regard to beliefs on LGBT marriage and parenthood. The results of this study found that LGBT couples were rated less likely than heterosexual couples to possess variables such as nurturing ability and suitability as role models. They, much like other researchers, also found that their participants held the belief that children of LGBT couples would suffer social stigma, shame or teasing from peers and experience gender identity confusion or identify as LGBT (Hollekim, Slaatten, & Anderssen, 2011; Bernheim, 2013; Welsh, 2011; Mallon, 2011;). However, research has also found that there is no evidence to support that a child of a LGBT family will be confused about their gender identity or sexual orientation (Meezan & Rauch, 2005).

Research has also identified that children of LGBT parents are not teased or bullied more than their peers who have heterosexual parents (Tasker & Patterson, 2007, p.19). There is no scientific basis for concluding that lesbian mothers or gay fathers are unfit parents on the basis of their sexual orientation.

Troilo and Coleman (2008) found that American university students were more likely to hold negative opinions towards gay fathers in comparison to heterosexual fathers in reference to being a good role model and possessing appropriate parenting skills (as
Similarly, Mallon (2004) stated gay men who aspire to become parents are often met with resistance from society because it is believed that gay men are uninterested in parenting and or have an ill intended motive in becoming parents (as cited in Goldberg, Downing, & Moyer, 2012). However, Goldberg, Downing and Moyer (2012) found “gay men consider many of the same factors as heterosexual men, such as age, financial stability, and various relationship factors” (p.171) when considering becoming parents.

**Racism.** The LGBT community encounters a lot of discrimination from family and or the general public because of their sexual preference and identity. Now imagine being LGBT and of color. Fisher (2013) interviewed eight African American lesbian women between the ages of 18 and 25. In her study, Fisher (2013) found these African American women felt “invisible and untenable” (na). This study also found that the women described identity integration as “a complex process, fraught with perils brought on by stereotypes, prejudice, and (homo) phobic avoidance of lesbians by many in their families and ethnic and religious communities, as well as by ignorance and subtle forms of racism in gay/lesbian communities” (Fisher, 2013).

Further, Choi, Paul, Ayala, Boylan, & Gregorich (2013) discovered men who are a minority and gay, experienced discrimination based on race and sexual orientation in their study. They also found men who were African American and identified as gay, experienced the most racism within the general public. In this study, the data “indicated experienced racism within the general community might have generalized adverse effects on psychological well-being among not only API (Asian and Pacific Islander) and Latino MSM (men who have sex with men) but also African American MSM (p.3).
Healthy Families

As previously stated, there are many held beliefs that LGBT couples will have a negative impact on children in relation to development and positive outcome. Yet, there is a large body of research that support LGBT couples are just as fit as heterosexual couples to raise a family without there being a negative impact on the child. This section will explore the current research on the outcome of child development and positive impact in relation to LGBT and heterosexual couples.

Child Development. Research has found that children raised by LGBT couples do not display any differences in cognitive abilities or general emotional development, such as self esteem, depression or anxiety (Meezan & Rauch, 2005) In addition, Meezan and Rauch (2005) stated LGBT families are just as likely to provide supportive and healthy environments for their children as are heterosexual parents. They also found that development, adjustment and well being of children with LGBT parents do not differ (p.102).

Past research has also focused on child adjustment in relation to being raised by a gay or lesbian parent. Goldberg & Smith (2013) found that “[c]hildren’s adjustment did not differ by family type” and is consistent with previous work on child adjustment (p.440). Further, Goldberg & Smith (2013) revealed “a positive adoptive family context such as preparedness for adoption and low conflict parent relationships, are related to more positive adjustment” (p.440).

Last, according to Perrin & Siegel (2013), past research revealed children and adolescents, who grow up with LGBT parents, found no differences between children
who were raised in a heterosexual home in relation to emotional, cognitive, social, and sexual functioning (p.e1377).

**Positive Impact.** A wealth of research has shown that LGBT couples are capable of providing positive and supportive environments for their children. For instance, Perrin and Siegel (2013) found data from the past 30 years has revealed children raised by LGBT couples “have demonstrated resilience with regard to social, psychological, and sexual health despite economic and legal disparities and social stigma” (p.e1374). They also found children are more impacted by the type of relationship their parents have in relation to “parents’ sense of competence and security, and the presence of social and economic support for the family than by the gender or the sexual orientation of their parents” (p.e1377). For example, Tasker and Patterson (2007) stated that adolescents have described their relationship of their parents, regardless of sexual orientation, as warm and caring (p.14). Further, according to Meezan and Rauch (2005), some studies report that children of lesbian parents are more likely to be accepting and open to attitudes towards various sexual identities (p.103). In another study conducted by Ryan (2007) 183 lesbian and gay families were interviewed in relation to family dynamics. Within the study, Ryan (2007) found a high-level of parenting skill and concluded that the children in the families interviewed, the children were “growing up in healthy families with strong, capable parents which has resulted in the children themselves showing many areas of strength” (p.128).

**Support**

Considering the barriers encompassing LGBT families, it is important to get an understanding of the support systems available and or utilized within this specific
community. This section will give an overview of the various types of support systems (i.e., family, friends, community, professional) past research has identified for LGBT couples in relation to family planning and parenting.

Kinkler and Goldberg (2011) conducted a study assessing supports and barriers among LGBT adopting couples. In their study they interviewed 37 LGBT couples, and in their findings they found that LGBT couples living in a small metropolitan community had very few resources for support. They also found that many of their participants did not feel like they had many friends they could relate to who were LGBT and adopting. Other participants also stated that they did not have the support of their family (p.396). Moreover, Martin (1998) stated “It is possible that support from family becomes even more salient for lesbians and gay men as they start their own families, such that nonsupport may have particularly deleterious consequences on mental health during the transition to parenthood” (as cited in Goldberg, Smith, and Kashy, 2010, p.148). This is further supported in the study conducted by Goldberg, Smith, and Kashy (2010) they found LGBT couples, who had higher perceived workplace support, family support, and relationship quality, were related to lower depressive and anxiety symptoms at time of adoption, and higher perceived friend support was related to lower anxiety symptoms (p.139).

In addition, Rostosky, Korfhage, Duhigg, Stern, Bennett and Riggle (2004), found in their sample of 14 LGBT participants most felt supported by some family members, but not the majority in relation to their sexual orientation. Further, they also found “that the lack of support from family members is a source of anger hurt and pain for some LGBT couples”, which in rare cases led to rejection of family, self and or partner (p. 52).
Conclusion

This literature review first provided an in depth analysis of how family is defined by society and the implications said definition can have on LGBT families. I purposefully did not put any restrictions on the definition of family, as it can be ostricising to family groups that do not fit in specific parameters. This review then provided a thorough discussion on what is meant by alternative family planning. Further, definitions of adoption, second parent adoption, fostering, Assisted Reproductive Technologies (ART), and kinship arrangements were stated and then an overview on who is most likely to use said methods was provided. Following alternative planning, second parent adoption was discussed which then made an easy transition to policy and attitudes surrounding LGBT family planning as most attitudes are influenced by the policies enacted. In contrast to popular belief, research was found to refute the notion that LGBT families are not fit to be parents. Evidence supported that LGBT families are capable of raising healthy families. However, there was limited research that spoke to LGBT families feeling supported during or after the family planning process. The research rather spoke to how unsupported LGBT families are in relation to adoption or foster agencies, rejection from family, not being able to relate with friends, and having unlimited resources. Further, Coyne and Downey found “the amount and quality of social supports one receives is linked to positive outcomes in well-being” (as cited in Graham & Barnow, 2013, p.569). Considering the correlation between quality of social supports and well-being, further research is needed to explore what extent do LGBT families feel supported by professionals, family, friends and the general public throughout the various stages of family formation and parenting?
Conceptual Framework

The purpose of this section is to provide the reader with insight into the professional lens the researcher used while gathering literature and developing research questions to guide the study. The researcher was interested in understanding what types of supports are available for LGBT couples when becoming parents. The researcher used Person in Environment theory and Model of Gay Affirmative Practice to explore the study at hand.

Person in Environment (PIE)

The Person-in-Environment perspective considers individuals in relation to the environments in which they interact (Gitterman & Germain, 1976). By incorporating the PIE perspective, professionals are able to gather information from the individual regarding how they are impacted by their environment. This perspective provides insight into what supports or lack thereof are available to the individual, what barriers they may face in their environment and/or what resources are available.

Model of Gay Affirmative Practice

According to Davies (1996), Gay affirmative practice “affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity” (as cited in Crisp & McCave, 2007, p.25). According to Appleby and Anastas (1998), this theory has six fundamental principles:

1. Do not assume that a client is heterosexual.
2. Believe that homophobia in the client and society is the problem, rather than sexual orientation.
3. Accept an identity as a gay, lesbian, or bisexual person as a positive outcome of the helping process.
4. Work with clients to decrease internalized homophobia to achieve a positive identity as a gay or lesbian person.
5. Be knowledgeable about different theories of the coming out process for gays and lesbians.
6. Deal with one’s own homophobia and heterosexual bias. (as cited in Crisp, 2006, p117.).

This theoretical lens guided the researchers development of questions to get an accurate overview of whether LGBT couples felt supported by social workers and what implications social work practice may have on LGBT couples. In addition, it guided the literature review to identify the differences and similarities amongst LGBT couples in relation to heterosexual couples using alternative family planning.

LGBT individuals are challenged on a micro, mezzo and macro level. This study gives an overview as to how these individuals are impacted by the environment in which they live in. For example, the researcher discusses implications LGBT individuals experience in regard to their family and friends, professionals, society as a whole and policies. Further, it identifies how supported LGBT couples feel by social workers and if they receive the same type of support as heterosexual couples. Both theoretical lenses identifies the individual is encompassed by the environment in which he or she lives in. Further, both lenses explore that society has a large impact on an individual and puts a large emphasis on what supports are available to the individual.

Methods

Purpose of Study

The purpose of this study was to collect data from the perspectives of members of the LGBT community who are in a LGBT relationship and were either currently parents or in the process of forming a family. The goal of this specific study was to identify whether LGBT couples felt supported by professionals (i.e. social workers, nurses, etc),
family, friends and the general public when they made the decision to become parents. Additionally, the goal of this study was to identify how professionals could be supportive to LGBT couples when they are in the process of becoming parents.

**Research Design**

Because of the exploratory nature of qualitative research, this study gathered data by conducting 45-60 minute interviews with the participants. By utilizing qualitative research, the researcher was able to capture the subjectivity of the participant and elicit more accurate responses from the subjects by asking open-ended questions (see appendix A). Further, the data gathered from the qualitative research, was able to provide an effective method in gathering complex information, such as personal experiences.

**Sample Population**

A non-probability sampling was used to obtain participants because one of the goals of this study was to identify the perspectives of LGBT individuals who are in a LGBT relationship and using various methods to become parents and or currently parenting. Further, this type of sampling was beneficial as to not put limitations on specific individuals who may not have met criteria on a specific list using probability sampling (Berg & Lune, 2012, p.50). However, there were inclusions and exclusions when screening for candidates. When participants called the researcher, there were four screening questions to ensure the caller was a good candidate for the research study (see Appendix A). The exclusions of this sample were as follows: no participants under the age of 18 or in a heterosexual relationship. The inclusions of this sample included participants 18 or older, currently in a LGBT relationship, in the stages of family formation and or parenting. More specifically, a purposive sampling was used.
The researcher recruited through social media. The researcher created a blurb to catch the attention of potential participants, flyer to explain the purpose and provided contact information and an information sheet to clearly define the purpose, expectations, benefits/risks and its voluntary nature (see Appendix B-1, B-2 & B-3). To reduce the occurrence of coercion, the researchers committee member Sarah Lechowich, who is involved in LGBT parenting and support groups, distributed the blurb, flyer and contact sheet to her social media contacts through email. As another measure of privacy, the researcher did not have access to the distribution list used to recruit. The members were then given the option to contact the researcher privately if they were interested in participating.

Further, a snowball method was also used as a way to gather more participants for this study as the purposive sampling had limitations.

Participants

The researcher interviewed six participants who identified as a member of the LGBT community, in an LGBT relationship and currently in the process of becoming parents or currently parenting. All six participants were Caucasian females and identified as lesbians. Five of the six participants identified as being in a LGBT relationship and the sixth participant identified as a lesbian woman in a transgender relationship. Four participants had children who were biologically related to them through IVF. Three participants reported they had two children through IVF and one participant stated she had one child through IVF. Two participants, who were married to one another, reported they recently became first time parents to two foster children. The participants were
between the age of 30-55 years old. The socio-economic class of the participants was middle to upper class.

**Protection of Human Subjects**

All precautions were taken to minimize the risks of participation to human subjects in this study. Adequate measures were taken to guarantee safety to each participant throughout and after this research study. Participation in this study was voluntary, and participants were told they have the option to withdraw during the interview and were given until May 1, 2014 to ask for their information to be omitted from the study.

Informed consent (see Appendix C) was obtained prior to the beginning of each interview. Prior to beginning the interview, the researcher explained that confidentiality would be maintained throughout the entirety of this research study and thereafter. Similarly, the researcher explained that during the interview, the researcher would audio record the interview which would then be transcribed as soon as possible and the audio file would be deleted to ensure confidentiality. The researcher also explained that any identifying information would be omitted from the transcription. Further, the researcher explained that the information from the interview would be used in the researcher’s paper; however, identifying information would not be used.

This research study and the process of the interview was explained to each participant and this researcher reviewed the informed consent with each participant to ensure that they understood their involvement and their right to terminate their involvement at any time during and after the interview.
Further, the researcher asked questions pertaining to the level of support they have received from their family. These questions could have posed the risk of the participants becoming emotional if they did not have the level of support they perceived as adequate. To minimize this risk, the researcher did not probe for the participant to discuss areas that were distressing for the individual. Further, the researcher provided resources such as support groups and counseling services in the metro (see Appendix D) to each participant.

**Data Collection**

The researcher developed semi-structured, open-ended questions to conduct the interview (see Appendix A). According to Berg & Lune (2012, by structuring the interview using semi-structured questions, it elicits information that is relevant to the topic and draws out attitudes, opinions and thoughts in relation to the purpose of the study (p.109). To enhance validity and reliability, prior to administration with participants, fellow research colleagues tested the interview guide. Testing the questions with research colleagues, confirmed reliability and clarity of research questions and asked in a way that guaranteed the questions would gather concise information.

Further, several sub-groups of questions were asked. Groups of questions included what level of family support was perceived by the individual, what level of support was desired, and how professionals could be supportive during stages of family formation and parenting (see appendix A.)

**Data Analysis**

Data obtained though interviews with each participant was audio recorded. The researchers assistant, Tesia Vitale, completed a verbatim transcription after each
interview. Qualitative data from each individual interview was coded and then analyzed for common themes by researcher.

After the data was coded and themes identified, the researcher asked a peer to perform the same process as the researcher did on one interview for validity. After receiving the codes and themes from the peer reviewer, the researcher then compared the themes and codes as a measure of validity. After the themes were identified for each interview, the researcher chose the most relevant and substantial information for the discussion.

Findings

Six participants who identified themselves as lesbian women were interviewed for this research study. All participants were from a mid-western metropolitan area. Four participants were asked a series of ten questions. As a result of the themes that emerged from the four interviews, two additional questions were added. Further, upon the first interview, it was revealed that the original research question specifically asked for same-sex participants. This researcher recognized it was not inclusive to participants who identified as transgender and did not want to exclude this population from this research study. To address this limitation, the research question was revised to address LGBT participants currently in a relationship and in the process of family formation and or parenting.

The themes that emerged from the interviews are as follows: emotional support, level of support, intentional environment (e.g., school, neighborhood, services used), recognition of identity, and unconscious biases.
Emotional Support

The focus of this paper was to identify whether or not LGBT couples felt supported during family formation and or parenting. Within the interview, the first question sought to identify what support meant to the individuals. To reduce bias, this researcher did not define support. The theme that emerged within all six participants was that support was defined as emotional support. The following passages support this theme:

I think when I thought of it, when I saw the question, I would say emotional support, that’s what I thought, you know someone being there for you, being there to listen to you...you know...umm... if you are having difficulties, helping, giving advice and suggestions you know that kind of thing.

In general, the respondents expressed emotional support as a source of guidance without judgment and having someone to talk and or listen to.

Level of Support

There were varying responses from the six participants on whether or not they felt supported systemically (e.g. family of origin, families of choice, professionals, general public). The most common theme revealed LGBT couples feel most supported by their family of choice.

Families of origin. Within the study, many participants revealed their family of origin were supportive during parenting. However, many expressed they did not talk to their family of origin about the family formation process. Most expressed a level of discomfort because their families were unable to relate to the process of forming a family as an LGBT couple. The following quote supports this: “Yeah, right because I mean
when you are talking about it like the procedures and things like that that are more in depth, family members probably don’t want to hear about it and it is probably uncomfortable.”

Naturally, conversing about family formation can bring a level of discomfort for any person whether they are heterosexual or identify as LGBT. There are so many uncertainties whether or not you will become pregnant and if the pregnancy will go full term. However, what was significant about the previous quote was when the participant stated “family members probably don’t want to hear about it” for most it was clear from their families that they did not want to talk about their sexual orientation. Because of this attitude from their families, it played a role in how much was shared with their families during the family formation process.

**Families of choice.** The participants revealed they feel most supported by their family of choice also known as friends even though they have a supportive family of origin. In general, LGBT couples feel most comfortable talking about family planning with people of their choice who may also be experiencing the same process in family formation. Further, participants discussed their friends were a great resource for connecting them with LGBT sensitive services and providing emotional support during challenging and or successful times during the process.

Support came from our friends, so again more of it came from friends more than support from family. So you know having the support of my friends and especially friends going through the same thing and at the same time but the friends that we have made through that class and group was great you know. So I mean especially when you are trying to get pregnant the way you try to get
pregnant when you are two lesbians its uh it can be hard with its ups and downs and you know the in between so it’s nice to have a group of people that are going through the same thing and they understand you know cause talking to someone or friends who aren’t, they don’t get it, they don’t know and in the end my partner and I could have practically taught a class you know (laughing) its um it’s good to have people to talk to when you are going through that I think.

Many participants shared this same experience of support by their families of choice. Though it can be uncomfortable to talk about family formation as stated in the previous section, there can be a lot of challenges during the process of becoming parents. For most participants, it was easier to talk to their families of choice or friends, who were also LGBT, because they were able to relate to their process and provide resources.

General public. For the most part all participants felt supported by the general public though they expressed a level of fear and or caution in relation to the publics perception of their identity or how they would respond.

I am really self conscious about it like everywhere we go or like the fact that they are going to have parental visits and our lady does not want us to bring the girls. I feel like why is that? Is it because we are a lesbian couple? You know.

This quote expresses the fear of institutional discrimination. This participant recently became a foster parent and was told by her case-worker that she was not able to bring the foster children to visit the biological parents. This participant shared she was unsure if the caseworker did not want her to bring the children for the visit because she was a lesbian or if it was for safety precautions.
Professionals. Overall, the respondents felt supported by professionals such as doctors and nurses; however, the theme expressed in relation to social work involvement during family formation was non-existent or not relevant within the process.

Family planning in or around that is non-traditional. Yeah that would have been helpful. Yeah, but like I said we had friends that had children at that point, and they were like well just call the bank, you know the sperm bank. I’m like okay get me from here to here. You know can you just sit right here and help me look up the number and what do I say and by the end I would probably say the same, you know… “call the sperm bank”. Cause I know all that now, you know. Now, I don’t know if a social worker necessarily is the person, I don’t know how you’d get to people. Who are just out there trying unless you know them. Unless it was in a counseling situation, like if the clinic has a social worker on staff and they could be the point person for all the services, like they do in a hospital. I think something like that might be helpful. Umm…In schools of course but that’s kind of for everybody too, so just being sensitive to that. We’ve had, I’ve had some counseling situations where they clearly were not familiar with gay and lesbian people, or they thought. They kind of didn’t know what to do, but nobody went past it. And I think I might have left or might have recommended whoever it was to leave. I guess just put it on the table for a possible situation for kids, and for adults. I don’t know, I honestly don’t know how a social worker would have implanted themselves in that process for us. It was more of a medical thing for us. And a little logistics originally.
This quote illustrates that social work services could have been useful during the family formation process, especially for resources. However, this quote also revealed there is little knowledge as to how a social worker could be helpful during this process. Most participants shared a very similar experience in that they would not know how a social worker could be helpful during the family formation process. Further, most participants stated they felt supported by professionals because they intentionally used LGBT competent and or sensitive services.

**Children of LGBT families.** A significant theme emerged from support. All participants felt supported in various ways; however, most expressed a concern for the level of support and or acceptance their children would have when out in society. Most feared whether their children would be bullied as a result of the hetero-normative view society places on family structure. Others were unsure of the level of support their children would receive in institutions such as school.

Oh I guess, to go back to that other question, I wonder about school. I wonder if there are going to be issues in school umm, so I am hoping there is support from school officials or school teachers and leaders there that would be able to not only like be an ear to listen to, but even get them together with other kids in the same situation. I imagine by the time these kids are in school, there will be more support in school than there is now.

Many participants shared this desire for schools to be proactive in providing support to children who may not fit in with the hetero-normative view society places on family. This quote demonstrates that this participant does not believe schools are fully equipped to provide the support their children need. However, she also revealed there is optimism in
that schools are making this shift when she stated “I imagine by the time these kids are in school there will be more support in school than there is now.” Most participants also shared their uncertainty whether or not their children would go through life without some form of a barrier such as discrimination.

So the next phase is the boys, so will the boys start to get grief about us and will the boys struggle with their own personal identities because of us in addition to whatever their own deals may be right and you know we are not going to be able to keep them in the cocoon of their own school… it would be some sort of lightening strike if no one got any grief I cant believe, I would love to believe it but I cant believe we have turned that big of a page right but we haven’t encountered it yet.

Much like the previous quote, there is hesitancy to believe there has been a complete shift in societies perceptions of LGBT families. Though this participant stated her children have not experienced any form of discrimination, it is hard to believe it will not happen. This belief was shared by most participants in relation to the level of support for their children.

**Intentional Environment**

Living in an intentional environment was a significant theme that emerged from all participants. The participants revealed the choices they made in building their lives systemically, reflected the amount of diversity and acceptance found within the community they chose to integrate themselves into.

**Community.** All participants interviewed, live in a large mid-western city. The
theme that emerged from the participants is they intentionally chose to live in an environment where they are not the minority, where they are accepted for who they are.

First of all we have intentionally lived in an urban environment. We could have lived in the suburbs and we don’t and that is one reason we don’t… but also I think it would be an easier path for our family umm so those are our conscience decisions that we made.

This quote supports the rationale most participants had when choosing their community. By living in an urban environment, there may still be discrimination and or oppression; however, there is more acceptance and resources allowing for an “easier path.”

**Professional.** As stated previously, most participants felt supported by professionals. A theme that emerged from this level of support was most sought out LGBT sensitive services and or referred to services from a friend who had a similar experience. This is revealed in the following quote: “Well we did purposefully, cause we found an infamous lesbian OBGYN everyone in the transgender community knows about. So we went to her when we were getting ready to do it.” Because of the challenges many LGBT members face as a result of their sexual orientation and identity, many seek out services that will be competent in their culture and sensitive to their needs. The following quote demonstrates the difference amongst seeking out LGBT sensitive services vs. hetero-normative services:

And we were recommended to a friend-of-a-friend, kind-of-a-thing. Who was an OB. And she wasn’t really taking patients at the time. And I was so disappointed, and she was like, “Well tell me what happened”, and I told her that story. And she
This participant shared a story of her first experience with a doctor who was not competent in family formation for LGBT members. When she had expressed interest in becoming a parent and explained her situation the Doctor stated, “Well, I don’t know, put some sperm on a diaphragm I guess.” After this experience, this participant was referred by a friend to an OBGYN who was competent and sensitive to LGBT members. As a result, this participant had a good experience.

**Schools.** Similar to community, most participants intentionally placed their children in untraditional schools to alleviate the stigma of having minority parents and providing their children with a larger lens to view the world from.

We intentionally put our kids in a metropolitan public school where it’s you know it’s 60% free and reduced and our school is 37% white because we are in an environment where lots of people are minorities. We are not the only ones, and so we consciously made those choices ah I consciously made those decisions for many reasons I want my kids to live in a big world not a tiny world.

All participants shared similar rationale for consciously placing their children in untraditional schools where their family is not viewed as a minority.

**Recognition of Identity**

All respondents in one way or another discussed their desire to be recognized for their identity. Some participants stated their desire to be honored and seen as different, where others spoke of wanting to be heard. The following quotes provide an overview of how recognition of identity is explored by the participants.
Right, and I guess I WANT to be seen as different, have our queer identity recognized; that we are not just a straight couple. And that is a challenge for us in our community anyway, I mean all the time. It’s a challenge for us within the LGBT community and it’s a challenge for us in the straight community. I mean where we have privilege is that we are seen as straight, so we have privilege. Where other people in the LGBT community don’t. But also I think that must be freeing just like, because we have to decide when we’re going to share our back story and when we are going to share who we are, you know?” and “cause the pediatrician asks all these questions about your family history/medical history and of course we don’t know half of it. And so we told her that she was a sperm donor baby and I don’t know if she would forget, but we stopped telling her. and so the first three times we went to go see her she was like, “Oh she so has your partners eyes”, and I just stopped telling her that they weren’t related because I was like, I don’t want to keep telling her. It just felt weird. She must not have written it down in her chart or something I don’t know. But I was like whatever. So what I think is fascinating is that support for us is about honoring our identity, rather than ignoring it. I think for many people and couples, I mean I don’t know, they’re worried about being treated different for being LGBT and I’m worried about being treated like a straight person. Like I guess that puts a little twist on it.

This quote was unique in that this participant, who is in a transgender marriage, wants to be seen as different. She wants her queer identity recognized in both the LGBT and straight community. For some transgender relationship, they want to be seen as man and
woman. However, it was similar to other participants desire to have their identity recognized and acknowledged.

My dad said there are just things we don’t need to talk about; like I can be friends with someone who does not share the same beliefs as me, but we just don’t talk about it. And that just doesn’t work for me, that is my whole life. Like it is not like this is a little aspect of my life that is you know like doesn’t need to be talked about. Like I can’t even be like OH MY GOSH we have foster kids. Then it’s not like oh that’s cool that doesn’t have anything to do with the fact that you’re gay. It’s like that has EVERYTHING to do with the fact that I’m gay because it brings that I’m raising children in a gay household. And it’s like they get really weird and quiet and then of course that just makes me crazy.

Most participants shared this same frustration by their family in not being recognized for their identity. Many stated their families kept in contact, but it was clear that they would not discuss matters of their sexual orientation or identity.

**Unconscious Bias**

Another theme that emerged from the findings was this idea of unconscious bias. Unconscious bias was explained in terms of well-intended people making judgmental and or insensitive comments without realizing or understanding the way the comments were received. The following quote will explore this theme.

I think the two pitfalls I see for folks are one is you know unconscious biases that come up people don’t even know about, and I think that could be a danger for professionals as much as it is for family members right? I mean and this is a thing. I learn all the time in my equity work is that well intentioned people still say very
stupid things not even realizing it is a really stupid thing, and you know so I think that is a concern you know like the idea of being color blind that’s like being tolerant who cares, or that’s worse than that, actually that’s like not recognizing people. You know or teaching tolerance you know? Ok well you can be here now! That’s another thing, that is not a positive, that is not a good thing you know?

Most participants shared similar experiences of family, friends, or professional making comments that were not said to be malicious, but did not reflect a level of competency. The next quote demonstrates comments that were made from friends or family who were not trying to be hurtful, but did not really understand the process for LGBT individuals.

There was a little bit of a weird time that people assumed we just were not going to have kids. So my family would be like because my brother is like ten years older than us and he and his wife would be like oh sweet the four of us are not going to have kids. I was like well we might have kids you know. So that was a little bit like not unsupportive but a little bit ignorant and I think that would be a little bit more. And then a few things like a few people kept offering to have our baby, they were like I would totally carry your baby and I was like we’re good on the woman part, but the MAN part…you know so there was stuff like that, but I think they were trying to be supportive they just did not know the way to show it you know.

**LGBT Literature**

Last, many respondents expressed their concern of the lack of LGBT literature available for parents and children. It was expressed there was very few books for children that do not take a hetero-normative approach to family structure. Further, the participants
also explained there is a lack of literature for helping parents of LGBT children understand their children’s identities and how to support them. These concerns are expressed in the following quotes.

So I think it’s going to be interesting to see my daughter grow up. I think that’s one of my next challenges that we’re facing, how do we talk to our daughter about this? But there’s not a lot of resources. My partner is trying to find books on the internet and there’s not a lot of resources about transgender families.

This quote continues to identify the lack of recognition transgender families have.

Parent’s want the ability to help their children understand their specific culture, but when the resources are scarce it is a good indication that society is not going to be knowledgeable either. Further, children grow up reading stories as a way to identify with the world; however, when the literature available only portrays a hetero-normative lens, it is difficult for children to conceptualize their family. Further, it is difficult for children who are in a “traditional” family to identify with other families who are not as the literature has identified what a family consists of. This next quote supports this argument:

Well from like an educational stance, I always think it is like little stupid things that people aren’t aware of like 99 or 100% of all the books that people have are like there is a mom and a Dad, or like it is very special if there is one that is not. Even in our house we have to seek out to get like a Mommy and Mommy book and there is like one.

**Discussion**

Research in this study focused on the level of support members of the LGBT community receive during family formation and parenting. As previously mentioned, the
themes that emerged within the interviews included emotional support, level of support, intentional environment (e.g., school, neighborhood, services), recognition of identity, and unconscious bias.

**Emotional Support**

Goldberg, Smith, and Kashy (2010) stated “It is possible that support from family becomes even more salient for [LGBT member] as they start their own families, such that nonsupport may have particularly deleterious consequences on mental health during the transition to parenthood” (p.148). Considering the consequences lack of support can have for individuals in the various stages of family formation and parenting, this study sought to identify whether or not LGBT families felt supported. As a way to identify how support was perceived, the researcher asked for each individual to define how they interpreted support. Throughout all six interviews, the participants described support as having someone to talk and or listen to. Three participants described it as emotional support or guidance. This question was crucial in understanding the lens in which the participant identified their level of support systemically. Once support was defined, this study was able to identify strengths and barriers in an individuals support system.

**Levels of Support**

The levels of support perceived were contrary to a certain extent on previous literature found within the LGBT community. Past studies revealed LGBT families typically do not feel supported by their families of origin. However, this study found that a majority of it’s participants did feel supported. Yet, this research supports past studies on LGBT individuals creating families of choice.
In relation to family of origin, most participants felt supported by their family. However, there were two participants who did not always feel supported by their family of origin and three participants who did not feel supported by their in-laws. Individuals who expressed their families were unsupportive, one explained their family of origin had become more accepting of their family identity and supportive of their grandchildren. One participant described this transition of acceptance when her mother lost her husband to cancer. This is expressed in the following quote: “my dad died and so she needed to get with the program or be alone. She couldn’t stem the tide anymore you know, she couldn’t find any ways to resist anymore so then she just went with the flow”

Another significant theme that did not necessarily relate to the topic at hand, but is relevant to perceived level of support, was the rich data of families of origin living in different states. One participant stated “We chose not to include them in that process; for partly, location. It was like, too much. Like every single day there was something on our minds about it, that it was too much to talk about on the phone all the time.”

**Families of choice.** All six participants described they felt most supported by their families of choice. They described this level of support by having someone to talk to who they were able to relate with and were consistently there. Whereas many families of origin were described as not being able to relate to their experience. Weston (1990) as cited in Goldberg, Downing, and Richardson (2009) found members of the LGBT community tend to identify family through peer relationships more than biological interconnectedness possibly because of the rejection from their own traditional biological family members (p.943). One participant described this difference in family as “there is your given family and your chosen family and there’s the family you ended up with you
know and its your chosen family for me for my experience and us it has been if it weren’t for that chosen family if you will I don’t know we would be where we are. I doubt we would be where we are.”

**General public.** Some of the participants revealed they felt supported by the general public; however, others felt they were being judged or unrecognized for their identity. Other participants revealed they were not certain whether the general public was being unsupportive or judgmental or if it was their own sense of fear clouding their perception of acceptance and or support. A past study by Hollekim, Slaatten, and Anderssen (2011) supported this fear of judgment in their findings. They interviewed 1,246 participants in Norway in regard to beliefs on LGBT marriage and parenthood and their study found that LGBT couples were rated less likely than heterosexual couples to possess variables such as nurturing ability and suitability as role models. Though this study does not discuss fear of judgment from the perspective of LGBT individuals, it provides validation of how LGBT couples are perceived by the general public. Another theme that emerged within the data that correlates to this perception is the common phrase used by most of the participants “I guess we were just lucky” when asked about support on a micro, mezzo and macro level. This finding was very interesting in that it suggests there are still challenges present in the LGBT community in relation to support, but these specific individuals felt lucky because they have a strong sense of support systemically.

**Professionals.** Participants overall felt supported by professionals. However, a common theme identified that most who felt supported by professionals, intentionally sought out LGBT competent agencies and or were referred by their friends who had a
similar experience to theirs. This finding is significant in that past studies revealed negative outcomes for LGBT couples during family formation with professionals. For example, Downing and Richardson (2009) found some LGBT couples, who were seeking fertility treatments, were not looked at as a couple by professionals. They stated that the partner who was not receiving treatments was typically ignored which impacted whether the couple continued with treatment or not (p.951). For participants involved in this study, they revealed a few instances in where their identity was not recognized or acknowledged, but overall they did feel supported.

**Children of LGBT families.** This study did not intend to look at the level of support children of LGBT families received systemically; however, it was a substantial theme that emerged. Most participants discussed their level of concern in relation to how their children would be supported in society. Some spoke of their fear of other children bullying their kids because of their lifestyles and what preventions and or supports would be in place. While others discussed their concern of the impact their lifestyle would have on their children’s identity. This fear of peers bullying their children and the impact their lifestyle may have on a child’s identity is consistent with previous studies. Past research revealed that their participants held the belief that children of LGBT couples would suffer social stigma, shame or teasing from peers and experience gender identity confusion or identify as LGBT (Hollekim, Slaatten, & Anderssen, 2011; Bernheim, 2013; Welsh, 2011; Mallon, 2011;).

Though the participants shared the same fear their children could be bullied by their peers and or their children would become confused of their identity, this fear is more a product of group-think. Society has told the LGBT community that their family
structure is not accepted; therefore, it is natural response to hold a level of fear for their children in relation to rejection and or discrimination. However, research has found that there is no evidence to support that a child of a LGBT family will be confused about their gender identity or sexual orientation (Meezan & Rauch, 2005).

**Literature on LGBT Families**

Last but not least, many participants discussed their concern in relation to a lack of literature available to LGBT families. One participant stated most children’s literature is from a hetero-normative perspective. She then stated, of all the children’s books available, she and her partner were only able to find one book that discussed a family with two mothers. Others explained there is also a lack of literature on educating parents of children who identify as LGBT.

As a result of this finding, this researcher went to local book stores such as Barnes and Nobel and browsed the internet looking for LGBT literature. The book stores only had one book on alternative families that could be purchased online and there were about 15 books sold on Amazon that recognized “untraditional” families not consisting of one mom and one dad. This theme reveals a significant barrier in moving from a hetero-normative view in relation to family structure to a more inclusive view of various family structures.

**Implications for Social Work**

This research explored perspectives from members of the LGBT community and their perceptions of support from professionals, such as social workers, during the family formation process and or parenting. It was revealed within the themes that social workers were a non-existent support for the LGBT community during family formation and
parenting. Though participants reported not utilizing social work services during family formation, it was stated that social workers could be more supportive in providing further resources to connect them with couples experiencing the same successes and or challenges during family formation. It was expressed that social workers could provide more education on the LGBT community as a strategy to provide a normative view on differing family structures. Further, because of the hetero-normative view society places on defining family, children of LGBT members are also faced with many challenges from their peers who are raised in straight households. Considering the implications a hetero-normative perspective can have on alternative families, it is crucial that social workers become more involved in breaking the barrier of defining family from a hetero-normative lens, and exposing the possibility of LGBT couples becoming mainstream with the family definition as opposed to being tolerated and explained.

Another implication that was revealed was the lack of diversity in the sample. All the participants were Caucasian females from middle to upper class background. This could have been a result of how the recruitment process was designed, but it could also have a level reluctance from people of color or men due to oppression or discrimination. For example, past research has revealed gay men who aspire to become parents are often met with resistance from society because it is believed that gay men are uninterested in parenting and or have an ill intended motive in becoming parents (Mallon, 2004 as cited in Goldberg, Downing, & Moyer, 2012). This researcher is uncertain as to why people of color and or men did not respond; however, social workers and or professionals alike should take into consideration that their voices and perspectives are not being heard.
Social Work Policy

Considering the implications of the hetero-normative definition of family, it is crucial that social work policy should advocate for a more inclusive definition of family. Currently, the definition of family acknowledged by the US Census Bureau as cited in Tillman and Nam (2008) identifies the term “family” “as a group of two people or more related by birth, marriage, or adoption and residing together: all such people are considered members of one family” (p.368). However, this definition is often misconstrued as family headed by a heterosexual couple with children. Future social work policies should advocate for a definition that includes or inquires all forms of family dynamics such as LGBT headed households.

Although this was not the focus of this study, it was revealed that there are difficulties accessing medical history for families who utilized IVF as they were not given the medical history of the sperm donor for their children. This could have detrimental implications for children as it does not provide a genetic history for prevention. Social work policy should address this to provide more adequate medical services for children of IVF.

Social Work Research

There are many areas of research that can be explored to better aid the LGBT community during family formation and parenting. One such area could be to perform a similar study in rural communities utilizing a quantitative or qualitative approach to provide an analysis on whether there is more support found in urban communities in comparison to rural. Further, a similar study could be performed in an urban area with an emphasis on recruiting people of color and males to identify if there are differences
within the LGBT community. Research could also explore how support or lack thereof from family of origin impact children of LGBT families. Last, research could also provide an exploratory study on the transgender community in their perceptions of support in the LGBT community and society as a whole.

**Strengths and Limitations**

The most prevalent limitation of this study included sample size, lack of diversity, and centralized location of participants. The sample size only represents female perspectives within the LGBT community who have gone through IVF and or foster care. Further, because there were only six participants, this study fails to represent the LGBT community as a whole as it only is a representation of six individual perspectives in a progressive mid-western metropolitan area.

Strengths of this study included attention to bias. This researcher hired a research assistant to transcribe and code with an unbiased lens. Another strength of this research was the rich data from the participants. By using a qualitative approach, this study was able to collect personal data that would not have been captured in a quantitative study. Last, this research was able to provide exposure of the needed resources and supports for LGBT families, specifically in relation to family formation and or parenting.

**Conclusion**

This paper explored the levels of support perceived by LGBT couples during the various stages of family formation and or parenting. The themes that emerged from the data included emotional support, level of support, intentional environment (e.g., school, neighborhood, services), recognition of identity, and unconscious bias. It was revealed
that overall the participants felt supported during family formation and or parenting; however, their level of support was also linked to utilizing LGBT competent services. Similarly, like past studies, the themes revealed the participants felt most supported by their family of choice. Though the participants felt a significant level of support, they also expressed concern about the level of support their children would receive when they were no longer in an environment they intentionally chose for their children. In addition, frustration was also explored in relation to identity recognition of unconscious bias. The participants explained they want recognition for their identities, but it is not always provided from their families, professionals or general public. Further, they explained there is also this level of bias expressed by their friends, family or professionals that does not appear to be ill-intended, but provides this sense of ignorance to the participants identity or situation. Last, many participants expressed a need for more literature on LGBT families. In conclusion, for social workers and other professionals to better support members of the LGBT community and their families, it is important that we bridge the gap on how we as a society view family structure. We need to provide more diverse literature on family structure for both children and adults. By providing more information, there is a higher rate of breaking down the hetero-normative perspective on what a family should look like, providing recognition to identities, and eliminating unconscious biases from people who are unaware of various lifestyles.
References


doi:10.1080/10926750903313278


doi:10.1080/1550428X.2010.537241
Appendix A

Screening and Interview Questions

Screening Questions for Respondents

1. Are you at least 18 and older?

2. Are you currently involved in a LGBT relationship?

3. Are you currently in the process of family formation with your LGBT partner or have children?

Interview Questions

1. What does support mean to you?

2. In what ways did your family demonstrate or show you their support? In what ways did your family demonstrate or show you their lack of support?

3. Do you think you and your partner are experiencing the same feelings in relation to your perception of support?

4. When you and your partner (if applicable) decided to have children in what ways did you feel supported or unsupported by your family and friends?

5. In what ways does support compare to your close family and friends who are in a heterosexual relationship and have had children or in the process of becoming parents? Tell me a specific time?

6. In what ways have you felt unsupported by professionals, such as social workers, nurses, etc, during the family planning process (i.e. adoption, foster care, IVF, surrogacy) Tell me a specific time?
7. On a scale of 1 to 10, 1 being the least 10 being the most, how supported do you feel by social workers or other professionals during the family planning process? How supported do you feel by your family? and friend? How supported do you feel by the general public?

8. How could professionals, such as social workers or nurses be more supportive to you during the family planning process?

9. Do you have any concerns about the support your children will have/currently have in the various environments they are in (home, neighborhood, school, community, etc)?

10. How could professionals be supportive to children in LGBT families?

11. May I contact you at a future date. The reason the researcher would contact you if a statement from the interview is not clear to the researcher and further information or clarification is needed.

12. The interview is now complete. Do you have any questions or concerns at this point?
Appendix B-1

Information Letter

Dear:
Hi, my name is Serena Vruno, and I am a graduate student at the University of St. Thomas and St. Catherine University in the MSW program under the supervision of Dr. Lisa Kiesel, faculty research advisor. I am conducting a study to explore whether LGBT couples feel supported by family, friends, and professionals during the various stages of family formation and parenting. I am requesting your assistance to distribute my flyer, to your clients who are 18 years or older, in a LGBT relationship and currently in the process of becoming parents or currently parenting. Below I have included a detailed description of the research study.

Purpose:
The purpose of this study is to collect data from the perspective of members of the LGBT community who are in a LGBT relationship and are currently parenting or in the process of forming a family via surrogacy, adoption, fostering, and IVF. The goal of this specific study is to identify whether LGBT couples feel supported by professionals, family, friends and the general public when they make the decision to become parents and are parenting.

Procedures:
Upon approval of assisting the researcher in distributing flyers, staff members will be asked to distribute the flyer to LGBT couples 18 years or older who are in the process of family formation or currently parenting. Further, the researcher is looking to recruit 10-12 participants before March 2014. Once the researcher has recruited 10-12 participants, you will be notified to stop distribution. Last, the researcher will provide you with all material needed to distribute.

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas and St. Catherine University. If you decide to participate, you are free to withdraw at any time.

Contacts and Questions
If you have questions, please contact me at vrun3279@stthomas.edu or 651-815-5064. My research advisor is Dr. Lisa Kiesel, please use her email lrkiesel@stkate.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

Thank you for your time,
Serena Vruno, BSW

Please see attachments
Appendix B-2

Sample Flyer distributed to potential Participants

Volunteers needed for

Research Study:

How do LGBT couples feel supported by professionals, family, and friends throughout the various stages of family formation and parenting?

PARTICIPANTS: Looking for individuals who are over the age of 18, in a LGBT relationship and currently parenting or in the process of family formation via IVF, adoption, foster care, surrogacy, second parent adoption, etc.

DESCRIPTION OF STUDY: This research intends to gain a better understanding of available support systems for LGBT couples during the family formation process involving children, including methods such as IVF, adoption, foster care, surrogacy, second parent adoption and those currently parenting. It also seeks to identify what supports, if any, are missing for same sex couples who are currently parenting or in the process of becoming parents.

WHAT TO EXPECT: You will be asked to partake in one 30-45 minute interview with the researcher at The University of St.Thomas or an agreed upon location. The nature of the questions will pertain to perceived support.

COMPENSATION: $5 gift card incentive for all participants.

CONTACT: If you are interested in volunteering to participate in this study, or if you have any questions please contact the researcher Serena Vruno, masters level social work student at the University of St Thomas/St Catherine University, at 651-815-5064 or vrun3279@stthomas.edu
Appendix B-3

Sample Blurb

Hi, my name is Serena Vruno, and I am a graduate student at the University of St. Thomas and St. Catherine University in the MSW program under the supervision of Dr. Lisa Kiesel, faculty research advisor. I am conducting a research study to explore whether LGBT couples feel supported by family, friends, and professionals during the various stages of family formation including surrogacy, In-Vitro Fertilization, adoption, fostering or integrating children from a previous relationship, etc and or currently parenting. If you are interested in participating in a 30-45 minute interview with the researcher, please review the flyer and contact Serena Vruno at vrun3279@stthomas.edu or 651-815-5064 for further information.
Appendix C

Information and Consent Form

Introduction:

You are invited to participate in a research study investigating whether LGBT couples feel supported by family, friends, and or social workers during family formation (i.e. surrogacy, adoption, fostering, IVF, integrating families from previous heterosexual relationships). This study is being conducted by Serena Vruno, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Lisa Kiesel a faculty member in the School of Social Work. You were selected as a possible participant in this research because of your experience in relation to being in a LGBT relationship and family formation. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to explore the perceptions LGBT couples have on whether they feel supported or not in relation to family formation and identify what support is needed from social workers. Approximately 10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked a series of questions by the researcher in relation to your perceptions of available support or lack thereof. This study will take approximately 30-45 minutes in a single session.

Risks and Benefits of being in the study:

The study has minimal risks. Discussing your perceptions of available support as an individual in a LGBT relationship and in the process of family formation, could result in emotional discomfort if you are having or have had negative perceptions and experiences from family, friends or social workers. Opportunities to process any uncomfortable reactions with this researcher will be available at any time after the interview has concluded. You may voluntarily withdraw from this study at any time without repercussion.

There are no direct benefits to you for participating in the research. There are benefits to the social work professions specifically in adoption and foster care agencies. You will be contributing to research that could inform the social work profession regarding perceptions and practices, and contribute to research that could positively impact other LGBT couples during the family formation process.
Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission. In any written reports or publications, no one will be identified.

I will keep the recorded interviews and electronic and paper transcripts in a locked box in my home. The recorded interview and electronic transcripts will be kept on my password-protected computer. If the interviews are transcribed by a third party, the third party will sign a confidentiality agreement. My committee chair, committee, I will have access to the data while I work on this project. I will finish analyzing the data by May 30, 2014. I will then destroy all original surveys and interviews with identifying information that can be linked back to you.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with this researcher and St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Serena Vruno at 651-815-5064 or vrun3279@stthomas.edu. You may ask questions now, or if you have any additional questions later, the committee chair, (Dr. Lisa Kiesel #), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

________________________________________________________________________
I consent to participate in the study. I agree to be audio taped.

_______________________________________________________________________
Signature of Participant Date

_______________________________________________________________________
Signature of Researcher Date
Appendix D

Resource List

Children’s Home Society and Family Services

Minneapolis GLBT specific counseling, support groups and presentations

(612) 339-9101

Family Equality Council: Midwest Office

Organization for GLBT parents

(651) 644-4848

Family Service of St. Paul

GLBT sensitive counseling and support groups

(651) 222-0311

OutFront Minnesota

310 East 38th Street,
Suite 204 Minneapolis, MN
55409-1337
Phone 612.822.0127 Toll-Free 800.800.0350

https://www.outfront.org/resources/organizations