# LGBTQ Parenting: Building Families on the Margins

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Approximately 37% of LGBTQ adults, across the lifespan, are parents (Gates, 2013). There are between 2 and 3.7 million LGBTQ individuals raising children under the age of 18, and approximately six million individuals have LGBTQ parents in the United States (Gates, 2015). LGBTQ people form families in a variety of ways, including previous relationships, fostering, adoption, and assisted reproduction. Much of the research on LGBTQ families compares same-sex couples to different-sex couples, which ignores the experiences of parents who are not in couple relationships. In addition, this focus on same versus different-sex couples leads to erasure of bi+ persons who actually represent the largest segment of the LGBTQ population of parents (Bartlet et al., 2017). Another shortcoming of the literature on LGBTQ parents is that samples tend to be overrepresented by white participants whereas parenting is more common among LGBTQ people of color. While 17% of white same-sex couples were raising children, these numbers were higher for racial and ethnic minorities with 33% of Latinx, 33% of Native Hawaiian/ Pacific Islander, 29% of Native American, 25% of African American, and 25% of Asian American same-sex relationships raising children (Gates, 2012). LGBTQ individuals raising children are three times more likely to be living in poverty

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compared with their heterosexual counterparts and same-sex couples raising children are twice as likely to be living in poverty compared to their different-sex counterparts (Gates, 2013).

Decades of research have examined outcomes on children raised by LGBTQ parents. Sexual minority parents have not been found to differ in their parenting approaches or efficacy as compared with heterosexual parents (Fedewa et al., 2015; Goldberg & Sweeney, 2019; Patterson, 2017). Research indicates that children of sexual minority parents develop in healthy and typical ways in terms of academic achievement, peer relationships, behavioral adjustment, and emotional well-being when compared to children raised by heterosexual parents (Patterson, 2017).

Families with LGBTQ parents face discrimination, and this is further compounded for families of color who also experience racism (American Psychological Association, 2021). In addition, LGBTQ parents may not have support from their families of origin in the same way that their heterosexual and cisgender counterparts do. Despite these challenges, children with LGBTQ parents report feeling positively about their families and demonstrate resilience (Farr et al., 2017; van Gelderen et al., 2012). In addition, same-sex couples tend to be more egalitarian than different-sex couples in terms of childcare, housework, and employment as compared to different-sex couples (Goldberg et al., 2014). While developmental outcomes for children raised by sexual minority parents tend to be positive, LGBTQ parents often face interpersonal and systemic discrimination. LGBTQ parents experience lower well-being when they have less support from their families of origin and work supervisors, live in states that do not offer legal protections, and when they have more internalized homonegativity (Goldberg et al., 2014).

When examining the experiences of parents and families, it is necessary to not only consider the contexts of sexual orientation and gender identity, but how these



A LGBTQ parent takes their child to a Pride Parade. Photo by Rosemary Ketchum

intersect with race and ethnicity, socio-economic status, disability, immigration status, and spirituality and religion, among others (American Psychological Association, 2021). These identities not only complicate LGBTQ families' daily lived experiences (Fattoracci et al., 2020), but can adversely affect their access to resources (Jeong et al., 2016; Paceley et al., 2019), risk for negative health outcomes (Mays et al., 2018), and even life chances (Clark et al., 2017). Building on the research of Black feminist scholars (see Collins, 1990; Crenshaw, 1991; Lorde, 1984), this chapter utilizes an intersectional framework to identify the disproportionate impact of systemic oppression on marginalized communities within broader LGBTQ communities.

# 1 Parenting and Diverse Identities

## 1.1 Gender Identity

There are approximately 1.4 million adults who identify as transgender in the United States (Flores et al., 2016). In a review of 51 studies on transgender parents, Stotzer et al. (2014) found that beween one-quarter and one-half of transgender and non-binary people in the U.S. identify as parents. Trans and non-binary parents face a number of issues particular to gender identity, including transitioning while parenting, having limited access to services, developing new models for parental gender socialization, and experiencing gender identity-based discrimination (Pfeffer & Jones, 2020). A systematic review of the literature suggests that trans and non-binary parents are often left out of the traditional LGB parenting discourse and that their needs are often overlooked (Hafford-Letchfield et al., 2019).

Trans and non-binary parents may have realized their gender identity prior to parenthood, during child-rearing, or after their children were adults. Parents who transition during child-rearing years may consider various factors that may affect the transition process, such as the age of the children and the acceptance or rejection of the partner or spouse (Dierckx et al., 2017). In a study of 50 trans parents and their partners, Haines et al. (2014) found that trans parents often balance their transitions with parenting responsibilities, their children's well-being, and the maintenance of positive relationships with their children and families. Trans parents also reported a lack of institutional support for their families from the legal system, mental health professionals and education systems (Haines et al., 2014).

The internalization of gender expectations can be complex for trans and non-binary parents, and thus, they must often create their own models around gender and parenting (Estrellado & Moore, in press). In a study of 163 predominantly white (88%) trans and non-binary parents, Tornello (2020) found that unpaid household and childcare labor was divided in an egalitarian manner, irrespective of gender expression or identity. Despite the challenges that trans and non-binary parents face, they may also demonstrate strengths related to flexibility and fluidity about gender,

gender role expectations and sexual identity in their families and child-rearing practices relative to their cisgender peers.

Children of trans and non-binary parents have varying and complex feelings connected to their parents' gender identities and expression. For instance, trans and non-binary parents must often carefully navigate conversations with their children during transition, as they may challenge their children's gender role beliefs along with the role their parent's identity plays in their own lives (Haines et al., 2014). School-age children may also experience bullying by classmates and even teachers or choose not to disclose their parent's gender identity to avoid bullying and harassment.

Little research specific to trans- and non-binary-headed families has been conducted, as they are often grouped with other LGBQ-headed families. The paucity of investigation allows for the perpetuation of negative stereotypes of trans and non-binary individuals and contributes to their erasure and marginalization (Pfeffer & Jones, 2020). In addition, there appears to be little research on different types of families headed by trans parents, including trans parents of color, as well as non-binary parents specifically.

## *1.2   Trans-Racial and Multi-Racial Families*

By some estimates, nearly seven percent of the US population identifies as multiracial, a segment of the population that is growing rapidly (Parker et al., 2015). Past research has demonstrated that multiracial individuals are less likely than single-race individuals to have a partner who identifies with just one race, and the number of multi-racial babies born since 1970 has increased tenfold (Parker et al., 2015).

Approximately 20 percent of LGBTQ couples reported being in an inter-racial or inter-ethnic relationship, compared to roughly 18 percent of married straight couples (Brainer et al., 2020; Gates, 2012; Kastanis & Wilson, 2014). Additionally, LGBTQ couples are more likely to create families in which the parents and children are of different races or ethnicities. For instance, LGBTQ couples adopt children trans-racially at higher rates relative to straight couples (Farr & Patterson, 2009). LGBTQ couples may be more likely to use child-centered approaches to adoption (where connections to previous caregivers/guardians may be part of post-adoption family life; Appell, 2010) than are non-LGBTQ couples, who are more likely to use a parent-centered approach (where adoptive parents may be considered "the only" parents in the familial picture; Appell, 2010). The likelihood of using child-centered approaches is supported by the data that on average, same-sex couples are more likely to adopt and foster children compared to their heterosexual counterparts (Bewkes et al., 2018).

Despite the disproportionate rates of multi-racial LGBTQ families with children, they are often not represented in studies of multi-racial families or of LGBTQ families (Brainer et al., 2020). As with multi-racial families headed by heterosexual and cisgender parents, a primary concern for white LGBTQ parents of children of color

is to support their children in their racial identity development by acknowledging and confronting racism, power and white privilege, living and building relationships in a multiracial community, and helping their children to develop the skills necessary to navigate the institutional racism they will encounter throughout their lives (Ausbrooks & Russell, 2011). Given the discrimination they already face (Bewkes et al., 2018; Brodzinsky & Donaldson, 2011) LGBTQ may be uniquely well-equipped for trans-racial parenting practices that specifically that address oppression and discrimination.

## 2 Family Formation

### 2.1 Family Structure

Traditional notions of family are organized around a gender-based power structure, which do not necessarily apply to LGBTQ households (Warner, 1993). Common conceptualizations of "family" position heterosexuality as "normal," "natural," and "seeing itself as society," (Warner, 1993, xxii). There are several heteronormative assumptions of families, such as having a binary structure (i.e. mother and father), being cisgender, having cohabiting members, being heterosexual in orientation, and having some degree of heredity or relatedness (Allen & Demo, 1995). Yet, the strategies for building LGBTQ families are diverse and can include fostering, adopting, pregnancy with known or anonymous donors, surrogacy, or co-parenting with partners from previous relationships (Allen & Demo, 1995). Given the unique, diverse, and often complex ways in which LGBTQ people in relationships bring children into their lives (Gates, 2015), parenthood is not always an assumed life-choice for many LGBTQ individuals.

Heteronormative perspectives of family structure have historically centered the experiences of cisgender men and women, heterosexuality, as well as nuclear families (e.g. Ingraham, 2005; Jagose, 1996). Yet over the last two decades, there has been a national trend in the United States of increased social acceptance and support of LGBTQ people (Flores, 2014). With certain legislative changes in marriage equality (National Conference of State Legislatures, NCSL, 2015), military nondiscrimination practices (U.S. Department of Defense, 2016), and trans-inclusive health care options (e.g. Free State Legal, 2014), select dimensions of queerness are encompassed in heteronormative hegemony (Allen & Mendez, 2018). Heteronormativity now encapsulates binary transgender individuals who are socially recognized as their gender, gays and lesbians, as well as married gays and lesbians and their children (Allen & Mendez, 2018). As such, heteronormativity can not only uphold the familial structures of cisgender, married men and women, and their children, but also some queer people whose gender presentation, sexuality, and/or family constellations reinforce cis- and hetero-sexist family experiences (Allen & Mendez, 2018). This expansion of heteronormative values has created a

*homonormativity* of LGBTQ individuals whose experiences follow the norms set by cis-/hetero-communities (Fish & Russell, 2018).

To better understand the uniqueness of queer family structures outside a heteronormative lens, it has been suggested that the study of families should recognize and honor the role of intersectional complexity along a variety of social dimensions (e.g. McGuire et al., 2016; Berkowitz, 2009). A number of factors are implicated in understanding the formation and concept of families. Race, class, ability, ethnicity, religion, geographical location and other dimensions of social location play a role in understanding family structures (Allen & Mendez, 2018; Fish & Russell, 2018). Often, the definition and concept of the LGBTQ family has been based on the inclusion of an LGBTQ-identified parent or child, an inherently heteronormative focus (Fish & Russell, 2018). However, honoring the complexities of intersectionality would pull us to recognize the exponential multiplicity of identities within a family, how individuals and relationships navigate such identities, and the fluidity of these constructs over the course of a lifetime (Ruppel et al., 2018).

Parenting constellations within queer families can be complex and involve more than two partners or parents (Tasker & Lavender-Stott, 2020; Pallotta-Chiarolli et al., 2020). *Polyparenting* situations in queer families can include biological parents, legally recognized parents, stepparents, or social parents (Park, 2013; Sheff, 2014; Tasker & Lavender-Stott, 2020). *Polyfamilies*, in which partners are in a polyamorous situation, include partners of any sexual orientation and gender, who are in exclusive intimate sexual relationships with more than one partner, and who may choose to reside together or otherwise combine or share their resources (Pallotta-Chiarolli, 2010; Pallotta-Chiarolli et al., 2013; Sheff, 2013; Sheff, 2016). They can be in *polyfidelitous* families, where their sexual relationships are confined to the partnership and closed to outsiders, or involve *polycules* of chosen family members involved in polyamorous relationships (Creation, 2019) or *polyaffective* relationships marked by nonsexual, emotional intimacy.

The concepts of "family of choice" or "chosen family" are often associated with the community or network LGBTQ people build in response to rejection from their families of origin (Etengoff & Daiute, 2015; Mitchell, 2008). Given the wide spectrum of family formation options among LGBTQ parents, families of choice often include former and current romantic partners, co-parents from blended families, and poly families. However, chosen family can also include close friends and family members outside the nuclear family structure. Given the importance that family of choice often holds for LGBTQ people (Blair & Pukall, 2015), it is often necessary to understand how LGBTQ parents and children define and make meaning of family.

Conceptualizing queer families, and decentering the cisgender, heterosexual narrative means examining the complex intersections of identity among family members and moving away from traditional, rigid, and narrow parameters and boundaries. The fluidity of social constructs such as gender and sexuality reinforce the idea that queer families that cannot be singularly defined, as the attempt to define limits the concept of queerness itself. Changes in the social-political landscape, individual development over the lifespan, and the ever-changing expansiveness of cultural

norms further underscore the need for nuance and flexibility when interacting with queer family structures and the relational dynamics within them.

## 2.2   Foster Parenting and Adoption

Many LGBTQ parents are open to foster parenting and adoption, despite the social and legal challenges they may face. Same-sex couples are seven times more likely to be raising foster or adopted children and are more likely to engage in a lengthy decision-making process before fostering or adopting, compared to their different-sex counterparts (Boyer, 2007; Goldberg & Conron, 2018). Riggs, (2020) identified several themes from the research on LGBTQ foster parents. These include silencing of foster parents' sexuality, pathologization of sexuality, the expectation to demonstrate "appropriate" gender role models, resistance to placement matching for LGBTQ children in care, and the expectation for LGBTQ foster parents to educate child protection staff. However, there is a dearth of research on bisexual and transgender foster parents, and on white gay and lesbian parents raising foster children of color (Riggs, 2020).

LGBTQ adoptive parents are more likely to have chosen adoption as their "first choice" compared to non-LGBTQ parents (Mallon, 2011). LGBTQ adoptive parents also differ from non-LGBTQ adoptive parents in their willingness to adopt children who have a different ethnic/racial background (Farr et al., 2020). Similar to the research on LGBTQ foster parents, the research on LGBTQ adoptive parents relies on predominantly white lesbian and gay participants (Farr et al. 2020).

Laws about adoption by LGBTQ people vary by state and nation (Farr et al., 2020). The 2015 Supreme Court ruling on the national recognition of marriage equality made it possible for all married couples to petition for joint adoption. However, many states have passed laws allowing child welfare agencies to exclude LGBTQ foster and adoptive parents based on the agencies' religious beliefs. The legal inconsistencies regarding adoption laws in various states and countries can cause great stress and uncertainty among LGBTQ families.

## 2.3   Assisted Reproductive Technology

Some LGBTQ persons pursue parenthood through a variety of medical interventions including insemination and surrogacy, which are examples of assisted reproduction technology (ART). While ART has been available to the public since the 1980s, many years LGBTQ persons have experienced discrimination trying to access sperm banks to insurance providers (Bos & Gartrell, 2020; Karpman et al., 2018). Scientific advancement has provided more options for ART, including implantation of one person's egg into another person's womb so both parents can

A caring and supportive family of LGBTQ parents, their children, and dog. Photo by Lou Felipe

contribute to reproduction (Bos & Gartrell, 2020). Thus, there are many options for people assigned female at birth to consider during family planning, including access to sperm donation (e.g. sperm bank, known donor), biological relationship to the child, and selection of person to carry the pregnancy to term. Access to these options often hinges on economic/class privilege: medical interventions are costly and not always covered by insurance. Another issue is that sperm banks do not often have donations from sperm donors of color, and when they do, these options are limited options compared to the availability and range of white donors. For example, with many more white donor options, it is easier for those seeking sperm from white donors to have the choice between anonymous donors and donors who are willing to be known by their offspring when the children conceived by the sperm reach adulthood. Karpman et al. (2018) conducted a qualitative study with 13 LBQ parents of color to examine how they arrived at the selection of a known donor, the characteristics that they prioritized in donor selection, and how their interactions with external institutions and histories of oppressive racialized family formation practices influenced their decision-making. Several participants shared that they utilized a known donor because sperm banks did not meet their needs politically or financially, and they often lacked adequate donor selection. There has been a move to encourage parents to choose willing-to-be-known donors for the sake of their children's right to know about their genetic history (Bos & Gartrell, 2020). However, many donors of color may opt to donate sperm anonymously, possibly as a reflection of cultural values. Of course, with the rise of genetic testing through services like 23&Me, donors who donated sperm anonymously may no longer be anonymous, which raises additional ethical issues.

   Some men in same-sex relationships who wish to have children opt for surrogacy. This option requires a person with a uterus to carry the fetus to term. The most

common type of surrogacy involves in-vitro fertilization of a donor-egg with sperm and then the implantation of the fertilized egg into the womb of the surrogate. Surrogacy can be done domestically, which is typically quite expensive. Domestic commercial surrogacy can, with an agency, cost around $150,000, making this option out of reach for many (Berkowitz, 2020). Research on men in same-sex relationships who create their offspring via surrogacy tend to utilize small convenience samples of white, wealthy cisgender men (Berkowitz, 2020). Some parents utilize transnational commercial surrogacy which employs women in the Global South to serve as surrogates for much less money (Nebeling Petersen, 2018). However, these arrangements can be exploitative and ethically problematic in a number of ways and many countries have outlawed commercial surrogacy entirely or limited it to married couples in different-sex marriages (Berkowitz, 2020).

While not all transgender parents seek assistive reproductive technology, they may face particular challenges when they do, particularly regarding discrimination and bias from service providers. Some transgender patients reported that their providers did not give them access to fertility information while they were discussing medical interventions such as hormone therapy (Hafford-Letchfield et al., 2019). Trans-masculine parents assigned female at birth may experience bias from providers if they choose to be gestational parents (Murphy, 2010). In addition, transgender parents may be misgendered on their children's birth certificates.

Non-gestational parents often experience invisibility and lack of recognition by people who do not view them as "real" parents. For example, Alexandre Costa et al. (2020) conducted a study with five Portuguese lesbian-identified families who conceived via donor insemination. They found that non-biological mothers had different experiences with their families of origin than did biological mothers. Biological mothers were questioned about why they wanted to have children, while non-biological mothers were questioned on how they could be a parent to a child to whom they were not related.

## 2.4  Children from Previous Relationships

Most frequently, LGBTQ parents have children in the context of previous different-sex romantic relationships (Goldberg et al., 2014). For some, the relationship and the family that form within the context of the relationship occurred before coming out. A sexual encounter with someone of a different sex may occur for the specific purpose of conception. For bi+ persons, the experience of being in a different-sex relationship can contribute to feelings of erasure and invisibility and this is can be compounded as a parent.

There are additional issues facing LGBTQ families with children from previous relationships. Some parents may realize a non-heterosexual sexual orientation and/or a non-cisgender gender identity and come out to their partners and children. LGBTQ parents who enter into new relationships may experience rejection from their stepchildren rooted in discrimination. In a study of mostly white gay fathers and gay step-fathers, heterosexism both at the institutional level (e.g. religion,
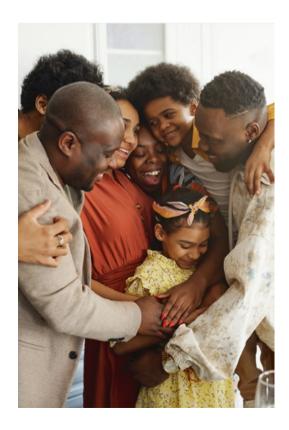
courts) and personal level were identified and put a strain on gay step-families (Jenkins, 2013).

# 3   Clinical Vignettes

## 3.1   *Kanoa*

Kanoa is a 32-year-old, queer, trans-masculine person (he/him pronouns) of Native Hawaiian descent. Kanoa and his partner Mona (who identifies as a bi-racial, Filipina and white, femme, pansexual, cisgender woman) are parents to two-year-old Jessie, the first grandchild on both sides of the family. Kanoa was the gestational parent and identifies as a "seahorse parent," a term used to describe trans men and/or masculine-identifying gestational parents. Kanoa and Mona have been in a relationship for 10 years. They have been experiencing more conflict with each other since Jessie's birth. Mona worries about Kanoa's "moodiness" and impatience while parenting, and Kanoa feels that Mona does not often understand how much he is struggling emotionally.

A loving family embraces in a group hug. Photo Courtesy of August de Richelieu

Kanoa has recently sought therapy to manage depressive symptoms and problems in his relationship with Mona. He reports feeling fatigued, lethargic, and irritable. He acknowledges he gets impatient with both Jessie and Mona and often feels ashamed about his inability to be present and calm with his family. Kanoa has thoughts that he is not a good father due to his impatience with Jessie. Kanoa, a high school teacher, feels generally supported in his work environment, although he does not currently find his work fulfilling. While his family of origin is not geographically close, Kanoa feels very emotionally connected to them. Mona's family is marginally supportive, although they display some discomfort and bias regarding Kanoa's status as Jessie's gestational parent. Kanoa, Mona, and Jessie live in a large urban area in the Pacific Northwest, and they have access to both a visible LGBTQ community and to communities of color.

### 3.1.1   Clinical Considerations

There are a number of important assessment areas to consider for Kanoa's case. A primary clinical consideration is to understand what names and pronouns queer, trans, and non-binary people use, but also the words they use to describe their bodies, parenting titles, and in this case, their gestational experience.

How does Kanoa think about his role as a parent, and particularly as a transmasculine, sea-horse father? How was he treated by service providers during the gestational period, and how do others treat him now? A contextual evaluation of his relationship to societal stressors, discrimination, and bias, not just to his family system, would be important areas to assess. In addition, it is likely that Kanoa may not have access to others with parenting paths similar to his, and he may experience feelings of isolation or disconnection as a result.

Given Jessie's age, it would be helpful to understand more about Kanoa's experience with the post-partum period. Could his depressive symptoms have started after Jessie's birth? A consultation with a trans-affirming gynecologist, and possibly psychiatrist, could help provide Kanoa with important information about how his body responded to the birthing experience. In addition, clinicians should consider whether Kanoa has had medical interventions, such as hormone replacement therapy, before and/or after having Jessie.

## 3.2   Aparna

Aparna (she/her/hers) is a 48-year-old cisgender, bisexual woman of Indian and Pakistani descent. As a child, Aparna's parents divorced, and she and her younger siblings lived full time with their mother. Moving from a two-parent household to a single-parent household was financially difficult for Aparna's mother. Consequently, Aparna was expected to take on a great deal of caretaking for her younger brothers, and she typically was unable to attend many social events at

school or join many after school activities. She did have a serious boyfriend throughout high school, Marcus, a warm and thoughtful young man, for whom Aparna felt a great deal of affection. Aparna's relationship with Marcus ended once they graduated high school.

In college, Aparna, again, did not have a lot of involvement in school activities because she lived at home with her mother and brothers and chose to focus on supporting her family and studies, rather than getting too heavily involved with extracurricular activities. However, as an ethnic studies major, Aparna invested herself deeply into her schoolwork and was inspired by learning about diversity, equity, and systems of power, privilege and oppression. While volunteering to register young voters, she met Ray, a multiracial (Black and Pacific Islander) law student aspiring to become a civil rights attorney. Passionate about politics and human rights, the two had an immediate spark. They dated for several years and married shortly after graduating college.

Aparna has been married to her husband, Ray, for 15 years. Five years into their marriage, the couple separated for 6 months. To strengthen their marriage, the couple agreed to enter therapy together. While Aparna deeply and genuinely loves Ray, she disclosed that she has felt unresolved around her attraction to women, which was manifesting in the irritability she had toward her husband. In addition, the two had wanted to have children, but the couple experienced three pregnancy losses, which was deeply painful to the two of them. Aparna asserted her desire to more fully recognize her bisexuality, and the couple together realized the emotional toll that the pregnancy losses had on them both. Ray expressed his support of Aparna's sexuality and was committed to exploring avenues for Aparna to feel more recognized in her queer identity. The two also decided that they both wanted to pursue bringing children into their lives.

After years of navigating challenges with infertility, Aparna and Ray decided to become foster parents. Eventually, Aparna and Ray brought two children into their home: Jonathan and Brenda, who were 4 and 2, respectively, when they entered foster care. Jonathan and Brenda were siblings who witnessed a great deal of violence and experienced profound neglect with their biological parents. They were eventually removed from their home of origin and place into foster care. Aparna and Ray took them into their home, which was both challenging, yet fulfilling, for the couple. Eventually, Jonathan's and Brenda's birth parents lost their parental rights after 2 years of opportunity to engage and comply with court mandates to remain in their children's lives. However, they were inconsistent in their involvement with their children and eventually lost their legal rights as parents. Aparna and Ray, having been consistent and involved foster parents to the two children, then adopted Jonathan and Brenda.

### 3.2.1   Clinical Considerations

As a bisexual cisgender woman married to a heterosexual cisgender man, Aparna may not be fully seen or affirmed in her bisexual identity. She has clearly stated to her husband a need to assert and embrace her sexual orientation—a process that can be strengthened through thoughtful negotiations with her husband. There are added stressors in that the couple experienced infertility for a number of years, which is fraught with loss and grief for them both but has pronounced and unique psychological impacts for a cisgender woman desiring pregnancy. Consequently, Aparna is confronted not only with the feelings of invisibility as a bisexual person, but the invisibility of the emotional pain connected with infertility and stigma associated with pregnancy loss. Additionally, one of the "benefits" of being in a relationship with a cisgender man—the ability to biologically have children without outside assistance—was not actualized. This can deepen and complicate the level of loss and pain that Aparna experiences, who may feel inadequate or unfulfilled as both a bisexual person and as a woman. Further, issues of sexuality and procreation may have deep cultural implications as a woman of Indian and Pakistani heritage.

Upon fostering, then adopting, their children, Aparna and her partner will need to navigate a number of complicated relationships. For one, like many foster-to-adopt parents, there may be a great deal of contact with the children's family of origin. Such contact can have complicated and conflicting emotions about wanting to respect the biological family, as well as feelings of anger or contempt for the family members who maltreated the children. Further, Jonathan and Brenda will have intensive, complicated, and chronic needs that Aparna and Ray will need to support. The complexities of their children's trauma histories and emotional/behavioral needs may further tax the family.

A therapist working with Aparna will be faced with issues of sexuality, gender, partnership, parenthood, and adoption. Aparna's experiences as an individual and within a family system should be appreciated and assessed intersectionally, as none of these experiences occur in isolated contexts. Therapists are uniquely positioned to prompt reflections on intersectionality to better recognize the layers of stressors that one may experience, and to support improved relationship dynamics between and among different members of a family.

## 4   Conclusion

LGBTQ parenting communities are formed and maintained in a range of ways. While LGBTQ families display many forms of resilience, their experiences may vary based on encounters with various forms of interpersonal and systemic oppression. The intersectional experiences of LGBTQ families may greatly impact not only their daily lived experiences and stressors, but their values and coping strategies as well. Clinicians working with LGBTQ families will want to acknowledge

and address their strengths, each unique family's needs, and the different forms of bias and discrimination LGBTQ parents may encounter.

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