

APA RESOLUTION on Sexual Orientation, Gender Identity (SOGI), Parents and their Children

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RESEARCH SUMMARY

SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

Sexual orientation and gender identity are related, yet distinct domains of human diversity. While the former refers to sexual desire and romantic interest, the latter extends beyond relationships and permeates many aspects of people's lives. In this document, we define sexual minority (SM) parents as those who identify as lesbian, gay, bisexual, pansexual, queer, and additional sexual minority identities underrepresented in the research literature, as well as those who are currently (or have been) in romantic or sexual partnerships with a person (cisgender or transgender) of the same gender, or with a person who identifies as gender non-binary (GNB). We define gender minority (GM) parents as those who self-identify with a gender identity that does not coincide with the individual's sex assigned at birth (e.g., transgender, non-binary, genderqueer, gender non-conforming and additional gender minority identities underrepresented in the literature). In this document, we also refer to this group of parents as transgender and gender non-binary (TGNB) given the common use of this acronym in current literature (transgender and gender-non-conforming, or TGNC, is also commonly used). Parents can hold minority statuses in either one or both of these domains of human diversity. This policy statement discusses the unique challenges and needs of sexual and gender minority (SGM) parents and their children, and states APA's resolutions for supporting and promoting the well-being of these individuals and their families.

SEXUAL MINORITY PARENTS AND THEIR CHILDREN

Many sexual minority adults are currently parents or desire to be parents in the future (Gates, 2013; Riskind & Tornello, 2017). Up to six million children and adults in the U.S. have a parent who identifies as lesbian, gay, or bisexual and at least 19% of all sexual minority individuals and same-sex couples have children under age 18 (Gates, 2015). Moreover, married same-sex couples are more likely to rear children than are unmarried same-sex couples (Goldberg & Conron, 2018). Same-sex parenting couples are also proportionately more likely to represent people of color (POC; Gates, 2012); Gates (2013) reported that in same-sex couples, approximately 41% of women of color and 20% of men of color in same-sex couples are raising children under 18 years as compared with 23% and 8% of white women and men, respectively. Despite the significant presence of sexual minority

parent families in the U.S., several concerns about sexual minority parenting are commonly voiced (Biblarz & Stacey, 2010; Patterson, 2017). These concerns are primarily based in cultural assumptions about "traditional" families, characterized by one mother and one father (both cisgender and heterosexual) who are married and rearing their biologically related children, as the idealized norm and superior to "nontraditional" families that deviate from this pattern (Lamb, 2012; Patterson, 2017). As such, questions regarding children's adjustment, and particularly gender role development, gender identity, and future sexual orientation, have been voiced in debates about the suitability of lesbian, gay, bisexual, and queer (LGBQ) people as parents (Biblarz & Stacey, 2010).

On the contrary, research has consistently failed to uncover any empirical justification for these concerns (for reviews and meta-analyses, see Fedewa, Black, & Ahn, 2015; Goldberg & Sweeney, 2019; Golombok, 2015; Lamb, 2012; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2017). Over the last 10-15 years, since the adoption of the last APA resolution on sexual orientation, parents, and children, research in this area has substantially expanded. Empirical studies have included more diverse samples in terms of sexual orientation identity (e.g., gay, bisexual, and queer parents in addition to lesbian mothers, although more research is needed in these areas; Ross & Dobinson, 2013), pathway to parenthood (e.g., adoption, surrogacy; Raleigh, 2012), race/ethnicity and class (Battle & Ashley, 2008; Biblarz & Savci, 2010; Carroll, 2018; Mezey, 2008; Moore & Brainer, 2013), and geographic location (e.g., the U.S., Europe, Australia), as well as greater methodological rigor such as the use of nationally representative data, large samples, multiple informants, mixed methods, and longitudinal designs. To summarize this broad body of research that began in the 1970s and continues to be relevant, when compared with heterosexual adults, sexual minority adults have not been found to substantially differ in their parenting approaches or efficacy in ways that negatively affect children (Fedewa et al., 2015; Goldberg & Sweeney, 2019; Patterson, 2017). Similarly, children of sexual minority parents seem to develop in healthy and typical ways across ages and developmental domains (e.g., academic achievement, peer relationships, behavioral adjustment, emotional well-being), at least on par with their counterparts raised by heterosexual parents (Patterson, 2017). In the specific arena of gender role development, distinct from adjustment (e.g., Lamb, 2012), children with sexual minority parents generally appear to show similar patterns of gender-typical behaviors

as compared to their peers with heterosexual parents (Farr, Bruun, Doss, & Patterson, 2018; Fedewa et al., 2015; Golombok et al., 2014). In addition, several studies have indicated greater flexibility among children of sexual minority versus heterosexual parents in terms of attitudes about gender and less gender-stereotypical play (Biblarz & Stacey, 2010; Bos & Sandfort, 2010; Goldberg & Garcia, 2016; Sumontha, Farr, & Patterson, 2017).

Research continues to suggest that children of sexual minority parents, though exposed to unique experiences, perform and develop at similar rates as children with heterosexual parents

(Biblarz & Savci, 2010). The literature is clear; however, in demonstrating the negative effects of minority stressors such as prejudice, harassment, and discrimination for sexual minority people and their families (Calzo et al., 2017; Hatzenbuehler, 2014; Meyer, 2010). Furthermore, these experiences are often compounded for members of sexual minority parent families who are also racial/ethnic minorities and/or who face economic challenges (Battle & Ashley, 2008; Carroll, 2018; Mezey, 2008; Moore & Brainer, 2013; Wright & Wallace, 2016). Indeed, some children and parents in sexual minority parent families report experiencing victimization on the basis of family structure (Golombok et al., 2018; Kuvalanka, Leslie, & Radina, 2014; van Rijn-van Gelderen, Bos, & Gartrell, 2015). Associations between higher levels of stigmatization and difficulties in child adjustment have also been documented (Calzo et al., 2017; Crouch, Waters, McNair, Power, & Davis, 2014; Vyncke, Julien, Jouvin, & Jodoin, 2014). Even so, children with sexual minority parents commonly report feeling positively about their families and demonstrate resilience (e.g., positive coping) in the face of adversity (Farr, Crain, Oakley, Cashen, & Garber, 2016; van Gelderen, Gartrell, Bos, van Rooij, & Hermanns, 2012).

Overall, there is consensus in the existing literature that family processes, such as the quality of parenting and family relationships, are more important to child and family outcomes than is the specific structure of the family as related to parental sexual orientation (Bos, Kuyper, & Gartrell, 2018; Farr, 2017; Farr, Bruun, & Patterson, 2019; Farr, Bruun, & Simon, 2019; Farr & Patterson, 2013; Goldberg & Smith, 2013; Golombok et al., 2018; Golombok et al., 2014; Lavner, Waterman, & Peplau, 2014). In addition, emerging research indicates the important role of contexts outside the family, such as community and legal climates (including marriage equality), in influencing outcomes among members of sexual minority parent families (Goldberg & Smith, 2011; Lick, Tornello, Riskind, Schmidt, & Patterson, 2012; Riggle, Wickham, Rostosky, Rothblum, & Balsam, 2017; Tasker & Delvoye, 2015). Overall, research consistently shows that LGBTQ adults are just as capable and efficient at parenting children as their cisgender heterosexual counterparts.

GENDER MINORITY PARENTS AND THEIR CHILDREN

Gender minority (GM) adults make up about 0.3% to 0.5% of the U.S. population (Conron, Scott, Stowell, & Landers, 2012; Flores, Herman, Gates, & Brown, 2016; Gates, 2011), with younger generations being more likely than older generations to identify as transgender (2.0%; Johns et al., 2019). These numbers are likely to be greatly underestimated due to a lack of attention to gender minority identities in research. In addition, researchers have found that gender minority people are more likely to identify as people of color (POC; Flores et al., 2016). Using a population-based sample, Flores and colleagues (2016) found that among transgender people, 16% identified as Black/African American, 21% as Hispanic/Latinx, and 55% as white/non-Hispanic, compared to the general population in which 12% identified as Black/African American, 15% as Hispanic/Latinx, and 66% as white/non-Hispanic. The limited research in this area has typically involved the use of qualitative data, consisted of small, non-representative and homogeneous samples (e.g., lacking diversity across race, ethnicity, class, ability, geographic location, and immigration status), and lacked focus on individuals who identify as gender non-binary (GNB) or gender non-conforming (GNC).

Childfree GM people report wanting to become parents in the future through various means, including that some GM individuals pursue fertility preservation methods in order to have biologically related children following their transition (Stotzer, Herman, Hasenbush, 2014; Tornello & Bos, 2017). Researchers also estimate that about a quarter to over half of GM people are currently parents (Grant et al., 2011; James et al., 2016; Stotzer et al., 2014; Wierckx et al., 2012). Some researchers have found that GM people are less likely to become parents compared to their cisgender, heterosexual peers (Cahill, Battle, & Meyer, 2003; Pyne, Bauer, & Bradley, 2015; Stotzer et al., 2014; Tornello & Bos, 2017), yet comparably higher rates of parenthood have been found among GM individuals who became parents before transitioning, especially among transgender women (Grant et al., 2011; Pyne, 2012; Riggs, Power, & von Doussa, 2016; Tornello, Riskind, & Babic, 2019).

A number of concerns have been raised regarding GM people as parents, including mental health issues related to gender dysphoria and minority stressors (e.g., transphobia) in this population, as well as the impact of parent non-conforming gender identity and expression on family functioning, parent-child relationships, and children's development. Nevertheless, limited research suggests that children with GM parents tend to show typical gender development and are no more likely than their peers with cisgender parents to be diagnosed with gender dysphoria (Freedman, Tasker, & DiCeglie, 2002; Green, 1978). Other areas of interest are the psychological adjustment and social development (e.g., peer relationships) of these children. Although much more research is needed in this area, no studies have found increased difficulties among

children with GM parents (Freedman et al., 2002; Zadeh, Imrie, & Golombok, 2019). Finally, research also suggests that children of GM individuals, compared to those with cisgender parents, do not report increased rates of bullying or stigma related to their parent's gender identity (Aitken, Kealey, & Adamson, 2007; Freedman et al., 2002; Green, 1978; Reisbig, 2007). In fact, some demonstrate that children raised by GM people experience certain social benefits, such as being more open-minded or having a better understanding of individual differences (Pyne et al., 2012; Reisbig, 2007).

Some wonder whether parental disclosure or gender transition affects GM parents and their children. Notably, the majority of this work has focused on GM parents and their children in the context of parental conflict, rather than parental identity disclosure or gender transition (e.g., medical and/or non-medical; Petit, Julien, & Chamberland, 2018); moreover, these are GM parents who often already had children prior to disclosure or transition (Freedman et al., 2002; Haines, Ajavi, & Boyd, 2014; Pyne, 2012; White & Ettner, 2007). As with all families, conflict, separation, and divorce can create difficulties within the family system, but these are typically minimal and tend to decrease over time (Lansford, 2009). When the GM individual's co-parent is negative about their gender minority identity or the co-parent team engages in high levels of conflict, these factors are negatively associated with the parent-child relationship (Freedman et al., 2002; Haines et al., 2014; White & Ettner, 2004, 2007). On the other hand, some have found that GM parents report either positive or no changes in their parent-child relationships after gender transition or disclosure; earlier transition and disclosure are associated with more positive outcomes for parents and children (Bischof, Warnaar, Barajas, & Dhaliwal, 2011; Pyne, 2012; Veldorale-Griffin, 2014; White & Ettner 2007; Zadeh et al., 2019). Researchers are beginning to understand that positive co-parent and parent-child relationships prior to transition, along with strong family support and regular contact with their children after transition, relate to more positive family functioning (Dierckx, Mortelmans, Lotmans, & T'Sjoen, 2017; White & Ettner, 2004). In short, concerns have been raised regarding GM parents and their children, yet these concerns have been unsubstantiated in the limited work available (Freedman et al., 2002; Green, 1978; Stotzer et al., 2014; Veldorale-Griffin, 2014).

There may be unique barriers and experiences among GM people that can affect children and families. Specifically, a lack of legal protections for GM people regarding parenthood, employment, housing, and education, along with experiencing gender-related stigma or discrimination (American Psychological Association, 2015; Tornello & Bos, 2017; Veldorale-Griffin & Darling, 2016), can negatively affect the functioning and well-being of these individuals and their families. For example, some children are not allowed to contact their GM parent due to stigma or discrimination related to the parent's gender identity; this may especially be the case in situations of divorce or child custody

(Freedman et al., 2002; Green, 1978; Perez, 2010; Pyne, 2012; Pyne et al., 2015) and among GM POC (Lev, 2004). GM individuals, compared to their cisgender peers, are more likely to experience stigma and discrimination, as well as have less social support from their family of origin, have past negative experiences with and distrust of healthcare providers, and lack of culturally competent providers, all of which can negatively impact GM parents, their children, and their family system (Benson, 2013; Factor & Rothblum, 2007; Grant et al., 2011; Light, Obedin-Maliver, Sevelius, & Kerns, 2014). In addition, GM people are more likely to identify as POC (Flores et al., 2016), which can result in additional challenges such as legal, social, systemic, and structural stigma and discrimination (Battle & Ashley, 2008; Cahill et al., 2003; Haines et al., 2014; Lev, 2004; Moore & Brainer, 2013).

In sum, although GM people may lack basic legal protections and higher rates of stigma and discrimination compared with their cisgender peers, the assumption that these issues would negatively impact their children's development is currently unfounded. Although much more research is needed, GM individuals seem just as capable as their cisgender peers in rearing typically developing children and having healthy parent-child relationships. Despite existing social barriers (e.g., lack of legal protections based on gender identity or expression of TGNB parents) and cultural barriers (e.g., access to appropriate healthcare and negative experiences of stigma/discrimination) for GM parents, parental gender identity, in itself, does not appear detrimental to family functioning and child development.

RESOLUTION

WHEREAS APA supports policy and legislation that promote safe, secure, and nurturing environments for all children (DeLeon, 1993, Fox, 1991; Levant, 2000);

WHEREAS APA has a long-established policy to deplore "all public and private discrimination against sexual and gender minorities" and urges "the repeal of all discriminatory legislation against sexual and gender minorities" (American Psychological Association, 2005; Conger, 1975);

WHEREAS the APA adopted the Resolution on Child Custody and Placement in 1976 (Conger, 1977, p. 432), and the Resolution on Sexual Orientation, Parents, and Children in 2004 (Paige, 2005);

WHEREAS discrimination against sexual and gender minority parents deprives their children of benefits, rights, and privileges enjoyed by children of cisgender, heterosexual married couples;

WHEREAS the U.S. Supreme Court struck down all state bans on same-sex marriage, legalized it in all 50 states, and required states to honor out-of-state marriage licenses between same-sex couples in 2015 (*Obergefell v. Hodges*);

WHEREAS court rulings (*Obergefell v. Hodges*, 2015) have made access to joint adoption by same-sex married couples legal in all 50 states (Farr & Goldberg, 2018);

WHEREAS there is no scientific evidence that parenting ineffectiveness is related to parental sexual orientation or gender identity: sexual and gender minority parents are as likely as cisgender heterosexual parents to provide supportive and healthy environments for their children (Dierckx et al., 2017; Fedewa, et al., 2015; Freedman et al., 2002; Goldberg & Sweeney, 2019; Green, 1978; Lamb, 2012; Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2017; Stotzer et al., 2014; Veldorale-Griffin, 2014);

WHEREAS no research has indicated that the adjustment, development, and psychological well-being of children is related to parental sexual orientation or gender identity/expression and that the children of sexual and gender minority parents are as likely as those of cisgender heterosexual parents to flourish (Bos et al., 2018; Dierckx et al., 2017; Farr, 2017; Farr & Patterson, 2013; Goldberg & Smith, 2013; Golombok et al., 2014; Lavner et al., 2014; White & Ettner, 2004);

WHEREAS current demographic evidence suggests that a majority of sexual and gender minority parents are likely to be people of color (Gates, 2012, 2013), and their experiences may involve greater social, systemic, cultural, and structural challenges (Battle & Ashley, 2008; Cahill et al., 2003; Haines et al., 2014; Moore & Brainer, 2013);

THEREFORE be it resolved that the APA opposes any discrimination based on sexual orientation or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling;

BE IT FURTHER RESOLVED that the APA believes that children benefit from legal ties to each parent regardless of sexual orientation or gender identity/expression;

BE it further resolved that the APA supports the protection of parent-child relationships regardless of the parent's sexual orientation or gender identity/expression through the legalization of joint adoptions and second-parent adoptions of children;

BE IT FURTHER RESOLVED that APA shall take a leadership role in opposing all discrimination based on a parent's sexual orientation and/or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling;

BE IT FURTHER RESOLVED that APA encourages psychologists to act to eliminate all discrimination of the parent based on sexual orientation and/or gender identity/expression in matters of adoption, child custody and visitation, foster care,

reproductive health services, and schooling in their practice, research, education and training (American Psychological Association, 2016);

BE IT FURTHER RESOLVED that the APA shall provide scientific and educational resources that inform public discussion and public policy development regarding discrimination based on sexual orientation and/or gender identity/expression in matters of adoption, child custody and visitation, foster care, reproductive health services, and schooling and that assist its members, divisions, and affiliated state, provincial, and territorial psychological associations in protecting the rights of sexual and gender minorities;

BE IT FURTHER RESOLVED that APA encourages psychologists to consider other dimensions of identity that intersect and compound the challenges of sexual and gender minority parents and their children, such as race, class, ability, and immigration status, in all other matters established above such as treatment, prevention and advocacy.

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