

Understanding the Well-Being of LGBTQI+ Populations

FAMILY AND SOCIAL RELATIONSHIPS

Over the past decade, there have been remarkable changes in the social, political, and legal status of lesbian, gay, bisexual, transgender, queer, intersex, and other sexual and gender diverse (LGBTQI+) populations. In 2020, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to explore what is currently known about LGBTQI+ populations. The resulting report, *Understanding the Well-Being of LGBTQI+ Populations*, highlights the need for attention to the social and structural inequities that drive disparities affecting sexual and gender diverse populations and argues for new research on the full range of sexual and gender diversity, especially among LGBTQI+ people at the intersections of multiple marginalized identities. This brief provides an overview of the research on what is known about how family and social relationships affect the well-being of LGBTQI+ people across the life course. Citations and further information can be found in Chapter 8 of the report.

Social and Family Relationships

Relationships with parents, teachers, peers, and romantic partners are important in the development and well-being of children and adolescents, but these relationships can be strained for sexual and gender diverse young people. LGBTQ youth show high rates of depressive symptoms, anxiety, and suicidality related to experiences of stigma and discrimination, whether at home, in the form of family rejection, or at school, in the form of bullying by peers. Decisions for young people with intersex traits about early genital surgeries are often driven by concerns among parents about peer bullying at school, but no studies have explored experiences of bullying among intersex children.

Supportive family relationships at home are a foundation for child and adolescent well-being. For LGBT children and adolescents, having parents who are accepting of their sexual orientation or gender identity is associated with higher self-esteem and lower levels of mental and behavioral health risk (e.g., fewer depressive symptoms, less suicidality, and less substance use). Parental rejection, however, is associated with a range of emotional and behavioral health problems.

Having close friendships is another important form of social support for LGBTQI+ youth. While research on peer support and friendships of sexual and gender diverse youth has largely focused on negative peer interactions, such as bullying or the pain of losing of close friends when a young person comes out, recent studies have examined the potential positive social influence of peers and the role of friendships. These studies have found that friendships support positive adjustment for LGBT youth.

Romantic relationships are also an important potential source of social support for LGBTQI+ youth, particularly as most experience their first romantic attractions and relationships as adolescents and begin to develop relationship skills that they will carry forward into adulthood. Romantic relationships can also be a particular source of stress for sexual and gender diverse youth, however: research shows that LGBT young people are at higher risk for dating violence compared to heterosexual and cisgender youth. No research explores these aspects of social relationships for young people with intersex traits.

PARENTING AND OTHER FAMILY RELATIONSHIPS

Research indicates that lesbian, gay, and intersex individuals are less likely than heterosexual individuals to become parents; less is known about the prevalence of parenthood among bisexual and transgender people. In a 2018 estimate based on data from the 2014–2016 American Community Survey, there were currently just over 700,000 households headed by same-sex couples in the United States, of which approximately one-half are headed by male couples and one-half by female couples. In this sample, 39 percent of male-female couples, 8 percent of male couples, and 24 percent of female couples described themselves as parents of children 18 years old or younger. However, this survey did

not collect information on sexual orientation or gender identity, so single parents cannot be identified from these data, nor can parents' sexual orientation or gender identity be inferred.

Some LGB people become parents in the context of prior heterosexual relationships—a pathway that is more common for older versus younger people. Another pathway to parenthood among LGBTQI+ people involves the use of assisted reproductive technology; however, the costs of such techniques can be high, so access to these options is limited for many LGBTQI+ people.

Some LGBTQI+ people choose to become foster or adoptive parents. In fact, recent estimates suggest that same-sex couples are far more likely than male-female couples to be foster or adoptive parents: Estimates from the 2014–2016 [American Community Survey](#) suggest that 21 percent of same-sex couples were adoptive parents, compared with only 3 percent of male-female couples, and 3 percent of same-sex couples were foster parents, compared with only 0.4 percent of male-female couples.

Sexual orientation and gender identity are not significant determinants of parenting ability or child development: Family processes and stability are more important determinants of development among children and youth than parental sexual orientation or gender identity. The many studies that have examined parenting processes among parents in same-sex relationships have found these family relationships to be generally warm and positive, and children raised by parents in same-sex relationships have generally been found to develop in typical ways. These parents and their children often encounter stressors such as harassment and bullying, however, and some LGB-headed families also experience more economic stress, unemployment, and lack of health insurance relative to families headed by heterosexual parents. Adult offspring of lesbian and gay parents report



PARENTHOOD BY ADOPTION

21%

of same-sex couples

3%

of male-female couples

FOSTER PARENTHOOD

3%

of same-sex couples

0.4%

of male-female couples

greater well-being when they live in social climates that are supportive of LGBT people. No research has explored parenting among people with intersex traits.

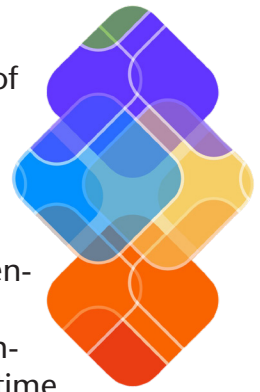
CLOSE RELATIONSHIPS IN ADULTHOOD

Throughout adulthood, people who are more socially connected have better mental and physical health and lower mortality than those who are more socially isolated. The most critical and close relationships in adulthood are those with romantic partners, other family members, and close friends. Close friends are sometimes referred to as one's "chosen family" in LGBTQI+ communities, in part due to weaker or more strained ties to one's family of origin. Evidence suggests that LGB adults rely more on support from friends and "chosen families" than do their heterosexual counterparts.

In terms of romantic relationships, the number of married same-sex couples nearly doubled between 2015 and 2020. The legalization of same-sex marriage and more favorable societal attitudes towards same-sex relationships have likely contributed to the increased number of same-sex relationships. Research suggests that greater legal recognition (i.e., marriages, civil unions, and registered domestic partnerships versus no legal status) is associated with better health. The legal status of romantic unions is

also associated with other markers of advantage and disadvantage, such as income and education. Those of higher socioeconomic status are more likely to marry, and marriage itself may also provide economic benefits. As with different-sex couples, legally recognized same-sex relationships are less likely to dissolve over time than relationships that are not legally recognized.

There is much less research on bisexual, transgender, and intersex people in romantic partnerships in comparison to research on lesbian and gay couples. In one study, however, researchers found that men and women who identify as bisexual in different-sex marriages are less healthy than those in same-sex marriages. The authors suggest that, although marriage may benefit the health of self-identified gay, lesbian, and heterosexual people, marriage may not benefit the health of those who identify as bisexual, perhaps due to higher levels of stigma and partner conflict associated with bisexuality. It is likely that individuals who identify as bisexual encounter unique sources of stress and stigma in their relationships.



Key Research Areas

- Developmental processes of sexual and gender diverse youth around sexual orientation, gender identity, and intersex status, and how these processes are affected by stigma, discrimination, and intersecting aspects of identity such as race and ethnicity
 - Social relationships and outcomes for bisexual, transgender, and intersex youth
 - Relationship development, family formation, and family dynamics among LGBTQI+ youth, adults, and elders
 - Effects of relationships on LGBTQI+ well-being via studies that use reliable assessment tools, samples that are based on nationally representative data, and longitudinal designs
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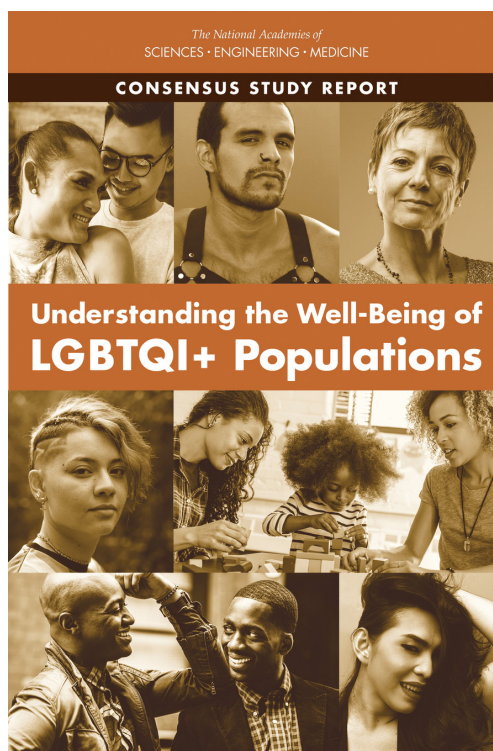
Resources

Read the report highlights and the full report online, download a free PDF, or order the paperback publication today.

[*Understanding the Well-Being of LGBTQI+ Populations*](#) (2020)

View the project's [interactive resource](#), highlighting the key findings of the report.

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