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A QUALITATIVE STUDY EXPLORING AFRICAN-AMERICAN LESBIAN MOTHERS' FAMILY EXPERIENCES USING BOTH AN INTERSECTIONALITY AND A RISK-RESILIENCE FRAMEWORK

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Abstract

Objectives: The purpose of this study was to: 1) generate an understanding of perspectives of lesbian African-American parents from the Philadelphia area on well-being, risk, and protection; 2) explore explanations of the reasons for risk and what the parents think they need to protect members of this cultural group, their families, and their community; 3) examine the possible impact of the legalization of gay marriage on members of this community who have partners and are raising children; 4) identify potential strategies to support lesbian-parenting families in which at least one partner is African American; and finally 5) collect data to inform and create educational programs for professionals that promote positive development and support within the lesbian African-American community.

Methods: Data collection was through semi-structured, open-ended interviews with a purposeful sample of 15 African-American lesbian mothers. The participants were between the ages of 27 and 52, currently residing within fifty miles of Philadelphia, and had been with a partner for over a year. All interviews were audio recorded and transcribed, and analyzed using a modified constructivist grounded theory methodology.

Results: The experiences of participants in this study did not fit easily into the categories of risk and protective factors. Some mothers experienced both safety and risk for the same factors. Each of the family constellations was unique and the mothers used diverse pathways to parenthood. Families experienced racism but often felt more protected from racism in predominately African-American neighborhoods but still experienced homophobia. Risks that most commonly presented themselves were feeling unsafe in their neighborhoods especially in the current political context, discrimination towards themselves, their families and their children, institutional racism, and having to come out over and over again. Protective and safety factors that were most prevalent were family support, the Black Lives Matter Movement and spiritual support. Prominent themes supporting family well-being were spending time together as a family, the home environment as a safe place, and the mothers experiencing family support within the household and from extended family. Class was a protective factor for individuals who were middle to upper class. Spirituality, marriage, and gender non-conforming presentation were considered both risk and protective factors. Participants also recommended that community providers create open communication with families, not make assumptions about who is in the family, use family-friendly language, and be willing to prepare themselves with being culturally competent. All of the participants engaged in parental teaching that prepares children to enter into an unjust world, which is a balance of modeling, teaching, and creating structure as the children move into increased independence in their teenage years.

Conclusions: African-American lesbian parented families need additional community support and for community providers to recognize them as a family unit. Providers should prevent making microaggressions and create a welcoming and inclusive environment to foster safety and well-being for diverse families. Since most factors can be both protective and risk factors, families should be viewed through an individualized intersectional, context-informed lens. Families should have opportunities to voice their concerns, to contribute to creating change on a macro level and on a clinical level by having access to family friendly LGBTQIA events for people of color and culturally competent evidenced based treatments.

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AND A RISK-RISILIENCE FRAMEWORK

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ABSTRACT

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Brie E. Radis

Dr. Roberta Sands

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Collaboration

This dissertation is part of a collaboration between the School of Social Policy and Practice at the University of Pennsylvania and the NEVET Greenhouse at the School of Social Work and Social Welfare at the Hebrew University of Jerusalem. NEVET “aims to develop knowledge, inform policy and promote context-informed perspectives on children’s wellbeing among professionals who work with children in multicultural settings” (Roer-Strier, 2015). I was honored to take a trip to visit the NEVET Greenhouse in December 2016, and reconnect with fellow students from the collaboration when they visited the University of Pennsylvania in June 2017.

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Chapter 1

Introduction

Research involving the resiliency of children and families has long been rooted in examining protective factors that promote a child's ability to cope and develop normally through crises and adversity (Gunnestad, 2006). Werner and Smith's (1992) historical review of the literature on this research focuses on studies on children's resiliency and the grouping of protective factors. Early studies in this field identify individual and community factors within mainstream populations associated with promoting healthy functioning (Ungar, Brown, Liebenberg, & Othman, 2007). Risk and protection research spanning the last five decades has identified characteristics of risk, protection, and well-being across diverse contexts (race, religion, ethnicity, and sexual orientation) (Gunnestad, 2006; McCubbin & McCubbin, 2005; Reich, Zautra, & Hall, 2010; Ungar, 2008). In addition, cross-cultural research has demonstrated that definitions of risk, protection, and well-being are not universal (Biblarz & Savci, 2010; McCubbin & McCubbin, 2005; Ungar, 2008). Thus, when applied to diverse groups, definitions of risk, resiliency, and protection that are mistakenly assumed to be universal can offend, alienate, and even result in inappropriate and ineffective interventions.

Cultural context is one of the most understudied dimensions of the field of risk and protection (Ungar, 2005). The NEVET Greenhouse at the School of Social Work and Social Welfare at the Hebrew University of Jerusalem has developed concepts that may be useful within studies on cultures that are not well understood, such as African-American lesbian (L)-parented families. *Context-informed competence* refers to the

attitudes, knowledge, awareness, and skills that professionals acquire to facilitate context-sensitive interactions with service participants (Roer-Strier, 2015). Practitioners often rely on their context-informed competence to guide their everyday clinical decisions. Examined through a *context-informed perspective*, human development is influenced by many intersecting sociopolitical frames of reference, such as racial, cultural, marriage, gender-identity, economic, religious or sexual orientation (Roer-Strier, 2015). The use of a context-informed perspective and an intersectionality lens when examining an individual's social identity is essential when researching well-being, risk, and protection (Cole, 2009; Crenshaw, 1991). The majority of the research which has been conducted in this field lacks contextual sensitivity linked to individual, family, and community factors that define risk and protection (Boyden & Mann, 2005; Ungar, 2004). In particular, the field includes limited research conducted from a family's viewpoint regarding their lived experiences (Moore, 2011).

In a scholarly review of research on lesbian, gay, bisexual, and transgender (LGBT) families, Biblarz and Savci (2010) shared:

that although significant progress has been made there is still little research on LGBT families of color and on LGBT families across the socioeconomic spectrum. We also know little about the unique family processes that may unfold when families are subjected to both the concomitants of racism and of homophobia. (p. 493)

Nationally, over 2 million children are being raised in lesbian- and gay-parented families and this figure is continually growing (Movement Advancement Project, 2011). Over

41% of these lesbian-headed families identify as people of color (Hicks-Lettman, 2014). Black lesbian-parented families are more likely to raise children, become foster parents, and live in poverty, as compared to white heterosexual couples (Gates & Ost, 2004; Hicks-Lettman, 2014). However, research focused on this population is limited and is often not focused on well-being, risk, and protection (Biblarz & Savci, 2010; Wheeler, 2003). African-American lesbian mothers have unique knowledge, customs, and expertise, which should be documented, examined, and used to inform clinical support and practitioners' intervention methods and to reduce health and social service disparities.

This research study was an exploratory qualitative inquiry of African-American lesbian mothers' perceptions, definitions, and conceptualizations of risk, safety, well-being, and protection. In addition, this study examined the meaning of family and the common experiences of lesbian African-American parented families. This study also explored the possible impact of the landmark U.S. Supreme Court Decision of 2015, *Obergefell v. Hodges*, 576 U.S, to legalize gay marriage on these families' lives (Samar, 2016). The following research questions were used to guide this exploratory study including the literature review and the creation of the interview guide:

Research Questions

1. How do lesbian African-American parents construct family and parenthood?
What special challenges do they face?
2. How do lesbian African-American parents define well-being, safety, protection, and risk?

3. How do lesbian African-American parents describe providing safety for their children in the contexts of schools, churches, and neighborhoods? What risks, if any, do they think their children face?
4. How do African-American lesbian-headed families construct meaning from their interactions with the mental health and health systems in Philadelphia?
5. How, if at all, are lesbian African-American mothers affected by racism, sexism, heterosexism, and related categories when interacting with their communities, such as schools, churches, and mental health/behavioral health providers, to address their own needs and those of their families?
6. How has the legalization of same-sex marriage impacted how lesbian American parents construct family?
7. What recommendations do lesbian African-American parents living in the Philadelphia metropolitan area offer for strengthening resilience and well-being among their children and for the prevention and treatment of risk?

Chapter 2

Literature Review

The literature reviewed for this study covered material from the field of resiliency, and specifically looked at the ways resiliency or resilience has been applied to families. This chapter begins with a discussion of risk and resilience, providing a historical background on of the concepts and definitions. Next, the review looks at African-American, lesbian-headed families. Then, mental health service use by African-American, lesbian-parented families is examined. The concluding section of this chapter describes the theories used to inform this study.

Risk and Resilience

Historical background. The risk, resiliency, and protection field began in the early 1970s (Garmezy, 1974; Rutter, 1979; Werner & Smith, 1977). During this time, Garmezy, considered one of the pioneers of the risk and resiliency field, published his foundational work, which provided examples of risk factors related to the development of mental illness (Garmezy, 1974). Later, Garmezy’s work evolved to study factors that increase resiliency such as the family, genetics, and the environment (Garmezy, 1974). In addition, Rutter, a prominent psychiatrist and collaborator, identified an important developmental hypothesis indicating that not all children would be “damaged by deprivation,” which was similar to the conclusion drawn by Werner, a developmental psychologist (Rutter, 1979).

Research in this area continued to focus on risk factors; however, research often revealed that individuals who were expected to experience negative outcomes were

thriving against all expectations. Beginning in 1955, Werner and Smith undertook a groundbreaking longitudinal study focused on impoverished children and families in Kauai, Hawaii (Werner & Smith, 1977; Werner, 1992; Werner & Smith, 1992). Many of the families were dealing with situations associated with risk such as mental illness and substance abuse in addition to extreme poverty due to unemployment. As the researchers followed and evaluated these children and their families, they found that two-thirds of the youth subjects continued to live in extreme poverty, engage in substance abuse, and/or experience teenage pregnancy during their adolescent years (Werner & Smith, 1992) while one-third of adolescents did not exhibit pathology and destructive behaviors, leading to the understanding that the latter were resilient (Werner & Smith, 1977). A central finding was that a child's relationships with supportive adults constitute the most important protective factor contributing to positive outcomes (Rutter, 1979; Werner & Smith, 1992). The authors' foundational work has spanned over 40 years and has enabled us to understand that resiliency is not a fixed attribute (Werner & Smith, 2001).

Definitions. Resiliency refers to how well individuals recover from a challenge and can sustain equilibrium after a stressful event (Masten, 2015). It is also related to situations in which individuals are stronger and more resourceful after experiencing a challenge (Walsh, 2015). Resiliency should be viewed as a common process exhibited by most individuals rather than a personality trait (Reich et al., 2010; Rutter, 2012; Walsh, 2015). Some authors define resiliency in terms of the protective processes that reduce vulnerability and provide resistance to risk (Fraser, 1997; Garmezy & Rutter, 1983; Luthar, 1999). In this study, I adopted the most common definition of psychological resiliency, defined as an individual's ability to adapt (become adjusted to

new conditions) to adversity or stress (American Psychological Association, 2014; Luthar, 2003; Walsh, 2015; Werner & Smith, 1977).

Protective factors are defined in this research study as positive attributes and resources that adaptive individuals use to deal effectively with stress (Fraser, 1997; Werner & Smith, 1992). Protective processes and skills include communication skills and the ability to problem solve; the ability to manage strong feelings and control impulses and have positive ego strengths; and the capacity to make realistic plans and implement them (Block & Block, 1980; Werner & Smith, 2001).

For this research study, well-being is synonymous with psychological well-being and mental well-being (Schmitt, Branscombe, Postmes, & Garcia, 2014). Well-being is defined as positive psychological functioning and is the evaluative nature of mental health functioning (Detrie & Lease, 2007). Ryff (1989) defined the foundational elements of well-being and created a psychosocial well-being model. Key features of psychological well-being are self-acceptance, autonomy, environmental mastery, personal growth, purpose in life, and positive relationships with others (Ryff, 1995). Coping strategies, social support, and family social support work to protect psychological well-being (Ryff, 1989; Schmitt et al., 2014). In addition, self-esteem, mood, and life satisfaction are elements that contribute to parental psychological well-being (Detrie & Lease, 2007; Ryff, Schmitt et al., 2014; Umberson & Grove, 1989). Research shows that family well-being with diverse family systems depends more on the relationships between the parent and the child (the security the parent offers) rather than the sexual orientation or gender identity of their parents (Perrin, Siegel, & Committee on Psychosocial Aspects of Child and Family Health, 2013). Well-being in the family is

being able to effectively cope with stressors and function as a healthy family system (Schmitt et al., 2014).

Risk is defined as the “likelihood of a future event, given a certain condition or set of conditions” (Fraser, 1999, p. 131). Individuals in a family may be at increased risk for physical, mental, and emotional stressors due to certain risk factors (Sanio, 2004). Risk factors are variables that can potentially increase the likelihood of an outcome (Fraser, 1999).

Many of the early risk and resilience discoveries still apply today, such as the idea that bundling of two or more risk factors multiplies the likelihood of negative outcomes (Fraser, 1997). However, many of the early studies did not consider the cross-cultural context and research on non-heterosexual individuals and families (Boyden & Mann, 2005; Rutter, 1979; Werner & Smith, 1992). In addition, there has been controversy regarding the limitations of resiliency-related terminology and definitions (Boyden & Mann, 2005). Across research and practice, there continues to be debate about the operationalization of resilience (Luthar, Cicchetti, & Becker, 2000). Resiliency also cannot be directly observed and measured and it is often inferred from related constructs of risk and protection (Luthar, 2003). Some researchers believe that the conceptualization surrounding risk and resilience is biased against diverse identities and non-Western cultures (Boyden & Mann, 2005).

The field of risk and resilience research has made a paradigm shift towards being more strength-based and focused on protection or resilience rather than risk (Boyden & Mann, 2005). Scholars examining resilience through a strength-based social work perspective or a positive psychology lens were criticized by earlier researchers for

ignoring risks (Rutter, 2012; Ryff, 1995). However, within a context-informed framework, it is important to examine a combination of the historical, cultural, and individual contexts to explore these concepts. The success stories of adaptation and resilience among L-African-American families and individuals can assist professionals and families by offering models or examples to be emulated (Luthar, 1999; Rutter, 2012).

There are particular protective factors and psychological resiliency processes experienced by specific populations (Garmezy & Rutter, 1983). The range of expected responses to traumatic or stressful events could vary due to differences in context, such as culture and sexual or gender identity. Attributes or competencies such as being assertive or confident may be highly valued in one culture, but considered impolite or aggressive in other cultures (Fraser, 1997). Many research standards are based on white, middle-class samples that cannot always be applied to the diverse multicultural families of today (Walsh, 2015). There is controversy over what constitutes universal healthy and adaptive psychological protective or risk traits across cultures and specific contexts (Boyden & Mann, 2005). For L-African-American parents and their children, certain protective behaviors assist the individual in dealing with prejudice, but these same behaviors may not be viewed as protective factors in a heterosexual Caucasian family (Boyden & Mann, 2005). Many of the views of child well-being and development are contextually constructed and interventions are external to a family's cultural or social context (Ungar, 2004). The social and cultural context surrounding a family provides a framework for children to learn how to act in the world (Boyden & Mann, 2005). Parental well-being studies show that families with young children at home often have lower levels of life

satisfaction and well-being but have a high level of life meaning due to parental stressors (Umberson & Grove, 1989).

Historically, lesbian, gay, bisexual, transgender, and queer (LGBTQ) health research has focused on the risks for poor health outcomes, ignoring the ways in which the LGBTQ member's well-being has improved throughout his or her life (Colpitts & Gahagan, 2016). In a recent paper, Colpitts and Gahagan (2016) argue that culturally competent health systems should move away from studying and focusing on deficit approaches and move towards focusing on strength-based approaches to understanding and measuring health. They conducted an extensive review of strength-based approaches and found that resiliency emerged as a conceptual framework (Colpitts & Gahagan, 2016). The authors concluded that resilience of LGBTQ populations is necessary for improving health outcomes, but significant work needs to be done to conceptualize resilience before it can be applied to the LGBTQ population (Colpitts & Gahagan, 2016). LGBTQ individuals have unique lived experiences of discrimination and adversity, and these specific context-informed experiences can contribute to resilience in ways that are distinct from the typical heteronormative approaches to resilience (Colpitts & Gahagan, 2016). Colpitts and Gahagan (2016) recommend further development and exploration of LGBTQ-specific models of resilience that take into account structural and social determinants.

Family resilience. Family resilience refers to the possession of coping strategies and the ability to adapt to adversity and stress as a functioning family unit (Walsh, 2015). Even if a family member is not directly affected by a crisis, he or she may be disrupted or strengthened by how the family handles the situation (Walsh, 2015).

Some families are able to be especially resilient and buffer stress, but all families experience stress (Walsh, 2015). It is not the family form (for example, two moms or two dads or a single parent) but the family processes that impact healthy growth and development. Families are diverse and the belief that the “nuclear family” is the only family structure for well-being is no longer the standard by which to judge normative development (Ungar, 2005). If family members are able to demonstrate resiliency, then the family unit can discover means of self-repair and cultivate growth (Walsh, 2015).

Henry, Morris, and Harrist (2015) proposed a family resiliency model (FRM) incorporating key elements from the individual resiliency model. Similar to the individual resiliency model, significant risks or stressors have the possibility of leading to negative family outcomes. In such cases, resilience can ameliorate, or at a minimum, diminish, the impact of risk factors including stressors. In addition, protective factors can serve to inoculate the family and create coping mechanisms to increase positive outcomes similar to those for individual resilience. All of the family’s adaptive systems (emotional systems, control systems, identity systems, maintenance systems, and stress-response systems) create meaning within the context of the family and the environment (Henry, Sheffield Morris, & Harrist, 2015).

One culturally sensitive framework is the resiliency model of family adjustment, which is a conceptual, developmental lens through which the family is regarded as a system in which each part of family life can impact the other parts of the family system (McCubbin & McCubbin, 2005). When a crisis or trauma occurs, the family system needs to change roles, values, priorities, order, and boundaries to achieve well-being (McCubbin & McCubbin, 2005). In certain contexts, families will not return to their

former state but change and adjust with new routines and roles (McCubbin & McCubbin, 2005). According to McCubbin and McCubbin's family resiliency model, those families in crisis are able to transform or return to balance through the effectiveness of the family's cluster of core competencies. They argue that crucial culture and ethnic identities, both independently and in conjunction with other factors, support resiliency processes.

African-American, Lesbian-Headed Families

This section presents a brief description of socio-demographic characteristics of the population studied in this research project. Next, specific psychosocial risk and protective factors that parents and children in African-American lesbian-parented families may face will be explored. This will be followed by sections discussing socio-demographic characteristics, challenges to well-being, protective factors: keys to well-being, marriage as a protective factor, mental health service use by African-American, lesbian-parented families, and finally a brief summary on the limitations of the current body of knowledge

Socio-demographic characteristics. According to the National Black Justice Coalition, approximately 3.7% of African Americans consider themselves to be either transgender or a sexual minority, and an estimated 84,000 African-American same-sex couples live together. One in 250 African-American households in the United States are led by a same-sex couple, and approximately a third of these couples are raising children together (Lettman-Hicks, 2014). However, there are few studies examining lesbian or African-American families with a lesbian parent (Follins, Walker, & Lewis, 2014). In

addition, much of the literature has focused on child well-being and not on parental resilience (Henry et al., 2015).

Figures released by the National Black Justice Coalition highlight disparities in income, education, and employment among African-American lesbian individuals and couples. Overall, 58% of same-sex couples are female; and female African-American same-sex couples' income is \$20,000 less than that of male African-American same-sex couples (Lettman-Hicks, 2014), representing a substantial disparity. Almost half of lesbian Americans (47%) partner with someone from another race, and these mixed-race couples have better social and socio-economic outcomes than two African-American partners (Lettman-Hicks, 2014). Moreover, individual gay males fare better than female couples, while female-headed, lesbian-parented families typically struggle to access health care or to maintain employment.

More lesbian African-Americans are unemployed (15%) when compared to heterosexual African-Americans (12%) (Lettman-Hicks, 2014), and fewer lesbian African-Americans attend college than heterosexual African-Americans (Hicks-Lettman, 2014). African-American heterosexual couples often make more money than lesbian African-Americans in couples. Some lesbian-headed households are at risk of living in poverty at a disproportionate rate and have fewer resources, which place these families and their children in a high-risk category. The stark economic and class disparity and the decreased opportunities for the children being raised in these families does not provide them with an equal opportunity to thrive.

Challenges to well-being. Lesbian-parented families have become increasingly visible since the legalization of gay marriage in the United States. Attesting to their

visibility, the Williams Institute published the results from the 2010 census, the Gallup Poll, and the American Community Survey, which included same-sex couples who were living together as married (Hicks-Lettman, 2014), although it did not indicate the couples' parental status. However, policies and attitudes have not changed to promote inclusion and acceptance for all families in some sectors (for example, some churches or schools). African-American L-parents are faced with increased stressors due to lack of societal support and frequent exposure to stigmatizing treatment often present in their own communities (Hunter, Shannon, Knox, & Martin, 1998; Hunter & Hickerson, 2003). These stressors place these families in the high-risk category for family conflict.

There are several risk factors that can threaten a lesbian family's well-being. Many of the common stressors that middle class heterosexual families of all races experience, such as managing jobs, childcare, co-parenting, school, and use of community organizations, like the church or the YMCA, are similar to those faced by middle class L-families (Hunter & Hickerson, 2003). On the other hand, families with lesbian parents face possible exclusion and discrimination from community institutions, teachers, ministers, and extended family (Hunter & Hickerson, 2003; Titlestad & Pooley, 2014). Such treatment places extra stress on the families. Heterosexism is widespread across many cultural and societal institutions and can affect normative family development (Dworkin & Pope, 2014; Hunter & Hickerson, 2003). However, L-headed African-American families' presence in churches, schools, and communities is forcing others in their communities to acknowledge that these families exist. As a consequence of their being present in the community, those individuals who were previously tolerant are

becoming even more accepting and those who were not accepting are now becoming more tolerant of families being more visible in their communities (Moore, 2011).

One key risk factor in predicting pathology in children is the level of family conflict among the parents or caregivers (Garmezy & Rutter, 1983; Rutter, 1979). If the caregivers (single parent and his or her partner) have constant interparental conflict, then this discord could lead to increased risk for the children even if the prolonged fighting ends in divorce. A common issue in a L-parented household is when a nonbiological parent feels excluded by extended family or society, and is viewed as not a “real parent” (Dworkin & Pope, 2014). This creates several issues with the relationships in the family. Conversely, a protective trait is family harmony, which is viewed as a cornerstone of protective factors (Rutter, 2012). Another protective trait is a child’s having a close relationship with at least one of the parents or someone in a caregiving role, which decreases negative outcomes (Garmezy & Rutter, 1983; Werner & Smith, 1989).

Most of the literature focuses either on the categorical divisions of being gay or lesbian or a person of color; there are limited studies that employ an intersectional approach. Studies on African-American lesbians demonstrate that their communities are racially segregated and class integrated (Gates & Ost, 2004; Hunter et al., 1998; Moore, 2011). L-people of color often feel pulled between different worlds: their gay community and their ethnic community (Crawford, Allison, Zamboni, & Soto, 2002; Greene, 2000). This dilemma creates conflict in their lives and tension in integrating or balancing these different worlds. Black lesbian mothers and their families are more likely to reside in Black heterosexual neighborhoods than White, predominantly gay neighborhoods (Moore, 2011). Lesbian and gay people of color frequently experience stereotyping and

lack of acknowledgment from the white lesbian, bisexual, and gay communities (Hunter & Hickerson, 2003). Living in predominantly Black neighborhoods creates a protective barrier from the racism that exists when Black lesbians or gays live in predominantly white gay neighborhoods (Bowleg, Huang, Brooks, Black, & Burkholder, 2003). Lesbian-parented African-American families are often willing to live and worship in communities that offer limited acceptance and tolerance towards them so that they can remain in the community; they consider these conflicts to be a necessary component of this experience (Moore, 2011).

One's ethnic identity and views of one's identity according to social, historical, cultural dynamics (i.e., one's social location [gender, race, age, marital status, class, and sexuality]) play a key role in the variability of resiliency (McCubbin & McCubbin, 2005). Ethnic identity is important for both the individuals and the families, as individuals belong to groups beyond the family (McCubbin & McCubbin, 2005). Moore (2011) asserts that race as a social location has not been well-established in lesbian literature. She states that often the gay identity as experienced by people of color does not take into account the racial and social construct of "whiteness" and makes the judgmental assumption that guilt and shame are part of the gay identity for people of color, which she argues is not always a factor (Moore, 2011). Moore also argues that the Black lesbian motherhood experience can be better explained by Black feminist thought than by lesbian feminism due to these women's experiences of racial discrimination and racial socialization (Moore, 2011). She argues that systems of racism dominate these parents' lives.

According to a 10-year review of the qualitative and quantitative research for lesbian, gay, bisexual, and transgender families of all races (from 2000 to 2010), lesbian mothers often have an egalitarian ideology and share childcare, work, and household responsibilities (Biblarz & Savci, 2010). They also show greater appreciation for each other's parenting styles. However, when comparing this research to studies with participants who were not white and middle class, the focus on egalitarian households differed across race and class (Biblarz & Savci, 2010). In one study, Black lesbian biological mothers tended to do more household work and childrearing than the co-partnering stepmothers (Moore, 2008). Also, in working class white lesbian families, there was a clear division of labor with the biological mother doing most of the caretaking and household responsibilities, while the other mother focused on more playtime and work outside of the home, as is the model for some heterosexual relationships (Gabb, 2004). Thus, more research is needed that focuses on lesbian- and gay-parented families representing diversity within the population (class, race, ability, etc.).

Stress, bias, fear of threats to physical and emotional safety and discrimination are other potential risk factors for African-American L-families. Recent events have demonstrated that we do not live in a "post-racial" society; the existence of the Black Lives Matter movement attests to the persistence of racist violence (Lettman-Hicks, 2014). Daily systematic racism and prejudice affects all people of color including African-American lesbian individuals (Bowleg et al., 2003). Discrimination over time creates a cumulative risk effect (Frost, Meyer, & Schwartz, 2016; Meyer, 1995; 2010; O'Donnell, Meyer, & Schwartz, 2011). Meyer (1995) developed a minority stress theory,

which discusses the chronic stress experienced from living in a heterosexist society, based on an examination the mental health of over 700 gay men in New York City (Meyer, 1995). The author's longitudinal quantitative research demonstrated increased levels of minority stressors including internalized homophobia, stigma (defined as expectations of rejection and discrimination) and actual encounters with discrimination and violence, which were significantly associated with mental health symptoms such as distress, guilt, and suicide (Meyer, 1995).

One qualitative study of 19 black women (n=19) between the ages of 26 and 68 (Bowleg et al., 2003) examined the triple jeopardy (racism, sexism, homophobia) for Black lesbians (it was unknown whether they were parents) through the multiple minority stress and resiliency theory and found empirical support to demonstrate that their population was resilient based on similar research by Greene (Bowleg et al., 2003; Greene, 1996). The researchers had hypothesized that due to previous experiences with racism, sexism, and related oppressions, lesbians of color would be resilient. The study focused on resiliency as a multidimensional construct with a positive outcome being the emotional support provided by family, partners, and friends. However, this predominantly middle class and highly educated sample was found at a lesbian retreat center in California; the researchers acknowledged that their population might be more resilient than the average lesbian African-American population (Bowleg et al., 2003).

Rostosky and colleagues (Rostosky, Riggle, Gray, & Hatton, 2007) also used minority stress theory in their work and supported the claim that for the lesbian and gay population, the theory is able to account for dealing with internalized homophobia, developing coping strategies, and experiencing homophobia. The experiences of adult

children of same-sex parented families (who often experience homophobia and discrimination) also support the minority stress theory and reveal how this theory can be applied to families as well as to individuals (Titlestad & Pooley, 2014). Given the pervasiveness of bias and homophobia, it seems unlikely that families can remain untouched by homophobia (Green, 2004). Overt or subtle discrimination based on race or a parent's sexual orientation can be experienced by the child as a stress encounter. This stress encounter can vary from an uncomfortable verbal interaction to physical bullying by a peer. These episodes can alter the child's sensitivities towards stressful events or modify his or her coping skills (Garmezy & Rutter, 1983). Societal prejudice, discrimination, and bias experienced by sexual minorities can be internalized by family members (Dworkin & Pope, 2014; Hunter & Hickerson, 2003). Over 43% of children over the age of 10 had experienced overt ridicule based on the sexual orientation of their mothers (Gartrell, Deck, Rodas, Peyser, & Banks, 2005). Another study from the Netherlands confirmed that children from same-sex parented households were more likely to experience homophobic teasing about their parents and their own sexuality and often exclusion from peers (Bos, Gartrell, Peyser, & van Balen, 2008). An additional study included a sample of 350 lesbian mothers in a qualitative study of lesbian-headed families had experiences with stigma and limited family support systems (van Dam, 2004). Despite lack of empirical evidence, perceptions of children's problems relating to parental sexuality, discrimination by religious institutions, and children being ridiculed by peers were major stressors for the mothers (van Dam, 2004). Also, a common parental fear is that the children's problems such as being bullied or social rejection would be a result of the parent's sexual orientation (van Dam, 2004).

Both the perception of the homophobia and actual homophobia imposed by the community can perpetuate challenges and risks for the family (Hunter et al., 1998). Hate crimes towards a family member can cause not only physical harm but also psychological damage (Herek, 2009). Psychological harm can also be created by perceived microaggressions (Herek, 2009). Microaggressions are “often commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults” (Sue et al., 2007, pg. 3). Microinsults can be described as often unconscious verbal comments that are insensitive and derogatory towards a person’s identity (Lewis, 2016; Sue et al., 2008). Regardless of the actual attitudes of the community or individuals who interact with the family, individuals may experience increased fear or anxiety that prevents them from being open or comfortable. Dealing with the harmful effects of discrimination by coping in healthy ways is important in order to build resiliency. For instance, when dealing with discrimination, coping mechanisms serve dual functions: to emotionally regulate the distress and to problem solve (Garmezy & Rutter, 1983). It is necessary for parents to teach their children about risks such as discrimination and stigma, and to discuss how to navigate intersectional identities successfully (Boyden & Mann, 2005; Hunter & Hickerson, 2003). It is important for L-African-American families to be open about not only racial, class, and gender-related stigma, but also about sexual orientation to prevent possible mental health risks (Hunter & Hickerson, 2003).

Moore (2011) posits that among the barriers to studying lesbian African-American families is that many of them are considered “invisible families” (p.1). They lead private lives outside public spaces such as lesbian and gay community centers, Pride

events, or in activist circles; however, many do congregate in Black social spaces. Moore (2011) points out that gay people of color face the perception of some members of their own racial group, indicating that their lesbian sexuality challenges their race consciousness; therefore, their experiences may differ qualitatively from those of their white peers, whose racial identities may not be as salient to their sense of self. She studied and followed 100 lesbian women over three years to gather information about how openly gay lesbians form and raise families and about their identities and roles in New York. Her study utilized mixed methods and she used an insider approach to form intimate relationships with her participants so that they trusted her in order to share intimate experiences about their lives. She focused on lesbian Black women in an urban area. Lesbian African-American families are often considered a homogeneous group. However, one of her discoveries was that among Black, lesbian-headed families, there is a great deal of diversity with respect to income, education, tasks, and roles within the family (Moore, 2011).

It is important to note that potential stressors are experienced according to an individual's social identity (age, race, class, ethnic and cultural identity, gender), his or her stage of coming out, and social support (Hunter et al., 1998). In African-American families, strong emphasis is placed on gender roles, Christian values in the Black Church, and pressure on heterosexual nuclear couples to marry and form legal units. These expectations are barriers for lesbian-headed families to experience acceptance (Hunter et al., 1998). It is not known, however, how accepting African-American heterosexual families of origin are when it comes to the marriage of a daughter to another woman.

Protective factors: Keys to well-being. Protective factors that build resiliency for families include effective parenting techniques based on the developmental stage of the children (Fraser, 1997). For most children, establishing routines and accountability in the family, such as chores and family meetings, promotes resiliency (Werner & Smith, 1989). These responsibilities provide the members of the family with stability (routines), which helps to strengthen family cohesiveness. Each family has unique ways of disciplining, dealing with crises, and socializing children. Respect for autonomy within the family unit and involvement, in addition to clear boundaries, parental supervision, and consistent discipline, help to increase family balance (Fraser, 1997).

A frequently discussed protective factor among African-American families and LGBT youth is having loving and caring relationships within and outside the family (Fraser, 1997; Hunter et al., 1998; Hunter & Hickerson, 2003; Werner & Smith, 2001). Community relationships can provide affirmation, validation, and support for the individual or family to buffer against past hurts or current stigma (Frost et al., 2016; Meyer, 1995). In addition, kinship is especially important in African-American culture in which some nonrelatives are often regarded as “kin” (Luthar, 1999). This extension of who is considered family potentially fosters an extended community of support for the family. This process has been similar for L-individuals, as they often choose their own non-biological families (Taylor, Casten, & Flickinger, 1993). Parents’ awareness of specific protective factors such as a supportive teacher or a hobby in their children’s lives helps foster competence in the midst of adversity (Boyden & Mann, 2005). Often lesbian and gay individuals of color separate from their families of origin due to their families’ negative reactions (Hunter & Hickerson, 2003). On the other hand, some African-

American gays and lesbians have decided to stay close to family members as protection from societal isolation (Bowleg et al., 2003; Greene, 2000). Being caught between these two worlds (their families and the gay community) has the potential to have a significant impact on the lesbian mothers and their families (Andrews, 2017).

Many people of color have reported the lack of cultural sensitivity to the importance of family relationships beyond the nuclear or chosen family (Hunter & Hickerson, 2003). As referenced earlier in Moore's work (2011), staying in a predominately Black community provides cultural grounding, while a gay community that is mostly white has the potential to validate sexuality with peers; however, both communities also have the capacity to discriminate (Hunter & Hickerson, 2003).

It is important to note that many lesbian African-American-headed households do not form their families through artificial insemination as many white middle class families do (Hunter & Hickerson, 2003). To the contrary, many of their children were born through former heterosexual relationships, foster care relationships, and adoption (Moore, 2011). Many African-American lesbian mothers cannot afford the exorbitant costs of insemination and surrogacy, so they rely on these aforementioned means. This leaves many lower and working class families with limited options for forming families (Moore, 2011).

L-headed households with children still experience the myths that children raised in these families will experience such stigma, maladaptation, and discrimination that they will be unable to flourish (Hunter & Hickerson, 2003). However, familial relationships in L-families are often based on trust and can offer support, encouragement, and reassurance to individuals to bolster their confidence. In a qualitative study of 23 lesbian or gay

stepfamilies, Lynch (2000) concluded that the families showed unique strengths and creative ways for all family members to thrive. Parents were very focused on the family and were child-centered (Lynch, 2000).

Spirituality or religion in a lesbian African-American's family life can be a particularly powerful or intimate protective factor (McCubbin & McCubbin, 2005). Spirituality and/or religion is often personal and has the capacity to increase well-being due to a belief in something greater than oneself. Spirituality and religion can strengthen a family's support network, and enable the children to have a sense of belonging and encouragement (Crawford, Wright, & Masten, 2006). Resilient youth in Werner and Smith's (1992) longitudinal study spoke about religion and faith providing stability in the midst of change. However, not all churches welcome African-American L-families into their congregations and this alienation can be an especially painful experience, resulting in many families deciding not to join a congregation (Hunter & Hickerson, 2003; Moore, 2011).

Despite ingrained societal oppression, many African-American L-couples are demonstrating resiliency and the ability to thrive despite obstacles (Dworkin & Pope, 2014; Hunter & Hickerson, 2003). These resilient couples are able to be creative, flexible, and find supportive networks to provide a protective shield for their relationships and families. Additional protective factors that may apply to lesbian couples and their children include intellectual abilities, social skills, a sense of humor, a sense of purpose, belief in a bright future, interpersonal skills with peers, impulse control, having a positive sense of self, and a warm and protective/supportive family environment

(Garmezy & Rutter, 1983). These factors aid children in defending themselves against painful situations.

In another qualitative study, adult children of lesbian or gay parents were found to be more tolerant and open-minded than peers raised by heterosexual parents, which the author attributes to being raised by lesbian or gay parents (Goldberg, 2007). In an Australian qualitative study using a phenomenological approach, adult children being raised by same-sex parents were studied to explore resiliency (Titlestad & Pooley, 2014). The authors found that their families' relationships were loving and secure even though the youth experienced both fear and homophobic reactions (Titlestad & Pooley, 2014). Coping strategies included parental modeling, controlling disclosure, social support and an outward perspective (Titlestad & Pooley, 2014). However, this study included predominantly Caucasian participants from Australia, which limits the applicability of this research to African-American parents. Moreover, children being raised in same-sex-parented households are not as likely to be gender conforming (Fulcher, Sutfin, & Patterson, 2008). The coping strategies utilized by parents enable the children to defend themselves against painful situations. Research over the last twenty years has shown that gay and lesbian parents and their children score at the same level or higher than heterosexual parents and their offspring in social adjustment, psychological and physical well-being, relationship quality, and parental investment (Biblarz & Savci, 2010).

Marriage as a protective factor. In the 1990s, marriage between same-sex partners was not legally recognized, and families were faced with intolerance across the world (Biblarz & Savci, 2010). Starting in September 2000, when the Netherlands made gay marriage legal, equal rights and recognition began to be extended to lesbian and gay

couples in other parts of the world (Biblarz & Savci, 2010). The effects of legalizing gay marriage and the impact on these families' lives of the recent U.S. Supreme Court Decision in 2015, *Obergefell v. Hodges*, 576 U.S., are unknown (Samar, 2016).

One study compared gay and lesbian couples in Vermont who had civil unions with gay and lesbian couples who did not have a civil union, compared to their heterosexual siblings (Solomon, Rothblum, & Balsam, 2004). Few differences were found in this study with respect to social support provided by family and friends, family labor, and home ownership; however, those who were in civil unions were more "out" about their sexual orientation than those not in civil unions (Solomon et al., 2004). In a three-year follow-up study, those individuals who were not in civil unions were more likely to have ended their relationship and those in civil unions were more likely to remain together for a longer amount of time (Balsam, Beauchaine, Rothblum, & Solomon, 2008).

Family pride and outness were named in a few of the studies as important factors associated with family resiliency for LGBT parented families (Griffiths, 2010; Titlestad & Pooley, 2014). In addition, parents in proud and "out" families had taught children through family modeling how and when to come out about their family identity and about safety related to this disclosure (Titlestad & Pooley, 2014). A common paradox in the literature is that parents may feel pride about their family, but due to safety concerns, are careful about public displays of affection or dress and would not always disclose being in a same-sex-parented family (Titlestad & Pooley, 2014). Due to the persistent challenges gay and lesbian couples face such as discrimination and constant microaggressions and/or microinsults, they are at heightened risk of experiencing relationship fatigue (Dworkin & Pope, 2014). This societal intersectional oppression can ultimately lead to other concerns

such as sexual dysfunction and isolation, suicidality, intimacy problems, anxiety, substance abuse issues, and depression (Dworkin & Pope, 2014).

Because of the visibility of marriage and marriage ceremonies, African-American same-sex couples may be reticent to bring their families into the public realm by getting married (Moore, 2011). However, with increasing acceptance, many couples are choosing to legally and publicly validate their unions. Black gay and lesbian couples are affirming their relationships and reclaiming “respectability” through weddings (Moore, 2011).

Mental Health Service Use by African-American, Lesbian-Parented Families

There is insufficient evidence that Black/African-American LGBT (Lesbian Gay Bisexual Transgender) individuals have significantly different health and social service experiences as compared with non-LGBT African-Americans (Wheeler, 2003). African Americans are more likely to utilize emergency rooms for primary health needs, have increased contact with child welfare workers, and be more involved in the criminal justice system compared with white individuals (Pequegnat & Stover, 1999; Smith, 1999; Wheeler, 2003; Williams, Hogue, Hargraves, & Collins, 2000). African Americans are less likely than any other ethnic group to trust health providers and communicate treatment preferences (McCubbin & McCubbin, 2005). Despite the advances in LGBT research, racial and class diversity in study samples is often still limited (Wheeler, 2003). It is interesting to note that none of the resilient youth within Werner and Smith’s (1992) study on resilient youth received help from a mental health professional (counselor, psychologist, social worker, or psychiatrist) by age 18. The youth seemed to trust informal supports more than that of a mental health professional. However, they did seek informal support (e.g., from a minister, teacher, friend, another parent, siblings) from

someone outside the family who helped them to survive and thrive. Even a mentor can at times provide the social support and connectedness that a youth needs and can serve in a protective capacity (Fraser, 1997). In order to become resilient adults, children need models of caring, nurturing, independence, and autonomy to support their development. Resilient children and adolescents are skillful in being able to select supportive and resilient models (Murphy & Moriarty, 1976). Furthermore, in families with more than one caregiver (a second parent, grandparent, aunt, close friend), children have been shown to experience more acceptance and attention (Rohner, 1975). Children who are accepted and given extra attention are potentially more self-reliant than children who are rejected or experience neglect; self-reliance is a known protective factor (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007).

When mental health professionals have an understanding of the adaptive processes, they are better able to assist families in developing necessary coping skills to address the obstacles they encounter (Luthar, 1999). Considering the cultural diversity of today's American families, mental health professionals face challenges in knowing how to best assist them. A family member's sexual orientation, race, or marginalized minority status does not cause mental health problems, but stigmatization can have a negative impact on mental health (Hunter et al., 1998). The most common mental health issues are anxiety, depression, increased risk of substance abuse and suicidality (Hunter et al., 1998). Stigma can come from the outside world in the forms of oppression, homophobia, racism, and heterosexism and/or can be internalized by the individual or the family (Hunter et al., 1998; Hunter & Hickerson, 2003; Meyer, 2010). If mental health professionals assist parents in learning additional coping skills, the parents will more

likely have children with strong coping skills (Werner & Smith, 1992). Family members who use effective coping skills exhibit improved morale and social functioning, and decrease the negative consequences which stress can have on overall health outcomes (Garmezy & Rutter, 1983).

In the National Lesbian Family Study, a national longitudinal study of lesbian mothers of children conceived through donor insemination (Gartrell et al., 1999; Hunter & Hickerson, 2003), most of the parents were in couples and the remainder consisted of single parents. The sample was predominantly white and middle class (93%), which fails to consider people of color whose children are largely from adoption, foster care, or heterosexual relationships (Gartrell et al., 1999). While the children in this national study were healthy physically and developmentally thriving, a majority of parents had sought mental health services to deal with the stress of motherhood (Gartrell et al., 1999). Many worried about the impact of heterosexism on their families.

The promotion of self-esteem and self-efficacy is an important part of the mental health intervention process (Werner & Smith, 1992). During this process, individuals who experience adversity use their coping mechanisms to help them manage the challenges and to remain resilient. These coping mechanisms develop over time. Resilient individuals still experience anger, sadness, depression, and anxiety, but they are able to use their coping skills to return to optimal functioning. Individuals who are resilient are problem solvers, hopeful, optimistic, positive thinkers, and are able to balance negative emotions with positive ones (American Psychological Association, 2014). Families who seek information and support from a peer or a counselor during a

psychosocial transition receive resources to deal with the transition with preparation and support (Werner, 1992). In addition, the parents themselves may need extra support.

Limitations of the current body of knowledge. Among the various studies, articles, and books on African-American families and resiliency, few include or acknowledge lesbian-parented families. There is limited resiliency research on lesbian African Americans (Bowleg et al., 2003). Resiliency research has focused on individual children and adolescents rather than families and adults, and rarely on African-American, lesbian-headed households. Resiliency literature on families has focused solely on those who are white and middle class (Walsh, 2015). Moreover, most of the family resiliency literature is focused on families' formation and the family process among lesbian-parented white middle class (Biblarz & Savci, 2010; Moore, 2011).

Theoretical Framework

This study used a risk-resilience framework for its inquiry into African-American lesbian-headed families. As explored earlier in this chapter, this framework is applicable to the family unit. Family resiliency is a flexible systems perspective that links with intersectionality theory to encompass changes like birth, illness, divorce, death, and other life changes across race, class, sexual orientation, age, and other common categorical crossroads (Walsh, 2015). Consistent with **family resilience theory**, families can thrive in different arrangements. Specific family processes can impact how resilient a family can be when facing adversity (Walsh, 2015).

According to Walsh (2015), resilience involves positive growth that supports individuals and families to deal effectively with adversity (Walsh, 2015). Walsh formulated her theory based on research and her own direct practice as a family therapist,

supervisor, and teacher. The structure she developed can be applied to both formal and informal kin arrangements (Walsh, 2015). Walsh (2015) also acknowledges that her “keys to resilience” may look quite different depending on the cultural group of the family. The keys to resilience are divided into three areas, specifically: (1) family belief systems, (2) family organization and resources, and (3) family communication.

In the area of *family belief systems*, there are three components, beginning with families making meaning of crisis (Walsh, 2015) The family will view the crisis as a shared challenge and as both manageable and meaningful; it is an experience that can enable them to grow. Families view relationships as central to this process (Walsh, 2015). Second, the family maintains a positive outlook of life (Walsh, 2015). Families affirm one another in the spirit of being able to do new things and provide a vote of confidence. They also accept that there are some things that are beyond the family’s control (Walsh, 2015). The third part of family belief systems is that these families value spirituality and transcendence and believe in something beyond themselves. This component of their belief system is viewed as the family’s strength and provides comfort through their cultural and religious rituals (Walsh, 2015). Families can see themselves as a part of something greater and this provides a sense of purpose (Walsh, 2015). It is important to note that not all African-American families are religious or spiritually oriented.

The second key is *family organization and resources*, which is defined as being flexible, connected, and supported by social and economic resources (Walsh, 2015). Some families that are resilient are able to adapt to new situations and have the ability to “bounce forward” and reorganize after a crisis (Walsh, 2015). Strong leadership within the family to create routine and safety helps the more vulnerable members of the family

through the adversity (Walsh, 2015). In addition, resilient families can stay connected during a crisis and count on one another (Walsh, 2015). During such a challenging time, resilient families can balance being connected and separate and support one another despite individual differences and boundaries (Walsh, 2015). Finally, resilient families have a network of people, including the family and sometimes friends and neighbors and organizations, who can offer support during a crisis when the family knows that they need this support (Walsh, 2015). This network can be utilized to offer basic support (information and services) and emotional support (Walsh, 2015).

With regard to the third key, *family communication*, resilient families openly express their emotions, using collaborative problem solving and sharing clear and consistent messages (Walsh, 2015). Resilient families are characterized by a climate of mutual trust and encourage one another to practice empathy and comfort with one another (Walsh, 2015). Resilient family members like to laugh together and talk about how they are feeling with one another (Walsh, 2015). They also encourage collaborative problem solving and engaging in creative brainstorming to discover new ways to overcome challenges (Walsh, 2015). Family members focus on achievable goals and learn from those goals that are not achieved (Walsh, 2015). Through this process, families become more proactive in solving problems (Walsh, 2015). Finally, resilient families communicate direct, honest, consistent, and clear messages (Walsh, 2015). Family members encourage one another to share their feelings with one another to gain an understanding of how everyone is feeling (Walsh, 2015).

Complementing the risk-resilience framework is **intersectionality theory** as it addresses both individual and systemic injustices, such as homophobia, racism, class

oppression, and sexism, while integrating critical race theory, feminist theory, and queer theory. Examining lesbian African-American-parented families' culture and the societal context through an intersectional lens accounts for the diverse social locations of these families and the inequities that they face. Notably, these forms of oppression do not operate in isolation as they are integrated, creating complex multi-dimensional identities (Brah & Phoenix, 2004; Davis, 2008). Social categories, such as race, gender, gender identity, class, ability, age, sexuality, and religion, are viewed in interaction with each other. These intersections are subjectively lived experiences and are embedded in our current social structures (Brah & Phoenix, 2004). Intersectionality theory explores the various social identities of an individual and explores how these identities overlap and play out on multiple systemic levels (Davis, 2008). In order to understand individuals, we must view all aspects of social, cultural, and biological categories as linked. Coping with the intersection of identities such as being a parent, gay, and a person of color can result in resilience and strength (Dworkin & Pope, 2014). It can be challenging to juggle multiple identities and it is important to acknowledge these identities and provide support and acceptance, supporting integration. In addition, the intersection of race, sexual orientation, gender, class, and ethnicity compounds this population's marginalization (Wheeler, 2003).

Intersectionality theory was first examined through Black feminist theory and was subsequently adopted by critical feminist theorists (Brah & Phoenix, 2004). When law professor Kimberlé Crenshaw (1991) explored the experience of Black women and their experiences with violence, she wrote about the importance of the intersection of gender and race, reflecting that the identities of gender and race cannot be separated. She

indicated that subordination could not be understood solely from the perspective of the current dominant cultural groups in feminism or in critical race theory and that it was necessary to consider the intersections between the two groups (Crenshaw, 1991). She urged theorists to incorporate diverse cultural experiences into the existing discourse and theoretical material (Davis, 2008). Today, feminist intersectional theorists focus on the voices of groups or individuals who were marginalized to validate and construct meaning in their lives and to empower them (Fook, 2012; Krumer-Nevo & Komem, 2015). This perspective will be a key factor in listening to and validating the stories and experiences of lesbian African-American parents and their children.

Intersectionality theory aligns with a risk and resiliency framework to promote unique coping mechanisms. Many individuals in the younger cohort of African Americans view their lesbian identities through an intersectional lens of race, class, gender, family, and sexuality, which varies according to the individual and his or her experience (Moore, 2011). However, it is also important to integrate the historical context of race and sexual orientation into this analysis. For example, perspectives of lesbian African-American mothers who were born before the 1970s differ from those who were born afterwards (Moore, 2011). Those born in the earlier time period had parents who lived during the Civil Rights and Black Power Eras, and these experiences helped to influence and shape their identities and the ways in which many process their experiences through race and class (Moore, 2011).

With respect to the intersections of race, sexual orientation, and parenthood and class, there are multiple identities that are marginalized in society (Moore, 2011). Often, one must choose whether one is part of the Black Lives Matter movement or the gay

rights movement. Intergroup differences have made it challenging for groups to organize cohesively with one another (Brah & Phoenix, 2004). In one qualitative study, a researcher asked participants with which identity they most closely identify: being a person of color or being a lesbian? (Bowleg, 2008). An interviewee responded by asking: “Why do I have to choose?” (Bowleg, 2008). Either/or perspectives limit the ability to find power within the group and, instead, create tensions between group members due to perceived differences (Crenshaw, 1991). Another example is provided by Moore (2011), who asked respondents in her qualitative study of African-American lesbian mothers to rank which identity was most important to them or to indicate if they were they unable to rank these identities. When we ask individuals to separate parts of their identity, some may identify what others observe about them--being Black or female—and sometimes it is impossible to separate these identities and the only way to understand their experiences is by viewing their stories through their own words and through an intersectional lens. Intersectionality theory addresses a pervasive need to decline to choose a single identity by acknowledging the differences within a group (Davis, 2008). Intersectionality embraces individual views of identity, whereas identity politics can ignore intergroup differences. However, solely bringing attention to group diversity is inadequate, as it is essential to understand the depth of social inequality that exists among different categories (Cole, 2009). There is an inherent power inequity that exists with respect to the individual, the system, and her social location (Mahalingam, 2007).

Chapter 3

Methods

I chose to do an exploratory qualitative study to investigate a topic about which little is known. Qualitative research is the preferred method when there is limited information known about a topic (Padgett, 2008), as is the case with African-American lesbian parents and their families. It is also appropriate when the research topic is both sensitive and has emotional depth, which is one of the main reasons for engaging in qualitative research (Padgett, 2008). Furthermore, qualitative research is desirable when one seeks a deep understanding from an emic perspective (the insiders' view), in this case from the mothers' perspective regarding their families (Padgett, 2008). For this study, I focused on how African-American lesbian mothers construct meaning from their lived experiences (Padgett, 2008).

I carefully considered the best approach to exploring my research questions and employed the modified grounded theory method (Charmaz, 2014; Glaser & Strauss, 1967). To prepare for this process, I read the text, *Constructing Grounded Theory* (Charmaz, 2014). Grounded theory (GT) is an empirical data collection method and systematic procedure that has the goal of moving beyond description to develop theory inductively from the data (Charmaz & Smith, 2003; Charmaz, 2014; Glaser & Strauss, 1967). When grounded theory was first introduced, the idea was that theory emerges from the experiences of participants, drawing from the data (Creswell, 2012). I found this method to be rigorous, yet flexible, detailed, and a systematic way to check, define, develop, and refine and analyze my data. I adapted this method to include constructivism, indicating that both the researcher and the participants “construct” the data through their

social interactions (Charmaz, 2014). Traditional grounded theory methods were used (e.g., constant comparative method, concurrent data collection and analysis, different levels of coding). However, I did not incorporate all aspects of the method, thus modifying the traditional form (e.g., theoretical sampling of all categories, saturating all categories). According to recommendations by Charmaz, the prescribed end goal was not necessarily to create theory, but to name emerging categories or themes that resulted from the data (Charmaz, 2014). This approach was chosen by the researcher because grounded theory is especially suited for studying the relationship with the individual, interpersonal, and larger social processes (Charmaz & Smith, 2003).

For this study, I utilized several grounded theory components and Charmaz's steps outlined here: 1) data collection conducted at the same time as preliminary data analysis, 2) creation of analytic codes drawn from the data, not from hypotheses 3) line-by-line coding and focused coding 4) memo-making, including taking analytic notes to assist with category formation (Charmaz & Smith, 2003; Glaser & Strauss, 1967). An interpretive process was applied, including hearing the stories, thoughts, actions, and experiences of the parents, shared through their perspectives (Charmaz & Smith, 2003). Participants' detailed descriptions directed the research, and the researcher learned how parents construct their experiences in their families through their thoughts, actions, and behaviors (Charmaz & Smith, 2003). The researcher actively constructed the data with the participants and utilized sensitizing concepts from her knowledge base (Charmaz & Smith, 2003). I studied the emerging data by transcribing and coding interviews, reviewing memos, and listening thoroughly to the audio recordings for significance (Charmaz & Smith, 2003). Also recommended by Charmaz, I paid close attention to the

research participants' language to facilitate rich data collection, in order to construct explicit meaning and the categories and to find themes (Charmaz & Smith, 2003).

Setting

The setting for this study was the Philadelphia metropolitan area (within a 50-mile radius). Philadelphia is the fifth largest city in the United States (Du & Rodenburg, 2007). In Philadelphia County, 23.8% of the population has income below the poverty level and at least one fifth of children live in poverty (Pennsylvania Southeast Region Area Health Education Center, 2017). This region contains higher rates of poverty and larger numbers of persons receiving medical assistance payments than the remainder of the Commonwealth of Pennsylvania. Many in the area live in extreme poverty as expressed by Mariana Chilton, a professor at Drexel University:

Philadelphians in deep poverty live without running water or electricity or heat for long periods of time....it forces them to live in toxic stress. There is no break, no ability to bounce back. They're dealing with social dysfunction, violence in the family, potential drug addiction, poor education (Lubrano, 2013)

Currently Philadelphia has one of the highest murder rates in the country (Whelan, January 4, 2016). Social disorganization is a term that has been used historically to describe communities such as Philadelphia where social structures such as schools, health care services, and businesses struggle under the weight of racism, drugs, poverty, crime, and unemployment (Fraser, 1997; Sampson & Groves, 1989). The stressors linked to living in a city in which there is a high level of violence are similar to living in a war zone in many cases, including loss and separation from loved ones, prolonged fear, trauma, family disruption, and emotional and physical distress (Fraser, 1997; Garmezy & Rutter, 1983). The constant violence in urban areas threatens the

ability of families and communities to cope and can impede the development of competence through adversity (Boyden & Mann, 2005). However, research also shows that rural areas exhibit more discrimination towards sexual identity, as revealed in an article exploring social service implications for rural lesbians (Friedman, 1998).

Sample

The initial target population for this study was African-American lesbian mothers with at least one school-age child and a partner in the Philadelphia metropolitan area. Because of challenges around recruitment, the criteria were later expanded to include families that had at least one child ages newborn to eighteen (0-18) years. In a family where there were two African-American, lesbian mothers, only one mother was interviewed per family. I interviewed the mother who contacted me, was interested in being part of the study, and was the most available. Purposeful sampling was used to identify and recruit participants for this study (Creswell, 2012). This type of sampling was beneficial, as participants were selected based on their ability to provide information on their lived experience as partnered lesbian African-American mothers (Creswell, 2012; Padgett, 2008). The unit of study was individuals viewed through a family perspective. The sample size was fifteen lesbian mothers (N=15), sufficiently large for an exploratory study. Three of the families were mixed race couples (with an African-American mother partnered with a white partner) and the twelve remaining couples were comprised of two African-American women partnered together.

Inclusion criteria. The inclusion criterion was one mother in a couple identifying as African American or Black living in Philadelphia (or within the 50 mile radius). Each participant self-identified as lesbian or queer and was the parent of at least one child

(through legal adoption, birth, partnership etc.) who lived with the family at least half of the time. Children were between newborn and 18 years old. Parents were coupled or partnered for at least a year, in order to study the impact of the legalization of same-sex marriage. This study also included blended families (children from other relationships in the same family), as this is a common family arrangement.

Exclusion criteria. In order to reduce variation in the sample, if either parent identified as transgender, bisexual, or heterosexual, the family was excluded. This was to enable the researcher to focus on parents in lesbian-parented families who do not have other sexual identities. Single lesbian mothers and partners who were currently separated or divorced were excluded. Individuals who identified as African or as immigrants or refugees were excluded because they have different cultural experiences and this would introduce another variable. Families with children that are in the home as foster children or as visitors were excluded because they are not permanent members of the family unless a biological or adopted child was in that same family. In the latter case the parent can be interviewed.

Recruitment

Recruitment of participants posed a definite challenge to completing this research project. While the researcher was waiting for IRB approval, she compiled information on where to begin recruitment. Official recruitment began November 17, 2016, the day after IRB approval. However, with both the Thanksgiving and winter holidays, recruitment was very slow and difficult. Recruitment for data collection until saturation was approximately seven months and the researcher spent an average of several hours a week on this process. Recruitment included reaching out to others to ask for leads, or advice on

how to reach participants and included the mayor's office and the commission for LGBT affairs, the director of Philadelphia Family Pride, the LGBT research collaborative for specialized assistance, and other leaders in the LGBT community.

The researcher reached out (in person, via email, and the phone) to several LGBT organizations in the Philadelphia region to request referrals and recruit, including The William Way Gay and Lesbian Center, the Mazzoni Health Center, COLOURS, Penn's LGBT Health Center, and other areas in the Gayborhood area (see Appendix A, Appendix B, Appendix D, and Appendix F). In addition, recruitment was done via flyers in areas that the mothers were expected to frequent such as libraries, churches, schools, grocery stores, restaurants, coffee shops, community health centers, and sex shops (see Appendix A). Advertisements about the study were placed in Craigslist, several online parent email listserves, blogs, newsletters, Philadelphia Gay Newspaper online forum, several Facebook groups such as the Philly parents, Philly social workers, Philly Social Justice, and in the Philadelphia Family Pride newsletter (see Appendix E). After a meeting with the LGBT research collaborative for advice and direction, a Facebook ad was created targeting this population for recruitment, in addition to a blurb being sent to several churches for their online bulletins. Throughout the recruitment process, procedures protecting confidentiality were instituted, and a permission to make contact form was filled out when referrals came from outside sources. Recruitment strategies also included using word-of-mouth referrals provided by contacts in the community including University of Pennsylvania (SP2) faculty, the Doctorate of Social Work program (DSW) network, librarians, individuals in the community, conferences, and organizations to recruit additional participants (See Appendix F).

Barriers to recruitment included potential participants' report that they did not have the time and their not meeting the criteria for inclusion (e.g., some potential participants were single, had not been with a partner very long, did not have children living with them, etc.). Two individuals qualified, but did not follow up to meet for the interview. It was challenging to gain access to this population and to gain trust to get insider information possibly because of my being white. The most successful outreach attempts were when someone personally reached out to a participant on my behalf. Three participants were recruited by flyers (the William Way Center, a library and an unknown location), four interviewees were recruited via Facebook ads and Facebook groups, four were recruited via word of mouth through community contacts and outreach, one person was recruited by another participant, one participant was recruited via a LGBT family organization, and two individuals were recruited via a parent listserve.

Description of Participants Fifteen lesbian African-American cisgender (an individual whose gender identity matches the sex they were given at birth) women from the ages of 27 years old to 52 years old were interviewed for this study (N=15). The average age of a participant was 36.2 years and 46.7% were between 30-39 years old, 20% were 20-29 years old and 20% was 40-49 years old, with the remaining 13% being over 49 years old. Collectively they had forty-four children (N=44) ranging from a newborn to twenty-seven years old. The mean age of the children was 17.8 years and the median age for a child was approximately 8 years of age. Two of the women being interviewed were having their self-proclaimed "second families" and identified as both mothers and grandmothers. Two of the women grew up in the Caribbean, but moved to

the United States as young adults and self identified as African American (not African Caribbean).

Participants lived predominantly in five Philadelphia neighborhoods, the Northwest, North, West Philadelphia, and the Northeast. Six participants, lived in predominantly African American, low-income neighborhoods. Most of the interviews (n=10) took place in the participants' homes either in their living rooms or dining rooms. Two of the interviews were conducted in protected community settings, and three were completed on the phone, chosen by the participant as the preferred way to conduct the interview (because of lack of privacy, birth of new child, work schedules, etc.).

Four of the families (28.7%) were living at or below the Federal Poverty Level, which is below \$24,600 for a family of four, another two families (13.3%) were considered to be the working poor/lower socioeconomic status making above \$24,601 and below \$35,000 for a family of four, 53.3% of the sample or eight families were middle class (lower to upper middle class making over \$35,000 to over \$100,000 for a family of four) and one of the couples (8.7% of the sample) was considered wealthy and made over \$100,000 for a family of four. Ten out of fifteen participants were college graduates (66.6%) with five of those participants having a master's degree or higher and one participant had some college. There individuals had some high school and the final participant had earned a high school diploma/GED.

Eight of the couples were legally married (53.3%), two of the couples (13.3%) were in a domestic partnership, another two couples (13.3%) had a spiritual commitment ceremony, and the remaining three couples (20%) were together but had not decided to have a formal commitment to one another. The median number of years a couple was

together was 8.5 years (with the mean being 7.5 years) with the time ranging from just over a year to twenty-two years together. Five couples had been together from 1-3 years, three couples had been together 4-7 years, three couples had been together 8-12 years, and four couples had been together thirteen years and longer. Eighty percent of the interviewees had an African-American partner while 20% had a white partner.

Most of the participants were actively attending a spiritual or religious institution or church or were actively trying to find a place to attend regularly. Twelve women or 73.3% identified as being Christian or Spiritually Christian, two identified as being Muslim (20%), and the remaining person identified as being Spiritual/Non-denominational (6.7%).

Interview Process

A semi-structured interview with each participant took place in person or over the phone after the participant completed a screening/demographic questionnaire and verbally agreed to be interviewed. Before proceeding with the first field interview, the researcher reviewed and asked the participant to sign an informed consent form. The researcher conducted all of the interviews and screenings. The semi-structured interviews lasted somewhere between 40 min and 96 min. with the average time being approximately an hour. The interview was audiotaped digitally and recorded with a battery-operated recorder. Participants were paid \$25 in cash after each face-to-face interview. Three of the interviews were completed by phone, and I would mail their \$25 to their address after the interview. After each interview, the researcher transcribed or sent away the interviews to be transcribed by a professional transcriber (who agreed to keep confidentiality).

In-depth interviews facilitated meaningful conversations about the participants' lived experiences. An interview guide was created with the assistance of the Nevet researchers and a careful review of the literature. These interviews were semi-structured and followed the questions in the interview guide, but allowed for flexibility. The researcher applied a non-directive style of interviewing by using open-ended questions, and allowed the research participants to control the pacing and the comfort level for sharing information. At the beginning of each interview, a written introduction about the research was presented and then I read a series of open-ended questions. After the first two interviews, the interview guide was amended and more information was added and taken out based on the participants' feedback (see Appendix C).

Photovoice

I had originally selected photovoice, as this is one of the primary social justice oriented methodological tools through which participants could openly use their voices. Photovoice participants are involved in examining an issue of research and increasing understanding and improving social conditions on an individual and community level. Participants have gained lived experiences that they can share using Photovoice. Photovoice is a method of collaborative research and is a form of Participatory Action Research (PAR) (Wang, 1999). Photovoice empowers members of groups' whose voices are seldom heard (often marginalized or oppressed) to work together to represent and express their community through photos (Wang & Burris, 1997).

Ultimately I was not able to use photovoice in this research. As a whole, the mothers were very busy, and finding the time to take photos or even to find a time to meet felt overwhelming to them. In the beginning of the study, four mothers shared that

they felt uncomfortable taking pictures of their families, due to the risk that these pictures may be depicted and revealed in my research. They felt as though they could not protect their children's safety, once these photos were taken, revealing their children's and their identities and experiences, due to the pervasive discrimination and risks, which they faced regularly. They believed that their families would be outed and their families would be more vulnerable to risks and increased discrimination. After several failed attempts, only the first two participants completed this phase of the research collection. After discussion with my dissertation chair, we decided not to continue with photovoice.

Institutional Review Board

Before conducting any interviews, the researcher explained what the study was about and asked the participant to sign a consent form to confirm voluntary participation in the study. The consent form included an explanation of confidentiality and protection of records, consent to audio recording and use of photovoice, and other protections. All research data that were collected under this project were protected by a password-protected computer. The participants' confidentiality was protected and individuals were listed in the transcripts by numerical codes. The Social Work Code of Ethics and the Code of Federal Regulations were adhered to for this study. The safety and protection of all participants were a requirement for this study.

An Internal Review Board (IRB) application was submitted in mid-October 2016 to the University of Pennsylvania. The board asked that I make one minor change for the Photovoice section of the project to be clear about how I would handle and dispose the photos after they were submitted. There was a delay of protocol review, due to an unexpected technical issue that prevented the resubmission to enter into the reviewer

queue. Once I called and checked in after experiencing a delay, the errors were fixed and the study was expedited. The study was officially approved on November 16, 2016.

Methods to Enhance Rigor

This audit trail process was considered a process to strengthen trustworthiness and rigor of this study (Padgett, 2008). An audit trail was used throughout the research collection and data analysis process as means of documenting the research process and as a meta-strategy to ensure that triangulation, member checking, and peer support are taking place (Padgett, 2008). The researcher noted ideas in an attempt to facilitate a spirit of openness (Lincoln & Guba, 1985). In the form of memos, detailed notes were written to document the progress and the list of the codes and the process through which the final codebook is written (Padgett, 2008). In addition, field notes and memos after most interviews were written, including information about the neighborhood, nonverbal cues, the setting, mood, themes, and other observations.

Throughout this study trustworthiness was achieved by carrying out the research ethically and fairly with accountability for the participant's views and experiences (Lincoln & Guba, 1985). Attempts were made to prevent respondent bias by member checking during the end of the interview asking participants for their feedback and opinions (Lincoln & Guba, 1985; Padgett, 2008). Triangulation was used to enhance the rigor of this qualitative study. Theoretical triangulation was utilized incorporating both an intersectionality and a risk and resiliency framework (Denzin, 1978). The researcher also engaged in peer debriefing after an interview and to receive support with the coding process (Padgett, 2008). In addition to having the peer support, the dissertation advisor,

second committee member and the Nevet team also played a role in enhancing the rigor of this study.

Data Analysis

Within the grounded theory approach, there is a cyclic process between collecting the data and analysis (Padgett, 2008) and an explicit set of inductive steps used to analyze data (Charmaz & Smith, 2003; Glaser & Strauss, 1967). According to Charmaz's steps, I took an interview transcript, used open- or line-by-line coding in which *in vivo* codes were used to document the participant's perspective based on her own words (Charmaz, 2014). Next, I used focused coding in which open codes were collapsed under one theme or a higher level, focused code (Charmaz, 2014; Padgett, 2008). Then, coding identified the axial codes, which are relationships between the categories. I utilized a constant comparative process whereby both differences and similarities were identified in the data (Glaser & Strauss, 1967; Padgett, 2008).

I transcribed four out of the fifteen interviews and a professional transcriber transcribed the remainder of the interviews. At least two researchers assisted with coding a few of the initial transcripts. After trying NVivo, the computer software package, I switched to Dedoose, a more contemporary research computer software package that was recommended by a SP2 research team and Nevet researchers. After having 675 initial codes, I then worked to condense these into approximately 84 larger focused codes on 1625 excerpts via Dedoose.

After the analysis of the line-by-line coding, I moved to focused coding (Charmaz & Smith, 2003). Focused coding (the codes that make the most analytic sense) is more specific and less open-ended and can be applied to larger amounts of data (Charmaz &

Smith, 2003). Focused coding allowed categories to emerge from the data and enabled me to apply them in the analysis. Next, I engaged in memo-writing. As the researcher, I strived to be self-critical during the coding process (Charmaz & Smith, 2003).

Coding to categories can be done in vivo through the respondent's language. Categories explained the processes, specified conditions and how they are maintained or changed, and described consequences (Charmaz & Smith, 2003). Through focused coding, I noted the relationships and patterns between the codes. During this process of data analysis, I wrote memos about the coding process, which elaborated on my assumptions and processes by defining categories and bringing the verbatim in the memo writing to help to define patterns in the analysis (Charmaz & Smith, 2003). This allowed me the freedom to write and explore ideas without editing my language (Charmaz & Smith, 2003). In memo writing, the definitions of some of the categories changed, as I examined their condensed meanings (Charmaz & Smith, 2003). In addition, memo-writing promoted the constant comparative method whereby respondents' beliefs and actions are compared to one another (Glaser & Strauss, 1967). What emerged were several themes and the beginning of a culturally-sensitive LGBT models for resiliency.

Reflexivity Statement

As a researcher who is part of the Nevet Project, I worked with a team of researchers to collaborate during this study. When possible I utilized peer debriefing and support provided by the Nevet team and others in my DSW cohort. This provided assistance to me in this study with reviewing data, coding, and talking about thematic constructs. I am a white, middle class, Christian, formerly disabled, well-educated,

lesbian mother of two young children, who has been partnered for seventeen years and legally married three years. I worked hard to be aware of and sensitive to how my gender, race, class, family values, and marriage status could create potential biases regarding how I interpreted the interview transcripts and how research participants regarded me. In college in early 2000, I conducted a problem analysis on lesbian and gay families and the discrimination these families faced in school systems. In addition, I was a clinician at Mountain Meadow, a summer camp for youth being raised in lesbian, bisexual, gay, and transgender parented families. As an experienced clinical social work practitioner, I was familiar with keeping both boundaries and the public and private spheres separate from one another. Reflexive memos and journal entries were utilized to detail the methodological decisions, and my feelings, thoughts, and values during the process. I made note of personal biases or preconceived judgments that occurred during data collection or analysis. Throughout the recruitment, data collection, and data analysis stages, I reexamined my own social locations and the experiences of both my own and the participants' marginalization and histories (Badwall, 2014). During recruitment and data collection I felt like both an insider and an outsider. I was an insider with respect to sexual orientation and family status but an outsider in relation to African-American race/ethnicity.

Limitations of this Study

This was an exploratory study that used a small sample; thus, findings cannot be generalized to all African-American lesbian-parenting families, which include significant variation. Even though this study focused on family resiliency, only one parent who is

African American from each family was interviewed. In future studies, children and both lesbian partners should be included in the interviewing process as well as families headed by gay men. Research was conducted only in the Philadelphia metro area, a major urban center; therefore, the experiences of African-American lesbian-parented families may greatly vary if the research was conducted in the rural South, the Midwest, in New England or even internationally. Such research may reveal different results based on the geographic context and the participants' proximity to supportive providers, peers, and family members. As we do not know how many African-American lesbian mothers there are in the United States, it might be important to conduct a similar study including more homogenous groups, such as single African-American lesbian mothers compared to partnered African-American lesbian mothers to examine some of the same constructs (well-being, protection, resilience, etc.). Considering that there are more African-American lesbians partnered with individuals from different races, research on interracial lesbian couples should be undertaken to assess how racism and parental teaching may differ across demographics (Hicks-Lettman, 2014).

In this study, interviews were conducted over a short period of time and on only one occasion. Because a single interview only begins to establish a relationship and it offers limited information, an ethnographic longitudinal study in which families would be followed over an extended period would provide richer data on how these families change over time. Because participants conveyed that they were uncomfortable with photovoice and said they were unavailable to participate, the photovoice portion of the research project could not be completed. Photovoice would have provided additional

powerful images, themes, and experiences from the participants' viewpoints (Wang, 1999). In a future ethnographic study, photovoice could be introduced later.

Because of recruitment challenges, the sample was not homogeneous (such as including all participants with school-aged children and living full time with a partner), as originally proposed. With funding, additional time, and a greater geographical scope, these limitations could potentially have been decreased. In addition, completing this project with a co-researcher, who is an insider in the community could also assist with components that are particularly challenging, such as access to the community or being able to use insider language or terms. Along the same lines, because I am a white lesbian social worker researcher, some participants may not have been comfortable talking to me about racism and discrimination or about child well-being issues. I did find, however, that as the interviews proceeded, participants seemed to feel increasingly comfortable with me.

Chapter 4

Findings I: Context, Risk, Protective Factors, and Well-being

This first findings chapter provides an overview of the themes or topics related to risk, protective factors and well-being. These were identified after examining the aims and identified research questions, and applying a modified grounded theory methodology to the transcripts of the in-depth interviews. The chapter begins by exploring context, beginning first with the family context, including the family composition and the journey to parenthood. Then, the chapter explores the neighborhood and community context of the families and their experiences living in diverse neighborhoods or in predominately African-American neighborhoods. Next, the chapter moves into a third section outlining the political context in which this study took place around the time Donald Trump was elected to be president and moves into a section about the impact the Black Lives Matter Movement has had on the participants in the study. The chapter then moves into an overview of the risks that are specific to these mothers and their families such as coming out, discrimination, and families with intersectional identities. Next, the chapter includes a section on circumstances that are considered both risk and protective factors, namely spirituality and a gender nonconforming presentation. The chapter concludes by focusing on the protective factors and well-being identified by the participants. These protective factors are class, the home environment, vigilance and safety, spending time as a family and developing a family rhythm, marriage and partnership, and family support.

Context

Family context. Each of the fifteen families that participated in this study was unique and different. While there were commonalities shared by the families, as a whole,

each family constellation was specific to that family. Family composition within each family ranged from two moms living in the same household with their children, a grandmother living with them and pets, to two mothers with blended families (children from former relationships) living in separate households. Three of the families were facing departures of some family members, due to older children in the family unit moving away, or a younger child living with a grandparent. Some of the mothers had been in relationships with their partners for most of their adult lives and had essentially grown up with their partners, beginning in their early twenties and raising their children, while other couples were still in the beginning phases of partnership.

Most of the mothers shared their parenthood journey. For many of the families, this decision was different for each of the children in their family, including using both foster care and adoption for one child and donor-assisted insemination for other children in the household. Two of the mothers had been in prior heterosexual marriages/relationships or had earlier relationship encounters with children resulting from these. A couple of the blended families still maintained relationships with a father or a known donor. Two mothers had become parents through foster care and adoption. Nine of the mothers became parents through insemination from either anonymous or willing-to-be-known/known donors for at least one of their children. Of the 15 respondents, 13 were birth mothers to at least one of the children in the family. Several of the mothers' partners also gave birth to a child in the family and some of the families included two birth mothers. Most of the participants were in committed relationships; this will be explored in greater depth in a subsequent section of this chapter focused on gay marriage. While the majority of mothers were co-parenting with a partner, in two of the families,

the significant other was perceived more so as a close friend, support person, and stepparent rather than a co-primary caregiver. Participants called their significant other wife, partner, girlfriend, fiancée, my girl, and often used their partners' names when discussing them.

Thirteen of the women worked outside the home or attended school at least on a part-time basis, but some of the women were not working due to difficulty finding a job or by choice, in order to be a stay-at-home parent. The stay-at-home parent was not always the birth parent in each family unit. In these families, the primary parent who was staying at home tended to do most of the childcare and household chores, while the parent working outside the home did significantly less household chores. In over half of the families, chores were shared and split down the middle and were often assigned, based on each partner's strengths or preferences. These mothers also discussed the importance of flexibility and variance in the scope of their roles within the family unit, and in relationship to the role of their partner.

Most of the mothers referenced their biological mother or father (the children's grandmother or grandfather) as playing a significant role in their family unit, and siblings (uncles and aunts) and in-laws, as playing active roles in their family life. At least half of the mothers discussed the importance of close friends; many of their friends self-identified as Lesbian Gay Bisexual and Transgender (LGBT), and two of the mothers identified nearby neighbors as being part of their chosen family. Two participants characterized these chosen friends as being more accepting and open than other friends. Many of these close friendships began in childhood or during younger adulthood and these friends had been present and supportive during difficult times. However, three of

the participants shared that these friendships had been phased out, as they became parents, which now felt like a loss. These individuals viewed these lost friendships as representing a painful part of their lives, and some of the mothers were actively seeking new friendships and close relationships. Forming friendships with chosen families was an indicator of well-being as was the feeling that one belonged to a neighborhood or a community.

Neighborhood and community context. Community context was a central topic throughout the interviews. Each participant had a different experience with the community where she lived. Some participants were living in the same communities in which they had grown up and they knew everyone, while others were new to their neighborhood or community. In this section, I will discuss both associational communities (of like-minded individuals) and geographic/neighborhood communities (Philadelphia neighborhoods).

Six of the participants lived in predominantly African-American neighborhoods in the Philadelphia metropolitan area and another four participants lived in a geographic area that was racially diverse. Three participants who were raised in Philadelphia talked about their childhood experiences interfacing with a lack of safety and racism. When discussing providing experiences for their children that are similar to their upbringing, the group was divided. Some individuals wanted to provide a very different experience than they had experienced as children, while others wanted a similar experience, which they had faced. It is important to note that at least half of the mothers (many of them in the lower socioeconomic brackets) wanted to move to a neighborhood with more opportunities or to a new city for a fresh start. Five of the mothers felt protected from

racism while living in predominantly African-American neighborhoods due to being surrounded by other African Americans in locations such as churches, grocery stores, libraries, schools, the doctor's office and other community places. One mother, Imani, shared that she intentionally chose a diverse public school system to protect her children from racism. Imani expressed:

Anyway, so at least the school system here is very diverse, right, so there are lots of different kids, different races, very large African-American population, so we were like at least we won't be discriminated against that way with our race.

While others generally agreed with this perspective to have their children in African-American neighborhoods or at least mixed spaces, they did not always believe that Philadelphia was the safest place in which to be out (as a lesbian) and to raise a family. Another mother, Jada, shared her views with respect to whether she feels safe where she lives by expressing:

I mean yes and no. We have our basic needs met, we have companionship of relatives and we have each other, but we don't have total community safety as Black people and lesbians. Also with this political climate, I don't feel safe. I know I talked about my neighbors earlier and you know I love being a part of the community, but there is so much we can't talk about. I don't go out late, and I don't go to places I shouldn't go. I mean I know my brothers have more limitations than me but it's something I think a lot about. And I certainly don't let my kids out at dark; there are lines that I draw to protect them.

Jada expressed that even while she has community support, she feels unsafe because of her race, that she needs to take more precautions for herself and her kids (family) to

remain safe. She has certain limitations or covert rules that she must follow within their community to avoid risks and potential danger.

Some mothers felt more comfortable walking around their neighborhoods than others did. Kia, who lived in Northwestern Philadelphia, shared: “We live in a diverse neighborhood, but I feel relatively safe walking around with my son. We have a small backyard that is safe so just being at home with him and it’s pretty safe...”. Another parent, Tiana, felt as though she couldn’t find a safe spot in the city. Tiana lamented:

I think lots of places are unsafe. Our streets, most of our major institutions, are unsafe for people like me [Black, female and gay]. I mean this city is my home, but there are not too many safe places, but I hope there will be more some day.

Tiana expressed what other mothers shared, that she felt unsafe not only in her neighborhood walking around, but also visiting community establishments in Philadelphia, due to her intersectional identity. At the same time, Tiana was hopeful that this would change with time and that safety would increase in her community.

Five of the families living in predominantly African-American neighborhoods would intentionally take their children to predominantly-white neighborhoods to visit their playgrounds, libraries, and community programs. They shared that the facilities and surroundings felt much safer in predominantly-white neighborhoods. One mother, Shawna, worried that she was stigmatizing her own community, and another mother, Angel, felt guilty about taking this step, but felt as though she needed to do this to protect her children. Nia, shared that she wanted to protect her children, not only from potential violence in their own neighborhood, but also from the negative language and rough play

that was commonly exhibited at the predominantly African- American playgrounds within walking distance from their home.

One mother, Laila, felt as though communication was the key to reducing risk and avoiding mistakes in communities. Laila said:

I think the main focus should be getting along and just communication....

Communication is vital for every type of relationship, and I believe that in communities, if there was a way to have more communication to make people more aware of what the risks are, that they can be informed not to make those mistakes...

Laila had gathered a few other families that would get together to talk about things that bothered them about their neighborhood and get their kids involved in ways to make changes. She said that before this communication and sharing, she had felt isolated about what was happening in their neighborhood, but now they were more involved in the process of community change.

While several families who lived in the city felt as though they lived in segregated environments (in West/North/Northeast Philadelphia), the exception were the participants who lived in a neighborhood in Northwestern Philadelphia that is known for being both race and class integrated and, as Kia called it, a “gay mecca” or the “lesbian capital.” Another participant, Makayla, said that it was a “diverse, welcoming community” and that the liberal open-minded environment made their experience easier, as they knew that they were not the only family with their identity characteristics going to the pediatrician’s office or to a nursery school and that they were likely to meet other families just like

them. Gabrielle, a resident of the area, shared that this neighborhood is not only racially and class integrated, but that there many LGBT families living in the neighborhood.

Most of the women shared that they were not currently involved in specific LGBT groups, organizations, or affiliated places. Even though the study population lived in the Philadelphia metropolitan area, participants noted limited experiences with local LGBT organizations such as the Mazzoni Center, Colours, and the William Way Center and its support groups, and the Attic. Many of these limited experiences with these LGBT organizations were negative, as participants indicated that they experienced racism and at times sexism, but a few of the experiences were positive. Participants often acknowledged that community support is needed and important, as noted by Alex when she shared:

Yes, it [forming community support for emotional needs] is something I do not think our society does a very good job with. We all need community and support to feel understood. That is why we surround ourselves with like-minded people, other LGBT folks, progressives, people of color...to feel understood.

Participants shared that feeling understood and being surrounded by a community that can empathize with their struggles with oppression were vital. They noted that engagement in the community needs to be done intentionally. However, time constraints and distance prohibited many of the mothers from being as involved in LGBT community activities as they wished that they could be. Imani stated:

I'm not super involved with any other lesbian or gay community groups...I do not do any community groups down there like the William Way Center. They do not really have family resources for us. I mean it is in my heart and in my heart I am

supportive, but I don't go down there, it feels too far away, and it just doesn't fit into our family life.

This statement points out the limited availability of family-friendly LGBT resources that Imani and other participants felt were focused more on individuals (especially single young LGBT people) than families. While talking to the participants about Philadelphia neighborhoods and their community context, the current political environment heavily impacted their views and responses.

Political context. The political context had a major impact on this research and greatly impacted my findings. I received official Institutional Review Board (IRB) approval for this study one week after Donald Trump won the United States Presidency on November 8th, 2016. Many of the interviews occurred right before Republican Donald Trump officially took office and during the first few months of his presidency. The current conservative, fear-based political environment significantly impacted the study participants, as clearly demonstrated by their testimonies. The terms election, fear, Trump, uncertain, rights, politics, and conservative were raised on multiple occasions throughout almost all of the interviews when participants discussed their own views on safety and their families. In the discussion chapter, I will discuss more about the insecurity that was shared by the study participants after the election of Donald Trump.

Most mothers asserted that their families had always been unsafe. However, due to the uncertainties in the current political environment, particularly pertaining to intersectional marginalized identities such as people of color and the LGBT population, they felt particularly insecure and often frightened. The message that the world is unsafe and unpredictable, especially now in this political climate, was shared by all of the

participants. They worried that their civil rights and protections would be further stripped away. As a whole, the participants felt that their families faced more risks than ever. They spoke about how uncertain and unpredictable their futures were. Aliya, one mother, bravely stated, “I mean with Trump as our president---it is not safe to be a black gay woman, and I am afraid for my children to be raised in this world.” Aliya shared that the current administration did not support families with marginalized identities and that she was fearful of what the future would be for her family.

Black Lives Matter Movement. While several participants felt very frustrated and depressed by the state of the world and of Philadelphia, a few participants shared that they had moments of hope. They spoke about former President Obama being a beacon of hope and providing their children with a positive role model. Three participants spoke about advances in feminism that were much greater than when they had grown up and that they were grateful to be raising daughters in this environment. Eight women talked passionately about the Black Lives Matter Movement and their thoughts about supporting this movement. Four participants referred to some of the recent changes in the gay community moving towards being more inclusive of people of color and that the city was working on improving things going forward. Change is definitely happening in the Philadelphia gay community for people of color, as Aliyah shared:

Yeah I [and other Black LGBT people] have been talking about it for years. Just no one was listening to us. I am so glad people are listening now. I mean it is a good thing. Even when Sisters [the lesbian dance club] was here and some of the other clubs, they have long histories of being racist... So I am glad that they

[community organizations and bars] are changing or being asked to change by the administration and by the public. Changing I think for the better...

Aliyah speaks to the stagnancy of movement to combat the long-term racism in the LGBT Philadelphia community but asserted that she is seeing the incremental steps towards inclusivity.

The interviewees were divided regarding the Black Lives Matter movement. Some participants' thought that the Black Lives Matter movement did not speak to their family's needs. Diamond was passionate about how her community's needs were not being addressed when she shared her disappointments:

Black Lives Matter, okay, but what are you doing, really. It's always easy to point the finger. But however, why y'all not taking the advocacy and bringing it into the ghetto where we live...why are there no community centers, why is my playground so raggedy...?

In Diamond's opinion, the movement was political on a macro level and not applicable to her and her family's individual or community needs.

Other participants worried that while so many positive things were happening, there were a few people who did not represent the cause whose acts of violence were tarnishing the reputation that Black Lives Matter had in the community by causing negative attention and publicity. Four individuals mentioned white supremacy and white privilege during their interviews as powerful aspects that compounded the stigma that they felt. Three women worried that the movement was not inclusive, as leaders in the Black Lives Matters group said that they would be. Nia, who was also a transgender advocate, shared:

If you're black, and someone treats you racist, yeah we want to stand up for you. But if you're black, and someone treats you differently because you're trans, we...we're not touching that. I feel like you aren't important.

Being transphobic in the Black community was a recurring theme in four of the interviews as well as being homophobic, and Nia worried that the Black Lives Matter movement may perpetuate this discrimination. Others thought that the movement represented change and unity and it had been a powerful way to gather individuals together for a cause. Tiana, an active participant in the Black Lives Matter (BLM) movement, shared that:

It has been important. We have been involved in the marches as a family, and I have been to some of the meetings. I mean the BLM platform made some of the issues more visible and it is this strong woman-run organization. It is really about human rights, and I am happy to be part of the movement. It does feel like the movement has lost steam in the last few months, you know, maybe because of not having hope.

Tiana and one of the other families included their families in BLM-oriented events and expressed pride in being a part of this movement. Four other families wanted to be involved but were worried about being involved or did not know where to start to become involved.

Everyone interviewed agreed that people of color's lives are important and that something needed to be done about African-American people being killed. The study participants expressed the opinion that society believed that black lives were disposable across all socioeconomic groups and that no one could be totally protected from racism

and violence towards people of color. Half of the mothers interviewed shared their own traumatic stories of assaults or racial profiling and how those terrifying experiences have impacted the ways in which they parented and made safety decisions for their family. Some of the participants spoke about the crimes such as robbery or assault that had happened at or near their homes, but despite these experiences they felt safe in their homes even though they worried that they and their children were unsafe.

Eight of the mothers spoke about the fear that their child(ren) could be one of the children one day killed by police or as an innocent bystander during an act of violence. Imani spoke regarding power dynamics and that the movement was a necessity and these actions were making the movement more visible. She passionately shared:

The idea that police can suspend all civil and human rights because somebody has a traffic light out are beyond absurd. And I think for sure that something needs to be done about it. And I think that if they (BLM) did not organize and did not do or say anything it just becomes the norm. And it has been the norm (racism) for a long time. And for sure, like, people were complaining about police brutality in black neighborhoods and in poor neighborhoods for a long time. And now with, everyone with a phone and a video camera you can actually see it. So I don't, it is nothing new but at some point, don't you think it should be stopped? ... Or walking down the street will get you killed?... the fact that black lives were pretty disposable--it doesn't matter if that person died, it just doesn't matter. And so I support their (BLM) cause and I understand the frustration with it because how many times can you watch it? I mean over and over and over again, people just dyin' for nothing...For not turning on a turn signal.

Police brutality and racial profiling have become commonplace in LGBT African American communities, but it has also reached a crisis level where the media and public attention to this topic is working to expose these discriminatory practices.

Four participants brought up intergroup violence when they discussed how individuals in the black community were often turning on each other. Jada shared that it was often black police officers killing other black people. She also talked about how black people killing other black people was frightening and becoming too common. She believed that the movement does not have significant power, because the community still struggled to organize cohesively. Jada shared her frustrations when she said “We’re not unified at all. We have so many demands..., we are the strongest people out there for real ,for real. And if we don’t come together, we’re not going to be nothing. How do we expect everybody to respect us when we can’t even respect each other?” Jada seemed to be saying that the black community’s disrespect for itself and the community perpetuated their own negative experiences.

Several families seemed to believe in the values of the Black Lives Matter Movement, but did not feel comfortable taking their children to the protests even though they wanted them to have exposure and awareness surrounding the issues. Makayla stated that previously, she attended every rally and activist event; now that she has children, she is more comfortable “flying under the radar and not doing anything to risk her children’s safety or well-being.” Brittany stated that this represents a significant conflict for her:

I mean sometimes I don’t like to take them to active protests. I am worried that something will happen... Also at a lot of these protests and everything there always the alt-right people there that are full of hate and because my kids are

young, I want to make sure they are aware of what exists and what is out there—I don't want them to be brought up in some false reality. I mean that is something I think white people end up doing more [protecting their children against reality—white privilege]...and it's something my wife [who is white] and I will argue about—I think it goes back to privilege and the privilege our kids will not have [because of their race].

Brittany's quotation speaks to the importance of teaching her children to be prepared for how they will be discriminated against due to their intersectional identity. She also acknowledges the real fear that there is a lot of hate in the world and that by attending these events in public space, her children are at risk for discrimination and violence.

A handful of participants expressed hope that the movement would continue to gain momentum as their children grew older to ensure that they are involved in the movement. Two mothers referenced the new Philadelphia flag that includes brown and black colors, indicating that this starts a conversation regarding including people of color in more LGBT conversations. Two of the participants indicated that they were involved in activities through the Philadelphia Children's March, a family activist group (originating on Facebook), which provides support for families during events surrounding Black Lives Matter.

These three preceding sections on context--family context, neighborhood and community context, and political context--have started to highlight risks for the black community many of them especially impacting the black gay community or black men. The following section highlights risks specific to the African-American lesbian mothers in this study.

Risks

Most of the risks that were identified in the African-American family literature and the LGBT parenting family literature were presented by participants in these interviews. While all the women discussed risks and challenges linked to parenthood, many of these challenges could be considered normative stressors for individuals across most socioeconomic statuses, races, genders, sexual orientations, and so on. Many women discussed other stressors linked to finances, communication with their partner and children, and life transitions. Seven mothers identified marital discord throughout the interviews due to mental health or addiction issues, criminal justice issues, extramarital affairs, disagreeing over parental decisions, and other common issues, such as communication, which couples have difficulty with across all groups. Modern parenthood is challenging for many women due to the multiple roles and duties that they are expected to perform while balancing work and other roles. Most women talked about balancing roles and all of the tasks and roles expected of them as among their greatest challenges. Some women's identities also included their professional identity, their gender presentation, and their individual experiences in the world. However, many of these mothers identified challenges that were unique to the intersecting identities of being a gay black mother.

Coming out of the closet over and over again. While United States research has revealed that being out (i.e., being open about your sexuality) is often healthier for individuals over the long term, the actual process of coming out can be risky and stressful (Cox, Dewaele, van Houtte & Vincke, 2010; Imborek, van der Heide, & Phillips, 2017; Singh, 2017). Another theme that emerged from the research was that most of the

participants talked about their unique experiences coming out to family members when asked to share risky or unsafe situations.

Over half of the participants came out as a lesbian in their twenties, but some women came out earlier or later to Conservative Christian and Muslim households. Four participants said that their families knew something was wrong or that they were struggling and they were approached by concerned family members. Often, coming out was perceived as posing a spiritual risk to their own personal spiritual relationship with a higher power and their relationships with individuals who attended the same church, mosque, or other religious/spiritual institution. They spoke about coming out to family members, especially grandmothers and mothers, as being the most frightening and fearful experience. Two of these participants have not been able to fully come out and still live with internalized homophobia. Aliyah, one such participant, was not yet out to her children due to fears that she would influence their own perceptions of sexuality. Another participant, Nia, had not disclosed to her parents that she was a mother due to continued strains on their relationship after coming out and partnering with someone of another race. Others carry around the heartbreak of coming out to loved ones who rejected them. Overall, most of the participants were reluctant to come out, but when they did so, they were initially met with disapproval or shock (sometimes immediate acceptance) and often with time, they faced more tolerance and often acceptance. Shawna echoed these experiences when she stated, “Once we got into it [my mom and I] and we really started talking about it, I think she felt proud of me and my partner. We felt really accepted.”

Others talked about coming out at work, to their children’s teachers, and in the community, referring to their often hidden identity. When compared to their race, which

was visible, their women-loving-women identity was not seen or often even considered as an option. They talked about this process as an ongoing and often frustrating process. As Gabriella put it, “People are not educated [about our lives], what it means to be a Black, lesbian two-mom family; we are always coming out. I mean I am always coming out and that part is really exhausting.” Sherry agreed with the emotional drain of not feeling accepted and understood that she experienced when coming out to others. She stated:

I mean that fear [of coming out] was pretty intense. Coming out was hard and even now coming out takes effort because even now in 2017, I have to come out over and over again and no one assumes [she points to a gold band] that this means I am with a woman. I mean come on now. They assume she is my sister or my friend, not my lover, especially now that we are older and not always affectionate and stuff. But it gets tiring and it gets old.

Other participants agreed with both Sherry and Gabriella that they were living in a heteronormative world, where they were always assumed to be with a male partner, and that it took energy to repeatedly correct this misinformation, and that this was often a painful and exhausting experience.

Several participants talked about coming out as a family and discussed what their experience was like. Some indicated that their wedding or having kids with their partner represented their coming out to extended family and to their communities. Angel shared that because their kids call them mom and ma they are “outed” everywhere they go, and they often get weird looks at the grocery store or on the playground. She went on to say that she often feels unsafe, because she does not have the opportunity to control the

disclosure and has started to talk to her kids about this potential risk. Most participants referenced having children as helping their extended family to accept them to a greater degree and to be more inclusive. Gabriella shared:

When we were first out we were sort of ignored and not really part of the family...now that we have kids, it is really not an issue at all. I mean before it was a bigger issue, but now it is not a big deal. It is really not.

Shawna echoed these sentiments of feeling accepted having children, saying, "...Yeah I think we have never had a problem. We feel the same as my married sister, well not exactly the same but it's so much better..." Others verbalized that now that they were out they were more at risk of being targets of violent acts. Many of them felt as though it was too risky to give displays of affection in public in Philadelphia. Brittany vocalized these risks:

Well, risk can mean many things but to my family. I think for me being who I am and loving my partner can be a risk, being in a lesbian relationship and kissing and hugging her, I could be killed for that....

Being affectionate with your partner in public not only places the couple/family at risk of physical violence, but also for discrimination. This next section of risks specific to African-American lesbian mothers explores the direct impact of discrimination.

Discrimination hurts. Another theme that was consistent across many of my interviews was the impact of discrimination on the participants and their families. Two participants shared that they were grateful for not having experienced overt discrimination, but they were preparing for when it did impact their families. Sherry shared that she keeps waiting for someone to try to make her feel shameful for who she

is, and that has not yet happened. The majority of the participants had experienced multiple situations in which they were stereotyped. The acts of discrimination ranged from microaggressions to verbal or physical acts of assault. Many examples of discrimination were present in their narratives, with acts of homophobia, heterosexism, racism, and sexism were most often described.

Five women identified incidents of institutional racism when struggling to find employment, in their jobs, or even when interfacing with the criminal justice system. Seven women discussed experiences of discrimination with their children when engaging with medical personnel in the emergency rooms of hospitals or in pediatrician offices. From this study, the main two acts of homophobia discrimination committed by community members, such as camp counselors, teachers, coaches, librarians, doctors, and other family-oriented providers, were assuming that the family had a father/male figure and not recognizing their family as a family unit. Most of these incidents occurred in front of the children. To the community member, this incident may have felt like an innocent mistake and was not ill intentioned, but to the mothers and their children, these acts of microaggression (or microinsults when it was not intentional) or discrimination felt invalidating and emotionally upsetting. In most such instances, the mothers corrected the individual who made the mistake, but on occasion, they felt too uncomfortable or unsafe to speak out and felt anger, sadness, or frustration.

Tiana recalled that when she and her wife went to get an ultrasound, they felt very disappointed about their experience; which impacted their sense of joy. She said:

There are still some things that happen, I think there are people out there, definitely in the medical field, who still struggle [with how to be welcoming or

even aware of LGBT families]...We were at one of our ultrasounds, and the ultrasound tech was doing the...she was writing on, typing in on some of the pictures she was printing out. And clearly it was my partner [says her name] and I sitting there talking about this baby and she still put “hi mom and dad” ‘cause the baby’s hand was up. And we looked at her, said, “there’s no dad.” “Oh I’m so sorry, I’m so sorry, I’m just used to there always being a mom and dad”...so I think that definitely is the default or the norm for a lot of people...that two moms aren’t the norm.

The microaggression of not being validated because of heteronormative assumptions was reported by several of the couples.

Imani talked about leaving her pediatric practice because the doctor repeatedly ignored her partner and asked invasive questions about the father even though they had used a donor and had ensured that this was clearly indicated in their children’s files. A handful of participants referred to “well-meaning” day care providers, who would ask about a father or assume that they were a single mom family. Many of the participants observed that these incidents took place, due to limited exposure in the providers’ lives. A common theme throughout the interviews was linked to the use of language, focusing on how communication can impact an interaction. Makayla recalled several incidents that spoke to this point:

...well, there’s been at least two incidents that I can recall where...most of the time they’ll say, “Oh are you both his mother?” which is great, but there’s been times where they would say, “Which one is mom?” and we’d say, “We both are,” and then they’ll ask, “Well which one is the birth mom?” which, unless it was for

a medical reason, then I don't understand why they would ask that question. It is kind of rude and it's none of their business and it's really off-putting. I feel like especially with him [their child] having the medical issues, we have come in touch with many medical professionals and there is a real range. But it's hard to trust someone who is not being sensitive and welcoming to you as a family....

Through their stories, Makayla and most of the mothers indicated that making an assumption about who is or is not part of a family is a judgment that providers should not make. Kia, who decided to use insemination to have their children and is partnered to a white woman, indicated that she endeavors to talk to her kids about their identity and how their family is viewed by others. She shared:

...I mean they know as POC [People of Color] they need to be aware and woke to what's going on. I mean they are mixed race because their donors were chosen to look like their other mom...but they need to know how to be safe in the world. I do feel that responsibility is up to me really. Not my partner because she tries to get it and all that but she doesn't understand really. I mean she is white and she looks different than the kids—I mean people always assume she adopted or that she did not give birth to the girls (who are mixed race because of a black donor).It is annoying to have to tell people over and over we are a family and it is none of your business but yes, we gave birth to these kids. This is our family. So I get irritated and mad sometimes....

Kia and the two other mothers who had white partners often spoke about being the person in the family to educate their mixed race or black children about discrimination since they best understood the impact. Angel echoed other mothers' assertions that providers and

other individuals they encounter need to be aware of and sensitive to the different forms that families can take and their intersectional identities:

Well, I mean, I think they need to know we are just like other families in many ways...but we are also different--we deal with discrimination for gender and for our race and then homophobia and that they should be educated about our lives and to know how each family may be different and to not make assumptions. I mean I am not going to assume that every heterosexual couple and family is alike either... each family is unique and each family has a story.

Notably, the women often shared these stories from a strength perspective, as opposed to from a victimized position. For example, one participant, Brittany, discussed combatting or preventing discrimination and shared that she is thoughtful and intentional about the language that she uses. Brittany vocalized:

I use wife language very clearly not because there is anything wrong with the term partner. I used to say that for a very long time. But I am an honest person and I thought about it and I actually want to use wife so you can clearly hear and see that I am a woman and that I have a wife. I want people to know. I want to normalize it.

Mothers referenced their children experiencing racial discrimination or homophobia ranging from microaggressions to verbal and physical bullying. Children who did not fit societal gender norms or racial norms often experienced peer exclusion and discrimination. Two mothers said that their sons, who were light-skinned or acted “white,” were not embraced by their Black peer group because of the way they looked and acted. Some mothers spoke of their children’s experiences of discrimination; at least

a third of the families had school-age children who were taunted at school because they had two mothers. This experience was often painful for the children and their mothers. Nia shared a memory that took place when her son was younger due to her masculine presentation:

I know in grade school his teacher told me that a group of boys was making fun of my son for having lesbian moms and also they kept calling me his dad. I mean I am definitely more masculine, but I am definitely still a woman and that was hard on him. He didn't want to go to school for a while because they made fun of him. He wasn't the fighting type. Now when they messed with my daughter, some of the kids she was like "What is it to you?" and called them out and said stuff about their parents like one of them had a parent that (had) gotten into trouble with money laundering or something...and after she started pushing back they really left her alone. She is young but she has always been really tough and for that I am glad that she can fight back and that she can really protect herself.

Here Nia shared the pride she felt when her daughter demonstrated resiliency and the ability to protect herself, while she had been worried that her son was not able to protect himself against bullying and name-calling.

Diamond discussed her family's experiences with the harsh realities at the intersections of poverty, gender expression, and identifying as a lesbian-parented family. She shared:

We are poor. Sometimes they [the kids] don't have nice shoes and stuff. Maybe it is like [my wife] looking manly and we are two women and stuff, but kids are just mean. I don't know, my older boy he sort of funny looking with long ears and big

nose and he has dark skin. Kids find stuff to just make fun of when they can. Kids are mean. I remember kids being mean to me. My kids have not been jumped yet or anything. I think it is stuff the kids have been saying to each other. But it is really mean stuff and my younger one he doesn't even want to go to school....

Diamond shared that the kids were making fun of her kids for a myriad of reasons, her son's physical appearance, her sexual identity or gender expression, and poverty. Some kids are bullied or picked on for various reasons but having a lower socioeconomic status placed them at more risk when they are in a lesbian-parented family. Throughout these two proceeding sections on risk, intersectional identities have been brought up as a significant risk factor. This will be explored in more depth in the next section.

Engaging with visible and hidden intersectional identities. A common risk construct found throughout the study surrounded the visible intersectional identities such as race and often gender, as well as hidden aspects of a mother or family's identity such as class, sexuality, and gender expression. Race often became a lens through which life experiences were filtered, a very visible identity impacting relationships and parenting. The construct "visible intersectional identities" often led to feelings of invalidation and frustration, as some of the mothers believed that they had to explain themselves and their multiple identities to the world. Sherry vocalized this by sharing that:

I think it is hard for people to understand because they see that I am born a woman and I am born black, but they can't see that I am born a lesbian. So they [society] thinks that's something I should share and be out about in the world...but it is not up to them.

Sherry speaks to the visibility of her gender identity and race but also to how hidden her sexuality is to outsiders. Aliyah said that as a (black, lesbian, mother, woman) she often feels judged and stereotyped and often is not supported or understood, which is very painful. Shawna said:

...People need to realize that because I am black and gay that I am still a mother and still a woman and because of all of that, things are often harder for us... I guess I want people to try to understand that.... I am not sure how to make it better but can't [society] just try to understand me before you judge me and try to put me into a box...?

She shared that the fixed societal notions that mothers cannot also be gay or that black women who love other women cannot also be caring mothers.

The three preceding sections have focused mainly on risks specific to African-American lesbian partnered mothers in this study. While some themes that emerged in this study were presented primarily as risks to the mothers and their families, some were viewed as both protective and risk factors. Three of these predominant topics, spirituality, gender expression, and marriage will be explored in the next section.

Risk and Protective Factors

Most of the topics discussed in this chapter fall in the category of risk factors or protective factors leading to well-being. As mentioned earlier in this chapter, some of the themes are related to both risk and protection. Gender non-conforming presentation that can both protect the families and create safety and can also contribute to risk. Both spirituality and marriage can be viewed as providing protection and presenting a risk.

Gender non-conforming presentation Another recurring identity theme was that some women or their partners did not fit the typical gender stereotypes of women being feminine. Some of the narratives centered around mothers or their partners having a more masculine presentation, which had an impact on their children and their interactions with others, particularly family members. Grandmothers, extended family, and sometimes mothers or children had a challenging experience when these women did not appear to fit into the gender roles and expectations. They shared that they felt comfortable dressing in more masculine clothing, wearing a short haircut, and interacting in a more masculine manner. They felt really open and genuine about their identity, which was empowering for several of them. Many of these women or their partners had experiences of being mistaken for being transgender or male. Only two of the women used the words butch to delineate being masculine and femme to define being feminine. Four of the women identified as being androgynous or masculine; they also clearly identified as both women and lesbians. Another five participants identified their partners as being androgynous and being gender non-conforming in their presentation.

Two of the interviewees talked about their partners changing their gender expression during the course of their relationship, as this change had at times negatively impacted attraction and their relationship dynamics. A couple of the mothers spoke of children who had an atypical gender expression and described their worries or experiences related to this experience. Being gender non-conforming placed individuals at more risk for stigma and discrimination. Diamond shared details of an assault she experienced that took place in their neighborhood in front of her son because of her

gender expression. She also shared how her expression was challenging for her son. She detailed:

You know that is how kids are. They just look and they say to my son what they see, “Oh, look at your mom she looks like a boy,” and they call me his dad and it embarrasses him and all but they don’t bother me...I pay it no mind.

Diamond thought her gender expression placed her son at risk for being bullied and for being made fun of, but for her own well-being it was more important to be who she really was than to pretend to be someone else to protect her son.

Nia, who was also gender nonconforming and looked masculine, explained that when her son was seven he often wanted her to change her appearance because he was being teased at school. To support her son, she would take additional steps, in order to help him feel protected; however, this led to her feeling uncomfortable, as she was not being authentic:

...he said, “Mom you need to like get a weave, ‘cause you know your hair is too short and you need to get some big hoop earrings or something. Come on mom.” I think they discriminate a little bit more because I, they think I want to be like them because I choose to cut my hair and wear the boy clothes which is in fact it makes me feel more comfortable. You know instead of dressing up in girls’ stuff, that’s never been my thing. I want to be me. You know?

Alex noted that while Philadelphia was a major urban city, it was not as liberal and inclusive as other parts of the world. She shared:

I lived in Europe for a little bit ‘cause I was in the military, and when I met someone, you know walking by or I stayed in a hotel for six months before I

found a place, they would ask me, “Do you have a girlfriend or a boyfriend?” And at the time I always dressed feminine [now I am pretty butch/masculine] so it was just the norm for them to ask automatically if they were attracted to you if you had a girlfriend or a boyfriend (they did not presume that I would have a boyfriend)....

This quote illustrates how people in other parts of the world outside of Philadelphia are more open to homosexuality and do not make heteronormative assumptions based on your gender or your gender appearance.

Being a gender nonconforming, lesbian, a woman, and a person of color has the potential to place mothers and their families at more risk. Shawna, who had experienced physical assaults due to her gender nonconforming appearance, shared that she feels most comfortable staying at home to avoid these challenges. She vocalized:

I mean as far as like...I'm good, I got my own house, you know what I mean, I don't have to be out there in the street if I don't want to, I mean, so I try to avoid a lot of stuff. I don't try to bring a lot of problems towards me, even when I'm outside going places I try to stay to myself.... Yeah, so that's the only thing I really count it around but you know, when you go outside at a certain time of day or night you gotta look around, you gotta mind your Ps and Qs....I mean, my partner she gave me a knife at one point. I told her, “I'm too crazy [scared]! I don't need... that!” So then she gave me some mace. So I'd rather just work with the mace. Because I had been stabbed...you know what I mean, to protect myself I don't got that to do. So I just gotta do what I have to do to protect myself and to protect my family.

This statement speaks to the real risk of violence due to a gender nonconforming appearance and the importance of protecting oneself out in the world by making sure you are vigilant to any potential risks in your environment. While it can pose a risk, some women felt more safe being considered male in a world where feminine women are often at risk for being perceived as being weak or fragile. In addition, some of the participants spoke about being themselves brought them well-being because they were not closeted and thus more their authentic selves.

Kia shared that her gender nonconforming partner actually felt safer being pregnant because her gender expression was clearer. She said:

I remember my partner saying that she felt so much safer when she was pregnant because she didn't...she would sometimes get called sir and she sometimes would feel, because she would work in transitioning areas [low-income areas with increased risk for violence] and she would sometimes feel unsafe as a lesbian in some of the areas where she was working. And when she was pregnant, she was very easily identified as female and so it was...she just felt safer.

This female privilege acquired by looking female when pregnant explained in the preceding quotation protects the mother in the world and her unborn child. Next, we will transition from gender non-conforming presentation to spiritual risk and protection.

Spiritual risk and spiritual protection. The participants came from diverse religious traditions, including Muslim, Catholic, Baptist, Methodist, Quaker, United Church of Christ, and attended additional nondenominational and Christian places of worship. Approximately half of the group went to predominately African-American institutions, while others went to diverse or predominately White places to worship. Five

of the families were actively seeking a safe, diverse place to worship and had not yet found their “religious home.” Families hoped to see other LGBT-parented families in the congregation, people of color, and a rainbow flag out front. They hoped these places existed. Gabriella spoke about her ideal church, which she is trying to find:

You know maybe it is something that’s like more spiritual and not just the Baptist church. It would have more diversity, you know like race... It [the ideal church] would be open to gay people and also to people of different races and backgrounds.

Mothers like Gabriella wanted a “religious home” to serve as a safe, protective, accepting community for their family where they could find refuge and support.

Participants that had found places their families could attend regularly shared that they felt comfortable there, but that only three of these places were explicitly welcoming to LGBT families. These regularly attending individuals felt comfortable enough in churches where their extended families were attending or that they had been attending for a long time. However, their nuclear families did not feel especially welcome and at times felt stigmatized. Laila shared:

Safety for me is being able to go into a space as an LGBTQ person of color... I have found one here, a truly affirming church that isn’t worried about someone saying something, you know, in a sermon or in a Sunday school class or something like that there would never be offensive or disparaging language, you know, derogatory terms towards LGBT folks, families, using gender-neutral language.

This quotation demonstrates how a spiritual institution needed to be experienced as safe and nondiscriminatory for her to feel comfortable attending.

Not all the participants were able to find an affirming, safe, spiritual place. One mother, Aliyah, who identifies as Muslim, no longer attends her mosque because of her sexuality, and she knows she is not welcome there. She shared her painful story:

I would say, [I] pushed my religiousness stuff aside, but I know that I'm doing something wrong [being lesbian] so I still pray and stuff like that, I don't go to the place of worship which is the mosque but other than that I still pray, I still have my strong beliefs in my religion because right now I'm making bad decisions so I know it's wrong to be a lesbian. I have tried to not be a lesbian but I am. I know I am not accepted or supported or welcomed into the church. I feel guilty and wrong about it all of the time. I know I can't show up [at the mosque] because I would be living a lie.

Other mothers disliked the language and atmosphere in the religious institution in which their children would grow up, so they were searching for more inclusive places. Five of the mothers shared that their in-laws or parents will take their children to their often less progressive churches on occasion and this has posed challenges because of the negative language that can be used in these environments. Sherry shared:

I remember we went them to my wife's grandmother when she goes to church and they came home and they said to us, "Are all gay people gonna go to Hell?" I said "Why are you asking that?" And they're like well you know...they went to church and in Sunday school they told them all gay people are going to go to Hell. So what I said to them was look, "Everybody has an opinion," and I said..."and

that's their opinion and they're entitled to it." I said, "But I said it don't mean that it has to be your opinion." And I said "You know, what do you think from your own observation that what we're doing is, is wrong, do you think what we're doing as a family, do you see anything..." and they were like "No" and I said "Well there you go. You don't have to try to change your grandmother's mind because she's entitled to her beliefs." But I said, "And so are we." And I explained to them that a lot of conversations that they will hear, as they get older is based on Scriptures and that is religiously based but I said, "The Bible is not the only thing that teaches you about your connection with that Divine Creator," I said. "And there are so many cultures out there and so many belief systems out there that don't necessarily agree with what Christianity teaches or the side of Christianity that doesn't teach acceptance and love." I said, "You just have to educate yourself and come into your own."

Because many of the participants like Sherry were raised in religious families, many of them conservative, they used the exposure their children had to these conservative religious settings as opportunities to teach about different beliefs, especially those which were more progressive and welcoming to LGBT parented families. Spirituality was mostly viewed by the study participants as a protective barrier to risk, but when individuals were in non-welcoming environments or ostracized from their religious communities, it was experienced as a spiritual risk.

Marriage and partnership. Many women talked about the importance of their partnership and preserving that relationship. They shared how stress is a big risk factor in their relationships especially because of all of the potential stigmas that the family

encounters. Participants indicated that their significant other was often a support person in their life and someone who made parenthood easier. They used terms, such as: “we are a team,” “we balance each other out,” “we learn from our different perspectives,” and “we both have different strengths to offer our kids.” Kia shared how she and her wife try to spend shared time together in the evenings as a couple:

My wife and I, like I said, typically when the kids go down we might just take a night out, go into the city or whatever, go to dinner, go out for a drink, go to the movies...so we have to revolve everything around our children’s schedule while they’re in daycare, you know sometimes during the day we do little things together so that we’re still preserving our one-on-one...it is crucial for us to have balance and to connect as partners.

This time as a couple strengthened their relationship as partners and lovers so that they were able to emotionally support one another with co-parenting and other needs within their family.

When participants were asked about their awareness of the gay marriage change and the Supreme Court decision, all the participants indicated that they were aware of this legal decision. Twelve of the participants had legally married their partners, were in a domestic partnership, or had chosen to have a spiritual commitment ceremony. Eight participants stressed that their relationship was similar to the relationship of straight heterosexual couples, but they faced other challenges like discrimination and legal requirements that posed barriers.

The three participants who were not in a formal commitment with their partners were still dating and/or were in a period of transition (seeking employment, getting ready

to move, or going back to school, which would be seen as a potential barrier to getting married). One participant was worried that her kids would be embarrassed if she got married to her partner. Two mothers were worried or had worried about the financial impact that getting married would have on their family. They said that it had been challenging to understand this impact and to know where to go in their community for resources to learn more about whether this would be a smart financial choice. Another participant intentionally decided not to get married because of her religious views.

Mothers who were in a low-income financial class typically viewed getting married as having negative consequences. They also believed that getting married was too expensive and that it seemed to take too much time; they were worried that they could lose their housing subsidy and other benefits. Diamond, who got legally married, said that it posed custody issues with a former partner and that she was unable to get a child care subsidy after getting married. Angel said that she felt like gay marriage was a “fad” and a “trend.” She expressed:

First of all, I don't judge anybody that goes out and do it and all...but marriage has changed a lot over the years. I mean, I'm all for it if they're happily in love and if that's what they want, but then in Philadelphia alone it became a fad to me. I just feel like everybody was just jumping on the bandwagon and really wasn't even for it. I mean, marriage is a sacred thing between two people to make a life-long commitment to each other and really be there for each other not for the reasons it is happening everywhere I look. [*she is shaking her head in disbelief as she talks*]. Yeah, gays and lesbians. Man, when they first made that legal everyone

and I mean everyone in the gay community in my life ran out and got married.

And a lot of those people aren't together anymore and that isn't real marriage....

She continued to share that she wants to believe in long-term commitment but having watched many of the relationships fall apart after getting married too early, she did not see all of the benefits.

Alex, who has struggled in her relationship since getting married, vocalized:

I mean I don't see any benefits, only consequences. They don't understand our relationship at the welfare office. I am having problems with childcare and even having custody issues with my ex. It is harder because now that we are having problems, I just feel like we are locked into being together.

A few of the couples who were thinking about getting married rushed to get legally married before Donald Trump officially took office due to fear that his presidency would negatively impact their civil rights and benefits. They worried that the Supreme Court decision would be overturned as the court turned more conservative. Several of the mothers said that having children had motivated them to get legally married to protect their children. For many of them, getting legally married represented another step towards protecting their family. Along with marriage, came legal documentation that they felt would protect them and their families. A few of the families with younger children were able to have both mothers on their children's birth certificates and had done a second parent-adoption or a stepparent adoption, in order to protect the rights of the non-birth mother who didn't have legal rights in the family. Kia voiced her feelings when she said:

SO very annoying. Second-parent adoption...it was a waste of money. Not a

waste 'cause we need it for the kids but no, it was like \$2500 or something plus social worker visits, and then I kind of had to adopt them as well, so much paperwork and just annoying and humiliating that we had to deal with all of this. This quotation highlights the extra financial burdens placed on lesbian partnered families to legally protect their families.

To some participants, marriage represents a way to show pride in their relationship and it creates legitimacy, as many thought that their families-of-origin were more likely to acknowledge their family unit than they did before they married. Imani shared some of these benefits:

I think our families treat us with more legitimacy and we get the married tax breaks. It is easier for protecting our children and enrolling in school and making big issues, I mean, insurance for both of us is comparable, no big changes. I think it provides us with the exposure. I love a party, too. I think it was a great party. It was important for us to do it front of everyone we love—a big gay wedding [*laughing*]. I am ready for an anniversary party.

Those who shared a spiritual commitment, but not a legal one, indicated that it was harder to get legally married now that they have kids because they have fewer financial resources due to family expenses, and less time to plan a wedding. The most common identified benefits of a legal commitment were family recognition by the extended family, legal protection in case there was an emergency, stability to raise a family, and financial stability. Four participants referred to the domestic partnership or commitment marriage ceremonies that they participated in before marriage was legal in Pennsylvania, as representing a spiritual milestone in their partnership.

For the most part, the mothers who had higher family incomes (middle to upper class) indicated that there were more benefits than negative consequences to marriage. Higher income mothers said that getting married was more advantageous, including financial incentives and benefits, such as sharing health insurance. Angel discussed the benefits:

...I haven't come across any consequences, however, like benefits-wise I mean, she's on my insurance, I don't have to worry when we go to the doctor's about them, you know, asking for anything 'cause she's on the birth certificate, I guess those would be the benefits. Health insurance, we have our will together...a lot of things together, our bank account...yeah it just makes more sense because we're married that we have everything together. But if we were just a couple...maybe if you're just dating, but we are together and we wanted to be married before we had children.

Angel's quotation highlighted the security and legitimacy marriage brings.

Imani talked about her jubilation following the Supreme Court decision, when she shared, "it was true joy! It was something we had always wanted to happen and we were so happy to have it finally happen, we were like yes. We can finally be public and now I feel like we are more accepted or something like that." Jada who had a spiritual commitment ceremony, but had not legally gotten married spoke about marriage as a whole and the complex impact of the legal decision within the gay community. She said:

Marriage is hard. Not for everyone...I think that they (there) are people in the gay community who are very antimarriage and anticommitment and that's okay. And I don't get why necessarily but it is okay. I think that once it...Again it's been

almost two years, I think that was July of 2015 when that decision came so I think if it becomes more standard it will just be treated like any other marriage. And just like in regular heterosexual marriage that are people who don't like that, too. I just think that right now it... still is such a big political issue. Like well we want to be seen as normal, too, and so people like us don't understand I think sometimes hurts her feelings when we have these conversations around it but I think as times goes by it will become of just, this is an option that you have...and not saying everyday persons should do this. Or...and I think where it comes from is why do we have to now be normal, or considered normal?

Jada brought up both the potential risk and protective factors associated with marriage and also the impact marriage was having on their community.

Kia, who is middle class, shared that the combination of both spiritual and family supports, combined with getting legally married have helped her and partner through challenging moments. In regard to marriage, she said:

It was a big deal to me. It was important to have her there and my brothers and some of my wife's family and a few really close friends that we met. We didn't meet in college. We met right after college through mutual friends. It was a special time... Well I think the benefit has been that it's held our family together through tough times. We go to a church now that really recognizes our marriage and that we are together as a couple and that feels better. It feels like some churches are either like how I grew up—you will be kicked out and ridiculed or condemned for being gay or you just don't talk about it. So being welcomed is something that is really new to me.

Kia shared how getting married was a major milestone for her and her partner and how important getting married was for her. For others, marriage also represented a natural transition and life stage. Laila shared that in her late 20s she started thinking about her next steps. She said:

So what happened was when we decided we were going to be together, I was in my twenties and I knew I wanted to have kids so I wanted to have a ceremony for the most part because I wanted to have kids, and I wanted my kids to come into our family and our community knowing that their parents had committed to each other, and for all my family and friends to be very clear about who we were to each other and to embrace us as a family. So I felt like that was important for... 'cause you know, you can be gay for a long time but not really have to talk about it. So my godparents, again I have a very large family, a very large extended family. So I just felt like it was an important milestone for us to have to say this is who we are, this is my family, and now we're going to have kids and my kids would be a part of that family. We are together and that's it. So that's why we did it. Um, you know, and to commit to each other and all the other things but it was for to establish "this is us."

Laila highlighted that marriage and the visible commitment to one another in front of their family and friends was a way of asserting that their relationship was solid and permanent and thus a protective factor.

Protective Factors and Well-being

The mothers spoke extensively about the experiences that protected and supported their families, thus contributing to their well-being. Many of them described well-being

as concrete safety and stability, like housing, access to health care and good schools, employment, safe places to play and learn, and health, while others talked about hoping for increased family well-being, such as having regular meals together, family time to experience joy, and growing together emotionally through active communication. When a participant's socioeconomic status was middle or upper class, class was viewed as protective of risk. Additional factors that influenced family well-being were safety and protection, and being in the home environment. Family support from within the household or extended family support was also viewed as protective.

Class as a protective barrier to risk. Another invisible facet of identity was social class. Participants who were middle class or wealthy had a barrier that protected them from many of the risks to which those struggling with poverty were more vulnerable. Those who had a higher socioeconomic status had resources to pay for private schools, therapy, child-care, vacations, weddings, and lawyers to complete expensive wills and second parent/stepparent adoption paperwork. These families had access to the resources that they wanted and needed according to their own identified timelines. They were able to choose the neighborhoods where they lived and could spend more leisure time with their children. These families tended to live in the suburbs and were in close proximity to community resources and either strong public schools or private schools. The private schools had a curriculum which included LGBT and African-American role models and often used more inclusive language, even though most of these schools were predominantly white. Imani, a middle class mother who lived in an urban African-American neighborhood, talked about how hard it is to find the right place for her family to live. She shared:

I love living in a neighborhood with other people that look like us but sometimes I think there are some different values that aren't showing...not sure if I am making sense but we want to be [in] a neighborhood where I feel like people care about it and where people don't just throw their trash on the street. I don't want my kids to think that it is okay to show that disrespect.

Those who were lower middle class or living under the poverty level were more vulnerable to risk and referenced nearly a third more stressors; they faced increased economic barriers. Their interviews centered around providing resources for their children including health care, education, navigating mental health services or the criminal justice system, and finding or keeping employment. Tiana voiced her experiences by stating, "...getting, sometimes getting jobs. Have been difficult for me and my fiancée, just being a black female...I feel that is a situation of risk even here living in Philadelphia...fear of being unemployed." Tiana indicated that her identity was closely linked to her socioeconomic class and the opportunities that she could or could not pursue and offer to her children. Families that were middle to upper class were able focus their attention beyond basic needs (i.e., healthcare, housing, mental health, employment, etc.) to educational opportunities. Across the class spectrum, providing safety and protection were goals that were common to participants.

Safety and protection. Safety and protection had different meanings to the participants but common themes included the supports that they experienced or were searching for, such as spiritual support, community support, and family support. Jada defined what safety meant to her when she shared:

...Safety means to me to make sure that I am OK and my children are OK. Safety to me is protecting my children by any means necessary to make sure that they're OK from whatever type of harm or anything that comes their way. We can deal with anything together if challenges come up together.

To another parent, safety meant diversity, communication and making things better for not only her family in the moment but for future generations. Mothers focused on risk prevention in order to keep their children safe because the consequences of failing to prevent risks could be assault or even death. They focused on ensuring that their children understood why it was so important to stay inside at night and to avoid certain areas and people during the day. Mothers listed places in their communities and other areas across the city that they considered safe places for their children, specifically, museums, libraries, certain playgrounds, after-school programs, and community centers. According to their mothers, their children needed to be especially skilled in dealing with strangers and the police, and identifying safe spaces. Many of the mothers felt safest when their children were close by and could be closely monitored within the home environment.

Home is the safest place for our family-“Inside it’s my comfort.” Across interviews, even those participants who considered their neighborhoods to be particularly unsafe, nearly every participant referenced their home environment as the safest environment for their children, their partnership, and their family. It was at home that they could be free to express their family love and have intimacy in their partnership free from outside societal expectations. It was within their homes that the children could be kept close and monitored. In the home environment, mothers felt that they had some control surrounding their family’s routines and boundaries within the household. In their

own living spaces, mothers could monitor physical safety with baby gates for toddlers, internet controls for teens, and alarm systems to protect the whole family. They could oversee issues of emotional safety by being in close proximity to their children and ensuring that only safe people would enter the home. Financial safety was another form of safety that many of the mothers discussed. The very act of providing a physical home was enabled by financial safety (and access to resources). Mothers felt that they could provide safety by keeping children inside their homes, which were known spaces; they often spoke of choosing not go out in public to prevent potential risk of unknown dangers.

Vigilance. While the home was a safe place, participants were realistic about needing to interact with the outside world. However, they were constantly vigilant, “on the lookout” for any potential dangers or risks to them or their family. The act of vigilance was a protective factor for the families. Most mothers taught their children to be aware and observant of their environments at all times. Three mothers referenced the hate crimes towards transgender people of color and sympathized, indicating that they felt like this population was in more danger now than in the past.

They spoke about being wary of public affection with their partners. A handful of participants talked about the impact that the Pulse shooting (mass shooting at an Orlando gay nightclub) had on them, and they referenced the gay hate crimes that were often unreported by LGBT friends in their community for fear that their reports would not be taken seriously. Most mothers acknowledged that they could not prevent discrimination, but they were extremely selective about where they went, to try to prevent as much exposure to discrimination as possible. Angel explained:

In this world, you have to pay attention, always pay attention even when you think you don't need to and you will notice all of these potential dangers. In this world, you have to pay attention and for this reason I don't try (to) overprotect my children; they need to know the realities of this world and learn how to be watchful.

Angel echoed the importance of teaching her children to be aware of their surroundings and to understand how things work in society such as racism and sexism.

Most parents worried that something will happen to them or to their children. They worried that their children would be made fun of and ridiculed and many mothers, especially those with teenagers, were worried that their children would be killed by violence. For these mothers, normative parental fears were compounded by fears related to racism, heterosexism, and negative attitudes toward other specific intersectional identities that each of the families faced on a regular basis. Laila shared these strong fears:

I worry about my children's futures, and if they will do well in school and be successful and if they will be happy. I sometimes wonder if our marriage will stay strong through everything going on and if one of us gets sick or we really have a problem that we can't fix. I think a risk is that they will be treated differently, I mean discriminated against because of their skin color, and if my son is bi (bisexual) or even gay I know he will be treated differently; I mean that's something I am sure that will happen if you know what I mean. I know they have been made fun of because of their moms.

Makayla shared that she and her wife are constantly vigilant and trying to make the safest choices for their families. She stated:

We're always thinking about safety not in a nervous sort of way, but we are always on guard...not really on guard that's probably not the right term, but we were trying to, we were having a conversation with some folks a couple of weeks ago about how we always searching online and asking around to figure out if restaurants or places are family-friendly and/or if they are LGBT-friendly, right? So when you're a parent, you ask the question--particularly when your kid is so little, is this place friendly or can I bring my kids with me, between the ages of newborn and they just stay asleep or ten years old and they can occupy themselves reading a book or drawing, sit still, will it be appropriate or is this a movie too scary or is this somewhere they can come? And so I think we're always thinking about that, we're always thinking about safety in terms of it as an LGBTQ family: is this school or is this church or is this family coming over for a playdate, a place where she's not going to be ridiculed because she has two moms or because we are black? Where is her family system is going to be just as you know, welcome--a sort of typical "hetero construction." So all of that is always coming up for us as we think about things--it's not about whether someone is going to do some physically to us but we're always thinking about is this going to be an inclusive space where we won't feel different or like an "other" because of our family situation.

Here Makayla explores the complex thought process she goes through every time she and her wife decide to take their family into a public setting. They ask, will this place be safe

for our family? Spending time together as a family both in the home and in their communities was also a central protective factor leading to overall family well-being.

Family time and family rhythm. A central construct explored in the data was well-being and what that looked like for the families. When asked about family well-being, participants talked about the importance of spending time together as a family and doing family activities together. Some of the families talked about going to Family Pride (Pride is in June) and Outfest (Philadelphia LGBT festival every October) events together, Black Lives Matter events and other LGBT or activism family-friendly events. However, a majority of the families talked about spending time together as a family having dinner together and watching a movie. While each of the families across the class spectrum discussed the importance of chores and ensuring that children contribute to the work that needs to be accomplished, it was the family time that was both planned and spontaneous that resulted in laughter, joy, and family bonding. As Sherry stated:

...I think happiness is about spending time as a family, laughing—experiencing joy together, family dinners, and vacations out and about that is really fun sometimes. The time away from stress to bond and be together as a family is probably the foundation for our family.

Participants talked about all family members needing to complete chores and developing a family rhythm. As discussed in other sections in this chapter, they talked about the importance of strong family communication between parent and child and between partners, and across the family as a whole. Families needed to be able to make family decisions together and deal with challenges as they arose. Teaching coping skills for children, the couple, and the mothers was essential in order to develop self-care

practices that could include therapy, exercise, and alone time away from the family unit to recharge.

Mothers universally discussed the challenging aspects of parenthood, in addition to the joys of loving and receiving rewards. Jada shared:

The easiest thing about parenting, the easiest thing is being loved by them and the easiest thing is loving them. The most rewarding is watching them be really kind to the people around them. Treating each other with respect and seeing the things that you've taught them being demonstrated outside of the home without you being there. I feel like that's really rewarding. And just holding them and cuddling them and snuggling them and that part is really comforting.

Love in the family, discussed through being a parent and through the relationship with their partner or wife, was regarded as critical to family well-being.

Family support. Twelve of the fifteen mothers spoke of receiving emotional and financial support from family members, especially their families of origin. They indicated that they could count on them for childcare and support during a crisis, and that families would listen when their situation was challenging. They shared stories of siblings being active in their lives, indicating that their families gathered on a regular basis. While their families seemed to be tolerant and somewhat accepting of their families, this was not explored in the interviews to a great extent. Gabriella, who feels like she has a strong support system, expressed her opinion about supports:

I do think it is very, very important to have a support system and I think that is both family as well as the people you seek help from professionally. So you know, if you are not out to your family, you're not getting the support. Or if you

are out and your family is not on board, you're not getting the support you need and that can make it even more difficult to raise a family, I think. And luckily we have that.

Gabriella highlights the influence of being open with extended family who are significant members of one's support system.

Seven of the mothers talked about emotional support provided not only by family members, but also by other families with similar identities. Several mothers talked about wanting to find more African-American lesbian parented families to engage with as friends and to have as a support system. They also wanted their kids to see and be exposed to other families like their own family. Many mothers talked about wanting to surround their family with positive people. As Imani shared:

We make sure that the people who surround them [and our family] are supportive of them and supportive of us as a family. We make sure that they have examples of positive people in their lives, that we surround ourselves with other lesbian couples and gay couples, people who look like them, and people who don't, we just--we try to make our life as diverse as possible and try to make sure that our children are comfortable with the people who are in their lives. And if they're uncomfortable with someone who's in their life, then 90% of the time they shouldn't be in their life.

Imani's quote highlights the importance of having positive supportive family members and people that care about them such as chosen family surround them.

Conclusion

This first findings chapter provides an overview of the risk, protective factors and well-being that African-American, lesbian-partnered mothers reported. The context for the family, their neighborhood, and finally the political context for this study were explored to create a foundation for the risk and protective factors. Next risk factors were discussed including hidden intersectional identities, discrimination, and coming out. Then there was a section for the factors viewed by participants as being both risk and protective factors such as being gender non-conforming, marriage, and spiritual risk and protection. Finally there was an overview of protective factors and well-being including class, safety, home, and family time. In the next findings chapter, the participant's visions and recommendations for a safer future will be explored.

Chapter 5

Findings II: Visions for a Safer Future

This first section of this chapter provides diverse examples of protective and affirming environments for lesbian-parented families and for families of color shared by the study participants. The second section outlines suggestions for providers of these families to create a more welcoming and inclusive environment. The final section, details the ways in which parents teach their children to create safety, protection, and well-being in their daily lives.

Protective and Affirming Environments for Families

Throughout their interviews, participants answered the question about the kind of environment they wanted, that is “What do mental health providers (social workers and therapists, pediatricians, teachers other providers you and your family interact with) need to know about working with families like yours (and other L-African-American families)? What do you think effective support looks like?” Participants responded by sharing examples, hopes, wishes and suggestions for cultivating a welcoming, protective, and affirming environment for themselves and their children. Some of these examples included positive supportive elements that they had experienced and some of this feedback was identified after a particularly upsetting encounter they or their children had experienced. They referred to schools, neighborhoods, places that provide services to families, such as community centers, libraries, and doctors’ offices as welcoming and proficient providers for both people of color and LGBT-parented families. In addition, they talked about how important it was for them to be able to provide cultural opportunities for their children.

Three mothers spoke about the need to have more positive gay models and strong African-American role models to be visible and present for their children and families, from whom they can learn. Many of them actively worked to be those role models for their children and their communities even though this process was frustrating at times due to lack of knowledge and support. Some of the mothers asked their children's teachers or other regular caregivers to provide additional support and to share positive examples.

Tiana shared her story of advocacy in her daughter's school:

I went in one day to read to her preschool class and I made sure to take in the book, "Heather Has Two Mommies." First of all, because she loved the book; second, to me it was my way of exposing the children to more than one type of family. And I ran it by the preschool first and they were like, "Yeah, it's a great book." So yeah so we, saw no problems there and then I usually also take a book about African Americans, either history or biography, or author/illustrator. I just went in November, I did story time and I took the Princess and the Pea but it was an African version of it. So all of the princesses that the prince was looking at were African and it was interesting to see the response of some of the children because if they've seen the story before you know they've seen it as a white princess. But so I make it a point to do that because my daughter is in a school that is not majority black. You know, if she were in the public schools, it would be the opposite. It would be trying to expose her to some other things outside a community. So now what I'm trying to do is expose her more to community in terms of African-American community because she's in an environment where she is the minority.

Tiana's experience in her daughter's school speaks to the need for parents to enter into the communities to teach both their children and others in their community about intersectional identities through literature and living examples like role models who are viewed as protective people. These role models could be outside providers who were protective, such as a teacher or a family member, like an aunt or a grandmother. The mothers reported that at times these protective people would stand up for the family and would actively act as an advocate or support person when the family unit or an individual within the family needed extra support. On other occasions, this role was filled by one of the mothers, as she was the protective person in her child's life. Common words used to describe this person were ally or advocate, and characteristics described were compassionate, support, patient, helpful, attentive, good listener, honest, nonjudgmental, open, and trust. Participants discussed the importance of communication and trust on multiple occasions when referencing themselves, their partners, or other caretakers as supportive, protective parents. Parents talked about not being able to teach their kids or to be a role model if they did not have strong communication skills. They worked hard to build trust with their children so that they could talk about difficult or sensitive subjects, as they arose, with their children.

With the exception of one of the extended families, most were described as open to their children and grandchildren, as they came out to them as gay or bisexual and even in some cases, as transgender grandchildren or children. When participants shared openly about their sexual identity to their children (and being a lesbian parented family), they spoke about the known risks, but also about the benefits of being loved and in a safe and affirming environment, reiterating that they hoped that their children would find

fulfillment and acceptance. As a whole, as the families were exposed to diversity, reportedly most of the children and families were comparatively open to diverse perspectives. Several of the mothers talked about introducing their children to different cultures and customs in diverse places and ensuring that they were intentional about what they introduced and shared with their children.

An additional common thread throughout many of the interviews was recognizing the importance of having opportunities. This perspective was expressed when mothers spoke about wanting to provide solid educational experiences and varied extra-curricular activities for their children, in order to ensure that their children have access to opportunities to grow and learn how to be successful. Similarly, several of the mothers either were in school or were planning to return to school in the near future to engage in professions in which they could give back to their communities. Some of the participants had professions, which would enable them to provide inclusive and caring services, in order to lead by example.

Mothers' Recommendations for Providers

Most mothers indicated that they had both negative and positive experiences with providers. Many believed that with support, providers could help to improve their situations. They listed several components, which would be especially helpful for providers to remember and adopt, such as being nonjudgmental, sensitive, aware, open, and empathic to the family and its situation. Providers should endeavor to establish safety and trust with those families with whom they interact in a genuine manner. Families should be treated individually and providers should not presume that all black lesbian families are alike. As Brittany discussed:

I would definitely ask them to be more kind and careful. To be more empathic. To really examine their own knowledge and privilege about being a white person or a heterosexual person and how their language and their actions can impact others. I was really blown away with the miseducation and limited information everyone has and that is really hard. I want people to learn to use family-friendly language. I mean it's clearly pride month here and you don't have to be gay to celebrate and to be welcoming. Ask them for feedback from people they know. Be curious and kind. I mean that can be a lot better and I am really embarrassed that it's not better.

Brittany spoke about the importance of providers having what social workers call cultural awareness and how, by using family-friendly language and learning about different types of families, those small steps can really make a big difference and have a positive result.

Participants repeatedly said that providers should try not to make assumptions. They should be willing to ask questions and check in with families to determine how well they are doing as they endeavor to be more inclusive, welcoming, and knowledgeable about these populations. Diamond discussed how providers should be welcoming when she stated:

Be kind, generous, and open to who we are and what our needs are. Don't be rude and assume who we are because we are black and poor and because we love each other. Also I think we struggle a lot so we may need help so please be able to give us that help.

In addition, mothers said that providers should be attentive to their language, which plays an important role in making families feel welcome. They recommended that

providers use gender-neutral language and gave the example of using the term parent in order not to exclude individuals. Mothers asked that providers be careful about how they ask about a donor/father role in the family and to ensure that any questions are open ended, such as, “How do you structure your family?” One mother expressed appreciation of how a teacher and doctor asked, “What does your child call you and your partner?” Makayla said that people in the community who want to be an ally to her family can make sure they are:

Using LGBTQI friendly language. It means being willing to be an ally and stand up against hate and racism. It means going to the marches and being loving in your actions including your language. Being respectful of POC [People of Color] spaces and Queer Spaces and I think a big part of it is being open and curious and willing to make mistakes but not to be offensive. I mean I really am thinking about this situation and I am worried that there haven't been so many changes about things like this.

Makayla voiced the importance of using LGBTQI friendly language and making places friendly for People of Color and those who identify as Queer. She questioned whether providers are willing to go far enough in embracing the LGBTQI community.

Jada urged providers to be more compassionate and to practice empathy. She also shared that individuals should be more:

Understanding. And actually compassion, showing compassion for my issues, even if they can't fix it, just... showing compassion, you know, being aware of my situation so that they can help me, so that I can, you know, get through it, so definitely being aware and be compassionate of what's going on.

Jada felt like if it was clear that if the compassion was showing this would support the relationship building. Others felt that they could engage in conversations with others to help to increase their awareness. Jada continued by discussing the importance of talking about the similarities between populations.

Have an open discussion about it so people can have a better understanding of gay lesbian women. We are just like everyone else you know. All different cultures and race, it is to bring awareness and let people know that we aren't monsters or aliens; we're human and we have feelings, you know, and we need respect and understanding and stuff like that. So I would say to be more open about it and have open discussion so they can be understanding of the situation.

This preceding section provides an overview of suggestions from the participants about ways providers can improve the quality of their care with diverse families. Overall, the mothers recommended honest, open communication between providers and their clients, treating clients with respect and competence in understanding differences, and ways in which they are similar to non-lesbian, non-African-American individuals. While creating affirming environments and making recommendations to providers were needed, the mothers asserted that much of the change for a safer future for their families would come from parental education in the home.

Parental Teaching Promotes Safety and Protection

All the mothers spoke about the importance of teaching their children to be able to protect themselves and about safety. Parents discussed protecting their children by talking to them about sex, unsafe areas, and drugs. They also spoke about how integral it was to teach their children about their intersectional identities, including their racial identity,

their gender, and being in a two-mom family. They discussed knowing their children's strengths in order to support healthy development. Therefore, parental teaching emerged as a theme early on in my research. Overall, the mothers taught their children about safe coping skills (like using humor) to build courage and supported nonviolent communication strategies with peers, teachers, family members, and even law enforcement officers. The three mixed-race couples had more financial resources but two of the black members of these couples reportedly had tension surrounding education about race and social justice issues and had to discuss racial privilege with their partners on a regular basis.

Mothers talked about the importance of modeling healthy decision-making and providing their children with opportunities to make safe choices. They also discussed how they provide opportunities to practice independence. A handful of mothers talked about wanting their children to remain under the radar, so as not to attract negative attention that could put them in danger. However, one mother wanted her daughters to be able to fight when necessary because being able to communicate and be vigilant was not sufficient for them to be able to protect themselves. Most mothers indicated that it was vital to teach their children about their roots, their history regarding slavery, civil rights, and their ancestry. They also talked about how important it was for them to teach their children about the racism and homophobia that exist in the world in a developmentally appropriate way. Alex shared the following approach, which she applies with her children:

Well...doing something similar to what I am talking about, being honest with our kids about how to (be) safe on the streets and in the schools, how to navigate

trouble with police officers and how to get jobs. How to play smart. I think more people should understand the consequences of not treating black people right or gay people or elders, or mothers right. Because I feel like now people can hate and kill and there are no consequences. We need to be heard. People need to see examples of our families out there and be more visible.

Shawna felt guilty that her children had to deal with adversity and challenges like homophobia that would place her children at risk. As she explained:

Yeah, or just not being able to like everyone else, I think that can be hard... it can be hard for them to understand then--they're accepting of it. But it, sometimes it gets hard for them to explain it to their friends. You know, why don't you have a -- lot of kids are like "Why don't you have a dad?" Like, "where's your dad, why-why do you have two moms?," you know. Kids they are around, it's not something they know about it, and feels like a lot to expect my kids to have to deal with while they are so young. Hard to teach them how to deal with being different out there in the world.

Another mother shared that she spoke to her children about racism because she wanted them to understand that they may be blamed, criticized, or considered guilty for something that they did not do just because of the color of their skin. She reiterated that she endeavors to navigate a challenging balance between talking to them about the harsh realities of racism, and ensuring that her children had self-esteem and were empowered, and she often struggled with this balance. Families wanted their children to be informed about current politics and the news and not to keep them sheltered from what was

happening in the world. Tiana, who had young children, talked about preparing her children to effectively handle and address differences with their peers. She expressed:

The protection we offer for our children has more to do with being seen as black children because even though they're mixed race they're going to be seen as black children in the world. And teaching them that they can't do what some of their classmates can do. That they can't play with guns, of course, even play guns, that they just have to watch--walk through the world differently because of what they look like. I think that's mostly what it is, that we have to teach them how to walk through the world as black boys and girls and let them know that our expectations are really high despite what someone else's expectation might be.

Sherry indicated that she wanted to both teach her own family how to be safe and to extend some of these lessons to the community. She shared the following ideas:

And it is very disturbing, I have so many thoughts about how can we make these changes. So I had and still do have these ideas of setting up camp in a community where young, young boys, African Americans, can come and we teach them how to write checks, teach them how to buy things, be in the community...basically gearing the community of our children in a direction where they can have that safety/protection, and confidence is also stemming from home life. We're not blameless. There are things that are happening inside the home that are creating some of the issues we're dealing with, um, with our children getting shot down in the streets. All of them...some of our children are just not home-trained. And so how you handle yourself...and I'm not saying you get shot at because it's your fault. But there are also other complaints that are contributing to the domino

affects that we're now dealing with in our community. How as a family are we raising our young black men, how are we raising our young black women? To teach them the value of life, and the importance of contributing to your community. There is so much that is happening in our own community that is not developing and elevating our children. See, you know when I think on a full scope, this is where I end up, I end up at the root, we are developing ourselves as a people, to be able to have positive influence on our children.

Ideas like Sherry's plan to provide supportive trainings and environments for youth, especially black boys, to create safe environments to learn protective skills to keep them safe in the world were inspiring visions for the future.

Conclusion

This second findings chapter provides an overview of the study participants' recommendations for providers in working with other diverse families. In particular, they recommended open communication with families, not making assumptions about who is in the family, using family-friendly language, and being willing to prepare oneself with being culturally competent within an intersectional context to both visible and hidden identities for the families with which they work. In addition, participants discussed safe and protective environments for families and what it would take to improve these environments so that they are safer. Finally, the chapter concludes with a section exploring parental teaching that prepares children to enter in the world, which is a balance of modeling, teaching, and creating structure as the children move into increased independence in their teenage years. Through these experiences, many of the mothers

thought they were teaching their children about humanity and acceptance and also to be prepared for any adversity.

Chapter 6

Discussion

These fifteen African American lesbian women started families through adoption, donor-insemination, foster-care, and other means. They formed partnerships with a significant other to support their families emotionally, spiritually and financially. As soon as they became mothers, they started to protect their children and create safety in their lives by being vigilant of potential risks, and they taught their children how to protect themselves in a world they perceived to be dangerous and discriminatory. They considered their homes the safest environments for their families and relished the time spent with them. African-American lesbian mothers reported increased support from their families after they came out (as gay) and when they had children. At the same time, these mothers reported feeling isolated from other families and in their own communities. Despite these mothers' efforts to protect their families, they often were not perceived as a family in public and were often discriminated against based on their intersecting identities. To compound this lack of belonging, they were fearful of losing their civil rights under the Trump Presidency. Still they hoped for changes and shared concrete suggestions to improve their communities to make them more welcoming to other families like them. African-American women who became mothers shared that they had increased well-being when they perceived safety and stability and also when they spent time together as a family.

During this exploratory study, several prominent themes emerged pertaining to the lives of lesbian African-American partnered mothers and their families living in the Philadelphia area. The multiple identities of each of the participants offer examples

which demonstrate how these families negotiate intersectionality. Their unique family structures and intersectional identities reveal diverse family constellations (Moore, 2011) and a plethora of pathways to parenthood (Bos, Van Balen, Van Den Boom, & Sandfort, 2004; Patterson & Riskind, 2010; Moore, 2011). These women's narratives also reveal their experiences with coming out and highlight their families', particularly the children's grandparents,' increased support once the participants had children (Fulcher, Chan, Raboy & Patterson, 2002; Patterson, Hurt, Mason, 1998; Singh, 2017). Extended family support and a formalized partnership, such as a domestic partnership and marriage, were identified as protective factors that supported family well-being and resilient children (Fulcher et al., 2002; Patterson et al., 1998).

Spirituality and class were viewed as risk and protective factors depending on the circumstances, impacting the family and its social location (Griffin, 2000; Wilson & Yoshikawa, 2007). Spirituality as a construct presented itself as both a risk and a protective factor (Singh, 2017). Spiritual risk arose when families did not feel welcomed or supported in their spiritual communities after coming out as a lesbian-parented family (Griffin, 2000; Wilson et al., 2007). Participants shared that it was difficult to find a religious institution that was inclusive of both race and sexuality (Singh, 2017; Ward, 2005). Not belonging to a place of worship resulted in some families feeling isolated and not receiving the emotional support that often accompanies a sense of belonging to a welcoming church or mosque (Griffin, 2000; Ward, 2005; Wilson et al., 2007). However, spirituality was also a source of support and protection, providing comfort and offering time for the family to spend time together, supporting family wellness and resilience.

Class was identified as a protective factor when the family was middle class or higher and had access to resources. These families had a protective advantage, which enabled them to be able to choose to live in a safer neighborhood and to have geographic mobility and access to safer community resources (Benzies et al., 2009). Across all interviews, despite class diversity among the participants, a majority of mothers were worried about financial security for their families.

Intersectionality theory is a valuable framework with which to examine the intricate interactions between aspects of a family's and individual's identity. LGBT people of color face oppression and possess resiliency, due to similar factors linked to the complexities of their intersectional identities (Singh, 2017). While we are becoming increasingly aware of external stigma and discrimination, these phenomena remain prevalent. Many LGBT people of color and their families also experience marginalization and oppression in the form of internalized racism and internalized homophobia (Singh, 2017).

Trauma prevalence in this population is relatively high due to the additive nature of discrimination and microaggressions (Singh, 2017). In order to understand why trauma is widespread in this population, it is vital to review the historical contexts of slavery and the forced immigration imposed on people of African descent (Singh, 2017). These events and the abusive practices that were integral to them have caused intergenerational trauma across most communities (Singh, 2017). Widespread trauma within these communities makes this population especially vulnerable to chronic physical and mental illness and substance abuse (Johnson, Nemeth, 2014; Sabin, Riskind, & Nosek, 2015, Singh, 2017).

The current environmental context appears to have had a large impact on study participants, as the present-day political milieu fosters fear, particularly among those who are marginalized, such as many of the participants in this study. As evidenced by minority stress theory and research focused on multiple oppressions and marginalized identities, the families were impacted by prejudice and discrimination (Frost, Lehavot, & Meyer, 2015; Myers, 2010). Another theme that emerged as a potential risk factor was linked to those mothers who were gender non-conforming, as this gender presentation significantly impacts the family. Mothers and their families had also experienced stress and trauma due to stereotyping and invalidation (Harris-Perry, 2011). Most mothers reported experiencing stereotyping and discrimination due to racism, sexism, and homophobia, the triple-jeopardy, and some mothers discussed discrimination based on classism. Consequently, these mothers remained extremely vigilant to possible episodes of discrimination or other potential dangers directed at them or their families (Sue, Capodilupo, & Holder, 2008). Microaggressions, mainly in the form of microinsults, particularly focused on racism and heterosexism within the medical field, were perpetrated by outside providers, resulting in often stressful and negative experiences for the couple and family (Handy, 2017; Sue et al., 2008). While the majority of lesbian mothers in society are healthy, being a sexual minority can put them at an increased risk for physical, mental, and sexual health problems (Sabin et al., 2016). The impact of this discrimination could be potentially fatal, as lesbians are more likely to delay seeking medical care for themselves and their families due to fear (Sabin et al., 2016).

Families were greatly influenced by their geographic locations and their surrounding communities (Benzies et al., 2009). Many families lived in predominantly

African-American neighborhoods, which shielded the families from racism but not necessarily from violence or homophobia (Benzies et al., 2009, Moore, 2011). Some of these families, who live in Philadelphia's North Philadelphia and other parts of the Northeast or West Philadelphia and Germantown, were exposed to high rates of crime and violence and often had less access to quality schools, childcare, and community resources (Benzies et al., 2009). Families in these neighborhoods would often take their families out of their home neighborhoods to other neighborhoods to go to community events or safe places like playgrounds or libraries. Those families who lived in more diverse or predominantly white neighborhoods felt protected from potential violence and homophobia but were not protected from racism (Moore, 2011). A neighborhood in Northwestern Philadelphia, represented an exception to this scenario, because it is both an integrated neighborhood with respect to class and race diversity, and there are a high number of lesbian mothers and mixed race couples living in this neighborhood (Perkiss, 2014). Mothers who lived in this diverse neighborhood felt safer and more comfortable in this self-proclaimed "lesbian capital."

Social support was identified consistently as a protective factor in family well-being, in this research study (cf. Benzies et al., 2009). Six of the mothers shared that at times, they felt isolated from families like their own (i.e., other black lesbian-parented families). Building on the qualitative research that Glass and Few-Demo (2013) conducted on black lesbian couples, many of the mothers in this study indicated that they felt as though they received support from their extended families and church, but that their lesbian relationships and their choices to raise children were not always validated. They were actively seeking families similar to their own, but they often did not know

how to locate these families or it was challenging to find the time to pursue this (Glass & Few-Demo, 2013). In order to best support family well-being on both macro and clinical levels, community providers and practitioners should work with families to prevent isolation and provide validation.

As a whole, mothers felt as though their home environment was the safest place for their family, and they tried to spend as much time as possible in their homes, as their family could be most effectively protected there (Elwood, 2000). This mindset aligns with bell hooks' concept of *homeplace*, a place that black women can create and be in control, free from oppression and a racist dominant culture (hooks, 1990). Unlike the public realm, home was a refuge in which they could live without harassment (Elwood, 2000). Inside their homes, their family's identity was respected and the mothers had control over their family's rhythm (Elmwood, 2000). However, from an intersectional perspective, as women, persons of color, and a sexual minority, they also worried about being targeted for a violent crime in their homes or near their homes, and three women reported that they had experienced assault, robbery, and other related crimes in their home environments (cf. Elmwood, 2000). While this was a possible reality in the home environments for the families, the home environment still felt like the safest place for the families. Home was perceived as a safe place but also no place was completely safe for these mothers and their children. Each mother had carefully and conscientiously vetted her family's environments, including her neighborhood, in order to seek to identify safe places for her children. Predominantly, parents indicated that their schools were safe places to which they could take their children.

Twelve couples had a commitment ceremony, domestic partnership, or legal marriage. These couples created a *homeplace* to honor their relationships, cultivating a place, in which they could express physical affection and emotional intimacy (Glass et al., 2013; hooks, 2000). These couples shared that this community public recognition was a protective factor that positively impacted family well-being. Among the couples who were legally married, all but one of the women who were part of these couples reported that there were only financial and emotional benefits to getting legally married. The one interviewee in a committed relationship who indicated that she did not feel protected by a commitment shared that she dealt with the pervasive challenges of severe poverty and health issues experienced by one of the partners and lived in a low-income neighborhood.

Moore (2012) asserts that when advocating for black same-sex marriage, one is both reclaiming their sexuality while affirming one's own representation of black respectability (2012). Partners represented one of the main sources of validation for the couple relationship and supported one another within the relationship when the community or family did not offer support. Eight of these mothers reported experiencing and identifying community validation for their partnership *before* their commitment ceremony or legal wedding. Glass's research team stated that legal marriage resulted in increased community validation (2013). However, a formal commitment often strengthened this sense of well-being.

Thirteen of the fifteen study participants discussed how the 2016 election, when Donald Trump was elected, aroused insecurity about their civil rights and their family's safety. Participants worried that if the discrimination in the form of sexism, racism, and homophobia would worsen with Trump as a leader. This fear that his policies and

platforms will result in decreased protection for vulnerable individuals and increase health inequalities and protection for families is a prediction that is shared by others (McKee, Greer, & Stuckler, 2017). His recent actions appointing and supporting individuals who have long track records opposing basic rights for LGBT individuals and his ability to nominate conservative Supreme Court justices contribute to these fears and anxiety around these issues (Murray, 2017).

Most of the mothers revealed that they felt as though the Black Lives Matter (BLM) movement was a powerful social movement for positive change (Lebron et al., 2016; Mathews et al., 2017). Black Lives Matter, which was founded in 2013 as an organizing movement in response to the killings of African Americans (Mathews & Noor, 2017), is based on a healing social justice framework, focused on determining how the group can be responsive to intergenerational trauma and violence (Mathews et al., 2017). A recent publication focused on BLM revealed that they were family-friendly and affirming towards black families, and that they are “a queer-affirming network” (Mathews et al., 2017), as indicated by the following statement: “when we gather, we do so with the intention of freeing ourselves from the tight grip of heteronormative thinking, or rather, the belief that all in the world are heterosexual (unless s/he or they disclose otherwise)” (p. 6). While all of the mothers acknowledged the importance of teaching their children about their identities and how to be safe, only a few mothers felt comfortable taking their families to the BLM-related protests and events due to fear that violence could occur.

A central finding of this study was that these parents were teaching their children at a young age how to be safe and aware of all of their intersectional identities, which can

be responded to with racism, homophobia, and sexism, and have information necessary to enable them to make safe choices. Parents found models for their children, or acted as role models themselves, to provide their children with positive strength-based examples to support protection and well-being. Other factors which impacted family well-being were collaborative problem-solving, communication, family chores, structures, and boundaries (Moore, 2011; Walsh, 2015). Within the home, a same sex, equitable separation of tasks was common with the parent who worked fewer hours performing more household tasks than the other. Tasks were often well-balanced and assigned by availability and preference.

This study supplements expanding LGBT family research, which extends beyond studying solely white, middle-class lesbian couples and their families (Biblarz et al., 2010) by focusing on partnered African-American mothers with children. Nevertheless, significant gaps remain, along with the pressing need to document the intersectional experiences and challenges encountered by African-American lesbian families across a range of socio-economic classes, in order to more effectively support these families and meet their needs in the clinical, social work, and larger social and societal contexts.

Unanticipated Findings

Mothers who were coupled or partnered for at least a year were chosen for this study in order to study the impact of the legalization of same-sex marriage. It may have been beneficial to choose families that functioned together as a family unit for a longer period, because these families would possibly have more developed patterns and family systems. I was surprised to learn that not all of the families were living at the same residence for financial reasons. I was unable to find research regarding families with

separate residences. Perhaps families living in different locations should be studied and researched further. Interviewees in such families seemed to worry that cohabitating would result in their losing their housing subsidy, as they would no longer qualify for this financial necessity, or that they would be forced to “come out of the closet” to their children. However, it is important to note how families that live separately may be even more marginalized than other African-American lesbian families. These families may be more invisible to society and their families, as their sexual orientations may not be known. These families who feel as though they cannot cohabit, or function as a singular cohabitating family unit for strictly essential financial reasons may feel especially isolated. Including these families in this research study made visible the heightened marginalization of a sector of the mothers.

Through engagement in this research process, I learned that I had preconceived ideas regarding which themes or constructs I was going to identify through this study. This was based on the literature review and my own personal experiences, representing a parallel process with that of the participants, who shared that their interactions with others are steeped in inaccurate assumptions about them (Lewis, 2016). Another unanticipated finding is reflective of the unique family constellations of African-American lesbian-partnered families (Moore, 2008). I had not anticipated that there would be such a large age span, twenty-five years, between the mothers’ ages in the total sample. The mothers were often in different life stages, with respect to their careers, health, and perspectives on life. Two of the mothers were also grandmothers and a couple of the mothers were retired. When asked the interview questions about raising children, some women were actively experiencing these issues with their young children, while

other mothers were sharing their experiences with these events retrospectively, as they had occurred ten years ago. It is also critical to note that there was a wide age span in the developmental stages of the children, with the youngest child being just a few weeks old and the oldest child being in the late twenties. I could have restricted the ages of both the participants and their children and had a narrower criteria for inclusion but my challenging recruitment efforts and limited timeline made this very challenging to carry out. Most families had school-aged children, across a wide range of ages. I endeavored to code these differences by noting developmental stages and the accompanying parental tasks; the roles of the mothers were different, depending on the ages of their children and how active their partners' roles were in caretaking and providing assistance around the house. Risk and protective factors and places or situations that parents viewed as safe or unsafe greatly varied depending on the ages and developmental stages of their children (Benzies et al., 2009).

Another unanticipated finding was linked to gender nonconforming mothers and the ways in which this aspect of their gender presentation impacted their experiences, along with that of their partners and children. Their intersectional identities of gender expression and being a black lesbian mother are often unexpected or unanticipated in society (Lewis, 2016). In white lesbian culture, some couples are comfortable using butch and femme lesbian gender roles; however, research with black lesbians has shown that many black lesbians are more comfortable being androgynous for various reasons including identity and social organization (Moore, 2006). Aligned with the limited existing research and views of Lewis (2016), women in this study with a visible masculine presentation made these mothers or their partners more visible than those who

were considered to have a more feminine gender presentation. As experienced by most women in the study and explored in the findings chapters, confluence of multiple cultural identities often results in discrimination in the form of microinsults about their physical appearance and their roles (Lewis, 2016; Sue et al., 2008). Microinsults included these mothers being asked by both children and adults if they were the dad or if they filled the father role in the family (Lewis, 2016; Sue et al., 2008). These microinsults thereby significantly impact these mothers, their partners, and their families.

Based on prior research, I had expected to find more data revealing that families were receiving support from their chosen families, that is, individuals who were close friends who were not biologically related (Frost, et al., 2016; Meyer, 1995). I had expected to observe more homophobia and rejection from their family of origin regarding their sexuality, and that many of the mothers would be estranged from their families (Glass et al., 2013; Reczek, 2016). Contrary to the findings of this prior research, I learned that within the black community, most of the emotional support was provided to these families by their parents-in-law, siblings, parents, and the children's grandparents (Fulcher et al., 2002; Patterson et al., 1998). I noted that this finding might have been different (increased homophobia within families) if I were not studying families and children, as the experience for African-American lesbians who have not (yet) had children might reveal a different conclusion. Perhaps when and if these women have children, their extended families, who may have previously been more distant and less supportive will want to be more involved in their grandchildren's lives and children, providing a bridge between the family members (Fulcher et al., 2002; Patterson et al.,

1998). Grandchildren were a healing factor for those families who had previously been upset, and the time spent together as a family strengthened the family relationship.

Being an outsider: how this impacted research findings

As a white lesbian woman social worker, I was sensitive to and aware of sacred spaces that were safe spaces for people of color during recruitment and the data collection stages of this research project. At times, I was worried that my actual physical presence would be considered invasive. I felt like an outsider due to my racial privilege and sometimes due to class, noting that there was an inherently paternalistic and anthropological component associated with a person of European descent studying African Americans, irrespective of the positive intentions of the research study. I recognize that social scientists representing white supremacy and white privilege have imposed their own expectations for how marginalized cultures are expected to act and it has also distorted findings (Omi and Winant, 2014; Parham, 1993). I endeavored to be particularly sensitive to their responses and reflexive regarding my role as a white researcher. Due to different social locations, communication styles, and the limitations of my own frame of reference, I worried that some important data would be lost or not noted. Perhaps the women I interviewed would have opened up or communicated more easily with a researcher of the same race.

When some of the women shared that they felt uncomfortable meeting in certain public spaces or not in their homes, I endeavored to be both responsive and sensitive. There were a couple of families that reminded me of my own family; when meeting with these families, I endeavored to remain as objective as possible. I felt humility, shock, shame, and admiration throughout these interviews. I checked in with the participants

throughout the interviews and requested feedback from the participants. Early in the interviews, I disclosed my own intersectional identities, revealing that I was a white lesbian mother; I sought to build trust and safety with each of the mothers in a genuine manner. While the participants wanted to share their voices through this study to promote change, they were also anxious about the consequences of their private disclosures. Some participants asked who would know their real identity and what was my real reason for conducting a study on their lives. While many of them felt comfortable meeting with me, two individuals vocalized that they did not feel comfortable pursuing the interview in person due to safety concerns. One was worried for my safety in her neighborhood while the other participant did not want me to know what she looked like and who she was because she did not know me and did not want her private life exposed. This concern was evident during the photovoice piece of this project's original research proposal. I had four women refuse to participate because they shared that they did not have the time or they could not commit to meeting.

I had originally planned to use photovoice, as this is one of the primary social-justice-oriented methodological tools through which participants could openly use their voices. Photovoice is a method of collaborative research and is a form of Participatory Action Research (PAR) (Wang, 1999). Photovoice empowers members of groups whose voices are seldom heard (often marginalized or oppressed) to work together to identify and represent their ideas or thoughts in their community through photography (Wang, 1999). It supports participants in telling their stories through images. As a whole, the mothers were very busy and finding the time to take photos of the themes or even to find a time to meet felt overwhelming to them. In the beginning of the study, four mothers

shared that they felt uncomfortable taking pictures of their families, due to the risk that these pictures may be depicted and revealed in my research. They felt as though they could not protect their children's safety, once these photos were taken, revealing their children's and their identities and experiences, due to the pervasive discrimination and risks, which they faced regularly. They believed that their families would be outed and their families would be more vulnerable to risks and increased discrimination. I respected this and dropped it from my research.

Focus on well-being and protection, rather than risks

This qualitative research demonstrates how lesbian African-American families are able to provide valuable clinical practice and macro level recommendations regarding how they are able to develop well-being and resiliency, despite managing multiple marginalized identities. Due to ever-changing risk and protective factors, fostering family resiliency contributes to understanding how a family achieves well-being (Benzies et al., 2009; Singh, 2017). Lesbian African-American-parented families demonstrate strength, perseverance, and resiliency in their everyday lives, in the face of persistent racism, sexism, and homophobia (Singh, 2017). They are able to heal and move on from loss and disappointments, and “take charge” of their lives, and live and love fully (Walsh, 2015).

While this study was viewed through an intersectional and risk and resiliency framework, it is also helpful to examine this data through the framework of the womanist movement, which is now considered third wave feminism (Evans, Kincade, Marbley & Seem, 2005; Taylor, 1998). Womanist, a term coined by Alice Walker, is inclusive of men and focuses on combating oppression within all of the intersectional oppressions

(Evans et al., 2005; Walker, 1974). Black women and other people of color have often not been included in white feminism and were frequently discriminated against within the feminist movement (Evans et al., 2005). White women would equate sexism with racism, which would further ostracize and alienate people of color, and white women feminists would regularly engage in racist acts (Evans et al., 2005). Black feminists and many of the multicultural theorists during the first and second waves of feminism focused on the African-American family and community (Evans et al., 2005). Womanism is viewed as being opposed to homophobia, as a womanist loves other women sexually and nonsexually and supports community building among women by negating differences like skin tone or class (Williams, 2006). Womanist theory is empowering and celebrates the feminine qualities and strengths of being a woman and focuses on survival (Evans et al., 2005). Womanism supports women to love and value themselves and their strengths and also to embrace who they are as individuals. I am applying womanist theory to the women I interviewed because it is strength--based and shows how these women celebrated their strengths and who they were as mothers and partners. Womanists collectively work to eliminate and dismantle all oppressions (Taylor, 1998).

The women interviewed in this study would like providers to use inclusive language that includes gender-neutral and family-friendly language that embraces all family members. African-American lesbian mothers would like individuals not to make assumptions about their experiences and their family make-up before talking to their families. They would like individuals who interact with their families to be open, compassionate, sensitive, and trustworthy. They want to feel welcomed and supported by their communities.

The findings of this study inform community providers in the Philadelphia area and elsewhere of the potential risks and stigmas that these mothers and their families regularly encounter to enable them to help to prevent harm and assist them in securing safety and protection. In addition, this study provides insight into protective and well-being factors that the greater community can help to foster and support (Few et al., 2013). While they live with stigma, intersectional discrimination, and constant fear, these mothers are able to form loving partnerships based on mutual trust, love, and communication with their partners. Together, they parent with the support of their extended families and other supportive and protective people in their lives to enable their children to develop into strong, resilient adults. Families are able to use dynamic problem solving skills to deal with difficult situations and to decrease stress (Singh, 2017). While protective factors may vary in importance for each family due to each family's unique family systems and processes, it is important to view, perceive, and support each family from an intersectional lens and to consider their unique social locations and environmental contexts.

Chapter 7

Conclusions

This chapter first provides implications for further research. Next implications for social work practice are explored and the ways in which this study contributes to the social work field are discussed. Finally, suggestions on both a macro and direct practice micro levels are offered to improve well-being for lesbian-parented African-American mothers and their families. The final section in this chapter integrates models for family resiliency from an intersectional framework and integrates these concepts into the minority stress model (Frost, et al., 2015; Meyers, 2010)

Implications for Further Research

While this study focused on the African-American Lesbian-parented families' experiences in Philadelphia, there remains a need to address the dearth of information on diverse LGBT-parented families in research. Transgender and bisexual families' perspectives and experiences need to be explored through future research, particularly, including families of color (all minorities, including Latina, Native American, immigrants, etc.). Their experiences are absent from the literature; therefore nascent research studies should include diverse studies on LGBT-parented families.

Conducting further research on these families' parenthood styles (discipline, structuring of time, and communication) could be explored in prospective studies. This insight would give providers more specific information to understand these styles in order to provide support to enhance family resiliency and well-being. In addition, research surrounding class barriers as to why some of the women are not cohabitating would be recommended to explore these mother's choices in more depth.

Further research on the cultural context of LGBT-parented families, viewed through an intersectional lens, is vital to being able to create services and programs that can support lesbian African-American families. Additional research including the political context, environmental context, the historical context, and finally, the social environment would continue to add more depth to this research area. Because of the complexity of these women's identities, I recommend using intersectionality in future studies, as both a theoretical argument and an approach to conducting research. Such research should focus on the interplay between different mixed methods research methodologies: using both qualitative and quantitative research processes to collect additional data from a larger sample, drawing from a larger geographic area to gather additional information about this population. By asking mothers questions via a survey, these women may also feel more comfortable sharing their thoughts anonymously. In addition, a comparative ethnographic study with other groups (such as a mixed-race couple, two Latina women, and two African-American women in another urban or rural setting) could help to provide additional information to supplement this study.

One of the major concepts brought forth through his project was resiliency. Future research could give more attention to experiences of trauma and explore potential familial post-traumatic growth (Calhoun & Tedeschi, 2014). Post-traumatic growth is often defined as growth after a stressful or traumatic moment or as resiliency plus (Tedeschi et al., 2014). Post-traumatic growth is facilitated by personal strengths and new opportunities and relationships with others; post-traumatic growth was parallel to congruent with this study's findings (Calhoun & Tedeschi, 2014). A major factor of

positive post-traumatic growth is the ability to be able to relate to others (Calhoun & Tedeschi, 2014).

Considering that many of the mothers referenced negative experiences with medical providers, future research could include examining the ways in which medical providers are trained to be culturally competent and how cultural competence is interpreted in their interactions with LGBT mothers. One recent study revealed that medical providers have implicit preferences for heterosexual patients rather than lesbian and gay patients (Sabin et al., 2016). Sexual minority prejudice exists and often alienated research participants. Further research should be conducted to determine how this prejudice impacts care (Sabin et al., 2016).

Additional research should examine programs that provide services for LGBT-parented families of color by examining providers' perspectives, in order to implement recommendations for best practices to improve existing services for these families. Also, an examination of the applicability of the existing models and programs, including teaching and supporting black youth to be safe in their communities, could determine if the programs could be adapted to support all families and children from LGBT-parented families. It may be beneficial to focus programmatic efforts on supporting families to develop coping skills and protective strategies, rather than crisis services, when a family is in the midst of a traumatic event (Benzies et al., 2009).

Implications for Social Work Practice

While African-American lesbian mothers, their partners, and their children are at a greater risk for discrimination, stigma, violence, mental health issues, and other related risks, they are also a very resilient group (Lebron et al., 2015; Singh, 2017). These

mothers and their families work hard to foster community and family well-being and are able to view life from what social workers call a strength perspective, despite the obstacles and additional barriers that they face on a daily basis. Thus, it is vital on macro, mezzo, and micro social work levels, to view these families from a strength-based perspective, starting with the protective strategies that the families already employ, in order to protect and provide safety for their families. Although most existing research focuses on risk factors, and it is important to understand these risks in order to engage in risk prevention and to increase safety, it is also necessary to acknowledge the courageous ways in which these mothers protect their families from potential harm on a daily basis (Singh, 2017). We must not pressure or judge a mother's hesitance to come out in public settings or even with extended family if she is worried about her own and her family's safety (Glass et al., 2013). In addition, as social workers, we need to ensure that we continue to act as advocates for those who are vulnerable, by endeavoring to influence policy decisions on local, regional, and national levels. This includes attending demonstrations, engaging media involvement, and community organizing (NASW, 2017). The NASW Code of Ethics (2017) also asserts that “ the primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (p 1).

Social work graduate MSW and BSW programs and continuing education curricula should be revised so that these issues are addressed and the training for improving inclusivity and culturally appropriate programs are implemented across all levels. Pennsylvania is a forerunner since it now requires organizations to integrate

LGBTQIA material into their organizations. An example of this at the systemic level is the following: Philadelphia's Department of Behavioral Health (DBH) received a multitude of atrocious complaints about providers mistreating and misunderstanding the Lesbian Gay Bisexual Transgender Queer and Intersex (LGBTQI) population that they are working with across the Community Behavioral Health system (CBH) (City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services, 2016). I created a one-time required course, which is now mandatory for all new staff to the agency (all other CBH providers in Philadelphia require the same 2 ½ hour one-time training for new staff). While class, race, religion, mental health, and housing status are all incorporated into the training, it is doubtful that the training produces adequately informed practitioners regarding LGBTQI issues, due to the short duration of the training. The NASW Code of Ethics (2017) states that social workers need to obtain education about and seek to understand the nature of social diversity and oppression with respect to race, sex, sexual orientation, gender identity or expression, marital status and other marginalized identities (Van Den Bergh, & Crisp, 2004). However, many of these cultural competency trainings are , in time and scope and continue to perpetuate stereotypes and ignore intra-group diversity. In addition, the trainings often provide limited information, demonstrating "how social categories depend on one another for meaning, despite the obvious fact that every individual necessarily occupies multiple categories (i.e., gender, race, class, etc.) simultaneously" (Cole, 1999, p. 170).

Social workers should celebrate LGBT families of color and acknowledge their unique strengths (Glass et al., 2013). They should work to build trust with these families by examining their own privilege and intersectional identities and social locations (Singh,

2017). In addition, they should be aware that when a mixed race and/or African-American lesbian couple is facing marital or relationship problems that they may have limited options through which they can seek support. It is essential that we are prepared to offer LGBT-sensitive counseling and referrals to these families to support them through relationship difficulties or even through a dissolution of their relationship (Glass et al., 2013).

In the absence of an intersectional model of LGBT Resiliency for Minority Families with marginalized identities, I created visual models to support the themes identified through this dissertation (See Figures 1 and 2). The first model, Figure 1, builds on the research linked to the minority stress theory, and supplements other intersectional, risk, and well-being dimensions that are specific to families of color who are also dealing with homophobia and heterosexism. This Minority Stress Model with LGBT families demonstrates that through an intersectional lens, heterosexual families may be exposed to the possible impact of racism, classism, and sexism and other commonplaces stressors that come with parenting. Minority LGBT parented families often face greater stress due to the negative impact of homophobia.

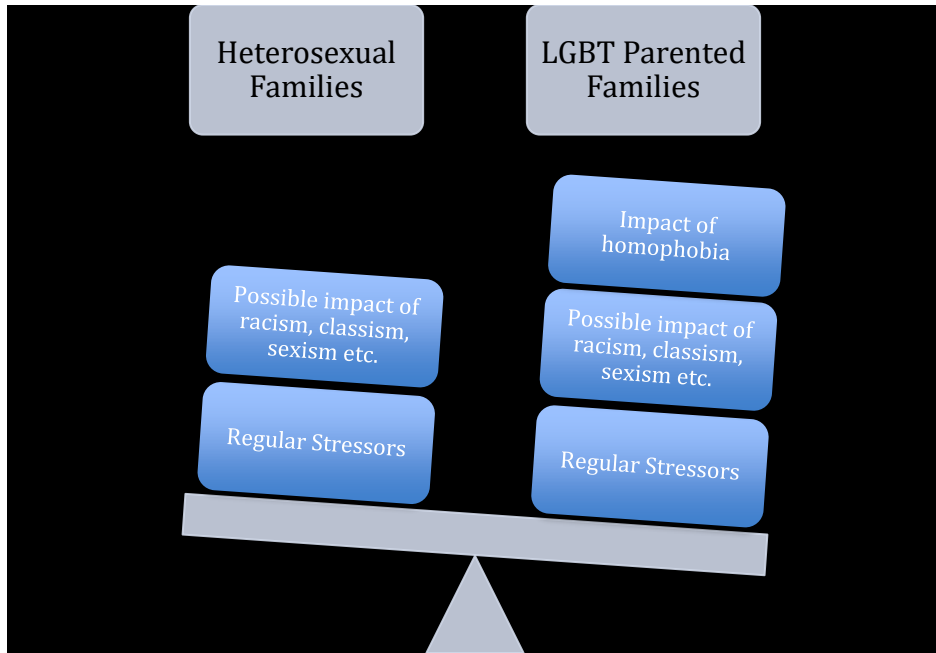


Figure 1: Minority Stress Model with LGBT Families (Adapted from Myers, 2010)

Figure 2 is a visual ethnographic model demonstrating how different systems interact to influence family resiliency and well-being for families across the LGBTQIA spectrum and is inclusive of diverse cultures. The circles are all connecting to show how each level is connected to another level and how these circles interact with the other contexts. Families operate within an environment beginning with the intersectional individual identities within the family and going out to the extended family and the family of origin, next to the community context, which is integrated into the family, and finally within the larger macro context of the political and historical, and even the socioeconomic context.

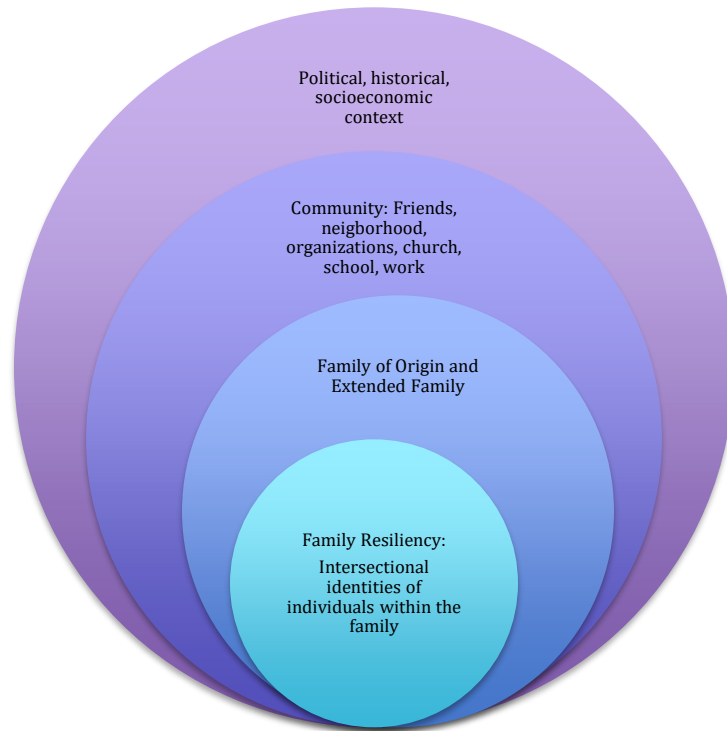


Figure 2. Family Resiliency within an intersectional framework
Adapted from McGoldrick, M., Carter, B., & Preto, N. A. G. (2013). *Expanded Family Life Cycle, The Pearson New International Edition: Individual, Family, and Social Perspectives*. Pearson Higher Ed.

These strength-based models can be used in clinical practice to normalize and support these mothers' experiences. These two models were needed to fill the gap in the literature on LGBT family-friendly, strength-based resiliency models that practitioners and researchers can use for their practice and can effectively guide their work with African-American lesbians and their families. By understanding their experiences through an intersectional, strength-based lens, we can help to dismantle some of the layers of oppression and offer compassion and understanding to these families. It is hoped that these models will be disseminated in the future through academic articles and at conferences. It will be incorporated in my own teaching and, I hope, it will be shared in other MSW and BSW programs for practitioners to use. I sincerely hope that practitioners

will reevaluate widespread heteronormative approaches and that existing prejudices among providers will be countered and addressed by applying this model.

Macro social work practice. I wrote my dissertation proposal during a new surge of racist events in 2016 in the Philadelphia Gayborhood (Owens, 2017). Racism, including racial profiling in the Gayborhood (an area of Center City where there is a concentration of gay bars and organizations) was first officially acknowledged in 1986 with the publication of “Racial Discrimination in Lesbian and Gay Bars in Philadelphia: A Report on Admission and Employment Policies and Practices” (Owen, 2017). A group of concerned individuals formed a racially diverse social justice group to acknowledge unfair practices through the creation of this publication, in order to seek community and city interventions countering discrimination towards people of color. The report was subsequently ignored by practitioners and officials, and none of the recommendations were implemented Thirty years later, community meetings and feedback echo the same, consistent problems and issues (Owen, 2017)

While many of the participants in this study did not report having many positive encounters with LGBT-focused organizations in the city and spoke of experiencing episodes of covert racism, my research identified improvements and shifts across the community. Organizations such as the William Way Center and the Mazzoni Center are all large Center City organizations that do not have diverse boards and have been cited as engaging in microaggressions and institutional racism with staff and clients (McDonald, 2017; Owens, 2017). Some of these organizations have experienced recent transformations and are endeavoring to make improvements (McDonald, 2017; Owens, 2017).

These initial changes began to be implemented when the Black and Brown Workers Collective (BBWC), an intersectional LGBT social justice group, formed to address these long-term problems in Philadelphia (Owen, 2017). They helped to organize boycotts and conversations, particularly after a video that included a major LGBT bar owner using racial slurs was revealed in the Fall of 2016 (Owen, 2017). Mayor Kenney started an investigation and hosted a hearing, at which over 400 individuals were present (Owen, 2017). Mayor Kenney created the Commission on LGBT affairs headed by Amber Hikes, an African-American lesbian woman, that includes activists, people of color, transgender individuals, and community leaders, and seeks to improve services for LGBT individuals (Owen, 2017). This commission has hosted numerous community conversations; has helped to create a new rainbow flag that has attracted national attention for integrating a brown and black stripe to represent inclusivity, including LGBT people of color; and aims to work with community members to address the stigma, discrimination, and violence that have taken place in this city (Corcione, 2017). The Commission and the city will now locally implement the national movement for Racial Equity Here, which includes steps for “working to dismantle institutional racism, eliminate racial disparities, and improve outcomes for all” (Atikson, 2017). Amber Hikes, the Commission of LGBT Affairs, the BBWC, and other groups are now working together to heal and problem solve the practices of institutional racism (Corcione, 2017). Families that are facing institutional racism or parents who were facing institutional racism have more hope going forward that they will be more supported in the community.

Clinical practice. The following are specific recommendations for clinical practice on the micro and mezzo level, many of which were provided by the research participants:

- We need to ask about and be aware of specific risk factors that these women may face, such as employment discrimination, spiritual and community risk, stigma, additional relationship stressors, coming out, and economic risks. In addition, they may feel isolated and need support to connect to other families like their own, and assistance finding churches and other safe community options for their families (Glass et al., 2013).
- As clinicians, we should both be knowledgeable and competent to deliver best clinical Evidenced Based Practices (EBPs) to African-American lesbian mothers and their families. We should be able to provide culturally competent evidenced-based individual, family, and couples interventions to support these families through expected and unexpected challenges across the life cycle. If we find through both our practice and review of the literature that appropriate interventions do not exist we must commit to developing an EBP or adapting an existing one to be used effectively with this population (Lim, Brown, & Justin, 2014).
- While we should not assume that all of our clients have religious beliefs, we should be particularly sensitive to the fact that the spiritual/religious beliefs that offer comfort and coping skills for some of our clients may also be source of pain and trauma (Singh, 2017). We should reserve judgment and ask what role, if any,

faith plays in their lives and if it offers connection and solace or isolation (or both).

- We should utilize a womanist black feminist multicultural therapeutic lens when working with our clients, so as to prevent further oppression (Evans et al., 2005).
- We should acknowledge that in this current political environment (the Trump Administration), African-American lesbian mothers may need additional support and connection to family-friendly Black Lives Matter Groups, such as Philadelphia's Children's March, which provide a safe way for families to be involved in activism and social change in the Philadelphia area (Glass et al., 2013).
- We should be aware of community referrals to safe, inclusive family resources, like Philadelphia Family Pride, an affordable LGBT family organization that provides community-building opportunities and support to LGBT families; these families might need support to search for family therapists, pediatricians, and other health providers who are trained and welcoming to families (Glass et al., 2013).
- We should acknowledge and explore existing protective resources in our work with African-American lesbian families, such as supportive family members and friends, family well-being and rhythm, class, parental teaching, positive family time together, family problem solving, and coping skills, and build upon these supports.
- We need to offer support groups in the communities where the mothers live which offer childcare and take place at the times that work best for their families. We

should also offer culturally-competent family and couples therapy for these families when they need additional support.

- We should practice and use gender-inclusive language in our clinical practices and ask open-ended questions when asking about an individual's family and support systems.

This research study provided examples for social workers working with lesbian African-American-parented families of how to be open to and supportive of the unique experiences and strengths that these families exhibit (Evans et al., 2005; Singh, 2017). As social workers, we need to be culturally competent and aware of the stressors that our clients experience. Having round-table discussions with African-American lesbian parents about their experiences and holding welcoming open forums across populations to address their needs would be a significant step that several agencies could take on mezzo and individual levels to get the needed feedback to implement additional changes. It is important that we examine the implications for social work practice that I discussed through intersectional and womanist lenses, in order to provide evidenced-based treatments according to the Social Work Code of Ethics to prevent microaggressions, treatment errors, additional stigma, invalidation, and lack of support for lesbian African-American families (Singh, 2017). While these experiences may adversely affect families, we must be also be aware that health care and health access is impacted by multiple levels of marginalization and oppression (Ejaife et al., 2017).

Through these rich strength-based accounts these women bravely contributed a common thread that while the mothers and their families faced challenges, there was an immense amount of love and they nurtured well-being within the families. They spoke more about the support they received from their partners and children and from their extended family and communities than about what they did not have. Mothers also shared messages about change and hope, despite the fear that they felt. The participants voiced their commitment to their fight for equality and the importance of being visible to others and about the importance of being a family and being there for one another. As Kia said:

... eventually they have to grow up and protect themselves. But as long as I'm alive and as long as I'm breathing, I will be their protector from anything. And I know it's a crazy world and they'll be exposed to a lot of the things I might not be in control of. But I'll always be there to guide them through it...they should always remember safety is home and home is family....

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Appendix A
Recruitment Flyer

**PLEASE SHARE YOUR VOICE! PARTICIPANTS NEEDED FOR RESEARCH
REGARDING AFRICAN AMERICAN LESBIAN FAMILIES' LIVES**



We are looking for volunteers to take part in a study on
African American Lesbian Partnered Mothers with children 0 to 18 years of age.

As a participant in this study, you will be asked to
share your experiences in interview form.

Your participation will include one session,
which will take approximately 45-60 minutes.

In appreciation for your time, you will receive
\$25 cash for each interview.

For more information about this study, or to volunteer to participate in this study,
please contact:
Brie Radis, LCSW

Phone Number: 610-203-0672 (feel free to text or call)
Email: radisbr@sp2.upenn.edu

Appendix B
African American Lesbian Mothers Screening Interview

Name _____ Telephone # _____

Address _____

Referral source _____

Date of screening interview _____

Person conducting screening interview _____

My name is Brie Radis. I am a doctoral student at the University of Pennsylvania School of Social Policy & Practice. I am conducting a study on lesbian African American families in the Philadelphia area and their family life experiences with safety, risk, and well-being. In this framework, I will be conducting interviews with mothers. I am also interested in learning about family life and mothers' perspectives on marriage. I have been given your name by _____ as a family who may be interested in participating. I would very much appreciate your willingness to have a confidential interview in the context of this research.

In order to determine whether your situation corresponds with my research criteria, I would like to ask you a few sensitive eligibility questions.

1. a. Were you born and raised in the United States? __YES __NO
b. Do you live in the Philadelphia area (within a 50 mile radius)? __YES __NO (If no, not eligible. STOP)

2. What is your sexual orientation?

- Lesbian, gay, or homosexual
 Straight or heterosexual
 Bisexual
 Something else – Please specify _____ (If not Lesbian or Gay, not eligible. STOP)

3. What is your gender identity?

- Female
Were you born this gender? STOP if not cisgendered female, not eligible STOP if one of these choices below
 Prefer to not answer
 Transgender
 Male

4. Are you in a committed partnership? ____ YES ____ NO

If no, not eligible. STOP.

If yes, how long have you been together? _____(Needs to be at least a year to be eligible. If shorter, STOP)

5. Does one person in your partnership identify as Black, African American, or African Caribbean?) (If no, not eligible. STOP)

___ YES ___ NO

6. Do you or your partner have any children? ___ YES ___ NO (If no, not eligible. STOP)

7. How old are your children (including partner's children)?

(If there is not at least one child 0-18 years old, not eligible. STOP)

8. Does your 0-18 year old child live with you at least half of the time? ___ YES

___ NO (If no, not eligible. STOP)

9. What is your highest level of education? (please check)

___ Some high school

___ GED/high school diploma

___ Some college

___ College graduate

___ Graduate education or higher

10. What is your income level approximately for the family (combined income)? (please check)

___ No income

___ \$10,000 or less

___ \$10,001-\$20,000

___ \$20,001-\$30,000

___ \$30,001-\$40,000

___ \$40,001-\$50,000

___ More than \$50,000

11. What is your age? (Should be at least 21 years of age)

12. What is your occupation?

13. Do you have any questions about this study? (ENCOURAGE AND ANSWER QUESTIONS.)

14. Are you willing to have a confidential interview with me?

___ YES

___ NO

15. When is it most convenient for me to interview you?

THANK YOU FOR RESPONDING TO THESE QUESTIONS. I WILL GET BACK TO YOU SHORTLY REGARDING WHETHER YOU MEET THE CRITERIA FOR THE STUDY AND TO DISCUSS ARRANGEMENTS FOR AN INTERVIEW.

FOR RESEARCHER TO FILL OUT:

Does this family meet criteria for study? ___ YES

___ NO

IF NO, or partially, explain

Comments:

Interview date assigned

Appendix C Revised Interview Guide

1. Review consent form and have participant sign and also give verbal consent.

Thank you for agreeing to be interviewed.

2. Background:

Hello. My name is Brie Radis, and I am a researcher with the University of Pennsylvania School of Social Policy and Practice, and I am also part of the NEVET group of the Hebrew University in Israel. We are interested in learning about how parents think about risk and protection of their children. We would like to learn from African American lesbian parents in order to better instruct teachers and social workers who may not understand what it means to live in the Philadelphia area and who may not have a clear understanding of your lived experience. We think that educational and social welfare services may sometimes offer solutions that are not compatible with what parents see as appropriate. We want this research to reflect the voices of parents ; this is why we would like to meet with you and learn about what you see, as an expert on your children in Philadelphia. Parents often offer better or new ways to support children at risk than the approaches developed by professionals.

I chose to conduct this research because I believe that the stories of African American lesbian families need to be heard and supported. I am a white middle class lesbian mother who has worked in the housing/homelessness field for 15 years. I have worked with LGBT families of color and their children in the past. Since I will be the person interviewing you, do you think that you will you be comfortable speaking openly to me? We would greatly appreciate you being honest and open and not revising your responses based on what you perceive as the “correct/best” responses.

I want to assure you that what you say to me is confidential. I am recording this interview because I cannot write quickly enough to adequately capture the interview and I want to remember what you say.; After the study is completed, I will erase the recording. You can stop the interview at any time and not answer certain questions if you choose not to do so. As you may remember, there is a short demographic survey that you already answered and there will be two interviews. Before I leave today, I will provide you with a camera to take photos, which you associate with feeling protected, safe, or scared, etc., which we will review during our next interview. Let us first sign the consent form. I want to let you know that all of the information I gather about you will be kept private. I will provide you with the \$25 gift card at the end of the survey. This interview will take about an hour to an hour and a half. I will be asking you some questions about your experiences and how these experiences impact your family and yourself. Please feel free to give me feedback on the questions, which will help me going forward to improve the other interviews. Are you still OK with being interviewed? Do you have any questions before we get started?

INTERVIEW

Family Life and Community

1. Tell me about who is in your family? {Construct genogram together} or ‘who makes up your family’?

a. Can you tell me more about your partner/your kids?

- b. Are there people whom you haven't mentioned that you consider part of your family (close friend, neighbor, community, member, etc.)? Whom do you spend time with outside of your immediate family (whom you live with)?
Probe: Please elaborate more on X.
- d. Could you tell me about how tasks and chores are divided among family members during a typical day?
Probe: Can you please tell me more about X?
- 2. Tell me from whom you receive support (emotional, mental, financial, physical support)?
 - a. Can you please elaborate more on the support you may receive from extended family, schools, daycares, churches, friends, or other agencies? (Review these one at a time.)
 - b. What do you find to be most challenging about parenting?
 - c. What do you find to be the, easiest about parenting?
 - d. What do you find to be the most rewarding about parenting?^[1]_[SEP]
Probe: Repeat what was said with a question intonation

Risk

- 3. When you think about your family (show genogram) what does the term risk mean to you?
 - a. What does the term "risk" mean to you as a parent?
 - b. What poses risk to you in your family?
 - c. What are some examples or situations of risk in your family? Can you please provide another example?

Safety

- 4. Next, please tell me how you define safety.
 - a. Please describe some "safe places" for children in your neighborhood (places where children feel secure).
 - b. Which places are not safe or secure? Would you explain what makes them unsafe?
 - c. Are there times when you have not felt safe?
 - a) Do you have any thoughts about the Black Lives Matter Movement?
 - b) Have you been aware of some of the racism happening in the LGBT community....?
 - d. How do you talk to your kids about difference and about safety?
 - e. What are ways in which you offer protection to them?
 - f. What provides your children with well-being/happiness?

Probe: Are you saying x? Please go on, this is great and very helpful.

Probe: That's interesting, what else can you tell me about.....?

Prevention

- 5. In your opinion, what kinds of things can be done to prevent risk? (Probe for actions on the personal, family, community, social, or other levels.)

Marriage

- 6. I would like to introduce a new topic--For parents who are partnered: Let's talk about the Supreme Court decision in 2015 to legalize gay marriage (and the PA decision the year before 2014). Did you feel the impact of this legal change in your day-to-day life?

- a. If you think it didn't have an impact, why do you think that is?
- b. If no to marriage, tell me about your decision.
- c. If yes, do you think there have been any benefits or consequences (Financial? Legal Recognition? To Celebrate? Insurance? For the children? Extended family? Community? Safety?)
Probe: Could you please tell me a little more about that?
- d. Are you 'out' to everyone in your extended family? Does everyone in your extended family know your sexual orientation?

Effective Protection and Well-being Recommendations

7. What do mental health providers (social workers and therapists, pediatricians, teachers other providers you and your family interact with) need to know about working with families like yours (and other L African American families)? What do you think effective support looks like?

- a. If you have had experiences working with providers, are there aspects of their support that should be improved? If so, how so? Are there aspects of their support that were positive? Explain.
- b. Can you give me an example, which demonstrates what this effective support would look like?
- c. What are your recommendations for strengthening well-being (strengths/resilience) among your children to counter risk?
- d. What are ways in which you can help your children to cope?

8. Do you have 3 wishes (hopes) for your family? What are they?

Reflection on the interview

9. This is the end of my questions. Is there anything you'd like to add or share about your experiences?

- a. Are there any other things that came to your mind during our conversation that you would like to share with me before we end the interview?
- b. Are there other things we did not discuss that might help me to understand this topic?
- c. Are there questions that I need to change or ask in a different way?

Appendix D
Sample Recruitment Letter

Dear _____,

I am currently a doctoral student at SP2, a Penn LGBT Fellow, and I am also honored to be a part of the LGBT health research collective at Penn. The IRB just approved my study, and I am working on finding participants and would appreciate your support..

As a long time clinical social worker in the Philadelphia area, I am deeply committed to working with marginalized individuals in my community. Through my social work doctorate dissertation, I am engaging in a qualitative study to give a voice to Black lesbian partnered mothers with children. It is a participatory action research project consisting of interviews and photovoice and all participants will be paid \$25 per interview.

Do you have any other suggestions of where I can look for participants? Do you know of anyone at Penn I can approach for contacts? I have attached the consent to give information or pass along a referral as well as my flyer for recruitment. Thank you very much for your assistance.

Take care,
Brie Radis, LCSW

Appendix E
Social Media Advertisements

1) Looking for research participants for my social work doctorate dissertation; I am engaging in a qualitative study to give a voice to Black lesbian partnered mothers with school-aged children within 50 miles of Philadelphia. There is not enough research on LGBT families of color and their experiences. The study looks at family resiliency and culturally sensitive definitions of safety and risk. It is a participatory action research project consisting of two interviews and photovoice and all participants will be compensated \$25 per interview. This study was approved by the IRB at the University of Pennsylvania. Please contact brieradis@gmail.com or 610-203-0672

2) Looking for research participants for my social work doctorate dissertation; I am engaging in a qualitative study to give a voice to Black lesbian partnered mothers with school-aged children. There is not enough research on LGBT families of color and their experiences. The study looks at family resiliency and culturally sensitive definitions of safety and risk. It is a participatory action research project consisting of two interviews and photovoice and all participants will be compensated \$25 per interview. Please contact brieradis@gmail.com or 610-203-0672

3) Share your voice! Looking for research participants for a qualitative study with Black lesbian partnered mothers with school-aged children within 50 miles of Philadelphia. There is not enough research on LGBT families of color and their experiences. This study consists of two interviews and photovoice and all participants will be compensated \$25 per interview (\$50 total). This study was approved by the IRB at the University of Pennsylvania. Please contact brieradis@gmail.com or 610-203-0672

Appendix F
Recruitment List

Place/Person I reached out to	Date	Form
Penn LGBT Health Center	Dec 2016 again Feb. 17	Spoke to someone in person
Penn Research Collaborate	Apr-17	In person meeting and email
Mazzoni Center	Feb. 2017	Email and phone contact
Philadelphia Fight	March. 2017	Face to face visit and follow up email
Philadelphia Pride	Jun-17	Face to face
Mountain Meadow-Former Camp for LGBT parented children	Jan. 2017	In person
LGBT Friendly Pediatrician	Feb. 2017	Facebook
Philadelphia Gay News Ad	Jan. 2017 to Feb. 2017	Phone and online
Philadelphia Family Pride newsletter and events	November to June	In person and email and follow up calls
Posted in ad in Philadelphia Family Penn LGBT Website and Community Newsletter	Jan-17	Online
The William Way Gay and Lesbian Center	Jan-17	Email
4 Community Grocery Stores	Dec 2016 again Feb. 17	Email and face to face
Community Health Centers	Mar-17	Face to face
Libraries	Mar-17	Face to face and phone call
Sex Shops-put up flyers	Nov 16-May 17	Face to face
WCU Multicultural Alumni Group	Mar-17	Face to face
Put flyers up in restaurants in all areas of city	16-Nov	Email
Bryn Mawr Social Workers Facebook	Nov. 16-May 2017	Face to face
Philly Social Workers Facebook	Jan. 2017-April 2017	Online
Facebook Ads	Jan. 2017-April 2017	Online
Met with African American Lesbian Leader	Jan. 2017-April 2017	Online
Philly Black Pride	Mar-17	Phone call then face to face
LGBT Penn Center	May-June 2017	In person and email
Community Centers-3 in total	Feb. 2017	In person and email
YMCA-4 Branches	March. 2017	Visit in person
PENN GALA Alumni Association	Feb. 2017 to April 2017	Call and email
Facebook group	Mar-17	Online
Placed ads in 7 Church Bulletins and 5 additional flyers	Apr-17	Hang flyers and email
Mount Airy Parents Listserve	Mar-17	Online
Sp2 Contacts	Apr-17	Email/online/face to face
Creating Change Recruitment	Jan-17	Face to face
Various Coffee shops around the city	Dec 2016 again Feb. 17	Face to face
Pediatrician offices	March-April 2017	Face to face
Follow up on word of mouth	Ongoing	email/phone call/text