The kids are OK: it is discrimination, not same-sex parents, that harms children

An update on the evidence, and implications for the medical community

The current public debate about same-sex marriage raises a number of significant issues for medical professionals and researchers in Australia. Misinformation is circulating in the public domain that children and adolescents with same-sex parents are at risk of poorer health and wellbeing than other children. An increased public health risk exists as a result of homophobic campaign messages for the entire lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) community, including a mental health risk for same-sex couples, their children, and young people who identify as LGBTIQ+.

Here we provide an update on the evidence and outline implications for the Australian medical and research community.

What the research tells us

The consensus of the peer-reviewed research is that children raised in same-sex parented families do as well emotionally, socially and educationally as children raised by heterosexual couple parents. These findings have been replicated across independent studies in Australia and internationally, some of which we discuss below.

Reviews and meta-analysis

In 2017, the Public Policy Research Portal at Columbia Law School reviewed 79 studies that investigated the wellbeing of children raised by gay or lesbian parents. The review concluded that there is “an overwhelming scholarly consensus, based on over three decades of peer-reviewed research, that having a gay or lesbian parent does not harm children”.1

In 2014, an American Sociological Association review of over 40 studies also concluded that children raised by same-sex couples fare as well as other children across a number of wellbeing measures, including academic performance, cognitive development, social development, and psychological health.2

The Australian Institute of Family Studies’ 2013 review of the Australian and international research on same-sex parented families found that being raised by same-sex parents does not harm children, with children in such families doing as well emotionally, socially and educationally as their peers.3 In 2016, the Institute published a fact sheet on the same topic that reaffirmed the conclusions of the 2013 review.4

A 2010 meta-analysis of 33 studies similarly found that the gender or sexuality of parents did not adversely affect child health or wellbeing, with children raised by gay or lesbian parents faring as well as children raised by heterosexual parents across a range of measures including attachment security, behaviour problems and success at school.5

Family processes matter more than family structures

The findings of these reviews reflect a broader consensus within the fields of family studies and psychology. It is family processes (eg, parenting quality, parental wellbeing, the quality of and satisfaction with relationships within the family), rather than family structures (eg, the number, gender, sexuality or cohabitation arrangements of parents), that make a more meaningful difference to children's wellbeing and positive development.6-10

Studies concluding that children with same-sex parents do better than other children

Some research has indicated that children with same-sex parents do better than other children. In addition to equivalent social and educational outcomes, these studies conclude that children raised by same-sex couples show better psychological adjustment, and greater openness-mindedness towards sexual, gender and family diversity.11,12 However, the authors note that these positive differences may reflect the high quality parenting, socio-economic status and family stability within the same-sex parented families studied.11,12

Studies concluding that children with same-sex parents do poorly

A study using data from the New Family Structures Study — sometimes referred to as the Regnerus study13 — is often cited as evidence that children do poorly when raised by gay or lesbian parents. The study analysed survey data from adults aged 18—39 years and concluded that those with a gay or lesbian parent fared worse on a range of social, emotional and relational outcomes when compared with adults raised by heterosexual, married, biological parents.14 However, this and other studies reporting poor outcomes have been widely criticised for their methodological limitations.3,14,15 The Regnerus study compared adults raised by a gay or lesbian parent in any family configuration with adults who were raised in...
The impact of stigma and discrimination

Same-sex parented families. Children and adolescents with same-sex parents are emotionally affected when they and their families are exposed to homophobia, discrimination, prejudice and social stigma, and do better when they live in communities that hold more accepting attitudes. A 2008 study comparing the wellbeing of same-sex parented children raised in the United States and the Netherlands found that American children were significantly more likely than Dutch children to experience homophobic bullying, and less likely to disclose their family structure. The authors concluded that these differences were likely due to the greater social acceptance of same-sex relationships in the Netherlands, which legalised same-sex marriage in 2001.

Same-sex couples are at a higher risk of poorer mental health and suicide than heterosexual couples, and living in a society that limits their legal and social rights results in negative psychological outcomes for same-sex parented families. A 2009 study that compared the wellbeing of lesbian mothers in the US and Canada found that discriminatory policies in the US — including a prohibition on same-sex marriage — resulted in more symptoms of depression and caused unnecessary strain on the children of lesbian mothers. Lesbian mothers in Canada, who had been able to marry since 2005, reported fewer symptoms of depression and concerns about discrimination even when they were not married. Simply having access to the same social and legal resources as their heterosexual counterparts acted as a protective factor.

Exposure to devaluing and discriminatory public messaging regarding LGBTIQ+ issues results in stark negative psychological and relational consequences for same-sex couples and their families. This is particularly concerning as the current same-sex marriage debate has exposed same-sex parented families as well as young people who identify as LGBTIQ+ to homophobic and stigmatising material.

Young people who identify as LGBTIQ+. Young people who express diversity in their sexual orientation or gender identity experience some of the highest rates of psychological distress in Australia. This cohort of young people is significantly more likely to experience depression, anxiety, post-traumatic stress disorder, self-harm and suicide than other young people. These negative outcomes are largely attributed to the harassment, stigma and discrimination that they and other LGBTIQ+ individuals and communities regularly endure.

Recent research indicates that legalising same-sex marriage has a positive impact on the mental health and wellbeing of LGBTIQ+ young people. Analysis of data from the Youth Risk Behavior Surveillance System, a nationally representative survey of school students in the US, revealed a 7% relative reduction in suicide attempts among sexual minority students living in states where same-sex marriage laws had been enacted.

Methodological challenges

It should be acknowledged that there are methodological challenges in answering questions about children’s wellbeing in same-sex parented families. Samples of children with same-sex parents tend to be small, and many population-based studies do not ask for information on parents’ sexuality. This means that much of the research on same-sex parented families has used convenience or volunteer samples that can be biased. Despite this, the consensus of the available, high quality research is that children raised in same-sex parented families do as well as other children.

For a discussion of the methodological approaches within this body of research, see Dempsey.

What the medical community can do

We will of course continue to offer support and care to our patients and research participants, and conduct rigorous research that furthers our understanding of these issues. But when damaging misrepresentations of the evidence circulate unchecked, the potential for stigmatising rhetoric to generate greater harm to this community increases. This compels us to do more.

We have a duty of care to all groups in our society, particularly to those who are vulnerable. Our duty extends to calling for public statements based on accurate, objective interpretations of the best available evidence, the correction of inaccurate information, and efforts to reduce the destructiveness of public debate. This is exactly the course of action that we have taken on health issues such as immunisation and children in detention.

The research tells us that children and adolescents with same-sex parents are doing well, despite the discrimination that their families endure. This will not continue for long in the face of hostile debate.

The entire LGBTIQ+ community is at risk of harm in the current debate concerning same-sex marriage, and the most vulnerable are children and adolescents.

We need to speak up. Opportunities exist to add our voices to the public debate, through public statements as individuals and from our professional associations and workplaces.

Inaction is not an option when harm is the likely result.

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References are available online at www.mja.com.au.


