

**QUEER CARING:
A STRENGTH-BASED
APPROACH TO
FAMILY CARE IN THE
LGBTQ+
COMMUNITY**

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A NOTE ON LANGUAGE

I use 'Queer', 'LGBTQ+' and 'Sexual & Gender Minorities/ SGM' as interchangeable terms

'Queer' can encompass more than simple sexuality/ sexual attraction

Often a cultural element to my use of the word 'queer'

'Queer Family Carer/ QFC' = a family carer who identifies as part of the LGBTQ+ community, or who views their sexuality as non-heterosexual

LGBTQ+ FAMILY CARING RESEARCH

- Small body of work (in family care research) on LGBTQ+ family caring
- Primarily based in US, Australia & UK
- No studies in Irish context
- Focus on;
 - AIDS caregiving
 - Aging within the LGBTQ+ community
 - LGBTQ+ care recipients
 - Impacts of heteronormativity, homophobia, heterosexism
 - Distrust of agents of the State
 - Gay and Lesbian carers



RESEARCH QUESTIONS

1. What are the key demographics of Irish family carers who identify as a sexual minority?
2. How does a family carers' sexual or gender identity impact on their experience as a family carer?
3. How does a persons' experience as a family carer impact upon their sexual and/or gender identity?
4. Are there challenges and opportunities that are unique to sexual and/or gender minority family carers, and what are their identified unique support needs?

1. What are the key challenges of Irish family carers who identify as sexual and/or gender minority?

2. How do these challenges differ for gender minority carers who are also a family member?

UNDER MAINTENANCE



RESEARCH
QUESTIONS

What are the challenges and opportunities that are unique to sexual and/or gender minority family carers, and what are their identified unique support needs?

MY RESEARCH



Literature
review



Research
Questions



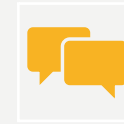
Survey



Analysis



Identification
of 'Nodes'



Interviews



Analysis

SURVEY

- Online mixed methods survey
- Q's based on literature review
- Some wording taken from 'Burning Issues' surveys in Ireland
- 49 responses



- Majority identify as lesbian (39%), female (59%)
- Just under a quarter (24.5%) identify as non-monosexual (bisexual, pansexual)
- Over half (51.1%) aged 36-55
- Majority (72.9%) live in an urban centre (small town, large town, city)
- Over half (54.2%) caring for a parent/step-parent/parent-in-law



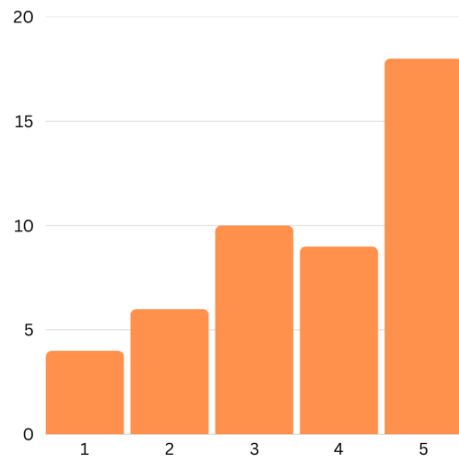
THEMES

- Still reviewing & analyzing data (including qualitative statements)
- Themes being identified include;
 - Rural caregiving in the context of being queer
 - The coming out journey
 - As queer
 - As a family carer
 - Non monosexuality & bi-erasure
 - Engagement with supports
 - LGBTQ+ organisations & community groups
 - Family carer focused/ Health & Social Care
 - Impact of family care responsibilities on involvement in queer community
 - Strengths & Resiliencies
 - Attitudes and experiences with HSC professionals
 - Internalised homophobia

EXPERIENCES WITH HEALTH & SOCIAL CARE PROFESSIONALS

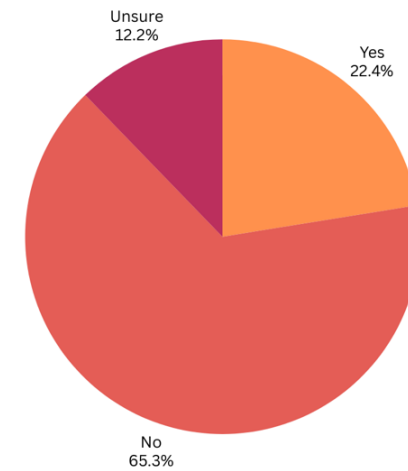
- In general, positive or neutral experiences & attitudes towards HSC professionals
- Discomfort with HSC workers in the home mainly the result of privacy & caring concerns
- Some assumptions about home care workers being from 'conservative' countries
- For some, their sexuality would be a concern, especially in rural areas





On a scale of 1-5 (where 1 is completely uncomfortable and 5 is completely comfortable), how comfortable are you/ would you be with a HSE home care worker providing respite care in your home environment to the person you care for

Have you ever experienced homophobia or transphobia from a health or social care professional?



Assuming this refers to my sexuality I am completely comfortable.

HSE home care workers provide a service to the patient and that is their job and priority, it's expected that any assessment or thoughts about family members should be professional at all times.

A lot of the carers are coming from more conservative countries or cultures, so there is an element of wariness there as a queer woman.

I struggle to fully trust the HSE.

NON MONOSEXUALITY

- Bisexual & Pansexual
- Majority in heterosexual relationships
- Majority caring for children with additional needs
- Experiencing of feelings of invisibility & erasure from the queer community
- Needing to keep sexuality away from health & social care professionals

There was often an adversarial attitude from HSE nurses, so I wasn't really willing to chance giving them any more reasons

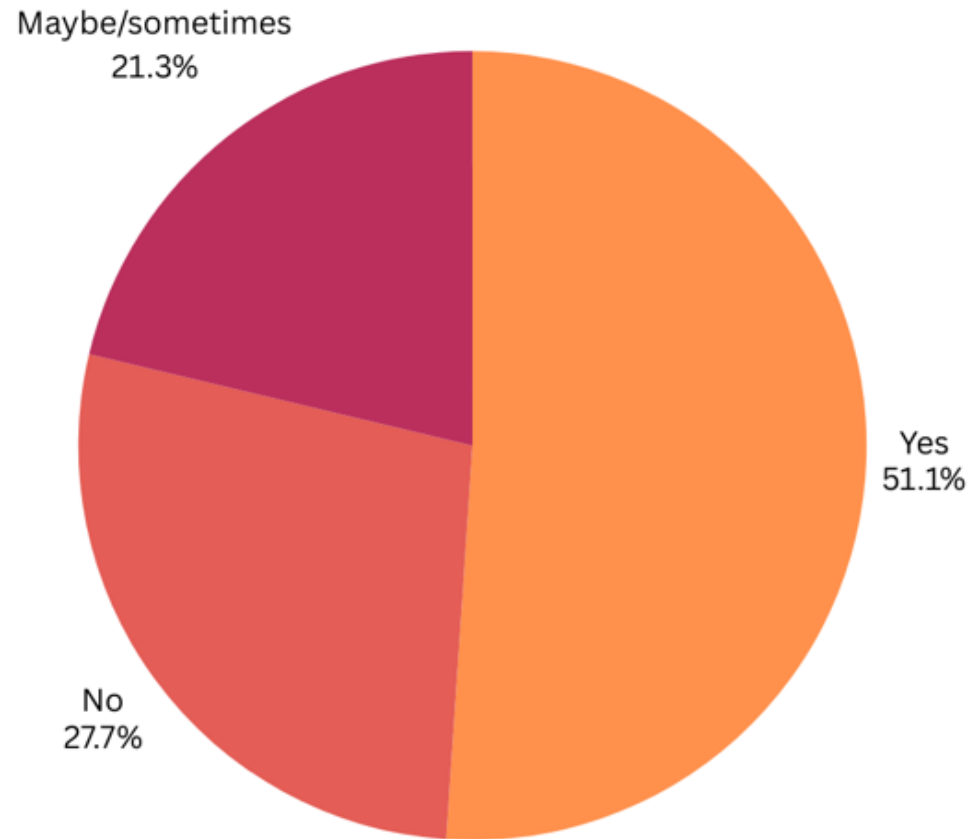
My sexual identity is erased by my caring

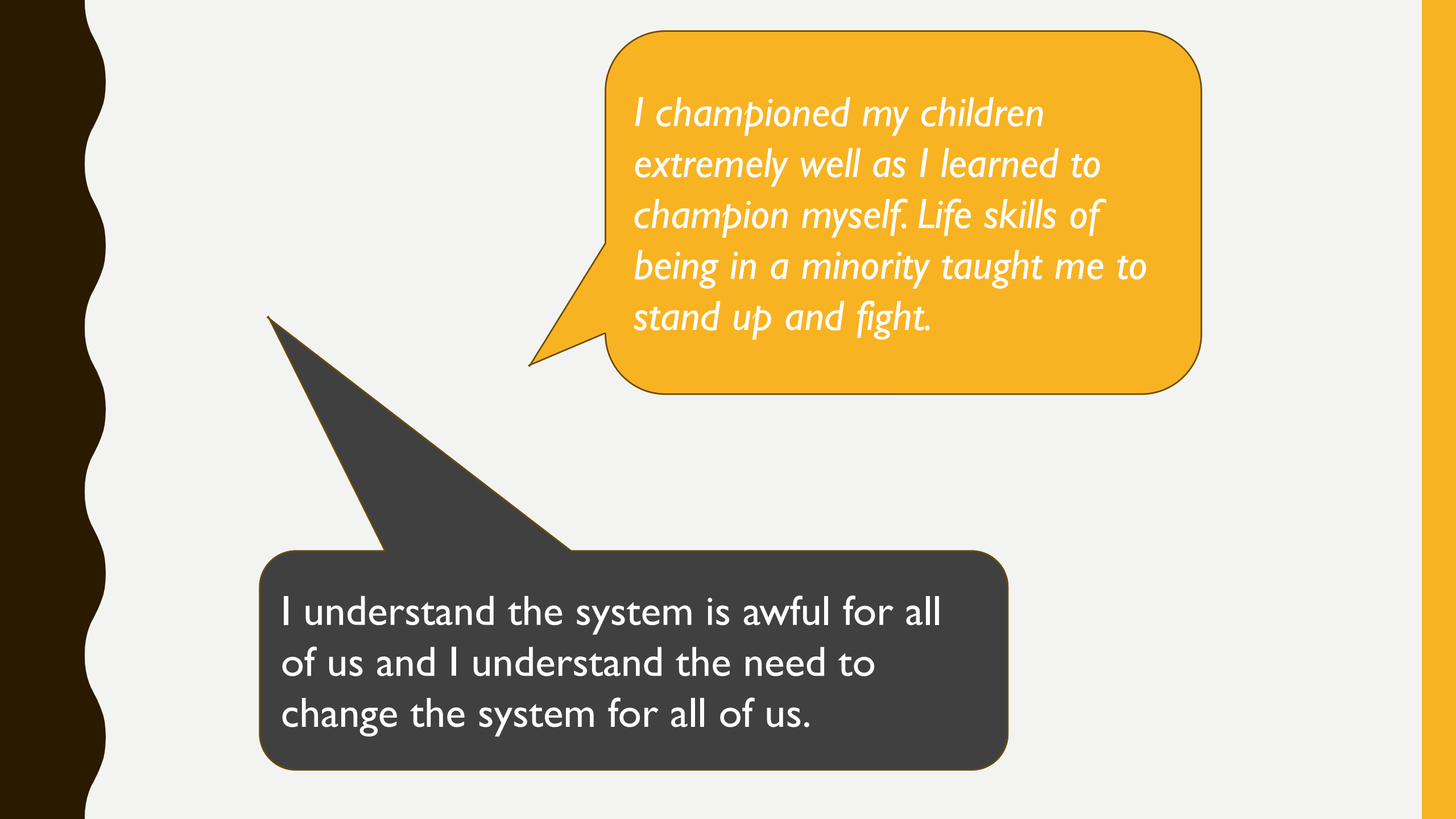
I don't want anything to affect the little help I do get from them. If your kids have autism or ADHD, certain services have opinions on your parenting. I don't want them to think I'm any more different than they already do

STRENGTHS & RESILIENCES

- Some carers identified skills & experiences developed from being queer that has impacted their caring experience
 - Empathy
 - Resilience
 - Organisation
 - Advocacy

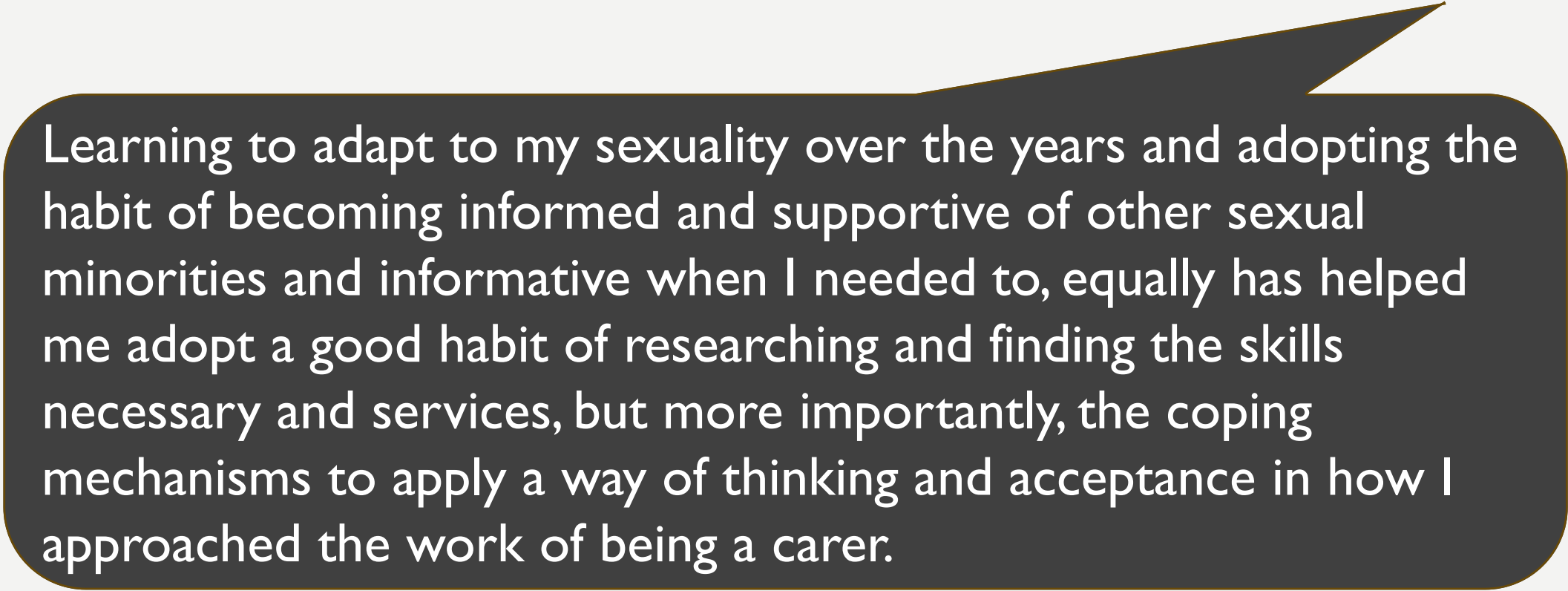
Do you feel your experience to date as a sexual minority has provided you with any skills you can use in your role as a family carer?





I championed my children extremely well as I learned to champion myself. Life skills of being in a minority taught me to stand up and fight.

I understand the system is awful for all of us and I understand the need to change the system for all of us.



Learning to adapt to my sexuality over the years and adopting the habit of becoming informed and supportive of other sexual minorities and informative when I needed to, equally has helped me adopt a good habit of researching and finding the skills necessary and services, but more importantly, the coping mechanisms to apply a way of thinking and acceptance in how I approached the work of being a carer.


STRENGTH-BASED INTERSECTIONALITY

- Intersectionality - addressing intersecting oppressions
- Traditionally LGBTQ+ family care research has focussed on structural and individual homophobia and heterosexism experienced by family carers and the barriers to good care and good supports
- I am focussing instead on the resilience of QFC's and the strengths these intersecting identities create which impact positively on their experiences
- This in turn will allow a focus on how the unique challenges that do exist for QFC's can be addressed by supports, HSC professionals who understand these resilience factors

“...the application of an intersectionality framework in healthcare research has the potential to create new ways of understanding illness/disability, intersectional stigma, and health inequities, with implications for improving care for individuals and families from different socio-cultural backgrounds (Abrams et al., 2020; Viruell-Fuentes et al., 2012).”

“The main theoretical implication of the current article is that traditional concepts in informal caregiving, such as burden and rewards, can be examined from the intersectionality perspective or at the very least alongside it. This is especially crucial for research focusing on disadvantaged groups, such as immigrants, refugees, the LGBTQ community, and ethno-racial minorities, who suffer from multiple social adversities that go beyond the scope of standard situations of caregiving for a family”.

Knaifel, E., & Rubinstein, L. (2025). Intersectionality and Caregiving: The Exclusion Experience and Coping Resources of Immigrant Women Caring for a Family Member With Severe Mental Illness. *Qualitative Health Research*, 35(6), 611–625. <https://doi.org/10.1177/10497323241271996>




“Sexual and gender minority (SGM) communities—such as lesbian, gay, bisexual, transgender and/or gender diverse, queer, intersex, asexual, and Two-Spirit people—have historically been researched from a deficits-based approach that centers problems, risky behaviors, and pathologies. Although this research has made important contributions to the field, it may add to stigma by emphasizing deficiencies among SGM individuals and using cisgender, heterosexual people as ‘the standard’ to which SGM health is compared. As such, researchers have increasingly advocated for the use of strengths-based approaches, which focus on the resources that SGM communities utilize to persist and thrive despite stigma and adversity.”

Edwards, O. W., Lev, E., Obedin-Maliver, J., Lunn, M. R., Lubensky, M. E., Capriotti, M. R., Garrett-Walker, J. J., & Flentje, A. (2023). Our pride, our joy: An intersectional constructivist grounded theory analysis of resources that promote resilience in SGM communities. PLOS ONE, 18(2), e0280787.
<https://doi.org/10.1371/journal.pone.0280787>

“While a veritable mountain of evidence demonstrates that people who hold systemically marginalized identities—including people of color and people from lower socioeconomic status (SES) backgrounds—encounter a variety of psychological and structural barriers across contexts and societies (e.g., Bauer & Hannover, 2020; Baum et al., 2013; Eberhardt, 2020; Schmader & Hall, 2014), conceiving of systemically marginalized people solely through a deficit-based lens imposes limitations on both these individuals themselves and psychological science as a whole”

Silverman, D. M., Rosario, R. J., Hernandez, I. A., & Destin, M. (2023). The Ongoing Development of Strength-Based Approaches to People Who Hold Systemically Marginalized Identities. *Personality and Social Psychology Review*, 27(3), 255–271.

<https://doi.org/10.1177/10888683221145243>

- Focus on strengths that people who currently face systemic marginalisation have as a direct factor of their identities, rather than because of how they compare to a privileged reference group
 - *“The identity-specific strengths approach’s focus on challenging pervasive deficit-based narratives may also generate opportunities for personality and social psychological research to understand the meaning and implications of systemically marginalized identities beyond the mainstream focus on the costs associated with oppression and discrimination” (Silverman et al., 2023)*
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LEARNING FOR PROFESSIONALS

- Irish LGBTQ+ family carers seem to have less negative experiences & views of HSC professionals than other jurisdictions
 - Policy development & change in Ireland
 - Fast legislative development (1993 – 2015)
- Queer family carers have significant skills and ‘traits’ that positively impact their caring resilience & skillset
 - Empathy
 - Resilience
 - Advocacy
 - Community thinking
- Heterosexual ‘looking’ relationships \neq heterosexual individuals, especially in the heteronormative world of family care

NEXT STEPS

- Breadth -> Depth
- Interviews with non-monosexual (bisexual, pansexual) family carers
- No restrictions on who the cared-for person is (children, spouses, parents, etc.)
- Narrative approach – to understand resilience factors
- Challenge negative assumptions in research of LGBTQ+ lives, and family carer lives

THANKS

My supervisors in UCC – Prof. Maire Leane & Dr. Fiachra O’Sulleabhain

Care Alliance Ireland

Respondents

KEEP IN TOUCH!



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