

Cherished families, unspoken truths: Navigating hidden and challenging family experiences while growing up with LGBTQ parents

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Abstract

Objective: This study aims to advance understanding of hidden, complex, and resilient family experiences as perceived by adult children from LGBTQ-parent families.

Background: Difficult and taboo family topics (e.g., mental illness, substance abuse, violence, infidelity, poverty) are rarely examined, particularly among LGBTQ-parent families, in part reflecting researcher and family concerns about stigmatization or misrepresentation. Unique, complex, and resilient aspects of growing up in LGBTQ-parent families reveal the need to study LGBTQ-parent families in their own right, and not simply from a heteronormative, comparative perspective.

Method: A sample of 39 adults raised by LGBTQ parents responded to a mixed-methods online survey regarding parental and child-related dynamics, challenges, and disclosure practices experienced while growing up. Descriptive statistics and qualitative content analysis were used to analyze the data.

Results: Participants reported an array of challenging family experiences, about which they recalled great pressure to conceal, because of the intersecting stigmas associated with their parents' sexual orientation, the difficulties they faced, and their associated fears of negative evaluation and interference by systems of authority. Their narratives revealed several themes related to navigating challenging LGBTQ family experiences, such as feeling that their families' difficulties were not the result of having LGBTQ parents, but instead due to structural heteronormativity and marginalization.

Conclusion: As a minoritized group, LGBTQ-parent families experience societal scrutiny and family stress. Yet, despite reporting multiple problems and stressors associated with their childhoods, participants also revealed great

insight and resilience as they sought to understand the complexity of their family upbringing.

KEYWORDS

communication, conflict, LGBTQ, marginalized, parent–child relationships, resilience

INTRODUCTION

LGBTQ-parent families have historically been studied in comparison to heterosexual cisgender parent families, typically from a defensive stance, as in “we are just as good as they are.” Progressive social change over the past several decades, including legal recognition of same-sex marriage, has allowed greater attention to within-family complexities and processes, opening the door to studying LGBTQ-parent families in their own right. Yet, challenging family topics—such as family violence, mental illness, and substance abuse—are still infrequently studied, especially among LGBTQ-parent families, perhaps because of their taboo nature and the possibility of research being misrepresented in the public sphere amidst the historic and ongoing stigmatization of LGBTQ identities. The current study aims to address this gap through a mixed-methods qualitative and quantitative analysis of survey responses from a sample of 39 adults raised by LGBTQ parents. Participants were asked to reflect on a range of childhood experiences and family dynamics, including their experiences with challenging and potentially stigmatized family topics in childhood, their disclosures about those experiences, and their reasons for non-disclosure. Our goal was to further understanding of LGBTQ-parent family experiences with attention to their complexity, difficulties, and resilience.

From a heteronormative comparative lens to a focus on LGBTQ family experiences

Research on youth with LGBTQ parents is often comparative, examining outcomes such as mental health and academic success in relation to those of youth with heterosexual parents (Stacey & Biblarz, 2001). This tendency is in part a legacy of an earlier time, when comparative social science research was deemed necessary to establish lesbian mothers’ right to maintain custody upon leaving heterosexual marriages (Goldberg, 2010; Tasker & Lavender-Stott, 2020). Researchers established that children with lesbian mothers (and, to the extent that they were also included in research, gay fathers) were not harmed by their parents’ sexuality or the absence of a man/woman parent, as evidenced by positive psychosocial adjustment, including low rates of behavioral problems and acceptable educational progress (Patterson, 1992). Yet even today, the rhetoric of the “best interests of the child” reemerges in debates about the changing landscape of families and the rights of LGBTQ parents (Pearson, 2019). For example, parents in same-sex couples who divorce are often evaluated in terms of how much they mirror heteronormative ideals, wherein those who are gender conforming, monogamous, and biologically related to their children are evaluated more positively than those who violate such ideals—and granted greater access to or legal authority over their children (Pearson, 2019).

A purely comparative approach has been criticized by scholars who advocate for studying LGBTQ-parent families in their own right, in order to circumvent a hetero-cisnormative lens and thus shed light on the unique experiences, challenges, and resiliencies of LGBTQ-parent families (Allen & Demo, 1995; Clarke, 2008; Farr et al., 2022; Goldberg, 2007a, 2013). In turn, an increasing number of qualitative and quantitative studies have investigated the nature and nuances of family life within LGBTQ families without a comparison group (Goldberg, 2023a).

This work has revealed many unique experiences of young adults with LGBTQ parents, including a tendency to identify with the queer community while navigating outsider status (Cashen, 2022; Goldberg et al., 2012), a self-perception that includes enhanced sensitivity to and tolerance of marginalized groups (Goldberg, 2007a; Titlestad & Pooley, 2014) and an overwhelming tendency to view their parents as good role models (Farr et al., 2016; Gartrell et al., 2012). Young people with LGBTQ parents show resilience and hold positive ideas about their family—even amidst feelings of difference and microaggressions from peers (Farr et al., 2016, 2022; van Gelderen et al., 2009), highlighting the “both/and” and complexity of their lived experience. Research has also begun to explore other family processes and experiences among adults with LGBTQ parents, including relationships with their sperm donors (Goldberg & Allen, 2013a; Koh et al., 2020), relationships with LGBTQ parents post-divorce (Goldberg & Allen, 2013b), and their own career, marriage, and parenting aspirations (Gartrell et al., 2012; Goldberg & Kvalanka, 2012). Research has become more centered on the unique experiences of LGBTQ-parent families, with attention to resiliency processes (Farr et al., 2022), thus shedding the presumption that a comparative lens is necessary or that people raised in LGBTQ-parent families will do “less well” than those in heterosexual-parent families.

From a life course perspective (Elder Jr., 1994), the broader social-historical context in which youth with LGBTQ parents develop uniquely shapes their experiences. They grow up in a hetero-cisnormative society that valorizes heterosexual two-parent families with biological children. They are vulnerable to social stigma related to their parents’ sexual orientation and gender identity, as well as their family structure (e.g., formed via adoption or reproductive technologies, and/or characterized by the absence of a father or a mother). Depending on the degree to which their immediate and broader social environment is accepting versus rejecting of LGBTQ people, as well as their parents’ own level of self-acceptance and outness, they may be at risk for internalizing this social stigma (Fairtlough, 2008; Garner, 2004; Goldberg, 2007a; Robitaille & Saint-Jacques, 2009; Siegel et al., 2022).

Hidden topics in LGBTQ family life

Despite the plethora of family research, some aspects of families are widely recognized as stigmatized, hidden, and challenging to study. Among the most difficult topics are parental violence, emotional abuse, infidelity, substance abuse, mental illness, physical illness, and death (Allen, 2023; Kitson et al., 1996; McDowell et al., 2023). Such topics are sensitive to study in general, but especially so when the findings could be used to further stigmatize or marginalize some families (e.g., low-income families, families of color), thereby causing harm (Bryant & Awosan, 2022; Gordon, 2022; Moore, 2011). For example, knowledge that poor, Black, or immigrant families experience high levels of psychological distress could be used to blame them for their marginalized status in society—as opposed to recognizing that such marginalization itself helps to explain elevated distress (Anderson, 2019; Smith & Landor, 2018).

Given LGBTQ families’ stigmatized societal status, it is understandable that researchers may be hesitant to inquire about difficult topics within LGBTQ families. Such hesitancy may stem from (a) awareness that such families may not trust them to disclose issues such as violence or mental illness, and (b) unease about how their findings might be used to harm LGBTQ families, especially in a fraught political climate (Blow, 2023; Richardson, 2022). Yet the result may be an incomplete and sanitized version of the literature on LGBTQ families (Allen, 2023). Gabb’s (2018) and others’ autoethnographic accounts, for example, have highlighted how certain identities and experiences (e.g., single queer motherhood, sex, and sexuality) have been neglected or subsumed by the dominant storyline of lesbian parenting.

Studying complex and difficult topics among LGBTQ families requires sensitivity and grace, bringing hidden family experiences out of the shadows in such a way that can enhance

knowledge and decrease stigma (Allen, 2023; Goldberg, 2023b). Indeed, secrecy surrounding the sensitive nature of certain family-related topics and experiences only serves to contribute to and reinforce the stigma of such experiences (Frith et al., 2018). To date, illuminating studies have examined lesbian mothers' experiences of intimate partner violence (Hardesty et al., 2008), lesbian mothers' experiences of custody loss amidst interfacing with the child welfare system (Harp & Oser, 2016), lesbian/gay parents' experiences of divorce (Goldberg et al., 2015), lesbian maternal bereavement (Allen & Craven, 2020), and lesbian mothers' experiences raising trans children (Kualanka et al., 2018, 2019). Such studies, though rare, reveal LGBTQ families' awareness of how their marginalized family structure may impact how outsiders interpret challenges within their families, such that LGBTQ parents are evaluated more harshly and blamed in the context of divorce, custody loss, and child death. LGB mothers of trans children, for example, express a heightened awareness of how their sexual orientation may be scrutinized or centered in custody disputes such that age-old stereotypes of LGBTQ people as "groomers" are implicitly or explicitly invoked, and they are blamed for "making" their child(ren) trans (Kualanka et al., 2019). Similarly, youth with queer parents have sometimes alluded to an awareness of how family or child challenges might be inappropriately attributed to their parents' sexuality, a consciousness that may lead them to minimize difficulties or distance themselves from their parents' sexuality (Epstein-Fine & Zook, 2018; Garner, 2004; Garwood & Lewis, 2019; Goldberg, 2007a).

Making room for complexity in the experiences of individuals with LGBTQ parents

Personal or psychological ambivalence (e.g., mixed feelings; feeling torn) in the context of family life may be experienced in relation to, and as a result of, sociological ambivalence (Connidis, 2015), such that the tensions created by structural norms are revealed in family interactions and processes (Reczek, 2016). In that heterosexuality and gender normativity are central organizing principles in society, and non-heterosexuality and alternative expressions of gender are punished, even adults who fully accept their parents' LGBTQ identities (or who identify as LGBTQ) may feel the "push and pull" created by membership in an LGBTQ family structure, such that they experience shame or heightened sensitivity about their families and parent-child relationships. Experiencing the duality of emotions, or the "both/and" of feelings, may generate internal conflict (Reczek, 2016), or, alternatively, these complex feelings might be accepted as normative.

Children and adults with LGBTQ parents may also experience ambivalence about how they were raised by their LGBTQ parents (Garner, 2004; Garwood & Lewis, 2019; Goldberg, 2007a, 2007b). They may hold simultaneous and contradictory feelings about their family structure, as in gratitude for their parents' unique qualities and unconditional love, alongside resentment about having to navigate membership in a stigmatized family form. In turn, they may defend or distance themselves from their family structure at points across the life course (Garwood & Lewis, 2019). They may also experience other types of intrapersonal ambivalence, such as indifference surrounding their parents' sexual orientation, but bitterness surrounding their parents' parenting approach, or, some other complex set of emotions. Research on young adults whose parents came out later in life has captured some of this complexity, documenting how they make sense of, try to accept, and manage disclosure of their parent's sexuality, while trying to separate their feelings for them from their ambivalence about their need to manage such information (Tasker et al., 2010). Likewise, research on LGBTQ youth with LGBTQ parents has captured the ambivalence they sometimes feel surrounding the confluence of their own and their parents' identities: Although appreciative of being raised by queer parents, they also wish to chart their own sexual identity, and resent assumptions, by their

parents or outsiders, that their sexuality is related to, derives from, or mimics their parents' (Kualanka & Goldberg, 2009).

Theoretical perspective

To study these complex dynamics, we integrate three theoretical perspectives within an overarching life course framework, which offers an approach to family change over time that situates individuals and families within their broader social-historical context (Allen & Henderson, 2023; Elder Jr., 1994).

First, our study is informed by Communication Privacy Management Theory (CPMT), which defines disclosure as the process by which people share or receive private information—which is often mutually shared or co-owned by multiple family members, requiring some negotiation of the what, how, and when of disclosure (Petronio, 2002). Sharing personal information can reap rewards, such as accessing support, but it also carries risks, such as a recipient telling the information to others, which may have consequences for oneself and others involved. Notably, individuals may become more open to sharing information over time, alongside developmental or family transitions (e.g., a family member dies or moves out; Petronio & Child, 2020). In performing the risk–benefit calculus associated with disclosure, people may consider the relative stigma of the issue being disclosed (e.g., mental illness) and contextual and relational factors (e.g., perceived safety of disclosure; Meluch & Starcher, 2020). Indeed, in highly stressful contexts, such as when the recipient(s) hold a position of power or authority, the risk of disclosure—and associated threat of unwanted consequences—is high, as illustrated by research on the disclosure experiences of undocumented Mexican youth (Kam et al., 2019). Risk perceptions are also impacted by internalized stigma (McKenna-Buchanan et al., 2015) and family rules about privacy and communication (Frith et al., 2018; Petronio, 2002), as well as additional minoritized identities (e.g., sexuality, gender, race, ethnicity) that might come under scrutiny and risk additional stigmatization of one's family (Castaneda, 2021; Kam et al., 2019).

This study is also grounded in minority stress theory, which describes the added stress that marginalized (e.g., gender, sexual, racial) groups experience related to the stigma, prejudice, and discrimination they encounter due to their lesser social power (Meyer, 2003). LGBTQ parents and their children are vulnerable to numerous stressors such as encountering bias and discrimination in legal, workplace, school, and other settings; expecting societal rejection and negative treatment; and internalizing stigma associated with LGBTQ identities, which may contribute to poor individual, relationship, and family outcomes (Meyer & Frost, 2013). Experiences and expectations related to bias can impact whether and how individuals choose to disclose difficult family experiences (e.g., parent mental health challenges), inasmuch as people with LGBTQ parents face the double stigma (Corrigan et al., 2009) of mental illness (or substance abuse or family violence) and LGBTQ family structure.

We also incorporate queer family theory (Allen & Henderson, 2023; Oswald et al., 2005), with its current emphasis of critiquing the hegemonic nature of heteronormativity (Allen & Mendez, 2018). A queering perspective recognizes that LGBTQ-parent families are not passively impacted by hardships related to their stigmatized status, but may engage, manage, and resist bias and discrimination in the larger society via family practices and communication. For example, LGBTQ parents may (re)define family in ways that reflect, (re)affirm, and empower their families, talk with their children about broader societal messages that undermine the legitimacy of their families, and encourage competing discourses that stress the worth and unique differences of their families (Breshears, 2011; Ollen & Goldberg, 2015). Parents may seek to cultivate a sense of family pride and positive family identity that can help mitigate the effects of negative societal messaging about LGBTQ families on children's sense of self (Ollen & Goldberg, 2015). In navigating challenging family experiences and the complexities of privacy

regulation, those with LGBTQ parents may also possess unique strengths (e.g., family pride) that function as key sources of resilience (Farr et al., 2022; Siegel et al., 2022).

Thus, these three perspectives—CPMT, minority stress, and queer family theory, embedded within an overarching life course approach—allow us to examine the contemporary social context in which queer family lives unfold. This framework sets the stage for exploring the decisions that individuals make to disclose stigmatized family identities.

The current study

The current study explored difficult and rarely discussed topics in LGBTQ family life. Specifically, we inquired about parents' relational challenges and parents' and children's personal challenges. Both parent and child "outcomes" are often used as a barometer for LGBTQ parents' right to become parents or retain custody of their children, without acknowledgment that asking such families to perform "better than average" is equivalent to unfairly assuming a high level of resiliency in the face of intersecting systemic oppressions that denigrate their families. We investigated areas that vary in the degree to which they are stigmatized in US society (e.g., divorce is currently recognized as common, and even ideal in some circumstances; Manning & Joyner, 2019) but which may be experienced as more sensitive or stigmatized in the context of having LGBTQ parents. We examined potential reasons for why individuals may feel hesitant to share, or shield others from knowing about, such issues, including fear of outside interference (e.g., monitoring from the child welfare system; a non-custodial parent using such family challenges as leverage in a custody dispute), fear of outside evaluation (e.g., confirming negative stereotypes of LGBTQ parents), internalized stigma and shame, and pressures related to family more generally (e.g., feelings of loyalty; pressure by family not to share with outsiders).

This exploratory study aimed to unearth and render visible issues that have been shielded in prior work, in part due to fears that certain findings could be deployed to discriminate against LGBTQ-parent families. Although we share those concerns, we also recognize that the time has come to understand that bypassing family problems can further disadvantage LGBTQ-parent families through invisibility and silence. When difficult, even tragic, family dynamics are excluded in family scholarship, the result is a simplistic portrait of families than the messier reality of everyday life, as Walker (2009) so critically and poignantly observed.

Thus, our research questions are:

1. In what ways are various challenging family experiences concealed or selectively disclosed? What concerns or fears motivate such non-disclosure?
2. What are the costs, benefits, and other consequences of not sharing about challenging family experiences?
3. In what ways do adults with LGBTQ parents view their family structure or membership as conferring or cultivating unique strengths or advantages?

METHOD

Description of the sample

The sample consisted of 39 individuals who were either (a) born or adopted into LGBTQ-parent families ($n = 35$), or (b) raised in a LGBTQ-parent family from early childhood onward, defined as age 5 or earlier ($n = 4$), the latter group being born to heterosexual couples whose unions dissolved by age 5. The decision to include the latter group was data-driven. Our survey was originally administered to individuals who were raised by LGBTQ parent(s), regardless of

whether they were born into an LGBTQ-parent family or had a parent who came out as LGBTQ during their childhood and subsequently formed an LGBTQ partnership. Upon examining the data, it became clear that people who were raised in an LGBTQ-parent family from birth and those who had a parent come out as LGBTQ later in life had distinct experiences, and it did not make analytic sense to combine them as one sample. However, for children who had a parent come out as LGBTQ before age 5, growing up in an LGBTQ-parent family was all they had ever known; they had few, if any, memories prior to being in an LGBTQ-parent family. Further, there is evidence that the younger children are when they acquire a stepparent (e.g., age 5 or younger), the more likely they are to accept the stepparent as a parent figure in their lives (Ganong et al., 2011). Therefore, children who acquire an LGBTQ stepparent in early childhood are more likely to resemble first-time families, contributing to our decision to include them in our sample.

Sixteen participants (41.0%) were cisgender (cis) women, nine (23.1%) cis men, eight (20.5%) genderqueer/nonbinary, two (5.1%) trans women, and four (10.3%) people who described their gender in other ways (e.g., undecided). Eleven (28.2%) identified as heterosexual, 14 (35.9%) as queer, six (15.4%) as bisexual, three (7.7%) as lesbian, two (5.1%) as gay, and three (7.7%) as something else (e.g., pansexual). Twelve participants (30.8%) were married, and 10 (25.6%) were parents.

Twenty-nine participants (74.4%) were White, five (12.8%) Asian, three (7.7%) Latinx, and two (5.1%) biracial/multiracial. Two (5.1%) endorsed growing up lower class, five (12.8%) working class, 13 (33.3%) middle class, 17 (43.6%) upper middle class, one (2.6%) upper class, and one indicated something more complicated. Three (7.7%) were in their final year of high school, two (5.1%) had high school diplomas, six (15.4%) had some college/an associates, 16 (41.0%) had a bachelor's, 10 (25.6%) had a master's, and two (5.1%) had a PhD/JD/MD.

Participants' mean age was 27.92 years ($Mdn = 27.00$, $SD = 7.04$, range 18–44). Most said that they did not recall a time when they did not know that their parent(s) were LGBTQ (indeed, most said they were “0 years old” when they first learned this), and they reported a mean of 20.89 years spent in an LGBTQ-parent family ($Mdn = 19$, $SD = 6.69$). Of interest was whether the experiences of participants who grew up with LGBTQ parents at the end of the 20th century, when LGBTQ parenting was both contested and less visible, differed from those of individuals who grew up with LGBTQ parents in the early 21st century, during the landmark court cases and civil rights wins that occurred after 2000, such as civil unions in Vermont in 2000 and marriage equality in Massachusetts in 2003. In turn, we delineated between two cohorts: 25 individuals (64.1%), most of whom were in their 30s at the time of the study, grew up with LGBTQ parents in the 1980s-1990s (cohort 1: the “contested” cohort); and 14 individuals (34.9%), most of whom were in their late teens and early 20s, grew up with LGBTQ parents in 2000 and later (cohort 2: the “visibility” cohort).

Of the 35 participants in planned LGBTQ-parent families, 12 (34.2%) were conceived using a known donor and 10 (28.6%) with an unknown donor. In addition, nine (25.7%) were adopted, three (8.6%) were conceived in the context of sexual intercourse, and one did not respond to this question.

The sample was geographically diverse. Namely, participants were from a range of states: MA (9), CA (6), WA (3), OR (3), MD (2), TX (2), PA (2), FL (2), VA (2), CT (2), with one each from IL, MS, MN, and WI. Two were from outside of the US.

Procedure

Between March–August 2022, participants were invited to respond to a survey entitled “Difficult and Hidden Topics in LGBTQ Family Life,” and thus purposefully recruited to respond to questions about topics that scholars have rarely explored in the context of being

raised by LGBTQ parents. This sample is *not* representative of the population of adults raised by LGBTQ parents. Participants were told that the 25 min survey “examines adults with LGBTQ parents’ experiences with hidden or difficult topics related to family life, including mental health challenges, divorce, violence, infidelity, substance use, loyalty conflicts, and other challenges or losses.” Participants were invited to complete the survey if they were 18+ years old, had LGBTQ parent/s, and spent at least part of their childhood being raised by their LGBTQ parent/s. They were told that their responses were anonymous and asked not to put any identifying information on the survey.

Recruitment involved LGBTQ organizations, including those aimed at adult children with LGBTQ+ parents (e.g., COLAGE) as well as local and community listservs that were not LGBTQ-specific. Personal and professional contacts were also utilized. Snowball sampling outreach specified that email as well as social media posts were acceptable means of disseminating information about the study—but emphasized that only private social media accounts should be used, not Twitter and other public accounts, where fraudulent responses are more likely. The investigators had access to different communities and networks and relied on them to share project details with individuals who had LGBTQ parents.

When asked where they had learned about the study, eight specified that they heard about the study from their parents. Six received information about it from friends, three from a family member, two from coworkers, two from LGBTQ organizations, and one from social media. The remainder indicated “email” or “email forward,” with a few identifying the names of specific individuals who had sent them the information.

Survey questions

In addition to basic demographic questions, participants were asked about 14 challenging or hidden experiences that they may have had during their upbringing, which encompassed (a) parent-relational issues (parent verbal/emotional abuse toward partner, parent physical violence toward partner, infidelity, divorce, violence toward children, other type(s) of family violence), (b) parent-individual issues (mental illness, substance abuse, physical illness, death), and (c) participant-individual issues (mental illness, substance abuse, physical illness). They were asked about family poverty and any other challenging issues they might have experienced growing up.

Recognizing that family challenges are often stigmatized and prone to secrecy, perhaps especially among adults with LGBTQ parents, we examined whether participants felt pressure to conceal or avoid disclosing certain family issues, and why. Drawing from primarily qualitative research reports (Goldberg, 2007a, 2007b; Robitaille & Saint-Jacques, 2009) in our construction of potential reasons, we inquired about internalized, externalized, and family pressures as impacting (non)disclosure (Meyer, 2003; Petronio, 2002). About each challenge, participants were asked if they had disclosed it to others versus not; and, if they had not, was this in part because of: (a) shame and stigma; (b) fears of confirming negative ideas about LGBTQ parents; (c) fears of child welfare system involvement (i.e., interference by the “family regulation system”; Roberts, 2022); (d) fear of the information being used against a parent in court (i.e., misuse in the legal setting); (e) loyalty to family; and (f) family members told them not to talk about it. They were also asked if there were additional factors that contributed to nondisclosure.

Additionally, participants were asked to describe their family constellation in their own words, to expand on any family-related challenges that felt sensitive or private, and asked what this experience was like for them. They were asked if they had experienced additional stigma or secrecy surrounding abuse, mental health issues, or substances because of their parents’ LGBTQ status or other reasons, and if there was anything else that they wished to share about the hidden or less understood aspects of growing up with LGBTQ parent(s).

Finally, participants were asked if they believed that having LGBTQ parents impacted them in the following ways: (a) more open to people of diverse genders, sexualities; (b) more tolerant/open to people of diverse identities/backgrounds; (c) involvement in social justice issues; (d) sensitive to issues of oppression/marginalization; (e) hesitant to share details of their family structure/background; and (f) wary of trusting people. An open-ended question invited them to elaborate and/or share other ways they had been impacted.

Data analysis

Counts and descriptive statistics were calculated for closed-ended items. Responses to the open-ended survey portions ranged from one sentence to over one page of text, with most respondents providing responses of three to five sentences. Each participant's set of responses was downloaded as a PDF file so that we could examine their responses to closed- and open-ended questions together, maintaining the integrity of each person's experience and perspective.

Our approach to the analysis reflects our diverse standpoints, knowledge of the literature in related areas, and integrative theoretical framework. We come to the analysis from a variety of different perspectives—one as an adult raised by heterosexual parents who divorced and one parent came out as queer; one as an adult raised by heterosexual parents who divorced, but was not raised by an LGBTQ parent; and one being a parent who raised children in different-sex and LGBTQ contexts. In addition, we are diverse in age, sexual orientation, and parental status. We recognize that our unique vantage points and life experiences inform our orientation to the data, resulting in a fusion of independent, but often overlapping, observations.

We used qualitative content analysis (Krippendorff, 2018) to examine responses from the open-ended questions. Content analysis is a method for generating new insights through a process of identifying, coding, and categorizing primary patterns or themes in the data. Through the process of exploring and classifying qualitative data, we condensed words into a smaller number of content categories to develop a coding system to organize the data (Bogdan & Biklen, 2007). The coding process was initiated with each author reading the responses to gain familiarity with the data. Then, responses were annotated: that is, via line-by-line coding, the first author labeled phrases relevant to the primary domains of interest (e.g., challenging experiences, disclosure, consequences of non-disclosure, stigma). In turn, she generated codes that were then abstracted under larger categories and subcategories. A tentative coding scheme was produced and reapplied to the data, such that all data were recoded according to the scheme.

At this point, the second and third authors reviewed the open-ended portions of the survey against the emerging scheme, to validate the emergent themes and strengthen the credibility of the analysis. Their input led to several changes, as their observations nuanced and deepened, and in a few cases altered, the emerging scheme. Once all authors had reached consensus, the second author provided further feedback about the finalized coding structure, resulting in rearranging several sections for cohesion and flow. The final scheme is organized in three major sections: (a) descriptive data about challenging experiences, including concealment of those experiences; (b) participants' narratives regarding the nature and consequences of concealment related to the intersection of their family structure and these challenging experiences; and (c) participants' narratives related to the advantages of growing up in a queer family, even alongside the challenges that they endured.

RESULTS

We present the results by summarizing the descriptive data and then identifying two main themes that arose from our qualitative analysis. First, we present frequency counts for each type

of challenging family experience that participants reported, descriptive data regarding the degree to which they felt compelled to conceal each family experience, and reasons for concealment. Then, we describe how they navigated their experience with challenging family issues in an LGBTQ family. Finally, we discuss how they nevertheless cherished their LGBTQ families and contextualized such difficulties through a lens that illustrates resilience and understanding.

Reports of challenging family experiences: Descriptive data

Types of family challenges

Participants were asked about 14 challenging experiences. Table 1 provides details on how often each issue was endorsed, how often participants felt pressure to conceal that issue, and the reasons for concealment. Participants reported a mean of 3.26 issues, $Mdn = 2.0$, $SD = 2.90$; range 0–11. The mean number of challenges was somewhat higher among the older (“contested”) cohort ($M = 3.36$, $Mdn = 2.0$, $SD = 2.76$) than the younger (“visibility”) cohort ($M = 3.07$, $Mdn = 2.0$, $SD = 3.14$). The most commonly endorsed issues were mental illness and divorce, with over half ($n = 20$; 51.3%) reporting mental illness among themselves or their siblings, almost half ($n = 18$; 46.2%) reporting parental mental illness, and almost half ($n = 17$; 43.6%) reporting parent divorce or relationship dissolution (13 in the context of a mother–mother split, with three enduring at least one later split, such as by a mother and stepmother; and four in the context of a mother–father split, with one enduring a later same-sex dissolution).

Somewhat less commonly reported experiences concerned physical illness, substance abuse, and parent emotional abuse and infidelity. Just over one-quarter ($n = 11$; 28.2%) reported serious or chronic parent physical illness, and one-fifth ($n = 9$; 20.6%) reported serious or chronic child physical illness. Likewise, almost one-quarter ($n = 9$; 23.1%) endorsed parent substance abuse, and almost one-quarter ($n = 9$; 23.1%) reported self or sibling substance abuse.

One-fifth ($n = 8$; 20.5%) recalled parent emotional/verbal abuse toward the other parent, and less than one-fifth ($n = 7$; 17.9%) recalled parental infidelity.

Rarely reported experiences concerned poverty, violence, and death. Five (12.8%) reported poverty. Four (10.3%) witnessed parent violence toward the other parent, four (10.3%) recalled parental violence toward them or their siblings, and five (12.8%) reported another form of family violence (e.g., sexual assault by one sibling against another). Four (10.3%) reported parental death, with one clarifying that this was their birth mother, not their adoptive parents, one stating that their parent died by suicide, and two stating their parents died of natural causes (e.g., cancer). Five (12.8%) reported some other type of difficult experience, such as parental neglect, triangulation by parents, “immature parenting,” and frequent interparental conflict.

Concealing family problems

There was variability in the degree to which participants felt pressure to conceal family challenges from family outsiders. Although parent divorce was a commonly reported experience, it did not appear to be overly stigmatizing: of the 17 who reported it, less than half ($n = 7$; 41.2%) felt pressure to conceal it. Although less common than divorce, parent/child physical illness, parent death, and even infidelity were also not experienced as highly stigmatizing: indeed, although family stressors, these were not necessarily seen as family secrets (see Table 1).

Issues related to violence, abuse, mental illness, and substance abuse were generally regarded as far more sensitive and risky to disclose. Participants experienced the most pressure to conceal emotional abuse and violence between parents, violence toward children, parent mental illness and substance abuse, child mental illness and substance abuse, and poverty, with over

TABLE 1 Challenging experiences, pressures to conceal, and reasons for concealment (*N* = 39).

Topic	Number, % who endorsed (of 39)	Pressure to Hide (<i>N</i> , % of those who endorsed)	Reasons for non-disclosure/hiding					
			Shame/ stigma	Negative views	Child welfare	Family loyalty	Family pressure	Noncustodial parent interference
<i>More common, more stigmatized</i>								
Parent mental illness	18 (46.2%)	13 (72.2%)	5	4	1	2	1	-
Child mental illness	20 (51.3%)	19 (95.0%)	11	6	1	2	2	-
<i>Less common, more stigmatized</i>								
Parent substance abuse	8 (20.5%)	8 (100%)	3	-	3	4	3	-
Child substance abuse	9 (23.1%)	8 (88.9%)	4	7	2	3	1	1
Violence, partner	4 (10.3%)	3 (75.0%)	-	2	2	1	1	1
Violence, children	4 (10.3%)	4 (100%)	1	3	3	1	1	1
Other family violence	5 (12.8%)	4 (80.0%)	3	2	1	1	1	-
Emotional abuse, partner	8 (20.5%)	8 (100%)	4	4	2	3	1	1
Poverty	5 (12.8%)	5 (100%)	-	1	4	1	-	-
<i>More common, less stigmatized</i>								
Divorce	17 (43.6%)	7 (41.2%)	2	5	2	2	1	-
<i>Less common, less stigmatized</i>								
Parent physical illness	11 (28.2%)	4 (36.4%)	3	-	1	2	-	-
Child physical illness	8 (20.5%)	1 (12.5%)	-	-	1	-	1	-
Parent death	4 (10.3%)	1 (25.0%)	-	-	-	-	-	-
Infidelity	7 (17.9%)	4 (57.1%)	1	1	1	1	-	-

70% of those endorsing each of these feeling pressure to hide them. Fear of child welfare system interference was often cited as a reason for non-disclosure when dealing with poverty and violence (between partners or toward children), with fear of confirming negative views of LGBTQ parents—another form of negative evaluation by outsiders—often accompanying such concerns. Fear of confirming negative views of LGBTQ people, and internalized shame and stigma, were key reasons underlying non-disclosure of emotional abuse between parents.

Worry about confirming negative views of LGBTQ parenting was a primary reason for non-disclosure surrounding parent mental illness, child mental illness, and child substance abuse, with internalized shame and stigma also featuring prominently as a driver of concealment. Significantly, family-related pressures, namely loyalty to family and family pressure not to talk about it, represented prominent reasons for non-disclosure surrounding parental substance abuse.

Navigating challenging LGBTQ family experiences: Adult children's narratives

The descriptive findings only begin to tell the story of how participants experienced, and navigated (non)disclosure of, the challenging family issues in their stigmatized family structure. Our qualitative analysis of participant narratives reveal the tightrope that they walked with respect to disclosure versus concealment, as they balanced the risks and rewards of sharing (e.g., scrutiny and judgment versus support and empathy). They recognized their family's challenges, but worried that if such issues were known, outsiders would misunderstand or misattribute the source of such issues, or politicize their family's pain and suffering and use it as a reason for why queer people should not be parents. In turn, they were restrained in their sharing of difficult family dynamics, often out of concern that their family challenges would be viewed through a distorted lens that implicated their parents' sexuality. Such restraint at times contributed to isolation, which was sometimes amplified by their parents' own lack of outness as well as societal homophobia. Some, too, noted that they not only held back in sharing their families' struggles, but sought to portray themselves and their families in the best possible light. Others emphasized that their families encouraged and facilitated openness and communication about personal and family struggles, and connected them to mental health resources if needed. To augment the descriptive data, we now present participants' perceptions in their own words.

Holding back: Limiting details of family struggles and/or outness

Some participants held back on sharing their families' struggles with others for fear that outsiders would make connective leaps between their parents' sexual orientation and their family stresses. Even the few participants who were fairly critical of their parents (e.g., "there was a lot of cheating, infidelity, substance use, and very bad boundaries"; Rory, a 31-year-old White queer cis woman with two moms) made a point of emphasizing that their parents' challenges and mistakes were unrelated to their sexual orientation. Laura, a 31-year-old White heterosexual cis woman, described parent mental illness and substance abuse, verbal abuse between her two moms, and emotional abuse and neglect: "As I've told people, my parents' sexual orientation was never the issue. They just never should have been parents." Cassie, a 41-year-old White queer cis woman, said:

My nonbiological parent has schizophrenia and some form of bipolar disorder as well as addiction issues that informed the way they treated my biological mother. My biological mother suffers with anxiety and depression and was also using [drugs]. It was awful to witness their fights, both physical and verbal. I still worry that when I tell people about my parents that they will believe their poor parenting is due to their sexuality and that their mental illness informed their sexuality.

Similarly, Noa, a 30-year-old White nonbinary queer participant who grew up with two moms who eventually separated, reported mental illness among both parents and children during childhood. Noa was always aware that outsiders might "think that [my mothers' sexuality] was the reason for any other issues going on in our lives," and thus kept their family challenges secret. Tessa, a 41-year-old White queer cis woman with two moms, acknowledged that the Department of Family Services did visit her home several times, but "because the abuse I sustained wasn't physical, I was never taken into custody. I didn't tell my friends what was going on...for fear it would confirm that my parents were bad parents because they were LGBTQ+."

Participants sometimes shared that their silence about difficult experiences at home was in part facilitated by the fact that they were minimally “out” about their family structure or their parents’ sexuality. Hunter, a 32-year-old White heterosexual cis man, said, “The separation of my two mothers was rarely discussed because I rarely talked about my moms’ relationship.” Dre, a 24-year-old White queer nonbinary participant, shared nothing about the emotional and physical abuse perpetrated by their mother’s partner against her; indeed, “no one knew because we weren’t ‘out’ as a family.” Dre articulated an experience of dual secrecy: “I was secretive about having a lesbian mom and secretive about the problems at home because they were queer.” Likewise, Ricky, a 32-year-old White heterosexual cis man, who was born to a single lesbian mother who later partnered with his other mom, shared:

The violence...was complicated to talk about because I generally didn’t talk about my family situation at all...Through middle school, I was embarrassed to tell people that I had two moms, so there was no natural way for the topic [of violence] to come up.

Participants whose families lacked class and racial privilege were especially sensitive to the need for silence and invisibility amidst the heightened risk of public scrutiny, which ultimately restricted their access to support. Ruth, a 31-year-old White queer cis woman born to two moms who eventually separated, explained: “My family felt so different (queer, multiracial, lots of mental illness) and I was living in a pretty White, upper middle-class neighborhood where it felt like those problems would just make me more ‘other’ and more weird.” Aware of her family’s intersecting marginalization relative to their community, Ruth kept to herself about her family structure and family challenges (e.g., emotionally abusive relationship between parents, parent mental illness).

A few participants invoked their parents’ internalized homophobia and lack of outness as amplifying family stresses (e.g., poverty, violence, mental illness) and their own isolation. For instance, Charlie, a 25-year-old White queer nonbinary participant, had two mothers whose struggles with “substance use challenges and mental health and physical challenges” led both women to avoid and disconnect from their community, which in turn contributed to Charlie’s sense of alienation from peers and other potential supports:

[My parents dealt with] internalized homophobia and fear of stigma, which played a role in how they formed community relationships with parents at my school, thus isolating them and me socially. This likely gave me fewer people to confide in... [plus, my nonbiological mother’s] assumption that others would not approve of her led her to be uninvolved in my school/sports/social communities growing up, which made me feel more isolated.

Notably, most of the participants who described “holding back” were members of the older “contested” cohort. Thus, in addition to endorsing a somewhat higher number of family challenges than those in the younger “visibility” cohort, they were more likely to endorse a hypervigilant stance vis a vis disclosure of such challenges, whereby they did not disclose family problems to outsiders and were prepared to assert the lack of association between such challenges and their family structure or parents’ sexual orientation. The stakes may have seemed greater for this older cohort than the second, who grew up at a time of increasing social acceptance, civil rights victories, and visibility for LGBTQ people.

Kept out: Societal homophobia as a force in “struggling in secret”

Some participants blamed systemic forces, such as societal heterosexism, as amplifying their lack of outness and isolation, and preventing them from accessing supports or services. Noa reflected:

When I think back to all of the issues my parents and family have faced, I truly believe most of them can be traced back to some version of homophobia...When they turned to the medical system for support, they were laughed at and not allowed to both be present in the room. When they needed community support when [sibling] was acting out, other parents ostracized them and the school district refused to accept them as a...real family.

Participants recognized that because their family was queer, they were shut out from both formal and informal support systems, a reality that deepened their suffering and sense of alienation from the community. Cassie spoke poignantly to this point:

Access to care and resources are inaccessible when you're trying to find safety and hide your family from the societal scorn associated with being LGBTQ plus, or being a child in a non-heteronormative family. The situations create layer upon layer of closeting.

Such closeting involved not just Cassie's parents' LGBTQ status (“I lied about which room was for my nonbiological mom”), but also poverty (“I was embarrassed that we ate from food banks”), parent mental illness, violence, and drug use (“I hid their drugs when friends came over”). Cassie needed support, but felt unable to access it amidst the multiple secrets she felt required to keep amidst societal homophobia.

Other participants also emphasized the systemic and community failures—including those in educational, health care, and legal realms—that perpetuated secrecy surrounding the challenges in their family. School, for example, was sometimes a context that was explicitly marginalizing of their families, which restricted participants' ability to authentically express themselves and seek help when needed. Lulu, a 26-year-old Asian heterosexual cis woman, who was adopted by two moms as an infant, said:

I felt the need to keep some of the mental health struggles in the family secret due to stigmas society had around being raised in a LGBTQ family. [My] teacher, who didn't know I [had] two moms, told the class she didn't think gay and lesbian people should be allowed to have children because it would cause them to have behavioral issues.

Some described the failures of law enforcement where their family was concerned. As Noa shared, “When they asked the police for help, they said my brother needed a male role model.” Similarly, Hunter, whose two moms split when he was young and whose biological mother repartnered with a woman with major mental health issues, noted that his mother's separation from her “coincided with a severe bipolar episode by this partner. Unfortunately, law enforcement made several appearances at our home during that stretch.” The encounter was not positive, and as Hunter noted, “brought negative attention to our family...As if we weren't different enough already, I felt like this cast us as outsiders.” Ruth, whose parents had “called law

enforcement a few times” because of mental health episodes within the family, recalled how the calling of police “caused rifts in my family because the police are awful and no one wanted them called, especially not in response to mental health issues with my sister, who is Black.” Ruth pointed to how fears surrounding the consequences of outside surveillance of their queer family were amplified amidst recognition of how racism might interface with queerphobia to render their family especially vulnerable (Harp & Oser, 2016; Moore, 2011; Roberts, 2022).

Covering up: Minimizing challenges, showcasing success

Some participants shared that, to avoid negative attributions related to LGBTQ parenting, they not only felt pressure to withhold details about their families’ struggles, but also to conceal personal challenges—and, beyond this, to showcase their successes and positive well-being. Their stigma management included positive self-presentation (Goffman, 1963)—to be almost perfect, or a poster child for LGBTQ families. These participants, too, were more often members of the older cohort than the younger cohort, underscoring the role of a more stigmatizing sociopolitical climate in nuancing perceptions of risk associated with outness. Laura shared, “I felt a need to be as close to perfect as I could; I love my parents and I didn’t want anything negative I did to reflect on [their parenting].” Ruth said:

I felt a huge amount of pressure to represent LGBT families [which] made me both not want to talk about my family’s struggles at all outside of therapy and also put a lot of academic pressure on me to do very well... I think the combination of having to represent LGBT families... And also in an effort to avoid chaos at home, I threw myself into school and extracurriculars. While this wasn’t necessarily negative for me, [since] I was great at school and loved it, it was definitely driven in part by feeling like a poster child.

Likewise, noting a tendency to minimize her own depression and anxiety, Annie, a 31-year-old White heterosexual cis woman who had two moms before one parent transitioned, said:

I don’t want people to think that our family issues are because my mom’s gay or my dad transitioned... I never wanted people to think I was messed up because my mom was gay. I always wanted to represent to others that you can grow up normally with gay parents. For a long time, I wanted to be a poster child for being raised by gay parents.

A few participants hid their struggles (e.g., mental health issues, being teased) from their parents, too, in hopes of reducing their stress. Dre said: “I was secretive to my parents about the bullying I faced at school...to protect [them].” Maddie, a 35-year-old queer trans woman with two moms, shared:

My brother’s bipolar disorder and later substance use was often a source of family conflict. I was usually “the good one” and expected not to add to the difficulty the family was dealing with and that led me to keep my depression from my parents... I needed to be perfect, never skip class, always get good grades, and hide my own depression.

In this way, selective concealment and strategic representation sometimes extended beyond outsiders to include members of participants' families, including their parents.

Encouraged to share: Open family communication as facilitative of disclosure

As the descriptive data show, not all participants who experienced family challenges perceived or internalized pressure to conceal them. In contrast to the secrecy and hiding that many participants in the older cohort described—which they sometimes connected directly to societal heteronormativity—some participants explicitly noted that they were encouraged to talk about difficult experiences, with their parents, therapists, and outsiders. These participants were more often members of the younger cohort, perhaps reflecting the shifting sociocultural attitudes surrounding LGBTQ identities and changing perceptions of risks associated with airing “dirty laundry.” Speaking to the significance of family communication in normalizing mental health challenges, Colleen, a 19-year-old White bisexual cis woman, shared that one of her mothers had “anxiety and depression” and “told us about it and that she takes medication...she’s always willing to talk about it or her meds.” Liz, a 28-year-old White queer cis woman, who did not know many other people with LGBTQ parents while growing up, nevertheless recalled that her two mothers encouraged to be open about her family as well as her own mental health and family struggles. Her mothers, who had mental and physical health issues, were “both in therapy and working on their stuff. They definitely impacted me but not because of their sexuality. I was raised in an environment where I was encouraged to be open and share about my family.” The effect of such open communication was normalization of mental health issues and mental health treatment, and, additionally, greater communication about such issues within the family.

Several participants noted the role of their broader environments (e.g., state and community climate) in facilitating disclosure about family challenges. Layne, a 25 year-old White cis queer woman who struggled with mental health challenges, shared, “I felt like I had a good relationship to my moms and that I was encouraged to talk about my realities with complexity. I was helped by the fact that I was in San Francisco and had other classmates with LGBTQ parents, and teachers who were out as LGBTQ.”

Cherishing my LGBTQ family, even amidst the challenges

Significantly, speaking directly to our third research question, our participants also shared positive memories and stories of resilience in the midst of recounting challenging experiences. They often acknowledged the complexity of their family lives and relationships, noting the difficult aspects of their growing-up experiences (and in some cases complex relationships with parents or other family members) at the same time that they voiced love for and pride in their families. Noa said, “I believe the secrecy and isolation of everything that occurred during my childhood caused my moms’ current separation. I am so proud of my family, but still so sad at the trauma homophobia caused all of us.” Julie, a 31-year-old White cis queer woman, articulated how in spite of “anger at [my mother] for marrying a stepparent who was verbally abusive to me,” she nevertheless felt that “as a queer person, having queer family and queer elders in my family is a daily blessing.”

Indeed, even when discussing difficult family experiences that they had endured growing up, participants emphasized their gratitude for growing up with queer parents. Roy, a 21-year-old White heterosexual cis man, who described one mother as having serious mental health issues, acknowledged that it “was not easy to grow up with the situation I was put in, but I am beyond grateful for what she has provided for me.” Similarly, Dan, a 33-year-old White queer cis man who described how his stepmother “was very emotionally dysregulated and needed a lot of

(inappropriate) support from the kids, especially me,” went on to say, “I loved and still love that my parents are queer, in their own unique way. The family formation was unboundaried and very tough. But I am so grateful we were not a cis-heteronormative family.”

Participants in this study were asked explicitly about specific potential impacts associated with having LGBTQ parents—impacts that implicitly or explicitly represent examples of queer family resistance (Farr et al., 2022; Goldberg, 2023a). A majority of the sample ($n = 32$; 82.1%) endorsed feeling that they were more open to people of diverse genders and sexualities. More than three-quarters ($n = 33$; 84.6%) felt that they were more tolerant and open to people of diverse identities and backgrounds. Raven, a 26-year-old Asian asexual cis woman, said, “My lesbian single mother has been a fantastic parent. She raised me to be open minded and accepting of all people.” Eleanor, a 35-year-old White bisexual cis woman, who was raised by two gay dads and a single lesbian mom, shared: “I love having gay parents and I think it has made me more open minded and thoughtful.” More than three-quarters ($n = 31$; 79.5%) felt that having LGBTQ parents impacted them such that they were sensitive to issues of oppression and marginalization. And, about two-thirds ($n = 28$; 71.8%) felt that having LGBTQ parents impacted them such that they were involved in social justice issues.

About one-quarter ($n = 10$; 25.6%) felt that having LGBTQ parents made them more hesitant to share details of their family structure and background. Lexy, a 35-year-old Asian heterosexual cis woman who was adopted by two moms, shared, “As a heterosexual child of loving LGBTQ parents who provided me with an amazing childhood, I [still] feel as though I have to ‘come out’ when I tell people about my parents’ relationship.” Just seven (17.9%) felt that it made them wary of trusting people (e.g., for fear of rejection or discrimination). Shane, a 28-year-old Asian bisexual nonbinary participant who was raised by a single queer mom until she partnered with Shane’s other mom during Shane’s early childhood, explained:

Nowadays there’s maybe less stigma than there was when I was a younger child, and I have more tools to navigate conversations. But I always feel the need to figure out whether people will be judgmental or bigoted before broaching the topic [and] I think that makes me more guarded about...my personal life to people outside my close circles.

Other impacts were also identified. Six participants mentioned how having queer parents provided them with additional support as queer people. Margot, an 18-year-old Latinx pansexual cis woman who was born to a bisexual mom and heterosexual dad who split when she was five, said, “As a child of LGBTQ parents who is also LGBTQ, I think growing up around it and in the community made me more accepting of myself and my friends who have come out to me.” Jordan, a 19-year-old White gay cis man, shared, “Having two moms also makes me feel secure knowing that when I have kids, my being gay won’t be a problem.”

Three participants described how having queer parents enabled them a more expansive sense of family and how to “do” family. As Charlie said, “My parents’ queer ‘chosen families’ in many ways became my actual family...and as an adult I find that I am looking for the same thing in future family structures.” A few participants spoke to an enhanced sense of freedom surrounding whether to marry, whether to be a parent, what family-building pathway to pursue, and how to parent. Speaking to the last theme, Noa said:

I feel so lucky to have primarily been raised by lesbians. My moms never instilled heteronormative standards on me (e.g., being thin, wearing certain clothes, getting married), and being queer and a feminist is just part of my core. I can’t wait to pass that along to the next generation.

Other impacts associated with having queer parents that were identified by participants included enabling them greater freedom in their career paths (e.g., as a result of being raised by two egalitarian women), as described by three participants. In addition, three participants noted that their lesbian parents' strong, healthy, and loving relationship that withstood family challenges served as a model for the type of relationship they desired in adulthood.

Thus, in addition to acknowledging the duality of enduring difficult hardships as a family while also emphasizing their family's positive qualities and impact, the participants in this study endorsed a variety of specific, mostly positive, impacts of growing up in an LGBTQ parent family. Their lived experiences highlight both the complexity of navigating life in a marginalized family form as well as the resilience of LGBTQ family members amidst a backdrop of stigma.

DISCUSSION

The current mixed-methods exploratory study represents a bold first step into examining topics that are not well-represented in the literature on children and adults with LGBTQ parents, with a particular emphasis on stigmatized family topics. We also addressed participants' disclosure versus secrecy surrounding such topics, and the role of internalized, externalized, and family pressures as possibly impacting participants' level of secrecy and disclosure regarding their LGBTQ-parent families (Meyer, 2003; Petronio, 2002). Further, our participants revealed a deep understanding of the struggles and problems that their LGBTQ families experienced, accompanied by a profound sense of compassion and gratitude for their parents amidst the challenges they endured. We, as queer-centric scholars and members of LGBTQ family and kin groups, were profoundly affected by the depth of the participants' insights.

The challenges these individuals recounted were complex and numerous. Of note is that 61% of adults in the United States report adverse childhood experiences, or ACEs, which include parental violence, substance abuse, and mental illness; just 16% report four or more (Centers for Disease Control and Prevention [CDC], 2019). Participants in the current sample reported an average of three family challenges during childhood, which is concerning given the numerous mental, behavioral, and physical health consequences associated with ACEs (CDC, 2019). Specifically, many described exposure to parental mental illness and substance abuse during their childhoods, both of which likely impacted them via their parents' capacity to function well (Carroll & Tuason, 2015) alongside or in tandem with their membership in a minoritized family structure. Children of parents with mental illness are generally aware of stereotypes of mentally ill people as "crazy," which can lead to embarrassment, internalized shame, and a perceived need to hide their parents' mental illness (Carroll & Tuason, 2015; Dobener et al., 2022; Murphy et al., 2011). Reflecting this, some participants did not share their parents' mental illness with outsiders because of internalized stigma (McKenna-Buchanan et al., 2015). As children of parents who are both LGBTQ and have mental illness, they may have endured a dual negative stigma (Corrigan et al., 2009). Their reluctance to share their parents' mental health issues may have also reflected a consciousness of the historic conflation of homosexuality with mental illness and overly harsh views of LGBTQ people with mental illness (Drescher, 2015). Although heightened vigilance surrounding disclosure and secret-keeping may have served some protective function (Carroll & Tuason, 2015), it can also lead to isolation (Murphy et al., 2011).

The issue of parental mental health challenges or illness is one that children may be secretive about, both because of internalized and structural stigma (e.g., shame, and fear of outsider judgment) (Dobener et al., 2022; Yamamoto & Keogh, 2018). But the concerns surrounding disclosure of a parent's mental illness is arguably much more serious and potentially dangerous in this sample, because of both the risk of (a) attributions that implicate their parents' sexual

orientation (gay people are mentally ill) as well as (b) outside judgment and interference—consequences that threaten to be more severe because of historically negative evaluations of, and policies seeking to restrict the rights, of LGBTQ parents (Goldberg, 2023a; Tasker & Lavender-Stott, 2020).

Children who experience parental substance abuse may also be reluctant to disclose their situation to outsiders due to an enhanced sense of stigma surrounding the often chronic problems within the family, as well as “a sense of loyalty to the conspiracy of silence in the family” (Hagström, 2019, p. 300). Indeed, all participants reporting parental substance abuse felt pressure to conceal it, consistent with prior work showing that parental substance abuse is highly stigmatizing (Haverfield & Theiss, 2016); and, we found that the most common reasons for nondisclosure were family-related pressures and norms. Perhaps participants may have had different feelings about their parents’ challenges depending on whether they viewed them as controllable (e.g., substance abuse) or uncontrollable (e.g., mental illness; Birditt et al., 2010); this represents an intriguing area for future research, especially if handled with understanding and compassion.

Participants who reported intimate partner abuse between their parents—both emotional abuse and physical—experienced pressure to conceal it. Although rarely reported in this sample, interparental violence is widely recognized as highly stigmatized and is known to have negative effects on children into adulthood (Vu et al., 2016). Parent–parent emotional abuse, which was slightly more common in this sample, tends to be recalled by family members as both normalized (e.g., fighting), reflecting social understandings of emotional and verbal violence as less serious than physical abuse, but also as an intolerable and stigmatized behavior, especially in retrospect (Hannem et al., 2015). For some participants, their awareness of the taboo nature of abuse was amplified by their LGBTQ family status, such that they worried about confirming negative views of queer parents. Relevant here is Hardesty et al.’s (2008) study of 24 lesbian mothers who were subjected to IPV, which found that 11 women tried to hide the abuse from their children, six minimized its effects on children, and six talked with their children about it. About half of the mothers feared that their children could be taken away because of the violence, compounded by their sexuality, and voiced worries about intrusion by legal authorities or extended family. Our participants’ narratives provide a parallel to Hardesty et al.’s findings, indicating their awareness of the possibility of outside interference in response to parental violence—which may have been judged even more harshly given their sexual orientation (Harp & Oser, 2016)—that in turn figured into their silence surrounding their family situation. Such silence reinforces the invisibility of LGBTQ family violence, and perpetuates the notion that violence “doesn’t happen here,” restricting families’ access to support (Bermea et al., 2021). Of note, too, is that the participants who reported parental violence toward them or their siblings also tended to conceal this, with fear of the child welfare system chief among their reasons for nondisclosure.

As with parent mental health challenges, child mental health challenges were both relatively common, and also experienced as secretive, often because of fear of confirming negative views of LGBTQ parents. Participants were seemingly worried that others would presume that parents’ sexuality had caused them to struggle with mental health issues, an inference which, their narratives suggest, they largely rejected. Some also reported shame and internalized stigma associated with mental health struggles, reflecting larger societal stigmas surrounding mental illness (Corrigan et al., 2015). Among those participants who experienced substance abuse, reasons for nondisclosure echoed those for child mental illness: they worried about confirming negative ideas about LGBTQ parents and also described internalized shame, in contrast to parent substance abuse, which was mainly concealed because of family related pressures (e.g., loyalty). At the same time that childhood mental illness and to a lesser extent substance abuse were relatively common in the sample, our participants’ narratives reveal that they felt they had to not only conceal distress but also to publicly present themselves as poster children

or high-performing “success stories” of LGBTQ parenthood, reflecting societal pressures to do so (Garwood & Lewis, 2019; Goldberg, 2007a). Such concealment may have mental and physical health consequences, and points to the need for parents, teachers, and health providers to normalize support-seeking for children of LGBTQ parents and to facilitate access to LGBTQ-savvy therapists (Telington et al., 2020). At the same time, the extra burden placed on certain families to appear highly resilient or even perfect is rooted in the structural systems that oppress minoritized families (Allen, 2023; Anderson, 2019; Connidis, 2015; Goldberg, 2023b; Reczek, 2016).

Although just five participants described childhood poverty, all who reported it felt pressure to conceal it. Poverty is often mistaken as child neglect, and in the context of queer parenthood, child welfare professionals (i.e., agents of the family regulation system) may be even more likely to remove children from their parents’ care because of implicit biases. Some work has found that lesbian parents are more likely to have a child removed from their care (Harp & Oser, 2016), pointing to the possibility of systemic bias whereby mothers with minoritized sexualities are more likely to be labeled unfit, and highlighting how the child welfare system’s history of differential treatment encompasses not just parent race and class but sexual orientation. As children, participants may have implicitly or explicitly recognized that openness about their own financial difficulties, such as with teachers or outsiders to the family, could invite a form of scrutiny that might result in child removal.

Divorce, as well as parent physical illness and death, was not generally experienced as highly stigmatized information that warranted concealment. Divorce, illness, and death are indeed family stressors with complex feelings and cultural silences surrounding them (Allen & Craven, 2020; McDowell et al., 2023), but they did not seem as implicitly or explicitly tied to LGBTQ parental fitness in the same way as the other issues our participants described.

Adults and youth with LGBTQ parents in prior work have sometimes shown conflicting or ambivalent feelings about their parents, highlighting positive aspects of their parenting as well as feelings of distress around aspects of their upbringing (Fairtlough, 2008; Tasker et al., 2010). Our findings build on and expand beyond these findings, revealing the possibility for a wide range of complex feelings toward one’s LGBTQ parents and about one’s upbringing. Our participants were often emphatic that even though their parents struggled in ways that created strain in the family system (e.g., due to drug abuse or mental illness), their difficulties were not due to their sexual orientation. Participants also located the source of their closeting (e.g., about both their family structure and family challenges) in societal homophobia, with those who grew up in the 1980s and 1990s (i.e., the “contested” cohort) in particular highlighting the oppressive social context that contributed to their secrecy and silence, thereby pointing to the importance of a life course lens in analyzing experiences and responses to minority stress (Hoy-Ellis, 2023). Participants blamed broader structural oppressive forces instead of blaming their parents for their non-disclosure and resultant isolation. Recognizing the risks of disclosure as high and the potential unwanted consequences (e.g., judgment, scrutiny, or outside interference) associated with such disclosure as serious, they often limited their communications about their family with outsiders (Kam et al., 2019; Petronio, 2002). This echoes and extends other work showing that individuals from minoritized backgrounds may consider the potential impacts on family (e.g., scrutiny, shame) in deciding whether to disclose stigmatizing information (e.g., as in the case of Latinx women disclosing a history of childhood sexual abuse by family members; Castaneda, 2021). Further, even when participants noted complex feelings about their childhoods or parents, they embraced their parents and cherished the advantages that growing up with queer parents had bestowed on them, underscoring the power of queer family resilience (Farr et al., 2022; Siegel et al., 2022). In our view, the participants held the “both/and” of their experience, acknowledging the challenges associated with growing up with LGBTQ parents who were sometimes dealing with mental health and other issues, while also voicing gratitude for them and compassion for their struggles. They demonstrated their resilience in the face of societal scrutiny and pain.

Participants endorsed many positive aspects of growing up with LGBTQ parents, which are consistent with key themes in prior research on adults with LGBTQ parents (Goldberg, 2007a) and LGBTQ parents (Gartrell et al., 2019) regarding what they believe are the key advantages associated with queer family membership. Prior work suggests that LGBTQ parents and their offspring view greater acceptance of LGBTQ people and other marginalized groups, appreciation for diversity, and queer community belonging as strengths associated with their family structure, with freedom from gender and sexuality binaries and norms also identified by some participants (Gartrell et al., 2019; Goldberg, 2007a). Our findings suggest, however, that some participants, when asked directly, also feel that they may possess a more limited ability to trust or share personal information—arguably not because of their parents' family structure but due to expectations or experiences of stigma, as minority stress theory would suggest (Meyer, 2003). Ultimately, however, it appears that even with intense or multiple family difficulties, the children of LGBTQ parents may acquire resilience in the context of their minoritized family structure, which may have lifelong implications (Garwood & Lewis, 2019). LGBTQ parents may, even amidst societal stigma and personal challenges, manage to embody queer family resistance (Allen & Henderson, 2023) and instill feelings of pride and inclusivity in their children—although their ability to do so may be blunted by structural stigmas (e.g., lack of access to LGBTQ-affirming therapists; encounters with homophobic and racist law enforcement). In turn, just as scholars of Black family resilience have pointed out (Anderson, 2019; Roberts, 2022), we cannot simply acknowledge LGBTQ families for their resilience in the face of minority stressors; we must work to radically upend inequitable societal structures and practices to uplift all families. Further, while we can acknowledge that LGBTQ families today have more options to help their children feel safe and affirmed than in earlier generations (Epstein-Fine & Zook, 2018; Garner, 2004; Goldberg, 2023a, 2023b), we must not overlook the work left to do to ensure that such families are treated equally in the eyes of the law, and by members of the communities in which they live. Recent social-political events reveal just how insecure LGBTQ family rights are (Goldberg, 2023a).

Limitations and future research directions

Many participants, when asked, described a history of mental health challenges or even mental illness among themselves, their siblings, and their parents. We did not ask for specific diagnoses, and nor did we assess such issues directly via diagnostic criteria. Instead, we asked about the presence of such issues within the family system—a line of inquiry that we recognized as sensitive, and potentially vulnerable to non-disclosure or guarded responding, yet valuable, inasmuch as such disclosures can be viewed as a way of counteracting the stigma and secrecy that characterizes mental illness in families in general and LGBTQ families specifically. Still, future work may seek to build on our findings to inquire about specific mental health conditions.

We did not ask about disclosure versus concealment in relation to specific sources or subjects, such as health care providers, peers, or teachers. Nor did we ask about (non)disclosure during specific and distinct developmental periods during their childhood. Further, we did not explicitly ask about parents' own level of outness and how this affected children throughout their lives, although it did emerge in various ways in participants' narratives. Future research can pursue more refined and targeted questions that build on the current findings.

Several participants highlighted how race and class served to further alienate them from their communities and instill fear about the consequences of disclosure of family challenges. Future work must attend more closely to how LGBTQ parents' and children's intersecting identities impacts their experience of family challenges, and disclosure about them. For example, LGBTQ parents of color may face additional scrutiny, shaping the ways that they interact with their broader communities (and what details they disclose about their family, and how), particularly amidst family struggles such as mental illness or substance use (Harp & Oser, 2016;

Moore, 2011). Furthermore, because our sample was largely White, research that centers the voices and experiences of people of color raised by LGBTQ parents is of crucial importance.

Finally, we relied on open-ended responses to survey items as a primary source of data. Although research has documented the acceptability and rigor of conducting qualitative research via online surveys (Kazmer & Xie, 2008), and specifically with hard-to-reach LGBTQ communities (Abreu et al., 2021), there are inevitably limitations associated with this method as well (e.g., condensed responses; inability of researchers to probe). In-depth interviews may be a fruitful avenue for future research on this topic, yet these may also have limitations. Given the sensitive nature of our research area, it is possible that some participants would have been unwilling to discuss family problems at all in the context of an open-ended interview.

Although not a limitation, it is notable that a significant proportion of our participants were themselves members of the LGBTQ community. This may be a function of our recruitment strategy, or perhaps a greater identification with the LGBTQ community themselves (and related interest in participating). Indeed, they may have experienced a particular gravitational “pull” toward participating in a study on understudied and hidden topics in LGBTQ life, amidst their own experiences and identities as LGBTQ. In turn, our study may not reflect the perspectives of those who feel less of a connection to the project focus.

CONCLUSION

LGBTQ-parent families have come a long way in a relatively short time from the defensive stance of the 20th century that required concealment of their personal and societal difficulties. The time has come to center and unpack the concealment of family difficulties among LGBTQ-parent families. Left ignored, difficult topics further disadvantage historically marginalized families through invisibility and silence. Much can be learned from the perspectives of family members who have lived with stigma and challenges and found productive ways to thrive (Allen, 2023; Goldberg, 2023b; Sanner, 2023). Taking an integrative theoretical approach in which we examined hidden family topics in LGBTQ families by addressing stigma management and disclosure, minority family stresses, and queer resistance through an overarching life course perspective, we found evidence that these families are indeed complex, and the adults reared in such families were well aware of the array of difficulties that their families faced. At the same time, they were wisely informed about the structural barriers their families faced as a result of stepping outside the bounds of heteronormativity. In turn, our data reveal that they did face many difficult and challenging family issues, but did not blame their parents for them. Instead, they showed resilience, wisdom, and compassion. Their experiences provide powerful fuel for the idea that society needs to support children and their parents in marginalized circumstances in ways that “see” them for the families they are and provide the support and sustenance that will help them thrive.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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