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Not surving, but thriving: The role of social support and community connectedness in the face of minority stress and its influence on relationship satisfaction in LGBTQIA+ parents

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Theoretical background

Diverse family structures are receiving increasing visibility (Farr et al., 2025), with approximately one-third of individuals identifying as lesbian, gay, bisexual, transgender, queer, intersex, asexual, aromantic, agender, or other non-heterosexual, non-binary, and/or non-endosex identities taking on parenting roles (Livesey, 2023). LGBTQIA+ parent families are defined as families in which at least one parent identifies as lesbian, gay, bisexual, transgender, queer, or with another sexual orientation or gender identity than heterosexual and/or cisgender (Goldberg & Allen, 2020; Reczek, 2020). The term *queer* has been reclaimed that was once pejorative and is now used to challenge heteronormative and gendered norms, functioning both as an inclusive umbrella for nonnormative sexual and gender identities and as a more radical alternative to LGBT frameworks, despite its limited use in research literature (Hammack et al., 2019; Rothblum, 2020; Sinha, 2023). Variations of the acronym 'LGBTQIA+' may appear depending on source usage or when referring to specific subpopulations (e.g., LG parents), given that different subpopulations are prioritised across studies (e.g., Fredriksen-Goldsen et al., 2013).

Existing research predominantly focuses on sexual minorities (Balsam & Szymanski, 2005; Farr et al., 2022; Feinstein et al., 2018; Patterson, 2013; Pepping et al., 2019), shifting only recently and still lacking in accurate representation to insights into the relational and psychological experiences of harder-to-reach populations, including gender minorities, and multiple marginalised identities, including bisexual, pansexual, transgender, non-binary individuals and LGBTQ+ people of colour (Goldey, 2025; Watts & Thrasher, 2024). While *sexual minorities* are defined as those individuals whose sexual orientation deviates from the prevailing norm of heterosexuality, *gender minorities* includes those individuals whose gender identity or gender expression does not correspond to cisgender (Rothblum, 2020). *Gender identity* manifests as one's own sense of gender and may or may not correspond with one's sex assigned at birth (Rothblum, 2020). *Sexual orientation* concerns those gender(s) to which a person is romantically, sexually or emotionally attracted (Rothblum, 2020). Collectively, these groups are often referred to as sexual and gender minorities (SGM/SMGM). Although some studies have attempted to include asexual and intersex individuals (Chan & Leung, 2023), these groups remain largely excluded from queer research samples. Most research relies on comparisons to cisgender, heterosexual norms, risking reinforcing hetero- and cisnormative perspectives (Farr et al., 2022; Prendergast & MacPhee, 2018). While research has examined representation across different age groups (Kiekens &

Mereish, 2022; Lyons & Pepping, 2017), the impact of discrimination on LGBTQIA+ parents remains underexplored, and studies focusing specifically on LGBTQIA+ parent families are scarce (Goldberg & Allen, 2020; Siegel et al., 2021).

Further, the majority of current research efforts constitutes of US-American samples (e.g., Haas & Lannutti, 2021), reflecting a predominantly Western research perspective. Specifically, in Austria data remains limited despite recent legal advances, such as strengthened protections against discrimination outside the workplace, the removal of requirements for a medical diagnosis or psychological assessment for legal gender recognition, and the rehabilitation of victims of homophobic persecution (Siegel & Zemp, 2025), which are likely to have contributed to an increase in LGBTI+ parent families (European Union Agency for Fundamental Rights, 2020; Frost et al., 2022). Austria ranks 16th out of 49 assessed countries in terms of legal equality for sexual minorities and gender diverse individuals within Europe (ILGA-Europe, 2025). Nonetheless, equality is yet to be reached. Longitudinal evidence on family-related outcomes in Austria predominantly focuses on heterosexual couples (Freischlager et al., 2023; Werneck & Rollett, 1999), while comprehensive data on the diversity of relationship and family constellations remain lacking (Bundeskanzleramt, 2021). Barriers for Austrian LGBTQIA+ parent families include parentage (e.g., non-biological parents must obtain parental rights through stepchild adoption), and naming rights (e.g., forced outing as there are specific rulings determine how last names can be combined in same-gender marriages) (ILGA-Europe, 2024, 2025; Siegel & Zemp, 2025).

Beyond these legal and structural disparities, LGBTQIA+ individuals continue to face significant health-related challenges (Hatzenbuehler, 2009; Reczek, 2020; Siegel et al., 2021, 2021, 2022; Turone et al., 2025; Wittgens et al., 2022). Specifically, sexual and gender minorities experience disproportionately high levels of both psychological and physical health burdens (Frost et al., 2015; King et al., 2008; Shilo & Mor, 2014; Wittgens et al., 2022). In terms of physical health, increased prevalence has been observed for conditions such as cancer, influenza, and hypertension (Frost et al., 2015). Mental health disparities are similarly pronounced, including elevated risks of depression, suicidal ideation, substance use, and sexual risk behaviours (King et al., 2008; Shilo & Mor, 2014; Wittgens et al., 2022).

Although sexual and gender minorities encounter considerable mental health challenges, these difficulties are not only associated with risk but also with the development of resilience and coping resources that often emerge in response to chronic exposure to adversity (Farr et al., 2022; Feeney & Collins, 2015; Meyer, 2015; Scandurra et al., 2017;

Siegel & Zemp, 2024). These processes are often embedded in broader social and relational contexts, such as social support (S. Cohen & Wills, 1985; Meyer, 2003), community connectedness (Meyer, 2003; Parmenter et al., 2025), collective action (Breslow et al., 2015), participation in activities related one's community (Fingerhut et al., 2010) and romantic relationship involvement (Pepping et al., 2024). These factors are suggested to buffer the negative effects of stressors (Siegel & Zemp, 2024).

Minority stress

The range of mental and physical health disparities experienced by sexual and gender minorities has been attributed to the exposure of *minority stress* (e.g., Frost & Meyer, 2023). Brooks (1981) initially conceptualized minority stress as a psychosocial stressor arising from involuntary exposure to negative life events associated with low-status minority group membership. These life events occur within the individual's external environment and are linked to the individual's perception of their minority status (Hendricks & Testa, 2012). Minority stress is structurally distinct from other forms of stress (Brooks, 1981), as it stems from stigma and prejudice directed towards sexual and gender minorities rather than from stressors shared by the majority (Frost & Meyer, 2023). Rather than individual characteristics of minority group members, societal structures have been emphasised in initiating minority stress (Brooks, 1981; Meyer, 1995).

The core assumptions underlying minority stress are those of uniqueness, stability, and of social origin (Meyer, 2003). Uniqueness explains minority stress as additive stress, thereby distinguishable from general stressors. Its foundation in societal structures renders minority stress relatively stable, giving it a chronic character. The social origin relates to minority stress centring social processes and institutions reaching beyond the individuals' responsibility.

The minority stress model

Following the foundation of Brooks' study on lesbian women (1981), Meyer (1995) later operationalised the minority stress model in research involving gay men. To this end, Meyer (2003) combines several sociological and social psychological theories, while drawing largely from the social stress theory. Social stress theory emphasises stress arises not only from personal events but further from conditions in the social environment, which may contribute to adverse physical and mental health outcomes (Meyer, 2003). Individuals belonging to stigmatised groups based on, for example, race, ethnicity, gender, or sexuality may be particularly vulnerable to such stressors (Meyer, 2003), challenging the adaptive capacities of the individual (LeBlanc et al., 2015). Since its publication, the minority stress

model has been vital in firstly, increasing visibility of LGBTQ(IA)+ people, and secondly driving LGBTQ(IA)+ research (Rivas-Koehl et al., 2023).

The minority stress model was initially postulated to explain the elevated prevalence of mental health disorders among LGB individuals by suggesting that they are subjected to chronic, cumulative stress, referred to as minority stress, due to their marginalised status in society (Meyer, 2003). At the individual level, this occurs within broader structural contexts marked by persistent inequalities, including high rates of discrimination based on sexual orientation and gender identity (European Commission, 2019) and limited protection against anti-LGBTI hate speech (ILGA-Europe, 2024). Accordingly, LGBTQ+ populations are formally recognised as health-disparate groups (National Institutes of Health, 2019), experiencing higher rates of mental and physical health problems than heterosexual populations (Fredriksen-Goldsen et al., 2013; James et al., 2016; King et al., 2008; Reisner et al., 2016; Valentine & Shipherd, 2018; Wittgens et al., 2022), largely attributable to chronic exposure to stigma-related stressors (Lookingbill et al., 2021).

Meyer (2003) suggests minority stressors exist on a continuum from distal to proximal stress. *Distal stressors* are objective, external, and can manifest for example in the form of discrimination or microaggressions (Frost & Meyer, 2023; Meyer, 2003). *Proximal stressors* may develop from distal stressors through cognitive reappraisal (Meyer, 2003) or socialisation processes and are inherently internal (Frost & Meyer, 2023). Meyer (2003) identified distal minority stressors as chronic and acute experiences of prejudice, which contribute to proximal minority stress processes, such as the anticipation of stigmatisation as a result of awareness of societal prejudice, the internalisation of societal negative attitudes, and the concealment of one's sexual or gender identity (Frost & Meyer, 2023; see Figure 1).

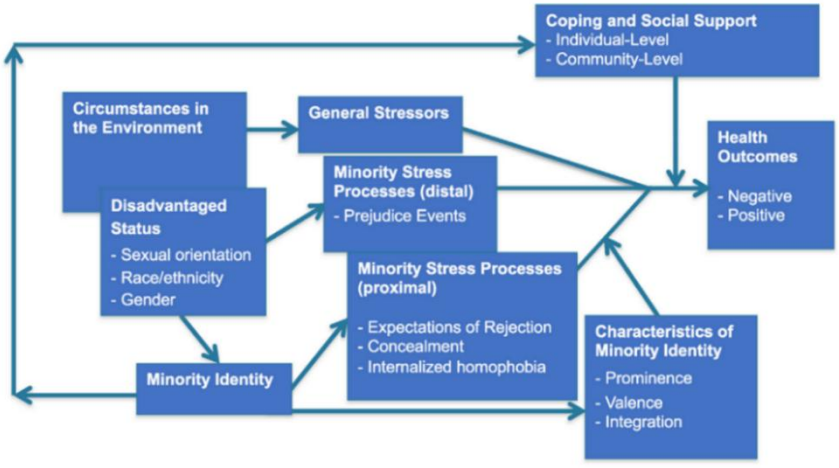

Figure 1. The minority stress model. Retrieved from Frost & Meyer (2023).

Prior research has suggested causal links between distal and proximal minority stress processes in LGB individuals (Douglass & Conlin, 2022).

The overall impact of minority stress on the individual are partly determined by ameliorative factors such as coping, social support and resilience among sexual and gender minorities (Frost & Meyer, 2023; Rivas-Koehl et al., 2023). Minority identities may not only be a source of stress, but also a source of strength, acting as protective factors against adverse health outcomes (Meyer, 2003; Rivas-Koehl et al., 2023). First introduced as minority coping (Meyer, 2003), community resilience moves beyond conceptualising coping as a static individual trait and can expand the resources of the individual to sustain well-being (Meyer, 2015). Community-level resilience includes concrete resources, such as LGBTQIA+ centres, support services, and affirmative policies, as well as more intangible resources, such as reframing social norms and redefining life goals from a minority perspective (Meyer, 2015). Social support functions as a mechanism by which interpersonal relationships can protect people from the adverse effects of stress (Kessler et al., 1985) and is defined by receiving help from others; for community resources this is optional, but not obligatory (Meyer, 2015).

Extensions of the minority stress model. Since its initial publication in 2003, the minority stress model has been significantly expanded. The extensions are presented in chronological order of their establishment.

Firstly, the model now encompasses not only sexual minorities but also gender minorities (Hendricks & Testa, 2012). While minority stress can arise based on both sexual orientation and gender identity (Hendricks & Testa, 2012; Meyer, 2003), the co-occurrence of gender and sexual minority identities (e.g., a lesbian trans woman) may result in experiences of multiple minority stress moving beyond additive effects (Rivas-Koehl et al., 2023). How minority stressors play out for gender minority individuals may differ from how they play out for cisgender individuals (Frost & Meyer, 2023). For example, distal minority stressors seem to be the most commonly experienced among transgender and gender nonconforming populations, as they are often the victim to physical and sexual violence (Hendricks & Testa, 2012). This is consistent with societal attitudes towards trans rights having declined, as fewer people agree trans people should be allowed to change the civil documents to match their gender identity (European Commission, 2019). Further, cisnormative social structures contribute to experiences of misgendering and the invalidation of gender identity (European Commission, 2019; Johnson et al., 2020; Matsuno et al., 2024).

Secondly, the model has been extended to the couple level, aiming to capture the experience of being in a socially marginalised intimate relationship (LeBlanc et al., 2015).

Regardless of self-identification, individuals involved in such relationships may be labelled by others as “gay” or “lesbian” once their relationship becomes known (Otis et al., 2006). At this level, sexual and gender minority couples may face stigma and discrimination ranging from anticipated bias to enacted discriminatory acts, reflecting the broader societal devaluation of their relationships and constituting couple-level minority stress that can be experienced individually or jointly (Bresin et al., 2023; Frost et al., 2017; K. E. Gamarel et al., 2014; Neilands et al., 2020; Otis et al., 2006). These stressors arise both from the status of being in a stigmatised relationship and from dyadic processes through which individual-level minority stress is experienced within the couple (LeBlanc et al., 2015). Such dyadic processes include minority stress discrepancies between partners, which may generate conflict and hinder intimacy, and minority stress contagion, where stress experienced by one partner affects the other partner’s life and mental health, reflecting crossover effects within intimate relationships. Together, couple-level and dyadic minority stress contribute to both individual and relational well-being.

Thirdly, the temporal intersectional minority stress model put forward by Rivas-Koehl et al. (2023) aims to adapt the original minority stress model to current sociopolitical changes. Central to the model is *intersectionality,* which is a theoretical framework proposing that multiple social identities (e.g., race, gender, sexual orientation, socioeconomic status) intersect at the individual level to shape experiences of privilege and disadvantage (Bowleg, 2012; Evans et al., 2018; Rivas-Koehl et al., 2023). These intersections reflect broader, interlocking systems of oppression and privilege, such as racism, sexism, and heterosexism (Bowleg, 2012; Evans et al., 2018). Rather than viewing identities as additive, intersectionality emphasises their complexity (Farr et al., 2022), and the unique social positions that emerge from their combinations (Bowleg, 2012; Evans et al., 2018). As a result, individuals may experience multiple forms of privilege (e.g., high-SES white men) or multiple forms of marginalisation (e.g., low-SES Black women) (Bowleg, 2012; Evans et al., 2018). Building upon this, the model emphasises that minority stress and structural stigma intersect with other forms of oppression and privilege linked to individuals’ social positions; for example, it underlines that even within marginalised communities’ social hegemonies persist, privileging white-cisgender gay men (Rivas-Koehl et al., 2023). Following a balanced approach, it also postulates social support as an important resource on the individual as well as community level, supporting a strength-based research approach in contrast to previous deficit-focused ones.

Fourthly, the model has been extended to the family context, highlighting the experiences and living conditions of LGBTQ+ parent families (Siegel et al., 2022; Siegel & Zemp, 2024). The family minority stress model builds on the temporal intersectional minority stress model (Rivas-Koehl et al., 2023), the gender minority model (Hendricks & Testa, 2012), and the couple-level minority stress model (LeBlanc et al., 2015) and places them in a LGBTQ+ parent family context (Siegel & Zemp, 2024). In essence, it postulates that minority stress, legal vulnerability (e.g., legal differences between partners affect the division of labour, as a non-legal parent cannot assume certain roles) and structural stigma (e.g., discriminatory laws) may all affect individual, couple and family-level (Siegel & Zemp, 2024). The center of the model is the family unit embedded in the larger societal system of power by which LGBTQ+ parent families are marginalised (Siegel & Zemp, 2024). Possible pathways of how stigma may influence or be prevented from influencing the family unit are described (Siegel & Zemp, 2024). For example, minority stress can influence LGBTQ+ family dynamics by contributing to proximal stress processes among LGBTQ+ parents, such as efforts to conceal the family structure, the internalisation of negative attitudes towards LGBTQ+ parenting, including feelings of pressure to raise a well-adjusted child (Siegel et al., 2022; Siegel & Zemp, 2024). This may ultimately lead both parents and their children to conceal their LGBTQ+ parent family identity. On the couple level, LGBTQ+ parents may aim to conceal the relationship by for example avoiding public show of affection or internalising negative attitudes towards LGBTQ+ relationships (Siegel et al., 2022). Resilience and coping strategies, especially those at the family level, may buffer against the negative impacts of minority stress and/or structural stigma (Siegel & Zemp, 2024).

Proximal minority stressor: Internalised stigma. Societal stigma that privileges heterosexual (and cisgender) identities and marginalises other sexual and gender identities orientations can be internalised by sexual and gender minorities (G. Herek et al., 1998; Puckett & Levitt, 2015). However, this internalisation should not be understood as the result of an individual predisposition (Puckett & Levitt, 2015). Rather, as a result of growing up in a marginalising environment, LGBT individuals may come to reject their own sexual or gender identity, leading to shame, negative self-perceptions, a lack of self-acceptance, and a low self-esteem towards one's sexual or gender identity (Frost & Meyer, 2023; Hendricks & Testa, 2012; Meyer, 2003; Meyer & Dean, 1998; Otis et al., 2006). Ultimately, *internalised stigma* can be understood as the most proximal of the minority stressors, as the individual internalises society's negative attitudes and prejudices (Hendricks & Testa, 2012).

In light of recent research efforts to increase the inclusion of gender minority identities (e.g., Breslow et al., 2015; Hendricks & Testa, 2012; Pepping et al., 2024), several definitional distinctions should be made. Internalised homonegativity means the application of anti-LGB beliefs to the self (Mohr & Daly, 2008), making it only applicable to sexual minorities, while internalised homophobia is narrowly applied to only lesbian and gay individuals (Meyer & Dean, 1998). Internalised transphobia emerged from efforts to extend the minority stress model to transgender individuals (Hendricks & Testa, 2012). From a feminist perspective, critique has been directed at the concept of internalised homosexism, emphasising that it is essentially inseparable from heterosexism itself; treating them as distinct phenomena creates the false impression that one can exist in a heterosexist environment without internalising its attitudes (Puckett & Levitt, 2015; Russell & Bohan, 2007). To address these limitations, Frost and Meyer (2023) updated the term internalised homophobia (Meyer, 2003) to internalised stigma, making it applicable across both gender and sexual minorities.

Several studies have documented the adverse effects of internalised stigma (Alday-Mondaca & Lay-Lisboa, 2021; Williams et al., 2023; Williamson, 2000). Chronic forms of self-harm, self-injurious behaviours, substance abuse, and suicidality have been observed in gay and lesbian individuals (Williamson, 2000). A meta-analysis by Williams and colleagues (2021) found that both internalised queer stigma and internalised transphobia are associated with depression and suicidal ideation. Through interviews with LGBTQI+ parents, Alday-Mondaca and Lay-Lisboa (2021) found that internalised stigma affects parenting in several ways, including difficulties seeing oneself as a parent, fear of passing on stigma to children, hesitation to introduce an LGBTQI+ partner, and the heightened discrimination faced by transgender and intersex individuals. Although some studies suggest that lesbians may be more prone to internalised stigma (Cao et al., 2017; Williamson, 2000), recent research has found higher levels of internalised stigma among gay men (Cohn-Schwartz et al., 2025), suggesting that findings in this area remain mixed.

Recent research efforts by Nyguen and colleagues (2024) describe how external stigma, such as perceived discrimination, is the primary driver of the development of internalised stigma. Individual characteristics and social support are suggested to function as buffers in this relationship. Further, this research suggests a bidirectional relationship between internalised stigma and concealment of one's sexual identity (Nguyen et al., 2024).

Proximal minority stressor: Concealment. The close relationship between internalised stigma and concealment is evident in the development of concealment, as

internalising stigmatising beliefs can influence an individual's decision to hide their minority identity (Rivas-Koehl et al., 2023). The process of hiding one's identity from others for fear of harm is called *concealment* (Meyer, 2003) and is driven by *concealment motivation*, defined as the tendency to hide aspects of identity through goal-directed behaviour and maladaptive emotion regulation (Larson et al., 2015). This may involve concealing sexual or gender identity or one's relationship, both of which can hinder personal and couple development (Jordan & Deluty, 2000; Outland, 2016), as well as concealing family structure (Siegel & Zemp, 2024). On a personal level, the individual is deprived of identity-consistent appraisals, leaving them with feelings of inconsistency and inauthenticity (Bosson et al., 2012). Central to concealment motivation is a persistent motivational conflict between impulses to disclose and impulses to conceal (Larson et al., 2015), which Bosson (2012) conceptualises as the tension between 'concealing to belong' and 'revealing to be known'.

Individuals may choose not to affirm their identity due to fear of persecution, in order to maintain personal safety (Rood et al., 2017); especially transgender individuals have been the victim of physical harm (Hendricks & Testa, 2012). For transgender individuals concealment may take the form of denying or distancing oneself from a gender history that does not reflect their true identity (Rood et al., 2017). A distinct but related construct, "passing/blending", describes how transgender individuals may be perceived as cisgender, either through intentional management of appearance and behaviour or without deliberate concealment of their gender history. Passing is best understood as a response to living in a stigmatising environment, rather than a deliberate choice (Jordan & Deluty, 2000).

The concealing of a stigmatised sexual or gender identity has been identified as one of the most common coping strategies among LGBTQ+ individuals use to avoid the negative consequences of a minority identity, such as threats to their social status, relationships, or even physical safety (Bosson et al., 2012; Meyer, 2003; Rood et al., 2017). However, concealment carries psychological costs: It can diminish an individual's true sense of self (Rood et al., 2017) and has been linked to lower well-being and more depressive symptoms (Riggle et al., 2017). Further, it may hinder individuals of valuable resources, such as connections to the minority community, as it makes the identification with other members more difficult (Hendricks & Testa, 2012). This aligns with Pachankis's (2007) cognitive-affective-behavioural model of concealment, which proposes that hiding a stigmatised identity can lead to social avoidance, social isolation, and impaired functioning in close relationships. However, if an individual is privileged to access to social networks, which offer

support, these may help prevent or reduce the impact of these forms of minority stress (Lyons & Pepping, 2017).

LGBTQIA+ relationships

Involvement in a romantic relationship has been identified as a buffer against minority stress for sexual and gender minorities (Pepping et al., 2024; Whitton et al., 2018). Social support from a partner is particularly effective in promoting well-being, especially in the context of discrimination which can lead to social isolation (Whitton et al., 2018)

Several empirical studies have documented the positive impacts of LGBTQIA+ relationships among sexual and gender minorities (e.g., Pepping et al., 2024; Whitton et al., 2018). The entry into a LGBT relation has been related to a health increase and LGBT relationship involvement was able to reduce psychological distress, especially for Black LGBT individuals (Whitton et al., 2018). Merely entering into a relationship does not qualify to enhance an individuals' health; rather, it is the positive nature of partner interactions and the overall quality of the relationship that have been found to predict better health outcomes Pepping et al., 2024).

In response to stigma and discrimination (Bresin et al., 2023; Frost et al., 2017; K. E. Gamarel et al., 2014; Neilands et al., 2020; Otis et al., 2006), many queer couples develop an "us-against-the-world" perspective (Connolly, 2006, p. 151) fostering cohesion and a shared sense of solidarity in the face of adversity (Lev, 2015). Relationship dynamics are characterised by high levels of communication, an attuned-equality dynamic, marked by sensitivity to each partner's needs, and intentional relationship strategies such as shared decision-making and mindful conflict resolution, all of which contribute to resilience.

Relationship satisfaction in LGBTQIA+ couples

Several components of *relationship satisfaction* have been identified such as sexual satisfaction, emotional satisfaction, relationship happiness, ability to see a future for the relationship, inter-partner support, trust within and commitment to the relationship, communication and physical intimacy, conflict management style, equity and decision making, and high levels of companionship (Akers et al., 2023). Relationship satisfaction changes over the course of a relationship, often declining over time (Bühler & Orth, 2024; Reeves & Horne, 2009), particularly when children are involved (Bühler & Orth, 2024), which may pose challenges for family stability. Higher levels of relationship satisfaction are associated with stronger connections to support systems, whereas disparities in partners' levels of outness (Akers et al., 2023) and pressures arising from a heteronormative society are linked to lower relationship satisfaction (Marshall et al., 2020). While relationship quality is a

broad, multidimensional construct, relationship satisfaction refers more specifically to an individual's subjective evaluation of how well their relationship aligns with internalised ideals (Fletcher et al., 2000; Hassebrauck & Fehr, 2002). Thus, relationship satisfaction can be understood as a key evaluative outcome within the broader framework of relationship quality.

No comparisons to heterosexual couple constructs will be made, as such comparisons reinforce heterosexist research practices (e.g., Akers et al., 2023). This ultimately restricts the recognition and understanding of the unique characteristics, processes, and strengths of queer families that are not captured by comparative approaches (Fish & Russell, 2018). However, because prior research suggests that the underlying structure of relationship satisfaction is similar across heterosexual and queer relationships (Akers et al., 2023), the same conceptual framework will be applied within the current research without positioning heterosexual couples as the normative reference.

Minority stress and relationship satisfaction

Given the extension of the minority stress model to couples (LeBlanc et al., 2015), a framework now exists to empirically examine how minority stress may affect intimate relationships. The adverse effects of minority stress on relationship satisfaction can be explained by Bodenmann's (2005) stress-divorce model, which suggests that stress reduces time spent together, disrupts dyadic communication, and increases vulnerability to psychological and physical health problems. This aligns with the minority stress model, which posits that chronic stress contributes to the elevated prevalence of mental health disorders among LGBTQ(IA)+ individuals (Frost & Meyer, 2023; Meyer, 2003). Moreover, Bodenmann (2005) argues that effective coping, particularly in the form of social support, reduces the spillover of external stress into the relationship, thereby protecting relationship functioning from the harmful effects of stress. This perspective also addresses critiques of the minority stress model as overly deficit-focused by highlighting the role of resilience and protective processes (Frost & Meyer, 2023).

LGBTQ+ couples face heteronormative environments, which threaten their relationship (Frost & Meyer, 2009; Haas & Lannutti, 2021; Meyer, 2003; Mohr & Daly, 2008; VanAntwerp et al., 2025), by contributing to the social marginalisation of their romantic relationships (Mohr & Daly, 2008). Several empirical studies have documented the deleterious effects of minority stress on relationship satisfaction among sexual and gender minorities (Ballester et al., 2021; Balsam & Szymanski, 2005; Bresin et al., 2023; Feinstein et al., 2018; K. E. Gamarel et al., 2014; Mohr & Daly, 2008; Otis et al., 2006; Song, Buysse, Zhang, & Dewaele, 2022). Studies found that minority stressors exert adverse dyadic effects

on relationship satisfaction among lesbian and bisexual women (Balsam & Szymanski, 2005), that actor effects occur in gay male couples, particularly in longer-term relationships, and are partly explained by more negative relationship interactions (Feinstein et al., 2018), with comparable patterns observed among transgender women and their cisgender male partners (K. E. Gamarel et al., 2014). Among LGB college students in same-sex dating relationships, initial levels of minority stress predicted lower subsequent relationship satisfaction (Mohr & Daly, 2008). Lastly, empirical evidence on couple-level minority stress is provided by findings of spillover effects, showing that minority stress experienced at the individual level can extend to and affect the relational level across sexual minority samples (Song, Buysse, Zhang, Lu, et al., 2022).

Distal minority stressors, such as exposure to chronic and acute stressors including discrimination and parenting-related stress, can compromise relationship maintenance processes and increase vulnerability to relational distress and dissolution (Bodenmann, 2005; Ross et al., 2022). In contrast, emerging research highlights the particularly harmful impact of proximal stressors on mental health (Ramirez & Paz Galupo, 2019), and more specifically, on relationship outcomes (Doyle & Molix, 2015). Studies underscore this pattern by showing that relationship satisfaction is primarily associated with internal minority stress processes, such as internalised, anticipated stigma and concealment, whereas external stressors like discrimination, show no such association (J. N. Cohen & Byers, 2015; Dorrell et al., 2024; Gonçalves et al., 2020). Meyer and Frost (2009) found that internalised stigma led to relationship problems mainly by an increase in depressive symptoms. This is consistent with findings by Haas and Lannutti (2019), who reported that chronic minority stress reduces resilience and increases vulnerability to depression, as well as with research by Mohr and Daly (2008), which suggests that heightened negative affect and reduced communication may underlie these effects.

Internalised stigma and relationship satisfaction

Theoretical foundation. The internalisation of societal negative views can contribute to various individual factors that diminish relationship quality, such as reduced self-esteem, fear of intimacy, self-doubt, and insecure attachment styles (Cao et al., 2017). Further, internalised stigma can foster self-hatred, guilt, and pessimism about the relationship's longevity (Connolly, 2006), creating a self-fulfilling prophecy as negative societal messages about relationship instability are internalised and influence expectations within the relationship (Otis et al., 2006). These internal feelings of shame and guilt, along with pressure from a partner to adopt non-homophobic beliefs, may further contribute to conflict and

diminish relationship satisfaction, highlighting the complex ways in which minority stressors can undermine romantic relationships (Ballester et al., 2021).

Internalised stigma may act as a minority stressor that is especially relevant to romantic relationships, as it can foster ambivalence toward a same-sex relationship and, in turn, undermine relationship satisfaction (Pepping et al., 2019). For individuals in a same-sex relationship, difficulties to accept the romantic relationship may generally reduce intimacy and closeness, limiting relationship quality for both partners. The observation that internalised homonegativity is not associated with other dimensions of relationship quality, such as trust, passion, or commitment, but is significantly related to relationship satisfaction, underscores the distinct and theoretically meaningful role of relationship satisfaction in understanding the impact of minority stressors (Thies et al., 2016). Despite these theoretical suggestions, the relationship between minority stress and romantic relationship outcomes remains complex, with no single mediator fully explaining the association (Pepping et al., 2019).

Empirical findings. Several empirical findings support the theoretical suggestions outlined above. In a meta-analysis internalised stigma showed a stronger inverse association with relationship satisfaction than both discrimination and societal stigma (Doyle & Molix, 2015). Among LGBTQ+ individuals, higher internalised stigma has been shown to be associated with lower relationship satisfaction (Ballester et al., 2021; Feinstein et al., 2018) and more negative relationship interactions (Feinstein et al., 2018).

Across sexual minority groups higher internalised stigma (e.g., internalised homophobia, binegativity, or homonegativity) has been associated with lower relationship satisfaction (Dorrell et al., 2024; Mohr & Daly, 2008; Otis et al., 2006; Pepping et al., 2019; Reeves & Horne, 2009). One mechanism that may explain this association is concealment motivation (Pepping et al., 2019), highlighting concealment as another important factor in the context of romantic relationships.

Concealment and relationship satisfaction

Theoretical foundation. The cognitive burden of hiding one's identity is associated with poorer relationship outcomes, including lower satisfaction (Meyer, 2003; Uysal et al., 2012). The coping with a concealable stigma often leads to avoidance in close relationships (Pachankis, 2007), which can then affect global relationship outcomes including relationship satisfaction (Gable & Impett, 2012).

Several mechanisms have been proposed how refraining from disclosing one's queer relationship identity may have adverse effects on relationship satisfaction. For example,

secret-keeping behaviours can diminish perceived relational closeness and contribute to feelings of inauthenticity within the partnership (Larson et al., 2015; Uysal et al., 2012). As the concealing partner aims to hide their stigmatised identity from others, the couple is additionally prevented from engaging in shared quality time within broader social networks (Hatzenbuehler, 2009; Pepping et al., 2019). Whereas those couples who share interactions with friends of families aware of their stigmatised identities, are more satisfied with their relationship, those individuals who pass are deprived of these crucial interactions (Jordan & Deluty, 2000). LGBTQ(IA)+ individuals face a tension between disclosing and concealing their identities, as disclosure can expose them to relational risks, including interpersonal threats, while concealing imposes substantial cognitive and emotional burdens including the fulfilment of the fundamental human need for social connection (Bosson et al., 2012).

If concealment is held up for a long-time concealment, it comes with psychological and emotional drains (Hatzenbuehler, 2009; Pepping et al., 2019). This ongoing burden can deplete coping resources, which are then unavailable for maintaining a satisfying relationship. Especially long-term relationships are suffering as interactions become impaired, when a partner conceals their identity (Pachankis, 2007).

Empirical findings. Empirical findings on concealment's impact on relationship satisfaction are mixed, with some studies finding effects (e.g., Pepping et al., 2019) and others not (Ballester et al., 2021; Mohr & Daly, 2008). However, evidence does underscore the relational complications associated with concealment. Whereas concealment has been associated with decreased relationship satisfaction (Caron & Ulin, 1997), multiple studies have indicated that higher levels of outness, or greater disclosure of one's identity, are associated with enhanced relationship satisfaction (e.g., Akers et al., 2023; Jordan & Deluty, 2000). Using a cross-sectional design, Uysal et al. (2012) found that self-concealment from one's partner was associated with lower relationship satisfaction, while dyadic diary data revealed daily concealment was associated with increased conflict and lower relationship satisfaction.

Empirical evidence suggests that relationship satisfaction is higher when partners engage in similar levels of self-disclosure, whereas discrepancies in disclosure within couples are associated with lower satisfaction (Jordan & Deluty, 2000). In their study of lesbian relationships, Jordan and Deluty (2000) found that conflicts can emerge when one partner discloses aspects of their own identity, inadvertently revealing information about the other partner, particularly when the latter seeks to conceal their sexual or gender identity. Relationship satisfaction was higher in couples where both partners are "closeted" than in

couples where one partner was out and the other remained concealed, highlighting the relational costs of uneven disclosure.

Internalised Stigma and Concealment. Some researchers have investigated the impact of both internalised stigma and concealment on relationship satisfaction. In a sample of bisexual men, Gonçalves et al. (2020) found that, although concealment negatively affected both relationship and sexual satisfaction, internalised stigma exerted a stronger influence. Similarly, Ballester et al. (2021) reported that internalised stigma emerged as a unique predictor of relationship satisfaction, whereas concealment did not significantly predict outcomes among sexual and gender minority individuals.

Paradigm shift: From deficits to strengths

The extensive theoretical and empirical attention to the adverse effects of proximal minority stressors, such as internalised stigma and concealment, on relationship functioning (e.g., Ballester et al., 2021; Otis et al., 2006), is situated within a broader line of research on LGBTQIA+ populations, that has been largely guided by a deficit-focused framework, emphasising experiences of stigma, discrimination, and associated negative health and relational outcomes ((Burgess et al., 2007; Farr et al., 2025; Meyer, 2003). Although this work was instrumental in documenting structural inequalities, it has been criticised for disproportionately centring pathology and vulnerability, thereby obscuring adaptive processes and positive functioning within sexual and gender minority communities (e.g., Frost & Meyer, 2023).

In response, recent scholarship has increasingly adopted a strengths-based perspective that foregrounds *resilience* and well-being among sexual and gender minorities (Colpitts & Gahagan, 2016). This shift has also been evident in adaptions of the minority stress theory that seek not only to identify stressors but also to examine protective mechanisms operating within the minority stress process (Meyer, 2015), offering a more balanced perspective. In this context, multiple definitions of resilience have been brought forward. Resilience has been defined as the ability to withstand or overcome significant stress or adversity (Fergus & Zimmerman, 2005), as well as "a set of learned behaviours and interpersonal relationships that precedes one's ability to cope with adversity" (Singh & McKleroy, 2011, p. 34). Individual and social resources may be utilised not only to survive or recover from stressors, but also to become sufficiently strengthened to thrive (Connolly, 2006).

Consistent with these shifting research priorities, recent studies have begun to highlight thriving and positive identity development among LGBTQ(IA)+ parents and families, challenging earlier deficit-oriented narratives (Farr et al., 2022; Geidel et al., 2025;

Matsick et al., 2024; Siegel et al., 2022). Such findings underscore the importance of examining adaptive processes alongside risk factors when seeking to understand relational and family outcomes in this population. In particular, social support has emerged as a central resource in understanding how LGBTQ(IA)+ individuals and LGBTQ(IA)+ parent families navigate stressors (e.g., Feeney & Collins, 2015; Meyer, 2003; Siegel & Zemp, 2024).

Social support

Social well-being, fostered through close interpersonal bonds, is essential to thriving, as relationships not only protect individuals from the negative effects of stress but also promote growth and resilience, enabling individuals to adapt and flourish either as a result of or in spite of adversity (Feeney & Collins, 2015). This is in line with definitions of social support: a psychosocial resource that facilitates the attainment of personal goals and the management of daily life demands, while simultaneously providing a protection against risk factors associated with adverse circumstances (Elizur & Mintzer, 2003).

While relationship processes tend to be comparable between minority couples and their cisgender, heterosexual counterparts, the elevated stress often encountered by minority couples renders social support especially important for their mental well-being (K. Gamarel et al., 2023; K. E. Gamarel et al., 2014; Graham & Barnow, 2013; Hendricks & Testa, 2012; Lampis et al., 2023; Otis et al., 2006; Pachankis, 2007). Sources of support may range from partner(s), friends, family, and finally community (Haas & Lannutti, 2021). Although experiences of discrimination are encountered at the individual level, sharing these experiences with family members can situate them within a broader context of social injustice, thereby serving as a rallying point (Otis et al., 2006). However, as support from families of origin is frequently lacking or experienced as a source of stress, sexual and gender minorities individuals often prioritise families of choice (i.e. supportive family-like networks formed by people who are not biologically related) within their social networks (Breslow et al., 2015; Frost et al., 2016; Lev, 2015; J. K. Long & Andrews, 2007). These chosen families are built on shared values, experiences, ideals, and beliefs, and are characterised by mutual care and responsibility. Such networks frequently emerge within or alongside LGBTQIA+ communities, where relationships serve to affirm and reflect individuals' evolving identities, thereby contributing to the development of a supportive and resilient queer self-concept (Lev, 2015; Weston, 1991). Hereby, lesbians (with the possibility that this extends to other queer women socialised as women) may have a slight advantage, as women tend to be socialised to nourish their social relationships more (Connolly, 2006). However, it seems the type of support, that is being provided is more crucial than the source of it (Lyons & Pepping, 2017).

Tangible support provides the individual with practical help in the accomplishment of specific tasks, appraisal support refers to the receiving of emotional support, and belonging offers the individual a sense of companionship.

The buffering role of social support

Although the structural foundations of minority stress largely prevent its complete resolution without broader societal change, individuals can still develop effective coping strategies that substantially reduce stress (Brooks, 1981). As noted earlier, minority stress is distinct from general stress, as it is an additive form of stress that operates alongside general stressors (Meyer, 2003). Consistent with this, Meyer's (2003) minority stress model proposes that social support, both at the community and individual level, can buffer LGBTQ(IA)+ individuals against the adverse health outcomes associated with minority stress. Support can also operate at the couple level, where partners receive support in navigating experiences of minority stress (Neilands et al., 2020). Similary, support targeted at the family unit can help mitigate shared family-level experiences of minority stress (Siegel & Zemp, 2024). However, while such processes may mitigate the negative effects of stigmatisation and prejudice, they do not eliminate these consequences entirely (Otis et al., 2006).

The stress buffering hypothesis proposes that psychosocial stress negatively impacts the health and well-being of individuals with minimal or no social support, whereas these adverse effects are reduced or absent among those with robust support networks (S. Cohen & McKay, 2020; S. Cohen & Wills, 1985). When multiple problems chronically persist, individuals' problem-solving capacities may become depleted, thereby increasing the need for buffering mechanisms such as social support. Social support can mitigate stress by intervening between the stressful event itself, or the anticipation of such an event, and the stress response, such that stress appraisal is altered to a less harmful one when individuals perceive adequate resources. Initially developed to explain the effects of general life stress, the stress-buffering hypothesis was later extended by Meyer (2003) to the context of minority stress. In line with this, support can be tailored to address minority- specific concerns (Neilands et al., 2020).

Whether support can buffer against stress seems to be partially dependent on the match between the type of stressor and the specific support (J. N. Cohen & Byers, 2015; Graham & Barnow, 2013). This is suggested by the stress-support matching hypothesis arguing individuals facing a specific stressor are best supported by functions that offer coping resources tailored to that particular stressor (S. Cohen & McKay, 2020; S. Cohen & Wills, 1985). Building on this, family-level minority-specific social support represents a targeted

form of support tailored to stressors related to minority identity. It involves, first, being explicitly responsive to issues arising from a marginalised identity (e.g., addressing safety concerns) and second, being provided to the family unit as the intended recipient of support.

Empirical findings of social support. Social support has been investigated as a buffering factor across multiple research areas, for example including its role in mitigating the effects of low socioeconomic status and supporting academic performance (Malecki & Demaray, 2006), as well as serving as a buffer against stressful life events in women with breast cancer (Kornblith et al., 2001).

Within the context of minority stress, social support has likewise been shown to exert a protective and mitigating effect. Among middle-aged and older men, social support was associated with reductions in internalised homonegativity and sexual identity concealment (Lyons & Pepping, 2017). Specifically, tangible or practical support was particularly important for addressing internalised homonegativity, whereas emotional or psychological support mitigated the effects of identity concealment.

In a recent study, lower levels of internalised homophobia among lesbian women compared to gay men were attributed, in part, to their greater likelihood of having spouses and children as close sources of social support (Cohn-Schwartz et al., 2025). Similarly, Skakoon-Sparling and colleagues (2025) reported that social support attenuated the impact of internalised homonegativity on intrusive sexual thoughts and behaviours in gay and bisexual men. As a buffering mechanism, social support was also shown to moderate the relationship between identity concealment and negative affect, such that the positive association between concealment and negative affect was weakened when sexual and gender minorities perceived adequate social support (Kiekens & Mereish, 2022). In a sample of transgender individuals, support from family buffered against the impact of stigma on mental health (Scandurra et al., 2017).

In the context of relationship satisfaction, social support has similarly been demonstrated to play a critical role. Social support from significant others positively predicted relationship satisfaction in a sample of lesbian women (Reeves & Horne, 2009). Beyond sexual and gender minority samples, social support has also been linked to higher relationship satisfaction in clinical populations, such as individuals with bipolar disorder (Boyers & Simpson Rowe, 2018).

Community connectedness

Sexuality and gender-specific support fosters resilience and promotes psychological well-being among LGBTQ+ populations (Doty et al., 2010). Those who share comparable

experiences of stress are posited to constitute the most optimal sources of support (S. Cohen & McKay, 2020), thereby highlighting the relevance of social connections with other LGBTQIA+ individuals. LGBT(QIA+) community connectedness can be understood as an individual's emotional sense of belonging to the broader LGBTQ(IA)+ community, pride in that affiliation, and motivation to engage collaboratively with the community to address shared challenges (Frost & Meyer, 2012). Conceptualised as a form of group-level coping, it can counteract internalised negative self-perceptions stemming from heteronormative stigma (Frost & Meyer, 2023; Meyer, 2003).

Community involvement and identification have been recognised as important components of social support (Salfas et al., 2019). Building on this, community connectedness has been conceptualised as a specific form of social support (Craney et al., 2018). While social support in general is broadly available and not specific to minority populations, LGBTQ+ community connectedness represents a vital source of connection and support for LGBTQ+ individuals, as it helps reframe the heteronormative and cisnormative frameworks through which individuals are often socialised (Lefevor et al., 2024). Social support and community connectedness can be distinguished even within the minority stress model, which posits that coping can operate on the individual level and the community level (Frost & Meyer, 2023; Meyer, 2003).

Connection to LGBTQ(IA)+ communities may be established through a variety of pathways, encompassing both online and in-person resources (Hendricks & Testa, 2012). Individuals may participate in virtual social networks or attend face-to-face support groups. In addition, participation in LGBTQ(IA)+ events, such as Pride celebrations or political demonstrations, may provide opportunities for social integration while also promoting self-expression and identity affirmation (Ong et al., 2025). Physical LGBTQ(IA)+ communities, including so-called "gaybourhoods", geographic areas with a high concentration of LGBTQ(IA)+ residents, may further offer health-related (e.g., reduced distress and an increased well- being), social, and recreational benefits by fostering environments conducive to connection and collective identity (Matsick et al., 2024). Overall, through affiliations with LGBTQIA+ communities identity-specific strengths (e.g., identity affirmation, identity centrality, authenticity, relationship intimacy) can be induced (Parmenter et al., 2025).

The buffering role of community connectedness

Beyond showing direct positive impacts (Matsick et al., 2024), community connectedness may also serve a buffering function in protecting against or ameliorating the psychological impact minority stressors among sexual and gender minorities (Frost & Meyer,

2023; Lefevor et al., 2024; Meyer, 2003; Parmenter et al., 2025; Puckett et al., 2015). This is consistent with suggestions by the buffering hypothesis, arguing the effects of a stressor can be ameliorated by increased feelings of belonging, in the form of intimate interpersonal relationships (S. Cohen & McKay, 2020).

In assuming a buffering role against proximal minority stressors, LGBTQ(IA)+ communities facilitate external attribution of minority stress, establish alternative normative frameworks, and offer access to social support that is largely free from stigma typically encountered in cisgender and heterosexual contexts (Lefevor et al., 2024). By fostering in-group comparisons and exposure to positive representations rather than contrasts with the dominant culture, community connectedness helps reframe stigmatising experiences, thereby reducing their psychological impact (Meyer, 2003; Ong et al., 2025), and diminishing shame, which enables positive identity expression (Ong et al., 2025). In addition, LGBTQ(IA)+ communities can compensate for reduced belonging arising from exclusion from cisgender and/or heterosexual outgroups, thereby buffering against societal rejection and stress responses by fostering solidarity and positive affect (S. Cohen & McKay, 2020).

Both proximal minority stressors, internalised stigma and concealment, can enable social isolation (Larson et al., 2015; Otis et al., 2006; Pachankis, 2007), as stigmatised identities often withdraw from potential social support networks or perceive available ones as less helpful (Dennis & Davis, 2025). In the context of LGBTQ+ identities, stigma is, for some individuals, concealable, affording the option of nondisclosure (Pachankis, 2007). However, this concealability simultaneously restricts access to valuable opportunities for social support.

Intersectionality within LGBTQIA+ communities. The significance of community connection may be most apparent in its absence. Even without direct experiences of discrimination, individuals who do not encounter adequate representation within community settings or broader societal structures may experience a diminished sense of belonging (Hendricks & Testa, 2012). Often overlooked in current research efforts, multiple marginalised identities are often forced to create their own LGBTQ(IA)+ communities, as they are faced with racism within the community (Watts & Thrasher, 2024). Even LGBTQ(IA)+ communities are systems of privilege and oppression, subordinating multiple marginalised identities (McConnell et al., 2018). Despite facing greater minority stress, LGBT POC individuals have shown resilience, suggesting that prior experiences of racism may foster the development of coping resources that are subsequently mobilised in response to sexual and gender minority stressors.

Empirical findings of community connectedness. Empirical evidence suggests that affiliation with the LGBTQ+ community is associated with reductions in internalised stigma and the development of a more affirming self-concept (Corrigan & Matthews, 2003). Moreover, stronger identification with the LGB community has been linked to enhanced coping capacities in the context of marginalisation (Meyer, 2013), and increased experiences of stress-related growth among LGB individuals (Cox et al., 2010). Among LGBTQ adolescents group-based interventions in schools, that promoted community, were able to reduce internalised stigma (Goldbach et al., 2021).

With respect to individuals holding multiple marginalised identities, empirical findings remain mixed. Among African American gay men, connection to social networks within house and ball communities (i.e., social networks of mainly African American and Latino/Latina LGBTQ+ people that formed to provide support and belonging in response to experiences of social and economic exclusion) has been shown to buffer the negative effects of minority stress, including internalised homophobia, on psychological well-being (Wong et al., 2014). By contrast, McConnell et al. (2018) reported that affiliation with the LGBT community was associated with beneficial outcomes among white sexual minority men, but not among sexual minority men of colour, a pattern that may reflect the availability of coping resources developed through earlier experiences of racial discrimination among racially marginalised individuals (McConnell et al., 2018).

In the context of romantic relationships, community connectedness appears particularly salient during individuals' first same-gender relationship, where it may serve to counteract internalised homophobia (Reeves & Horne, 2009). Among transgender and nonbinary individuals, higher levels of LGBTQ+ community connectedness have been associated with greater relationship satisfaction, which in turn was associated with increased sexual satisfaction (Goldey, 2025). Explanatory mechanisms that have been proposed in this regard include the availability of community-based role models and opportunities for informational support. Using a photovoice methodology (i.e., a participatory research method where participants take and share photographs to share and discuss their lived experiences), Akers et al. (2023) further demonstrated that, among LGBTQ+ individuals in same-gender relationships, outness to community-based support systems was positively associated with relationship satisfaction.

Aims, research questions and hypotheses

The present thesis is embedded within the larger research project Rainbow Austrian Longitudinal Family (RALF) Study, which investigates minority stress processes as well as

risk and protective factors in LGBTQIA+ parent families in Austria. The study draws on data from LGBTQIA+ families across three age cohorts: early childhood (2;0–5;11 years), middle childhood (6;0–10;11 years) and adolescence (11;0–17;11 years). While parents report on child outcomes, adolescents complete self- report questionnaires. RALF employs a quantitative longitudinal design with multi-method, using both self-report questionnaires and observational data, and multi-rater assessments, including evaluations provided by both adult participants and adolescents. The study spans a total duration of 3.5 years, including three annual waves of data collection over a two-year period. Questionnaire data are collected via self-report online surveys completed by the index parents (i.e., those parents who registered the family at RALF), non-index parents and eligible adolescents.

RALF seeks to address structural and empirical gaps in existing LGBTQIA+ research by addressing general (e.g., coparenting) and minority-specific (e.g., family pride) constructs on the individual, couple and family level, and situating them within the specific sociocultural and legal context of Austria. In addition, RALF responds to the need for both theoretical recognition and statistical modelling of diversity and intersectional experiences within these families. By making findings accessible through low-threshold tools, such as the ExploRALF platform, the study strengthens connections within the LGBTQIA+ community and ensures that its findings have practical impact. The RALF study employs an intersectional, community-based participatory research (CBPR) framework to ensure ethical rigor and community involvement. A community advisory board (CABs) composed of LGBTQIA+ parent family members, stakeholders and experts meets annually prior to each wave of data collection and providing ongoing feedback on study design, implementation, and dissemination.

Situated within this framework, the present thesis investigates minority stress processes among LGBTQIA+ parents. Although contemporary research often focuses on the detrimental effects of minority stress on relational functioning, this study adopts a more balanced perspective by integrating both risk and protective factors. It explores potential buffering resources, including social support and community connectedness, and explores how resilience may be promoted among LGBTQIA+ parents. In doing so, it challenges heteronormative and cisnormative assumptions by moving beyond comparisons with cisgender and heterosexual norms.

Based on the previously outlined research gaps and research aims, the following research questions have emerged:

Research Question 1: Is higher minority stress associated with lower relationship satisfaction in LGBTQIA+ parents?

Hypothesis 1a: Higher levels of internalised stigma are associated with lower levels of relationship satisfaction.

Hypothesis 1b: Higher levels of concealment are associated with lower levels of relationship satisfaction.

Hypothesis 1c: Internalised stigma has a stronger negative effect on relationship satisfaction than concealment.

Research Question 2: Does social support moderate the relationship between minority stress and relationship satisfaction in LGBTQIA+ relationships?

Hypothesis 2a: Family-level minority-specific social support moderates the negative relationship between internalised stigma and relationship satisfaction, such that the negative impact of internalised stigma is weaker at higher levels of family-level minority-specific social support.

Hypothesis 2b: Family-level minority-specific social support moderates the negative relationship between concealment and relationship satisfaction, such that the negative impact of concealment is weaker at higher levels of family-level minority-specific social support.

Research Question 3: Does community connectedness moderate the relationship between minority stress and relationship satisfaction in LGBTQIA+ relationships?

Hypothesis 3a: Community connectedness moderates the negative relationship between internalised stigma and relationship satisfaction, such that the negative impact of internalised stigma is weaker at higher levels of community connectedness.

Hypothesis 3b: Community connectedness moderates the negative relationship between concealment and relationship satisfaction, such that the negative impact of concealment is weaker at higher levels of community connectedness.

Methods

Design

The current thesis adopts a quantitative, cross-sectional design and is embedded within the broader methodological framework of the Rainbow Austrian Longitudinal Family (RALF) study (Geidel et al., 2025). For the purposes of this thesis, only data from the first data wave of the RALF study was utilised.

Participants

The initial sample consisted of $N = 208$ participants. After removing participants that were not index parents ($n = 81$) and excluding those that were currently not in a romantic relationship ($n = 22$), the final sample included $N = 105$ participants.

To be eligible for participation in the current study, the index parent had to be German speaking to ensure adequate comprehension of the online questionnaire. One parent of the family (index parent) was required to self-identify as LGBTQIA+, be at least 18 years old, and reside in Austria. Additionally, the index parent had to have at least one child between the ages of 2 and 17 who had been part of the family for a minimum of two years; this was particularly relevant for adoptive or blended families. There were no restrictions regarding family structure, such that any individual who assumed parenting responsibilities was considered a parent, regardless of genetic, gestational, or legal relationships. Participation in the RALF study was open to individuals from diverse family structures, including single parents, polyamorous families, and patchwork families (Geidel et al., 2025). For the purposes of the current thesis, it was however essential that the participant was currently in a romantic relationship, as the study aimed to assess relationship satisfaction.

Participants ranged in age from 25 to 59 ($M = 40.04$, $SD = 6.36$). Gender identity was assessed using a multiple-choice item, allowing participants to select more than one option. This ensured that participants were not required to choose between identity labels. In addition, an open-ended response option was provided to allow participants to self-describe their gender identity if predefined categories were not fully appropriate. Accordingly, participants reported a range of gender identities, with some reporting multiple identity terms simultaneously. Most participants identified as cisfemale ($n = 67$; 63.8%), followed by cismale ($n = 23$; 21.9%). The remaining part of the sample constituted of TINB individuals (trans, inter, non-binary; $n = 15$; 14.3%). Lesbians constituted the largest group by sexual orientation ($n = 45$; 42.5%), as assessed using a single-choice item.

The majority of participants had Austrian citizenship ($n = 82$; 84.5%), while 19.0% indicated having immigrated or fled to Austria. Most participants were white/European ($n = 104$, 99.0%). Almost all parents indicated being in a monogamous relationship ($n = 96$; 91.4%), while a small part indicated being in more than one romantic partnership ($n = 9$; 8.6%). Two-thirds of parents indicated being married or in a registered partnership ($n = 77$; 73.3%). The most common family constellation was a two-parent family ($n = 79$; 75.2%). The majority of the sample indicated being unaffected by mental illness ($n = 83$; 79.0%). Sociodemographic characteristics of the sample are presented in Table 1.

Table 1

Sociodemographics

Characteristics	*n*	%
Age groups		
21-30	5	4.8%
31-40	62	59.0%
41-50	35	33.3%
51-60	3	2.9%
Sexual orientation		
Lesbian	44	41.9%
Gay	22	21.0%
Bisexual	17	16.2%
Queer	14	13.3%
Pansexual	6	5.7%
Other	2	1.9%
Civil status		
Austria	82	84.5%
Germany	10	10.3%
Multiple citizenships	1	1.0%
Other	4	4.1%
Occupation		
Full-time employed	35	33.3%
Part-time employed	53	50.5%
Unemployed	3	2.9%
Homemaker	3	2.9%
Student	3	2.9%
Other	8	7.6%
Financial situation		
Not at all difficult	38	36.2%
Not very difficult	42	40.0%
Somewhat difficult	22	21.0%
Very difficult	2	1.9%
Extremely difficult	1	1.0%

Note. $N = 105$

A power analysis using G*Power (Faul et al., 2007) indicated a required sample size of 485 to detect small effects, and 68 to detect medium effects with 80% power. Based on previous empirical findings (e.g., Graham & Barnow, 2013; Uysal et al., 2012), small effect sizes were expected.

Procedure

The project officially began in the summer of 2024. Ethics approval was obtained from the Institutional Review Board (IRB) of the University of Vienna on November 26, 2024 (number 01250).

Participants were recruited through multiple channels, with the aim of enrolling approximately $N = 150$ LGBTQIA+ parent families. Initial recruitment occurred in collaboration with FAmOs, leveraging their established networks. In addition, previous research activities within the RALF study have established connections with LGBTQIA+ organisations, which have been contacted to act as multipliers. These organisations support recruitment through the distribution of printed study flyers, mentions in newsletters (e.g., o*books), and posts via their social media channels. Social media platforms such as Facebook and Instagram were used to broadly disseminate information about the study through digital flyers. Participating families were asked to invite eligible friends or acquaintances, with a compensation of € 20 provided per newly recruited family. To minimise potential clustering effects, the number of referrals per family was limited to a maximum of three. Additionally, project staff and colleagues involved in RALF have approached eligible families through their personal networks to support recruitment efforts.

Recruitment was further supported by master's students conducting their theses within the RALF project, who assisted with outreach activities. This included contacting childcare institutions (e.g., kindergartens), queer-friendly gastro venues (e.g., Villa Vida), queer bookstores (e.g., o*books, ChickLit), museums (e.g., MAK, QWIEN), healthcare services (e.g., Kinderwunschzentrum Wien), political or party-affiliated LGBTQIA+ sub-organisations (e.g., Grüne Andersrum), municipal youth, education, and family services (e.g., WienXtra) and university-affiliated organisations (e.g., Queer Referat ÖH, Postgraduate Center). These institutions were primarily approached via email to request permission for on-site flyer distribution. The emails included a brief description of the RALF study, its aims, and the target population. Following approval, students visited the respective sites to disseminate study flyers and to provide additional information or clarification if questions arose.

Families participating in the first data wave (W1), from which the current thesis draws its data, received € 50 each as compensation. CAB members were remunerated € 50 per annual meeting and an additional € 20 voucher for providing feedback on the initial version of the online questionnaire for W1.

Given that most existing measures used for the study were originally developed for sexual minority populations, the research team adapted them to be more inclusive by incorporating placeholders. Additionally, the team made minor wording adjustments where relevant, without altering the meaning of the original items. Wherever possible, validated instruments with published German-language versions were employed. When no such versions were available, translation and cultural adaptation were conducted by two independent members of the research team. Discrepancies were resolved through consensus-based discussion involving the broader research team, ensuring cultural relevance and linguistic accuracy in the Austrian context.

Registration was open from June 2025 till March 2026. Data collection for RALF ran from 9 October 2025 to April 2026; however, for the purposes of this thesis, data collection was considered complete on 10 March 2026. Data analysis started immediately thereafter. Prior to participation, informed consent was obtained from all adult participants, and only those who completed the informed consent procedure were allowed to take part in the study. Initially, expressions of interest were collected, followed by a registration questionnaire gathering basic information from LGBTQIA+ parents, including names, age, pronouns, family structure (with the possibility to register non-index parents), and the number and ages of children; these data served as placeholders for the main questionnaire. Participants then completed a more extensive battery of tests than those analysed in the current thesis, assessing both general and minority-specific measures on individual, couple, family level. The self-report questionnaire was administered online using SoSci Survey (Leiner, 2024; https://www.soscisurvey.de/en/index), with paper-and-pencil versions obtainable upon request. Completion time for the questionnaire was approximately 45–60 minutes, varying according to the number of parents and children in the family. For the purposes of this study, only data provided by LGBTQIA+ index parents themselves were analysed; no data from children, adolescents or non- index parents were included in the analyses.

Measures

Sociodemographics

In addition to the primary study variables, demographic information was collected to characterise the sample. These variables included, among others, relationship status, civil

status, occupation, financial situation, BIPOC identity, and immigration status. To control for potential confounding factors, participants' age, sexual orientation, and the presence of any mental health conditions was assessed. An overview of the items is provided in Appendix B.

Minority Stress

Proximal minority stress. The LGBIS (Lesbian, Gay, and Bisexual Identity Scale; 6 item version) was used to assess individuals' experiences related to their LGBTQ+ identity (Mohr & Kendra, 2011). All items were rated on a 6-point Likert scale (1 = *disagree strongly* to 6 = *agree strongly*). The scale compromises eight subscales; however, only internalised stigma (subscale three; two items) and concealment motivation (subscale one; one item) were utilised in the current study.

Internalised stigma measures the extent of rejection of one's LGBTQ+ identity and was assessed via two items (Mohr & Kendra, 2011). An example item included: "If it were possible, I would choose to be straight." In the present sample excellent internal consistency was displayed (α =. 92).

Concealment motivation measures concern with and motivation to protect one's privacy as an LGBTQ+ person (Mohr & Kendra, 2011). It was assessed via a single item: "My sexual orientation is a very personal and private matter."

Relationship satisfaction

The CSI-4 (Couples Satisfaction Index; 4 item version) was used to assess individuals' overall evaluation of their romantic relationship (Funk & Rogge, 2007). While the first item was rated on a 7-point Likert scale (0 = *extremely unhappy* to 6 = *perfect*), the remaining three used a 6-point Likert scale (0 = *not at all* to 5 = *completely*). Item scores were summed, yielding a total score ranging from 0 to 21, with higher scores indicating greater overall relationship satisfaction. Example items included: "Please indicate the degree of happiness, all things considered, of your relationship" and "In general, how satisfied are you with your relationship?" (Lamela et al., 2020). Internal consistency was good in the current sample (α =. 88).

Social support

Family-level minority specific social support. Family-level minority specific social support was assessed using an adaption of the Couple-Level Minority Stress Scale (CLMS; Neilands et al., 2020). Out of the eight accessible subscales of the CLSM, only Lack of Social Support for Couples was used. As the original subscale contained negatively worded items ("There is no one that [partner term] and I can call when we are having a rough time in our relationship."), items were reworded into a positive format ("There is someone we can call as

a family when we're going through a difficult time.") to reflect a resource-oriented rather than deficit-focused approach. Consequently, higher scores indicated higher levels of perceived social support. In addition, although the original subscale assessed support at the couple level, items were adapted to the family context, thereby extending the focus to the family level in line with current research on LGBTQIA+ parent families (e.g., "We have people who help us achieve our goals as a family"). The subscale contained four items, which were rated on a 5-point Likert scale ranging from 0 (*not at all true*) to 4 (*completely true*). An example item read: "People we know take concerns about our safety seriously" (study translation: Wir haben Bekannte, die unsere Sorgen um unsere Sicherheit ernst nehmen). Higher scores indicated stronger perceived family-level social support. In the present sample good internal consistency was displayed (α =. 74).

Community connectedness

Community connectedness was assessed using the community connectedness subscale of the Lesbian, Gay, Bisexual Positive Identity Measure (LGB-PIM; Riggle et al., 2014). The five items of the subscale captured the extent to which individuals felt involved in and supported by LGBTQ+ communities. Participants responded to items on a 7-point Likert scale ranging from 1 (*does not apply to me at all*) to 7 (*completely applies to me*). An example item was: "I feel supported by the LGBT community." Higher scores indicated stronger perceived connection and support from the LGBTQ+ community. In the present sample excellent internal consistency was displayed (α =. 93).

Data analysis plan

The hypotheses of the current thesis were tested using a series of linear and moderated regression analyses conducted in R (v. 4.1.2; R Core Team, 2021). The following R packages were used: psych (Revelle, 2007), lmtest (Hothorn et al., 1999), performance (Lüdecke et al., 2021), dplyr (Wickham, François, et al., 2014), tidyr (Wickham, Vaughan, et al., 2014), ggplot2 (Wickham et al., 2007), interactions (J. A. Long, 2019), readxl (Wickham & Bryan, 2015), broom (Robinson et al., 2014), tidyverse (Wickham et al., 2019), Hmisc (Harrell Jr, 2003), readr (Wickham et al., 2015), gt (Iannone et al., 2020) and car (Fox et al., 2001).

All variables were screened for normality, linearity, missing data, and outliers prior to analysis using descriptive statistics and graphical methods (e.g., boxplots, histograms). Variables showed skewness patterns, with generally high levels of social support, community connectedness, and relationship satisfaction, and lower levels of internalised stigma. Visual inspection indicated minor deviations from normality at the tails, but no substantial violations. Assumptions, including linearity and homoscedasticity through residuals vs.

predicted value plots, and normality of residuals using P–P plots, were checked and met to an acceptable degree. Pairwise correlations and VIF values were used to assess multicollinearity. Despite some significant correlations, VIF values indicated no concern regarding multicollinearity. Descriptive statistics summarised sociodemographic variables and covariates, and bivariate Pearson correlations were calculated between study variables. The correlations were generally weak, with the strongest association observed between social support and relationship satisfaction (r = .25). Predictor and moderator variables were mean-centred to reduce multicollinearity in interaction terms and covariates (age, sexual orientation, and mental health conditions) were included in a second step of the moderated regression models.

To address Hypotheses H1a and H1b, separate simple linear regressions were conducted to examine the individual associations of minority stress with relationship satisfaction. These analyses tested whether higher levels of internalised stigma were associated with lower relationship satisfaction (H1a); based on previous studies, we expected small to medium sized effects (Feinstein et al., 2018; Nguyen & Pepping, 2022). Further, it was tested whether higher levels of concealment were associated with lower relationship satisfaction (H1b); based on previous mediation analyses, we were expecting a small effect (Uysal et al., 2012). Model fit was evaluated using R^2 values, with regression coefficients (β), standard errors, and p-values reported to determine the significance and strength of the associations.

For Hypothesis H1c, a multiple regression analysis was performed, entering both internalised stigma and concealment as simultaneous predictors of relationship satisfaction. This analysis assessed whether internalised stigma had a stronger negative impact on relationship satisfaction than concealment. Standardised regression coefficients (ß) and 95% CI were reported to compare the relative strength of the two predictors and assess their unique contributions.

Hypotheses H2a, H2b, H3a and H3b were tested using moderated regression analyses, examining whether family-level minority-specific social support and community connectedness, respectively, moderated the relationship between proximal minority stress and relationship satisfaction. Separate regression models were conducted for each combination of predictor and moderator. Specifically, the following interaction terms were tested: internalised stigma × family-level minority-specific social support (H2a), concealment × family-level minority-specific social support (H2b), internalised stigma × community connectedness (H3a), and concealment × community connectedness (H3b). The dependent

variable in all models listed was relationship satisfaction. A conceptual model of the moderated regression analyses (H2a–H3b) is shown in Figure 2.

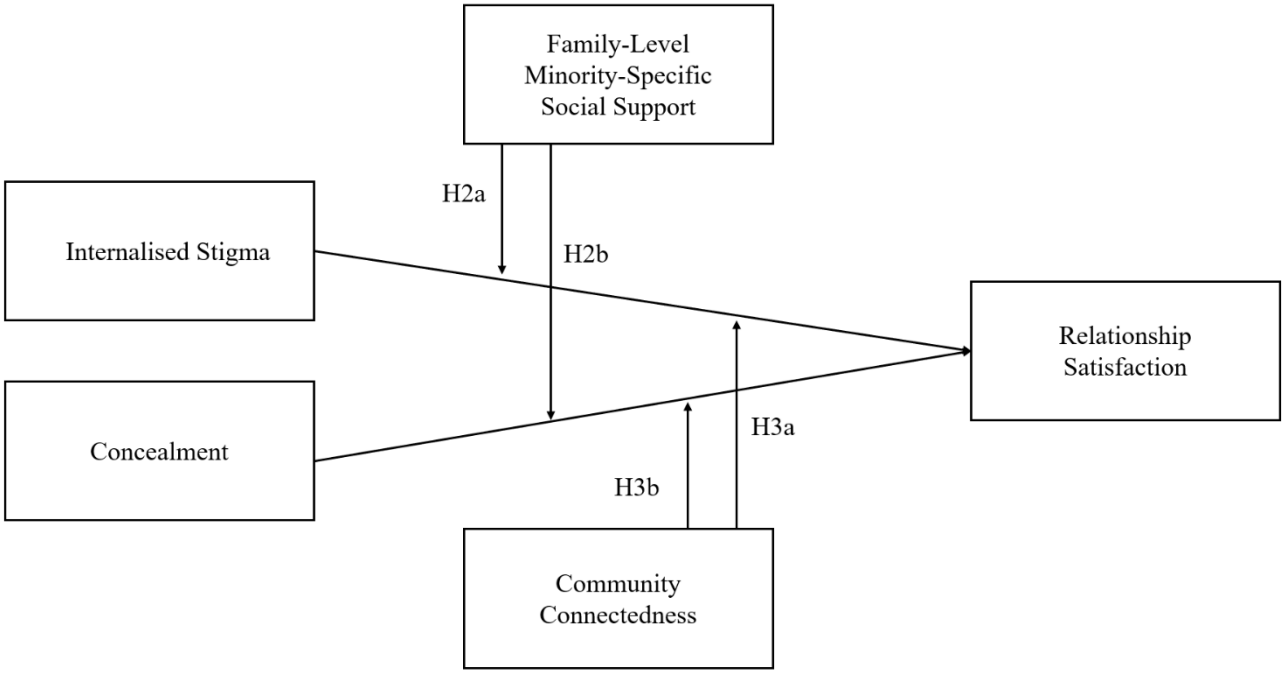

Figure 2. Visual depiction of moderated regression models H2a, H2b, H3a, H3b.

Significant interactions were further probed using simple slopes analyses at ±1 SD of the moderator. Based on previous buffering models, small effect sizes were expected (Graham & Barnow, 2013).

All tests used a significance threshold of $\alpha = .05$ (two-tailed), and effect sizes followed Cohen's (1988) guidelines: $r \approx .10$ (small), .30 (medium), .50 (large); and for R^2 increases, $f^2 \approx .02$ (small), .15 (medium), .35 (large).

Results

Data screening & assumption testing

Following data cleaning (including numeric conversion and sample restriction by excluding non-eligible participants, namely individuals not currently in a romantic relationship and parents who were not the index parent), the independent variables contained no missing values, whereas relationship satisfaction exhibited approximately 10 % missing data. Missing data were handled using pairwise deletion. Mean scores were calculated for all main study variables (see Table 2).

Before the main analyses, item distributions were examined. Items assessing community connectedness showed slight left skew (*skew* = –0.50 to –0.78), reflecting

enhanced levels of perceived belonging to the LGBTQIA+ community. Concealment exhibited a small positive skew (*skew* = 0.15, *SE* = 0.15), suggesting lower levels of concealment across participants. Internalised stigma items were positively skewed, especially the item on preferring not to be LGBTQIA+ (*skew* = 2.65, *SE* = 0.10), indicating that most participants reported low levels of internalised stigma. All social support items were negatively skewed, with the item on parents' acquaintances wishing their family could succeed showing substantial skew (*skew* = -3.68, *SE* = 0.05), reflecting consistently high perceived support across respondents. Relationship satisfaction items showed a small left skew overall, suggesting a tendency for respondents to report higher levels of relationship satisfaction (skew range -0.62 to -1.30). Visual inspection of histograms confirmed these patterns of skewness. As regression analyses are deemed robust to skewness (Bohrnstedt & Carter, 1971; Iacobucci et al., 2025), no transformations were applied.

Outliers were identified via boxplots, with one outlier for social support, four for internalised stigma, one for community connectedness and seven for relationship satisfaction. Influential observations were assessed using Cook's distance (*Min* = .00, *Max* = .37), indicating eleven influential data points. Given the characteristics and nature of current sample, these outliers and influential cases were retained for further analyses, as they provide substantial information and reflect meaningful variability in the data.

Assumptions for regression analyses were checked prior to analysis. Normality of the main variables and residuals was examined using histograms, Q–Q plots, P–P plots, skewness, and kurtosis. Histograms of relationship satisfaction, community connectedness and social support revealed slight left skews, while internalised stigma showed slight right skew. This suggests generally high levels of relationship satisfaction, community connectedness, and social support, and lower levels of internalised stigma within the current sample. Curved patterns in Q–Q plots revealed skewness in internalised stigma, social support, relationship satisfaction and community connectedness. P–P plots indicated deviations at the tails of the distributions, with social support showing clustering toward the upper tail and internalised stigma toward the lower tail. The Q–Q plot of the residuals suggested that residuals were approximately normally distributed in the central range, with some departures in the tails. In coherence with prior item analysis, community connectedness subscale showed a slight negative skew (-0.70). Although subscales of social support and internalised stigma both showed some elevated skew (social support = -1.74; internalised stigma = 2.27), residuals for all regression models did not indicate substantial deviations from normality.

Residual plots demonstrated linearity of variables. Additionally, scatterplots between the independent and dependent variables were generated, showing approximately linear pattern, with a slight clustering on one side for internalised stigma, social support and community connectedness.

Homoscedasticity was assessed by examining plots of residuals versus fitted values. The plots indicated only mild heteroscedasticity, suggesting that the variance of residuals is approximately constant across fitted values.

The correlation matrix among predictors revealed only one significant correlation ($p < .05$) between internalised stigma and concealment. However, all variance inflation factors (VIFs) were ≤ 1.5, indicating that multicollinearity was not a concern in the current sample.

Descriptives

Descriptive statistics, including means, standard deviations, and ranges for the primary study variables and bivariate correlations (Pearson's *r*) between variables of interest are presented in Table 2.

Table 2

Descriptives and Pearson correlations between study variables

Variable	*n*	*M*	*SD*	1	2	3	4	5
1. Relationship Satisfaction	94	4.95	0.98	-				
2. Internalised Stigma	105	1.61	1.11	-.07	-			
3. Concealment	105	3.25	1.54	.04	.22*	-		
4. Social Support	105	4.51	0.68	.25*	.03	.02	-	
5. Community Connectedness	105	4.90	1.45	.14	.03	-.02	.13	-

Note. *$p < .05$; **$p < .01$; **$p < .001$

Correlations were characterised as small (*r* .10), medium (*r* .30), or large (*r* .50) using Cohen's benchmarks (J. Cohen, 1988). Several correlations reached statistical significance (*p*

< .05), indicating meaningful associations between the variables of interest. Specifically, concealment was positively associated with internalised stigma, suggesting a positive relationship between the proximal minority stressors. In addition, social support was positively associated with relationship satisfaction, with higher levels of social support corresponding to higher relationship satisfaction.

Proximal minority stress and relationship satisfaction

A series of simple linear regression models were executed to examine the associations between proximal minority processes and relationship satisfaction. Internalised stigma was not significantly associated with relationship satisfaction (b = -0.06, β = -.07, SE = 0.09, 95% CI [-0.24, 0.12], t = -0.70, p = .58) and the overall model was not significant, R^2 = .01, F(1, 92) = 0.49, p = .49. Concealment was not significantly associated with relationship satisfaction (b = 0.02, β = .04, SE = 0.07, 95% CI [-0.11, 0.15], t = 0.38, p = .71), with a non-significant model fit, R^2 = .00, F(1, 92) = 0.14, p = .71. This means that in the current sample, proximal minority stress processes did not meaningfully explain variance in relationship satisfaction.

There was no evidence for unique effects of proximal minority stressors on relationship satisfaction, however, a combined model was also tested. It was hypothesised that internalised stigma would show a stronger association with relationship satisfaction than concealment. To examine this, a multiple regression analysis was conducted including both predictors simultaneously. Regression analysis revealed, neither internalised stigma (b = -0.07, β = -0.08, SE = 0.09, 95% CI [-0.26, 0.11], t = - 0.79, p = .43), nor concealment (b = 0.04, β = 0.06, SE = 0.07, 95% CI [-0.10, 0.17], t = 0.54, p = .56) were significantly associated with relationship satisfaction. The overall model was not significant, R^2 = 0.01, F(2, 91) = 0.38, p = 0.68.

It was further examined whether these associations would hold when controlling for relevant covariates. After adding covariates sexual orientation, age, and presence of any mental illnesses, the explained variance increased only marginally. For internalised stigma, R^2 = .06 (ΔR^2 = .05, p = .61), for concealment, R^2 = .06 (ΔR^2 = 0.06, p = .83), and for the multiple regression, R^2 = .06 (ΔR^2 = 0.05), with internalised stigma (p = .58) and concealment (p = .76) showing no significant effects. However, these increases in explained variance were negligible and do not indicate a meaningful improvement in model fit. Consistent with this, all predictors remained non-significant after inclusion of covariates.

Moderated regression models

Finally, four moderated regression models were executed in order to investigate the buffering roles of family-level minority-specific social support and community connectedness respectively.

Moderating role of family-level minority- specific social support

The first two models tested whether family-level minority-specific social support moderated the relationship between proximal minority stress and relationship satisfaction. Social support did not significantly moderate the effect of internalised stigma on relationship satisfaction (b = -0.09, β = -0.50, SE = 0.12, 95% CI [-0.34, 0.15], t = -0.77, p = .44) in the current study. Model fit indices also indicated that the data did not support the hypothesised model, R^2 = .08, adjusted R^2 = .05, $F(3, 90) = 2.51$, p = .06.

Further, social support did not moderate the effect of concealment on relationship satisfaction (b = 0.15, β = 1.13, SE = 0.09, 95% CI [-0.04, 0.34], t = 1.59, p = .11) in this sample. Model fit indices also indicated that the data did not support the hypothesisced model, R^2 = .09, adjusted R^2 = .06, $F(3, 90) = 3.07$, p = 0.032. This means that in the current sample, social support did not alter associations between proximal minority stressors (internalised stigma and concealment) and relationship satisfaction. Overall, the findings do not provide evidence for a buffering effect of social support on proximal minority stressors.

After controlling for sexual orientation, age, and presence of any mental illnesses, explained variance increased only slightly for buffering models of social support: for internalised stigma R^2 = .12 (adjusted R^2 = .06, ΔR^2 = .04); for concealment R^2 = .15 (adjusted R^2 = .09, ΔR^2 = .05). Controlling solely for sexual orientation increased explained variance marginally for internalised stigma R^2 = 0.10 (adjusted R^2 = 0.06; ΔR^2 = .03); and for concealment R^2 = 0.11 (adjusted R^2 = 0.08; ΔR^2 = .02). Despite marginal increases in variance, the model remained insignificant.

Moderating role of community connectedness

The final two models tested whether community connectedness moderated the relationship between proximal minority stress and relationship satisfaction.

Community Connectedness did not significantly moderate the effect of internalised stigma on relationship satisfaction (b = -0.06, β = -0.41, SE = 0.07, 95% CI [-0.20, 0.09], t = -0.79, p = .43). Model fit indices also indicated that the data did not support the hypothesised model, R^2 = .03, adjusted R^2 = .00, $F(3, 90) = 1.08$, p = 0.36.

Further, community connectedness did not moderate the effect of concealment on relationship satisfaction (b = 0.05, β = 0.52, SE = 0.04, 95% CI [-0.02, 0.13], t = 1.41, p =

.16). Model fit indices also indicate that the data did not support the hypothesised model, R^2 = .04, adjusted R^2 = .01, $F(3, 90) = 1.38$, $p = 0.25$. These results indicate, that in the current sample, community connectedness did not alter the associations between proximal minority stressors (internalised stigma and concealment) and relationship satisfaction. Accordingly, no evidence for buffering effects of community connectedness on proximal minority stressors was found.

After controlling for sexual orientation, age, and presence of any mental illnesses, explained variance increased slightly for buffering models of community connectedness: for internalised stigma $R^2 = 0.09$ (adjusted $R^2 = 0.02$; $\Delta R^2 = .05$); for concealment $R^2 = .09$ (adjusted $R^2 = 0.02$; $\Delta R^2 = .04$). Controlling solely for sexual orientation increased explained variance marginally for internalised stigma $R^2 = 0.06$ (adjusted $R^2 = 0.02$; $\Delta R^2 = .02$); and for concealment $R^2 = 0.06$ (adjusted $R^2 = 0.02$; $\Delta R^2 = .02$). Despite marginal increases in variance, the model remained insignificant.

Discussion

Previously research has called for a shift in moving from deficit-focused to resilience-based frameworks in LGBTQ(IA)+ centred research (e.g., Frost & Meyer, 2023). In response, the current study aimed for a balanced-research approach, while also addressing the relative lack of attention given to LGBTQIA+ parents.

Three main research questions were addressed: (1) Is higher minority stress associated with lower relationship satisfaction in LGBTQIA+ parents? (2) Does social support moderate the relationship between proximal minority stress and relationship satisfaction in LGBTQIA+ relationships? (3) Does community connectedness moderate the relationship between proximal minority stress and relationship satisfaction in LGBTQIA+ relationships?

With respect to the first question, results revealed neither internalised stigma, nor concealment emerged as significant predictors of relationship satisfaction. With respect to the second and third research question, neither social support nor community connectedness identified as significant buffers of the negative impacts of minority stress on relationship satisfaction. Additional analysis revealed including sexual orientation as a covariate slightly increased explained variance across models. A significant association emerged between social support and relationship satisfaction, as well as between the proximal minority stressors internalised stigma and concealment. Taken together, the present research may indicate more complex patterns with regard to these constructs among LGBTQIA+ parents than initially hypothesised and provides a reference point for implications of theoretical and practical

nature, which will be discussed below. First, the relations between proximal minority stressors and relationship satisfaction will be discussed.

The impact of proximal minority stressors on relationship satisfaction

Internalised stigma

It was hypothesised that higher levels of internalised stigma will be associated with lower levels of relationship satisfaction among LGBTQIA+ parents. Although the trend is going in the expected negative direction, evidence is not substantial enough to draw theoretical conclusions. Previous research highlights the possible complex pathways by which internalised stigma may affect relationship satisfaction, such as depressive symptoms (e.g., Pepping et al., 2019; Thies et al., 2016).

The current study failed to replicate previous findings among sexual and gender minorities (Dorrell et al., 2024; Feinstein et al., 2018; Otis et al., 2006; Sommantico et al., 2020, 2023; Thies et al., 2016). One reason may be the generally low levels of internalised stigma reported in the current sample (M = 1.61, SD = 1.11, min = 1.00, max = 6.00). Associations between stress and couple relationship well-being can be particularly sensitive to sample characteristics (Cao et al., 2017; Karney & Bradbury, 2005).

Previous work accounted for relationship length, finding only results for the impact of internalised stigma on relationship quality in long-term relationships (Feinstein et al., 2018). The absence of significant associations in the current study may reflect that such processes are not uniformly present across relationship stages, aligning with suggestions of relationship satisfaction being a dynamic construct changing within and across romantic relationships (Bühler & Orth, 2024; Reeves & Horne, 2009). In the present sample, however, LGBTQIA+ parents relationship duration is likely to have been limited, as most participants reported being in registered romantic partnerships with a partner with whom they have children, suggesting a relatively homogeneous relationship context. This raises the question of whether accounting relationship duration would have provided additional explanatory value in the current study. Overall, evidence regarding the role of relationship length in stress-relationship associations is mixed. While some studies suggest that relationship length provides a framework for explaining the impact of minority stress on relationship quality (e.g., Feinstein et al., 2018), others report no such effects (e.g., Cao et al., 2017). Furthermore, as most participants reported being in a registered partnership while being generally satisfied with relationship (M = 4.95, SD = 0.98; min = 1.75, max = 6.25), a generally committed relational context is suggested. Meanwhile, existing research suggests that being in a committed relationship can itself function as a protective factor (Pepping et al., 2019), which may

partially account for the absence of expected associations between minority stress and relationship well-being in the present study.

Concealment

It was hypothesised that higher levels of concealment would be associated with lower levels of relationship satisfaction. Contrary to expectations, the observed association was positive. Some theoretical suggestions on a positive relation between concealment and relationship satisfaction have been made, including the experiences of minority stressors, such as concealment, promoting relationship resilience, thereby strengthening the relationship bond (Cao et al., 2017). Other research suggests, if an individual already experiences heterosexist discrimination, concealing one's stigmatised identity may no longer serve the purpose of preventing discrimination, whereby disclosure can initiate positive outcomes such as increased social support and well-being (Douglass & Conlin, 2022; Pachankis, 2007).

Current findings contribute to the mixed body of evidence (Ballester et al., 2021; Mohr & Daly, 2008; Pepping et al., 2019). While some studies have found concealment to be associated with lower relationship satisfaction (Pepping et al., 2019), others have found no such associations (Ballester et al., 2021; Mohr & Daly, 2008). Global relationship evaluations may less suitable in capturing concealment processes influence on relationship functioning compared to the situational level (Mohr & Daly, 2008), as context-specific dynamics may not be sufficiently reflected in global evaluations. From this perspective, concealment could be understood as a context-dependent construct, the effects of which may be shaped by moderating factors such as social support. Given that LGBTQIA+ parents in this sample were socially well connected, it is possible that such contextual resources attenuated potential associations between concealment and relationship outcomes. Daily diary or experience sampling methods have been proposed for future research, to more precisely capture the situational dynamics through which concealment influences romantic relationship functioning (see Mohr & Daly, 2008).

Capturing the effects of concealment on relationship satisfaction may be particularly challenging, as concealment tends to be lower among LGBTQ+ individuals who are currently in a relationship (Ballester et al., 2021). This matches current findings of low levels of concealment among LGBTQIA+ parents. Further, concealment may also be among participants in studies such as RALF, which are advertised using rainbow imagery, thereby possibly discouraging concealing parents to participate in the first place and/or registering the family.

Finally, as differing levels of concealment within couples have been found to be detrimental to relationship outcomes (Jordan & Deluty, 2000), individual-level approaches may capture these processes only incompletely. Instead, dyadic approaches might offer a useful framework for modelling concealment processes, allowing for examination of interdependencies and discrepancies between partners. This perspective is supported by findings who showed that concealment and internalised stigma influenced relationship satisfaction indirectly through increased intradyadic stress, highlighting a spillover from individual-level processes to relational outcomes (Song, Buysse, Zhang, Lu, et al., 2022).

Internalised stigma and concealment

Building on the findings for internalised stigma and concealment separately, it is also important to consider the extent to which these proximal minority stressors are interrelated. A significant positive association between internalised stigma and concealment suggests that these proximal minority stressors are related in this study. This finding matches previous empirical research (Ballester et al., 2021) and is consistent with theoretical perspectives proposing that these stressors do not operate independently but are interconnected (Rivas-Koehl et al., 2023).

On the one hand, Dennis and Davis (2025) proposed concealment as an antecedent of internalised stigma among sexual and gender minorities. This matches results from longitudinal studies where concealment positively predicted internalised homophobia, reasoning the process of concealing the stigmatised identity reinforces pessimistic views of the self as well as consolidates homophobic attitudes (Douglass & Conlin, 2022). On the other hand, Kiekens and Mereish (2022) argue perceiving an environment as more stigmatising increases the likelihood of concealing one's sexual or gender identity. The temporal intersectional minority stress model further explains internalising stigmatising beliefs may increase motivation to conceal one's identity (Rivas-Koehl et al., 2023). The mixed theoretical suggestions and empirical findings highlight the need for further longitudinal research in this area. Current findings support the notion of stressors being interrelated, but directional dynamics remain unclear.

It was further hypothesised that internalised stigma has a stronger effect on relationship satisfaction than concealment. Current results do not support this as neither concealment, nor internalised stigma were significantly associated with relationship satisfaction. The present findings are consistent with previous results in that concealment was not associated with relationship satisfaction (Ballester et al., 2021). However, earlier findings

among gay and bisexual men of internalised stigma exerting a stronger influence on relationship satisfaction than concealment could not be replicated (Gonçalves et al., 2020).

Methodological constraints underlying the absence of significant findings may include restricted variability in both predictors and outcome. LGBTQIA+ parents in the sample reported relatively high relationship satisfaction, while concealment and internalised stigma were generally low. This limited range may have attenuated associations, suggesting a relatively homogeneous sample (Jager et al., 2017). The homogeneity in relationship satisfaction and minority stress experiences may, in part, reflect the relative financial stability and social privilege of the sample, highlighting how socioeconomic factors can shape both exposure to and the impact of minority stressors (McGarrity, 2014).

In line with this, a large proportion of the current sample reported working part-time while remaining financially stable and reporting few mental health difficulties, further suggesting comparatively favourable socioeconomic and health-related conditions within the sample. This raises questions about the intersection of LGBTQIA+ health and financial privilege. Minority stress processes may operate differently depending on socioeconomic status, which has been contextualised for both concealment and internalised stigma (McGarrity, 2014). The positive health impacts of openness regarding one's sexual orientation, as opposed to concealment, may be amplified in populations characterised by higher socioeconomic status. In regard to internalised stigma, LGB populations afforded higher socioeconomic status tend to be more satisfied with their LGB identity, suggesting lower levels of internalised homophobia, compared to those with fewer material resources. The current study primarily reflects the experiences of white, middle-class sexual and gender minorities, limiting representation of minority stress processes among less privileged – and possible more stigmatised – LGBTQIA+ populations. LGB individuals with limited material resources are likely to navigate more hostile environments, which may increase their psychological vulnerability to the negative effects of discrimination and influence decisions around sexual orientation disclosure (McGarrity, 2014).

Absence of buffering effects of social support and community connectedness

Following the analyses on the comparative effects of concealment and internalised stigma, the role of potential protective factors was further examined. Contrary to the hypotheses, neither social support nor community connectedness appeared to buffer the negative effects of proximal minority stress on relationship satisfaction. This finding diverges from prior research (Kiekens & Mereish, 2022; Power et al., 2022; Skakoon-Sparling et al., 2025).

Brooks (1981) argued that members of a minority group vary in their responses to a stigmatising sociocultural climate, depending on the availability of personal stress-mediating resources. Individual resources beyond those examined may also play a role, for example partner support (Balsam & Szymanski, 2005) or stress-related growth (Cox et al., 2010). Such resources may accumulate over time, potentially reducing the likelihood of psychological maladjustment. Given that the current sample had a mean age of 40 years, it is plausible that many participants have already developed such protective resources. These considerations highlight the need for further research examining the specific resources and protective mechanisms that LGBTQIA+ parents rely on to navigate minority stress.

Although the moderated regression analyses were likely too underpowered to detect buffering effects, theoretical insights can still be drawn from the null findings. LGBTQIA+ parents in the current sample are characterised by high support at the individual and community level, suggesting that these mechanisms may operate differently in relatively privileged, well-connected populations. Socioeconomic status, race, and ethnicity have been highlighted as critical contexts shaping minority stress experiences (McGarrity, 2014). The present sample was predominantly white, middle-class LGBTQIA+ parents, limiting representation of individuals with multiple marginalised identities. Multiple marginalised identities are often exposed to higher levels of minority stress while having more limited access to supportive resource (Frost et al., 2016), emphasising the need for future research to focus on more diverse subpopulations to better capture the complexity of minority stress processes and the conditions under which social support and community connectedness may serve as effective buffers.

Social support

Regarding the second research question, it was hypothesised that the negative effect of proximal minority stress on relationship satisfaction will be attenuated at higher levels of social support. However, current data patterns do not support this, as no significant interactions effects were observed, neither for internalised stigma, nor for concealment. These results do not match previous results, which found the positive association between concealment and negative affect to be attenuated by family support (Kiekens & Mereish, 2022). For example, the stress-support matching framework posits that the effectiveness of support in mitigating negative impacts of stress depends on its relevance to the type of stressor experienced (S. Cohen & Wills, 1985). Despite these theoretically favourable conditions, current findings did not support this framework.

Additionally, the absence of findings may be partly attributable to several methodological and sample-specific characteristics, particularly the high levels of social support reported by LGBTQIA+ parents (M = 4.51, SD = 0.68, min = 1.25, max = 5.00) and limited variability, suggesting potential ceiling effects that may have obscured associations. Previous research indicates that buffering effects of minority stress are most pronounced at lower levels of social support (VanAntwerp et al., 2025), whereas such effects may be less detectable in samples where support is consistently high.

While previous work has raised awareness to proximal minority stressors leading to social isolation (Larson et al., 2015; Otis et al., 2006; Pachankis, 2007), current sample was characterised by elevated level of social support. Cisgender women, who comprised the majority of the sample, tend to be more socially connected and embedded in supportive networks (Connolly, 2006), which may partly explain these higher support levels and may point to potential resilience processes among lesbian and bisexual women. In contrast, previous research suggests that men tend to experience higher levels of stigma while receiving less social support, potentially reflecting more negative societal attitudes toward gay men compared to lesbian women (G. M. Herek, 2002; Thies et al., 2016). These subgroup differences may appear broadly consistent with the present findings, as including sexual orientation as a covariate slightly increased the explained variance in buffering models of social support, which may indicate that minority stress processes and buffering mechanisms may vary somewhat across LGBTQIA+ subgroups. Prior research suggests that social support networks can differ by sexual orientation, including variation in the relative importance of specific support sources; for example, lesbian and bisexual women may rely more on family support, whereas gay men may more often draw on support from the LGB community (Frost et al., 2016).

Community connectedness

Regarding the third research question, it was hypothesised that community connectedness moderates the negative relationship between proximal minority stress and relationship satisfaction, such that the negative impact of proximal minority stress is weaker at higher levels of community connectedness. Results revealed no significant moderation, neither for internalised stigma, nor for concealment. This stands in contrast to previous findings, documenting the beneficial effects of community connectedness in reducing minority stress (Corrigan & Matthews, 2003; Goldbach et al., 2021; Reeves & Horne, 2009) .

Similar to social support, LGBTQIA+ parents reported high levels of community connectedness (M = 4.90, SD = 1.45, min = 1.00, max = 7.00), pointing to a sample

characterised by elevated integration into LGBTQIA+ networks. Such connectedness may reflect broader positive identity processes that can support resilience in the face of stigma (Siegel et al., 2022). At the same time, these elevated levels should be interpreted in light of the recruitment strategy, which primarily targeted LGBTQIA+ organisations and may have selectively reached subsets of parents who were already well connected to community structures. Notably, belonging to the LGBTQ(IA)+ community does vary by sociodemographic factors such as, age, gender identity, sexual orientation and race and/or ethnicity (Matsick et al., 2024). This underscores a structural paradox highlighting the cumulative disadvantage of marginalised identities: Those who are well connected report lower exposure to minority stress, while those who are less well connected face greater stigma and possess fewer protective resources (McGarrity, 2014). Consequently, the mechanisms observed in the present sample, or their absence, may not generalise, highlighting the need for cautious interpretation and more inclusive future research.

The role of sources of support in relationship satisfaction

Social support and relationship satisfaction

Although buffering effects of support sources were not observed, results revealed a positive association of social support with relationship satisfaction. This matches qualitative research by Akers et al. (2023), in which LGBTQ+ participants described how being embedded in supportive and affirmative social environments contributed to higher relationship satisfaction. Further, this aligns with theoretical considerations, which argue support sources can both function either as buffers or as main effects (S. Cohen & Wills, 1985; Lefevor et al., 2024). Social support operates directly by providing stable, affirming experiences that enhance a sense of social reliability and reinforce self-worth (S. Cohen & Wills, 1985). In turn, higher self-worth has been consistently associated with greater relationship satisfaction (Erol & Orth, 2014; Sciangula & Morry, 2009). A direct effect was previously found in research with heterosexual individuals in relationships, but not lesbian and gay individuals (Graham & Barnow, 2013). These findings underscore the importance of considering both social support as influences on relationship outcomes within the minority stress model for LGBTQIA+ parents, beyond the suggested buffering effects (Frost & Meyer, 2023; Lefevor et al., 2024).

Lack of association between community connectedness on relationship satisfaction

Unlike social support, community connectedness was not associated with relationship satisfaction in the current study. This matches previous work, which found positive identity factors, such as community connectedness, to not be associated with relational outcomes

(Siegel et al., 2023). Suggestions in this regard included there being less of a need for community resources in progressive sociolegal climate (Siegel et al., 2023, citing Haas & Lannutti, 2021). The observed absence of an association between community connectedness and relationship satisfaction in the current study diverges from quantitative evidence from transgender and non-binary (TGNB) populations, where community connectedness has been linked to both relationship and sexual satisfaction (Goldey, 2025).

Findings on community connectedness differed from those on social support, for which an association with relationship satisfaction was observed. Although community connectedness has been recognised as a component of social support (Salfas et al., 2019), both constructs can be differentiated. Whereas social support refers to a broadly available resource not specific to minority status, LGBTQIA+ community connectedness reflects a minority-specific source of affiliation (Lefevor et al., 2024). Further, coping processes operate at different levels, the individual and the community level (Frost & Meyer, 2023; Meyer, 2003). Current findings support suggestions by the minority stress model of distinguishing between support processes for minority individuals at the individual and the community level.

Interim Summary

Overall, the findings suggest complex and partly unexpected relationships between proximal minority stressors, protective factors, and relationship satisfaction among LGBTQIA+ parents. Neither internalised stigma nor concealment were associated with relationship satisfaction, and neither social support nor community connectedness showed the expected buffering effects of proximal minority stress. However, higher levels of social support were related to higher levels of relationship satisfaction. Further, the two proximal minority stressors, internalised stigma and concealment, were interrelated.

Considerations on the minority stress model

Building on present findings, it is important to consider how these results can be situated within existing theoretical frameworks. The current study contributes to the limited literature on LGBTQIA+ parents and provides an opportunity to consider several important issues related to testing components of the minority stress model within this population. First theoretical adaptions of the minority stress model to the family context have been made, offering first ideas on how minority stress processes might operate among LGBTQ(IA)+ parent families (Siegel & Zemp, 2024). Importantly, the model does not assume that all LGBTQ(IA)+ parent families experience the proposed pathways through which minority stress may affect family dynamics, thereby allowing for variability in individual and family

experiences. In this regard, several contextual factors within the current study, such as financial stability, race/ethnicity, gender identity, and sexual orientation, may help explain the absence of expected negative effects of minority stress on LGBTQIA+ relationships. These factors are conceptualised as potential moderators within the family minority stress framework, shaping how minority stress is experienced across families. Within-person, family-, and couple-level coping strategies have further been proposed as important extensions of LGBTQ+ parent research, shifting the focus toward resilience-based perspectives (Siegel & Zemp, 2024). In line with this, the current sample reported elevated levels of social support and community connectedness, offering insight into the resources that may be at play in shaping more adaptive outcomes.

Within the family minority stress model, suggestions have been made that the historical and sociopolitical context in which families are embedded may interact with minority stress processes, underscoring the importance of situating current findings within broader temporal changes (Siegel & Zemp, 2024). The minority stress model was initially proposed to explain the elevated prevalence of mental disorders in LGBTQ+ populations compared to their heterosexual counterparts (Frost & Meyer, 2023; Meyer, 2003). In the current sample, participants largely reported minimal mental health difficulties, and relationship outcomes appeared largely unaffected by proximal minority stressors. Similarly, the present study is characterised by relatively low levels of internalised stigma and concealment, suggesting that the majority of LGBTQIA+ parents in the sample did not internalise stigma or showed strong motivations to conceal their sexual or gender identity. These findings may, however, be closely tied to the specific context of LGBTQIA+ *parent* families. The transition to *parenthood* may already require substantial personal, relational, and structural resources, including access to social support. These resources may be reflected in the current sample (e.g., elevated levels of social support and relative financial stability). In addition, the current sample only included index parents, who were willing to register and share information about their family, suggesting a sample that may be more socially and organisationally engaged and less affected by acute difficulties.

These findings raise questions consistent with recent discussions about whether minority stress continues to have a measurable impact in the context of improving social climates (Frost et al., 2022), particularly among relatively privileged LGBTQIA+ populations. Results may be interpreted as (a) positive sociolegal shifts having translated into more favourable relationship outcomes for sexual and gender minority adults, reflecting the influence of broader sociopolitical climate changes on individual well-being, (b) selection

bias, as those who participated in the current study are not representative of the broader LGBTQIA+ population, (c) LGBTQ+ relationships having grown resistant to the negative impact of proximal minority stressors (Dennis & Davis, 2025; Frost et al., 2022).

Importantly, disparities persist: transgender and nonbinary/genderqueer individuals continue to report elevated mental health difficulties compared to cisgender populations (Nowaskie et al., 2024), highlighting the need for future research to examine subgroup-specific experiences within the LGBTQIA+ community.

Implications

The findings offer several practical implications for clinicians working with LGBTQIA+ parents. A more nuanced understanding of the processes underlying minority stress is essential in for informing tailored interventions that address the specific relational and psychological needs of LGBTQIA+ individuals and couples.

First, interventions aimed at reducing internalised stigma or encouraging disclosure may have limited added benefit for LGBTQIA+ parents who are highly privileged, socially well-connected, and in stable romantic relationships. Instead, efforts may be more effective when tailored to the specific needs of subpopulations within the LGBTQIA+ community, allowing for and addressing the distinct experiences of e.g., gay men (Cohn-Schwartz et al., 2025).

Social resources may be leveraged or strengthened. Given the documented positive effects of social support on therapeutic outcomes (Roehrle & Strouse, 2008), interventions may incorporate social resources that are already present among LGBTQIA+ parents. Especially in the context of couples therapy, positive relational outcomes may be supported by strengthening social ties. In this way, social resources can extend therapeutic efforts by facilitating the translation of therapeutic insights into real-life change and by supporting the development of social skills as a prerequisite for effective psychotherapy (Roehrle & Strouse, 2008).

Based on current findings and previous research (Dennis & Davis, 2025; Douglass & Conlin, 2022; Kiekens & Mereish, 2022; Rivas-Koehl et al., 2023), awareness should be given to the possibility that internalised stigmatising beliefs may be followed by concealment processes in LGBTQIA+ patients, or that concealment tendencies may in turn contribute to internalising negative beliefs. LGB affirmative psychotherapy can integrate these dynamics within a minority stress framework by first assessing relevant stressors and then evaluating clients' coping resources, such as social support (Alessi, 2014).

Beyond these clinical implications, the present findings also have important implications for future research on minority stress processes in LGBTQA+ parent families. The present study provides one of the first examinations of minority stress processes among LGBTQIA+ parent families, offering initial insights into how proximal minority stressors relate to relationship functioning in this under-researched population. While the family minority stress model offers an important theoretical framework for understanding these processes (Siegel & Zemp, 2024), further empirical evidence is needed to substantiate and refine its assumptions in diverse LGBTQIA+ family forms and identities. Future research should continue to explore these processes to build a more comprehensive understanding of minority stress operates within LGBTQIA+ parent families and how it may differentially affect relationship functioning across diverse identities, socioeconomic conditions, and relational contexts.

The absence of evidence for buffering effects in the current study may highlight the importance of considering the levels at which protective mechanisms operate in relation to minority stress. In the present research, minority stress was assessed primarily at the individual level, whereas social support was measured at the family level. This mismatch may have obscured potential buffering effects, suggesting that the relevance of support may depend on whether it aligns with the level at which stress is experienced. Future research should differentiate between individual-, couple-, and family-level processes (Siegel et al., 2022) to clarify how protective resources operate across these levels. By examining these distinctions, studies can provide a more nuanced understanding of how, for whom, and under which conditions support mechanisms effectively counteract the negative impacts of minority stress in LGBTQIA+ parent families.

Limitations and future directions

The current study provides important insights into the experiences of proximal minority stressors among LGBTQIA+ parents. Nevertheless, several limitations should be noted.

First and foremost, the cross-sectional nature of the study limits any causal interpretations. Temporal or directional effects cannot be concluded. Future research may benefit from longitudinal designs, such as the RALF Study, which forms the broader methodological framework of the current research and allows for examination of changes and temporal relationships over time, as well as capturing the potential dynamic nature of variables such as relationship satisfaction (Bühler & Orth, 2024; Reeves & Horne, 2009).

Secondly, the exclusive reliance on self-report measures from only one parent of the family (i.e., index parent) may have introduced social desirability bias, particularly for sensitive variables such as relationship satisfaction. Participants may have portrayed their relationships in an overly positive light, a well-known limitation in relationship research using convenience samples (Zemp et al., 2017). Future research on relationship variables could model dyadic effects, including actor-partner interdependence, to provide a more contextualised and realistic understanding of relationship experiences among LGBTQIA+ parents.

Third, recruitment primarily relied on connections with LGBTQIA+ community organisations, which served as the main multipliers for study dissemination. While this approach is practical for accessing this population, it introduces sampling bias: Individuals connected to community organisations are overrepresented, resulting in upwardly biased estimates of social support and community connectedness, failing to capture the experiences of more socially isolated LGBTQIA+ parents (Larson et al., 2015; Otis et al., 2006; Pachankis, 2007). Further, individuals more comfortable disclosing their sexual or gender identity are overrepresented, missing representations of LGBTQIA+ populations engaging in concealment processes.

Fourth, the present thesis relied on a relatively small sample size. Especially for the moderated regression analysis, current sample was underpowered for small effect sizes, which were expected based on previous findings (e.g., Graham & Barnow, 2013; Uysal et al., 2012). Larger sample sizes will be needed in future research to obtain more reliable and conclusive results, particularly for detecting interaction effects and subtle associations.

Fifth, sample composition was a notably limitation, as the majority of LGBTQIA+ parents were white, cisgender, financially and mentally stable. This is consistent with observations that current research has not kept pace with the growing diversity of LGBTQ+ family forms, such as trans(gender) parent families (Reczek, 2020). The given homogeneity restricts generalisability to more marginalised LGBTQIA+ subgroups and limits the ability to conduct intersectionality-informed analyses. Future studies should make targeted recruitment efforts to include participants with diverse gender identities, racial/ethnic backgrounds, and socioeconomic statuses. Moreover, adopting an intersectional framework would allow researchers to examine how multiple minority identities, such as gender identity, migration background, and socioeconomic status, interact to shape experiences of minority stress and relationships. Such an approach would provide a more nuanced understanding of within-group differences among LGBTQIA+ parents and the conditions under which minority stress

and resilience processes operate. In conclusion, the application of an intersectional perspective in research could increase the external validity of studies (Shields, 2008).

Sixth, the sample exhibited limited variability across key study variables, which may have reduced statistical power to detect effects. LGBTQIA+ parents in the sample reported relatively high relationship satisfaction and social resources, while levels of concealment and internalised stigma were generally low. This restricted range may have attenuated associations, making the analyses a highly conservative test of the hypothesised relationships. In a more diverse population, encompassing the full spectrum of minority stress exposure and resource availability, greater variability in both predictors and outcomes might emerge, potentially revealing stronger associations between concealment, internalised stigma, and relationship satisfaction. These considerations highlight the importance of recruiting more heterogeneous LGBTQIA+ parent samples in future research to better capture the dynamics of minority stress, social support and relationship functioning.

Finally, concealment was assessed with a single item ("My sexual orientation is a very personal and private matter"), which likely failed to capture the complexity of identity concealment across different social contexts. Previous work relied on using multiple items to assess concealment (e.g., Pepping et al., 2019), which may provide more reliable and comprehensive assessments. When combined with the recruitment method- relying primarily on LGBTQIA+ community organisations- this may have further contributed to the low levels of reported concealment, as individuals regard their sexual or gender identity as an extremely private or personal matter are less likely to be engaged with such organisations. Consequently, the sample may not fully represent the broader LGBTQIA+ population to this regard. Future research would benefit from using multi-item measures of concealment that capture its variability across different contexts. This approach is particularly important for LGBTQ+ parent families, who may experience unique pressures to conceal their identity in environments where they are being perceived (cis- and) heteronormative (Siegel & Zemp, 2024), allowing for a more nuanced understanding of concealment processes.

Conclusion

The present study contributes to the limited body of research on LGBTQIA+ parents, by examining minority stress processes within romantic relationships from both a risk and resilience perspective. Contrary to expectations, proximal minority stressors were not associated with relationship satisfaction, nor did social support and community connectedness function as buffers of these associations. Instead, findings point to a more

nuanced pattern in which LGBTQIA+ parents reported generally low levels of proximal minority stress and high levels of relational satisfaction, social support, and community connectedness, with the latter two showing direct positive associations with relationship satisfaction. Taken together, the findings highlight the importance of considering sample heterogeneity, intersectional disadvantage, and contextual factors when examining minority stress processes among LGBTQIA+ parents. Future research employing longitudinal designs, and more diverse samples is needed to clarify the conditions under which proximal minority stress influences relationship satisfaction and to better examine the complexity of resilience and vulnerability within this population.

References

Akers, W. P., Cashwell, C. S., & Blake, S. D. (2023). Relationship satisfaction and outness: The impact of the closet on connection. *Sexual and Relationship Therapy*, *38*(4), 813–833. https://doi.org/10.1080/14681994.2021.1937597

Alday-Mondaca, C., & Lay-Lisboa, S. (2021). The impact of internalized stigma on LGBT parenting and the importance of health care structures: A qualitative study. *International Journal of Environmental Research and Public Health*, *18*(10), 5373. https://doi.org/10.3390/ijerph18105373

Alessi, E. J. (2014). A framework for incorporating minority stress theory into treatment with sexual minority clients. *Journal of Gay & Lesbian Mental Health*, *18*(1), 47–66. https://doi.org/10.1080/19359705.2013.789811

Ballester, E., Cornish, M. A., & Hanks, M. A. (2021). Predicting relationship satisfaction in LGBQ + people using internalized stigma, outness, and concealment. *Journal of GLBT Family Studies*, *17*(4), 356–370. https://doi.org/10.1080/1550428X.2021.1923104

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, *29*(3), 258–269. https://doi.org/10.1111/j.1471-6402.2005.00220.x

Bodenmann, G. (2005). Dyadic coping and its significance for marital functioning. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping.* (pp. 33–49). American Psychological Association. https://doi.org/10.1037/11031-002

Bohrnstedt, G. W., & Carter, T. M. (1971). Robustness in regression analysis. *Sociological Methodology*, *3*, 118–146.

Bosson, J. K., Weaver, J. R., & Prewitt-Freilino, J. L. (2012). Concealing to belong, revealing to be known: Classification expectations and self-threats among persons with

concealable stigmas. *Self and Identity*, *11*(1), 114–135. https://doi.org/10.1080/15298868.2010.513508

Bowleg, L. (2012). The problem with the phrase *women and minorities:* Intersectionality—An important theoretical framework for public health. *American Journal of Public Health*, *102*(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Boyers, G. B., & Simpson Rowe, L. (2018). Social support and relationship satisfaction in bipolar disorder. *Journal of Family Psychology*, *32*(4), 538–543. https://doi.org/10.1037/fam0000400

Bresin, K., Nicholas, J. K., Cowand, A. L., Alacha, H. F., Rodriguez, A. M., & Parrott, D. J. (2023). The effects of sexual and gender minority stress on relationship functioning: A meta-analysis. *Personal Relationships*, *30*(4), 1208–1231. https://doi.org/10.1111/pere.12511

Breslow, A. S., Brewster, M. E., Velez, B. L., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 253–265. https://doi.org/10.1037/sgd0000117

Brooks, V. (1981). *Minority stress and lesbian women*. Lexington Books.

Bühler, J. L., & Orth, U. (2024). How relationship satisfaction changes within and across romantic relationships: Evidence from a large longitudinal study. *Journal of Personality and Social Psychology*, *126*(5), 930–945. https://doi.org/10.1037/pspp0000492

Bundeskanzleramt. (2021). *Österreichischer Familienbericht 6. Neue Perspektiven – Familien als Fundament für ein lebenswertes Österreich* (No. 6). Bundeskanzleramt (BMWfJ, Sektion Familie und Jugend, Abteilung II/6).

Burgess, D., Lee, R., Tran, A., & Van Ryn, M. (2007). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons. *Journal of LGBT Health Research*, *3*(4), 1–14. https://doi.org/10.1080/15574090802226626

Cao, H., Zhou, N., Fine, M., Liang, Y., Li, J., & Mills-Koonce, W. R. (2017). Sexual minority stress and same-sex relationship well-being: A meta-analysis of research prior to the U.S. nationwide legalization of same-sex marriage. *Journal of Marriage and Family*, *79*(5), 1258–1277. https://doi.org/10.1111/jomf.12415

Caron, S. L., & Ulin, M. (1997). Closeting and the quality of lesbian relationships. *Families in Society: The Journal of Contemporary Social Services*, *78*(4), 413–419. https://doi.org/10.1606/1044-3894.799

Chan, R. C. H., & Leung, J. S. Y. (2023). Experiences of minority stress and their impact on suicidality among asexual individuals. *Journal of Affective Disorders*, *325*, 794–803. https://doi.org/10.1016/j.jad.2023.01.025

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.

Cohen, J. N., & Byers, E. S. (2015). Minority stress, protective factors, and sexual functioning of women in a same-sex relationship. *Psychology of Sexual Orientation and Gender Diversity*, *2*(4), 391–403. https://doi.org/10.1037/sgd0000108

Cohen, S., & McKay, G. (2020). Social support, stress and the buffering hypothesis: A theoretical analysis. In A. Baum, S. E. Taylor, & J. E. Singer (Eds.), *Handbook of Psychology and Health (Volume IV)* (1st ed., pp. 253–267). Routledge. https://doi.org/10.1201/9781003044307-10

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Cohn-Schwartz, E., Gooldin, S., Meiry, L., & Bachner, Y. G. (2025). Sexual orientation and internalized homophobia of middle aged and older gay and lesbian adults: The role of social relationships. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, *80*(6), gbaf048. https://doi.org/10.1093/geronb/gbaf048

Colpitts, E., & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International Journal for Equity in Health*, *15*(1), 60. https://doi.org/10.1186/s12939-016-0349-1

Connolly, C. M. (2006). A feminist perspective of resilience in lesbian couples. *Journal of Feminist Family Therapy*, *18*(1–2), 137–162. https://doi.org/10.1300/j086v18n01_06

Corrigan, P., & Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*, *12*(3), 235–248. https://doi.org/10.1080/0963823031000118221

Cox, N., Dewaele, A., Van Houtte, M., & Vincke, J. (2010). Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model. *Journal of Homosexuality*, *58*(1), 117–137. https://doi.org/10.1080/00918369.2011.533631

Craney, R. S., Watson, L. B., Brownfield, J., & Flores, M. J. (2018). Bisexual women's discriminatory experiences and psychological distress: Exploring the roles of coping and LGBTQ community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, *5*(3), 324–337. https://doi.org/10.1037/sgd0000276

Dennis, M. T., & Davis, C. G. (2025). Out of sight but on my mind: Distal stressors, identity concealment, proximal stress, and mental health among sexual or gender minorities. *Sexuality Research and Social Policy*. https://doi.org/10.1007/s13178-025-01131-6

Dorrell, K. D., Benjamin, I., Dyar, C., Davila, J., & Feinstein, B. A. (2024). Minority stress and relationship satisfaction among bi+ individuals: The roles of partner gender and

sexual orientation. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1037/sgd0000711

Doty, N. D., Willoughby, B. L. B., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, *39*(10), 1134–1147. https://doi.org/10.1007/s10964-010-9566-x

Douglass, R. P., & Conlin, S. E. (2022). Minority stress among LGB people: Investigating relations among distal and proximal stressors. *Current Psychology*, *41*(6), 3730–3740. https://doi.org/10.1007/s12144-020-00885-z

Doyle, D. M., & Molix, L. (2015). Social stigma and sexual minorities' romantic relationship functioning: A meta-analytic review. *Personality and Social Psychology Bulletin*, *41*(10), 1363–1381. https://doi.org/10.1177/0146167215594592

Elizur, Y., & Mintzer, A. (2003). Gay males' intimate relationship quality: The roles of attachment security, gay identity, social support, and income. *Personal Relationships*, *10*(3), 411–435. https://doi.org/10.1111/1475-6811.00057

Erol, R. Y., & Orth, U. (2014). Development of self-esteem and relationship satisfaction in couples: Two longitudinal studies. *Developmental Psychology*, *50*(9), 2291–2303. https://doi.org/10.1037/a0037370

European Commission. (2019). *Discrimination in the european union—September 2019—Eurobarometer survey* (Spezial-Eurobarometer 535). European Commission. https://europa.eu/eurobarometer/surveys/detail/2251

European Union Agency for Fundamental Rights. (2020). *A long way to go for LGBTI equality: LGBTI survey – results*. Publications Office of the European Union. https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results

Evans, C. R., Williams, D. R., Onnela, J.-P., & Subramanian, S. V. (2018). A multilevel approach to modeling health inequalities at the intersection of multiple social

identities. *Social Science & Medicine*, *203*, 64–73. https://doi.org/10.1016/j.socscimed.2017.11.011

Farr, R. H., Cashen, K. K., Diomede, M. T., & Simon, K. A. (2025). Marginalized family identity theory: A framework to understand experiences in LGBTQIA + and diverse family structures. *Journal of Family Theory & Review*, *17*(2), 301–324. https://doi.org/10.1111/jftr.12624

Farr, R. H., Tornello, S. L., & Rostosky, S. S. (2022). How do LGBTQ+ parents raise well-adjusted, resilient, and thriving children? *Current Directions in Psychological Science*, *31*(6), 526–535. https://doi.org/10.1177/09637214221121295

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, *39*(2), 175–191. https://doi.org/10.3758/bf03193146

Feeney, B. C., & Collins, N. L. (2015). A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology Review*, *19*(2), 113–147. https://doi.org/10.1177/1088868314544222

Feinstein, B. A., McConnell, E., Dyar, C., Mustanski, B., & Newcomb, M. E. (2018). Minority stress and relationship functioning among young male same-sex couples: An examination of actor–partner interdependence models. *Journal of Consulting and Clinical Psychology*, *86*(5), 416–426. https://doi.org/10.1037/ccp0000296

Fergus, S., & Zimmerman, M. A. (2005). Adolescent Resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, *26*(1), 399–419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Fingerhut, A. W., Peplau, L. A., & Gable, S. L. (2010). Identity, minority stress and psychological well-being among gay men and lesbians. *Psychology and Sexuality*, *1*(2), 101–114. https://doi.org/10.1080/19419899.2010.484592

Fish, J. N., & Russell, S. T. (2018). Queering methodologies to understand queer families. *Family Relations*, *67*(1), 12–25. https://doi.org/10.1111/fare.12297

Fletcher, G. J. O., Simpson, J. A., & Thomas, G. (2000). The measurement of perceived relationship quality components: A confirmatory factor analytic approach. *Personality and Social Psychology Bulletin*, *26*(3), 340–354. https://doi.org/10.1177/0146167200265007

Fox, J., Weisberg, S., & Price, B. (2001). *car: Companion to Applied Regression* (Version 3.1-5) [Computer software]. https://doi.org/10.32614/CRAN.package.car

Fredriksen-Goldsen, K. I., Kim, H.-J., Barkan, S. E., Muraco, A., & Hoy-Ellis, C. P. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *American Journal of Public Health*, *103*(10), 1802–1809. https://doi.org/10.2105/AJPH.2012.301110

Freischlager, L., Siegel, M., Friedrich, A. S., & Zemp, M. (2023). Longitudinal psychological family studies in austria: A scoping review. *Journal of Family Issues*, *44*(9), 2355–2378. https://doi.org/10.1177/0192513X221092026

Frost, D. M., Fingerhut, A. W., & Meyer, I. H. (2022). Social change and relationship quality among sexual minority individuals: Does minority stress still matter? *Journal of Marriage and Family*, *84*(3), 920–933. https://doi.org/10.1111/jomf.12827

Frost, D. M., LeBlanc, A. J., De Vries, B., Alston-Stepnitz, E., Stephenson, R., & Woodyatt, C. (2017). Couple-level minority stress: An examination of same-sex couples' unique experiences. *Journal of Health and Social Behavior*, *58*(4), 455–472. https://doi.org/10.1177/0022146517736754

Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, *38*(1), 1–8. https://doi.org/10.1007/s10865-013-9523-8

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, *56*(1), 97–109. https://doi.org/10.1037/a0012844

Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *The Journal of Sex Research*, *49*(1), 36–49. https://doi.org/10.1080/00224499.2011.565427

Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, *51*, 101579. https://doi.org/10.1016/j.copsyc.2023.101579

Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*, *86*(1), 91–102. https://doi.org/10.1037/ort0000117

Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, *21*(4), 572–583. https://doi.org/10.1037/0893-3200.21.4.572

Gable, S. L., & Impett, E. A. (2012). Approach and avoidance motives and close relationships. *Social and Personality Psychology Compass*, *6*(1), 95–108. https://doi.org/10.1111/j.1751-9004.2011.00405.x

Gamarel, K. E., Reisner, S. L., Laurenceau, J.-P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of

transgender women and their cisgender male partners. *Journal of Family Psychology*, *28*(4), 437–447. https://doi.org/10.1037/a0037171

Gamarel, K., Farrales, W., Venegas, L., Dilworth, S. E., Coffin, L. S., Neilands, T. B., Johnson, M. O., & Koester, K. A. (2023). A mixed-methods study of relationship stigma and well-being among sexual and gender minority couples. *Journal of Social Issues*, *79*(1), 232–263. https://doi.org/10.1111/josi.12552

Geidel, B., Siegel, M., Steyrl, D., Goldberg, A. E., Bodenmann, G., & Zemp, M. (2025). Study protocol for the Rainbow Austrian Longitudinal Family (RALF) study: A longitudinal, multi-method, multi-rater investigation of risk and resilience factors in Austrian LGBTQ+ parent families. *BMC Psychology*, *13*(1), 560. https://doi.org/10.1186/s40359-025-02828-4

Goldbach, J. T., Rhoades, H., Mamey, M. R., Senese, J., Karys, P., & Marsiglia, F. F. (2021). Reducing behavioral health symptoms by addressing minority stressors in LGBTQ adolescents: A randomized controlled trial of Proud & Empowered. *BMC Public Health*, *21*(1), 2315. https://doi.org/10.1186/s12889-021-12357-5

Goldberg, A. E., & Allen, K. R. (Eds.). (2020). *LGBTQ-parent families: Innovations in research and implications for practice*. Springer.

Goldey, K. L. (2025). Identities in transition: Sexual fluidity, sexual satisfaction, and relationship satisfaction among partners of transgender and nonbinary individuals. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1037/sgd0000872

Gonçalves, J. A. R., Costa, P. A., & Leal, I. (2020). Minority stress in older portuguese gay and bisexual men and its impact on sexual and relationship satisfaction. *Sexuality Research and Social Policy*, *17*(2), 209–218. https://doi.org/10.1007/s13178-019-00385-1

Graham, J. M., & Barnow, Z. B. (2013). Stress and social support in gay, lesbian, and heterosexual couples: Direct effects and buffering models. *Journal of Family Psychology*, *27*(4), 569–578. https://doi.org/10.1037/a0033420

Haas, S. M., & Lannutti, P. J. (2021). The impact of minority stress and social support on positive relationship functioning in same-sex relationships. *Health Communication*, *36*(3), 315–323. https://doi.org/10.1080/10410236.2019.1687130

Hammack, P. L., Frost, D. M., & Hughes, S. D. (2019). Queer intimacies: A new paradigm for the study of relationship diversity. *The Journal of Sex Research*, *56*(4–5), 556–592. https://doi.org/10.1080/00224499.2018.1531281

Harrell Jr, F. E. (2003). *Hmisc: Harrell miscellaneous* (Version 5.2-5) [Computer software]. https://doi.org/10.32614/CRAN.package.Hmisc

Hassebrauck, M., & Fehr, B. (2002). Dimensions of relationship quality. *Personal Relationships*, *9*(3), 253–270. https://doi.org/10.1111/1475-6811.00017

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*(5), 707–730. https://doi.org/10.1037/a0016441

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, *43*(5), 460–467. https://doi.org/10.1037/a0029597

Herek, G., Cogan, J., Gillis, R., & Glunt, E. (1998). *Correlates of internalized homophobia in a community sample of lesbians and gay men*. *Journal of the Gay and Lesbian Medical Association*, *2*, 17–25.

Herek, G. M. (2002). Gender gaps in public opinion about lesbians and gay Men. *Public Opinion Quarterly*, *66*(1), 40–66. https://doi.org/10.1086/338409

Hothorn, T., Zeileis, A., Farebrother, R. W., & Cummins, C. (1999). *lmtest: Testing Linear Regression Models* (Version 0.9-40) [Computer software]. https://doi.org/10.32614/CRAN.package.lmtest

Iacobucci, D., Román, S., Moon, S., & Rouziès, D. (2025). A tutorial on what to do with skewness, kurtosis, and outliers: New insights to help scholars conduct and defend their research. *Psychology & Marketing*, *42*(5), 1398–1414. https://doi.org/10.1002/mar.22187

Iannone, R., Cheng, J., Schloerke, B., Haughton, S., Hughes, E., Lauer, A., François, R., Seo, J., Brevoort, K., & Roy, O. (2020). *gt: Easily create presentation-ready display tables* (Version 1.3.0) [Computer software]. https://doi.org/10.32614/CRAN.package.gt

ILGA-Europe. (2024). *Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people in Europe and Central Asia 2024*. https://www.ilga-europe.org/files/uploads/2024/02/2024_full_annual_review.pdf

ILGA-Europe. (2025). *Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people in Europe and Central Asia 2025*. https://www.ilga-europe.org/files/uploads/2025/02/ILGA-Europe-Annual-Review-2025.pdf

Jager, J., Putnick, D. L., & Bornstein, M. H. (2017). II. More than just convenient: The scientific merits of homogenous convenience samples. *Monographs of the Society for Research in Child Development*, *82*(2), 13–30. https://doi.org/10.1111/mono.12296

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Johnson, K. C., LeBlanc, A. J., Deardorff, J., & Bockting, W. O. (2020). Invalidation experiences among non-binary adolescents. *The Journal of Sex Research*, *57*(2), 222–233. https://doi.org/10.1080/00224499.2019.1608422

Jordan, K. M., & Deluty, R. H. (2000). Social support, coming out, and relationship satisfaction in lesbian couples. *Journal of Lesbian Studies*, *4*(1), 145–164. https://doi.org/10.1300/j155v04n01_09

Karney, B. R., & Bradbury, T. N. (2005). Contextual influences on marriage: Implications for policy and intervention. *Current Directions in Psychological Science*, *14*(4), 171–174. https://doi.org/10.1111/j.0963-7214.2005.00358.x

Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: Stress, social support, and oping processes. *Annual Review of Psychology*, *36*(1), 531–572. https://doi.org/10.1146/annurev.ps.36.020185.002531

Kiekens, W. J., & Mereish, E. H. (2022). The association between daily concealment and affect among sexual and gender minority adolescents: The moderating role of family and peer support. *Journal of Adolescent Health*, *70*(4), 650–657. https://doi.org/10.1016/j.jadohealth.2021.11.019

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, *8*(1), 70. https://doi.org/10.1186/1471-244X-8-70

Kornblith, A. B., Herndon, J. E., Zuckerman, E., Viscoli, C. M., Horwitz, R. I., Cooper, M. R., Harris, L., Tkaczuk, K. H., Perry, M. C., Budman, D., Norton, L., & Holland, J. C. (2001). Social support as a buffer to the psychological impact of stressful life events in women with breast cancer. *Cancer*, *91*(2), 443–454. https://doi.org/10.1002/1097-0142(20010115)91:2%3C443::AID-CNCR1020%3E3.0.CO;2-Z

Lamela, D., Figueiredo, B., Morais, A., Matos, P., & Jongenelen, I. (2020). Are measures of marital satisfaction valid for women with depressive symptoms? The examination of factor structure and measurement invariance of the Couple Satisfaction Index-4 across

depression levels in Portuguese women. *Clinical Psychology & Psychotherapy*, *27*(2), 214–219. https://doi.org/10.1002/cpp.2420

Lampis, J., De Simone, S., Lasio, D., & Serri, F. (2023). The role of family support and dyadic adjustment on the psychological well-being of transgender individuals: An exploratory study. *Sexuality Research and Social Policy*, *20*(4), 1328–1344. https://doi.org/10.1007/s13178-023-00817-z

Larson, D. G., Chastain, R. L., Hoyt, W. T., & Ayzenberg, R. (2015). Self-concealment: Integrative review and working model. *Journal of Social and Clinical Psychology*, *34*(8), 705-e774. https://doi.org/10.1521/jscp.2015.34.8.705

LeBlanc, A. J., Frost, D. M., & Wight, R. G. (2015). Minority stress and stress proliferation among same-sex and other marginalized couples. *Journal of Marriage and Family*, *77*(1), 40–59. https://doi.org/10.1111/jomf.12160

Lefevor, G. T., Sorrell, S. A., Skidmore, S. J., Huynh, K. D., Golightly, R. M., Standifird, E., Searle, K., & Call, M. (2024). When connecting with LGBTQ+ communities helps and why it does: A meta-analysis of the relationship between connectedness and health-related outcomes. *Psychological Bulletin*, *150*(11), 1261–1286. https://doi.org/10.1037/bul0000447

Leiner, D. J. (2024). *SoSci Survey* (Version 3.5.01) [Computer software]. https://www.soscisurvey.de

Lev, A. I. (2015). Resilience in lesbian and gay couples. In *Couple Resilience* (pp. 45–61). Springer Netherlands. https://doi.org/10.1007/978-94-017-9909-6_3

Lewis, M. A., McBride, C. M., Pollak, K. I., Puleo, E., Butterfield, R. M., & Emmons, K. M. (2006). Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine*, *62*(6), 1369–1380. https://doi.org/10.1016/j.socscimed.2005.08.006

Livesey, A. C. (2023). Care of diverse families: LGBTQIA+ families. *FP Essentials*, *524*, 14–18.

Long, J. A. (2019). *interactions: Comprehensive, user-friendly toolkit for probing interactions* (Version 1.2.0) [Computer software]. https://doi.org/10.32614/cran.package.interactions

Long, J. K., & Andrews, B. V. (2007). Fostering strength and resiliency in same-sex couples: An overview. *Journal of Couple & Relationship Therapy*, *6*(1–2), 153–165. https://doi.org/10.1300/j398v06n01_13

Lookingbill, V., Vera, A. N., Wagner, T. L., & Kitzie, V. L. (2021). "We can be our best alliance": Resilient health information practices of LGBTQIA+ individuals as a buffering response to minority stress. In *Lecture Notes in Computer Science* (pp. 3–17). Springer International Publishing. https://doi.org/10.1007/978-3-030-71305-8_1

Lüdecke, D., Ben-Shachar, M., Patil, I., Waggoner, P., & Makowski, D. (2021). *performance: An R package for assessment, comparison and testing of statistical models* (Version 0.16.0) [Computer software]. The Open Journal. https://doi.org/10.21105/joss.03139

Lyons, A., & Pepping, C. A. (2017). Prospective effects of social support on internalized homonegativity and sexual identity concealment among middle-aged and older gay men: A longitudinal cohort study. *Anxiety, Stress, & Coping*, *30*(5), 585–597. https://doi.org/10.1080/10615806.2017.1330465

Malecki, C. K., & Demaray, M. K. (2006). Social support as a buffer in the relationship between socioeconomic status and academic performance. *School Psychology Quarterly*, *21*(4), 375–395. https://doi.org/10.1037/h0084129

Marshall, E., Glazebrook, C., Robbins-Cherry, S., Nicholson, S., Thorne, N., & Arcelus, J. (2020). The quality and satisfaction of romantic relationships in transgender people: A

systematic review of the literature. *International Journal of Transgender Health*, *21*(4), 373–390. https://doi.org/10.1080/26895269.2020.1765446

Matsick, J. L., Sullivan, J. T., Todd, E., Kruk, M., & Cook, J. E. (2024). A social ecological approach to belonging in LGBTQ+ people. *Nature Reviews Psychology*, *3*(3), 181–197. https://doi.org/10.1038/s44159-024-00280-6

Matsuno, E., Bricker, N. L., Collazo, E. N., Mohr, R., & Balsam, K. F. (2024). "The default is just going to be getting misgendered": Minority stress experiences among nonbinary adults. *Psychology of Sexual Orientation and Gender Diversity*, *11*(2), 202–214. https://doi.org/10.1037/sgd0000607

McConnell, E. A., Janulis, P., Phillips, G., Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, *5*(1), 1–12. https://doi.org/10.1037/sgd0000265

McGarrity, L. A. (2014). Socioeconomic status as context for minority stress and health disparities among lesbian, gay, and bisexual individuals. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 383–397. https://doi.org/10.1037/sgd0000067

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38. https://doi.org/10.2307/2137286

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, *1*(S), 3–26. https://doi.org/10.1037/2329-0382.1.S.3

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209–213. https://doi.org/10.1037/sgd0000132

Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. Herek, *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men and bisexuals* (pp. 160–186). SAGE Publications, Inc. https://doi.org/10.4135/9781452243818.n8

Mohr, J. J., & Daly, C. A. (2008). Sexual minority stress and changes in relationship quality in same-sex couples. *Journal of Social and Personal Relationships*, *25*(6), 989–1007. https://doi.org/10.1177/0265407508100311

Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology*, *58*(2), 234–245. https://doi.org/10.1037/a0022858

National Institutes of Health. (2019). *Sexual and gender minority populations in NIH-supported research* (NOT-OD-19-139). Sexual & Gender Minority Research Office. https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-139.html

Neilands, T. B., LeBlanc, A. J., Frost, D. M., Bowen, K., Sullivan, P. S., Hoff, C. C., & Chang, J. (2020). Measuring a new stress domain: Validation of the couple-level minority stress scale. *Archives of Sexual Behavior*, *49*(1), 249–265. https://doi.org/10.1007/s10508-019-01487-y

Nguyen, J., Anderson, J., & Pepping, C. A. (2024). A systematic review and research agenda of internalized sexual stigma in sexual minority individuals: Evidence from longitudinal and intervention studies. *Clinical Psychology Review*, *108*, 102376. https://doi.org/10.1016/j.cpr.2023.102376

Nguyen, J., & Pepping, C. A. (2022). Prospective effects of internalized stigma on same-sex relationship satisfaction: The mediating role of depressive symptoms and couple conflict. *Journal of Consulting and Clinical Psychology*, *90*(2), 184–194. https://doi.org/10.1037/ccp0000713

Nowaskie, D. Z., Choi, Y., & Kerswill, S. A. (2024). LGBTQ + health factors and outcomes differences across gender identity: Comparisons between cisgender minorities, transgender minorities, and nonbinary/genderqueer minorities. *Journal of Gay & Lesbian Mental Health*, *28*(3), 402–414. https://doi.org/10.1080/19359705.2023.2193939

Ong, F., Lewis, C., & Prayag, G. (2025). This is what being queer looks like: The roles LGBTQ+ events play for queer people based on their social identity. *Tourism Management*, *106*, 105012. https://doi.org/10.1016/j.tourman.2024.105012

Otis, M. D., Rostosky, S. S., Riggle, E. D. B., & Hamrin, R. (2006). Stress and relationship quality in same-sex couples. *Journal of Social and Personal Relationships*, *23*(1), 81–99. https://doi.org/10.1177/0265407506060179

Outland, P. L. (2016). *Developing the LGBT minority stress measure*. Colorado State University.

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, *133*(2), 328–345. https://doi.org/10.1037/0033-2909.133.2.328

Parmenter, J. G., Winter, S. D., Clements, Z. A., Alexander, K., & Taylor, H. (2025). How community and individual strengths “fill our cup”: A preliminary strengths-based psychological mediation framework for LGBTQIA+ communities. *Journal of Counseling Psychology*. https://doi.org/10.1037/cou0000807

Patterson, C. J. (2013). Children of lesbian and gay parents: Psychology, law, and policy. *Psychology of Sexual Orientation and Gender Diversity*, *1*(S), 27–34. https://doi.org/10.1037/2329-0382.1.s.27

Pepping, C. A., Belmont, N., & Cronin, T. J. (2024). Romantic relationships buffer minority stress in transgender and non-binary adults: Effects on depressive symptoms and suicidality. *Journal of Affective Disorders*, *365*, 634–643. https://doi.org/10.1016/j.jad.2024.06.062

Pepping, C. A., Cronin, T. J., Halford, W. K., & Lyons, A. (2019). Minority stress and same-sex relationship satisfaction: The role of concealment motivation. *Family Process*, *58*(2), 496–508. https://doi.org/10.1111/famp.12365

Power, R., Ussher, J. M., Perz, J., Allison, K., & Hawkey, A. J. (2022). "Surviving discrimination by pulling together": LGBTQI cancer patient and carer experiences of minority stress and social support. *Frontiers in Oncology*, *12*, 918016. https://doi.org/10.3389/fonc.2022.918016

Prendergast, S., & MacPhee, D. (2018). Family resilience amid stigma and discrimination: A conceptual model for families headed by same-sex parents. *Family Relations*, *67*(1), 26–40. https://doi.org/10.1111/fare.12296

Puckett, J. A., & Levitt, H. M. (2015). Internalized stigma within sexual and gender minorities: Change strategies and clinical implications. *Journal of LGBT Issues in Counseling*, *9*(4), 329–349. https://doi.org/10.1080/15538605.2015.1112336

Puckett, J. A., Levitt, H. M., Horne, S. G., & Hayes-Skelton, S. A. (2015). Internalized heterosexism and psychological distress: The mediating roles of self-criticism and community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, *2*(4), 426–435. https://doi.org/10.1037/sgd0000123

R Core Team. (2021). *R: A language and environment for statistical computing* (Version 4.1.2) [Computer software]. https://www.R-project.org/

Ramirez, J. L., & Paz Galupo, M. (2019). Multiple minority stress: The role of proximal and distal stress on mental health outcomes among lesbian, gay, and bisexual people of color. *Journal of Gay & Lesbian Mental Health*, *23*(2), 145–167. https://doi.org/10.1080/19359705.2019.1568946

Reczek, C. (2020). Sexual- and gender-minority families: A 2010 to 2020 decade in review. *Journal of Marriage and Family*, *82*(1), 300–325. https://doi.org/10.1111/jomf.12607

Reeves, T., & Horne, S. G. (2009). A comparison of relationship satisfaction, social support, and stress between women with first and prior same-sex relationships. *Journal of GLBT Family Studies*, *5*(3), 215–234. https://doi.org/10.1080/15504280903035720

Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., & Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. *The Lancet*, *388*(10042), 412–436. https://doi.org/10.1016/S0140-6736(16)00684-X

Revelle, W. (2007). *psych: Procedures for Psychological, Psychometric, and Personality Research* (Version 2.6.3) [Computer software]. https://doi.org/10.32614/CRAN.package.psych

Riggle, E. D. B., Mohr, J. J., Rostosky, S. S., Fingerhut, A. W., & Balsam, K. F. (2014). A multifactor lesbian, gay, and bisexual positive identity measure (LGB-PIM). *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 398–411. https://doi.org/10.1037/sgd0000057

Riggle, E. D. B., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological

distress and well-being. *Psychology of Sexual Orientation and Gender Diversity*, *4*(1), 54–62. https://doi.org/10.1037/sgd0000202

Rivas-Koehl, M., Rivas-Koehl, D., & McNeil Smith, S. (2023). The temporal intersectional minority stress model: Reimagining minority stress theory. *Journal of Family Theory & Review*, *15*(4), 706–726. https://doi.org/10.1111/jftr.12529

Robinson, D., Hayes, A., Couch, S., & Hvitfeldt, E. (2014). *broom: Convert statistical objects into tidy tibbles* (Version 1.0.12) [Computer software]. https://doi.org/10.32614/CRAN.package.broom

Roehrle, B., & Strouse, J. (2008). Influence of social support on success of therapeutic interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, *45*(4), 464–476. https://doi.org/10.1037/a0014333

Rood, B. A., Maroney, M. R., Puckett, J. A., Berman, A. K., Reisner, S. L., & Pantalone, D. W. (2017). Identity concealment in transgender adults: A qualitative assessment of minority stress and gender affirmation. *American Journal of Orthopsychiatry*, *87*(6), 704–713. https://doi.org/10.1037/ort0000303

Ross, J. M., Nguyen, T. P., Karney, B. R., & Bradbury, T. N. (2022). Three tests of the vulnerability-stress-adaptation model: Independent prediction, mediation, and generalizability. *Frontiers in Psychology*, *13*, 921485. https://doi.org/10.3389/fpsyg.2022.921485

Rothblum, E. D. (2020). *The oxford handbook of sexual and gender minority mental health*. Oxford University Press.

Russell, G. M., & Bohan, J. S. (2007). Liberating psychotherapy: Liberation psychology and psychotherapy with LGBT clients. *Journal of Gay & Lesbian Psychotherapy*, *11*(3–4), 59–75. https://doi.org/10.1300/J236v11n03_04

Salfas, B., Rendina, H. J., & Parsons, J. T. (2019). What is the role of the community? Examining minority stress processes among gay and bisexual men. *Stigma and Health*, *4*(3), 300–309. https://doi.org/10.1037/sah0000143

Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues*, *73*(3), 563–585. https://doi.org/10.1111/josi.12232

Sciangula, A., & Morry, M. M. (2009). Self-Esteem and perceived regard: How i see myself affects my relationship satisfaction. *The Journal of Social Psychology*, *149*(2), 143–158. https://doi.org/10.3200/SOCP.149.2.143-158

Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles*, *59*(5–6), 301–311. https://doi.org/10.1007/s11199-008-9501-8

Shilo, G., & Mor, Z. (2014). The impact of minority stressors on the mental and physical health of lesbian, gay, and bisexual youths and young adults. *Health & Social Work*, *39*(3), 161–171. https://doi.org/10.1093/hsw/hlu023

Siegel, M., Assenmacher, C., Meuwly, N., & Zemp, M. (2021). The legal vulnerability model for same-sex parent families: A mixed methods systematic review and theoretical integration. *Frontiers in Psychology*, *12*, 644258. https://doi.org/10.3389/fpsyg.2021.644258

Siegel, M., Legler, M., Neziraj, F., Goldberg, A. E., & Zemp, M. (2022). Minority stress and positive identity aspects in members of LGBTQ+ parent families: Literature review and a study protocol for a mixed-methods evidence synthesis. *Children*, *9*(9), 1364. https://doi.org/10.3390/children9091364

Siegel, M., Randall, A. K., Lannutti, P. J., Fischer, M. S., Gandhi, Y., Lukas, R., Meuwly, N., Rosta-Filep, O., Van Stein, K., Ditzen, B., Martos, T., Schneckenreiter, C., Totenhagen, C. J., & Zemp, M. (2023). Intimate pride: A tri-nation study on

associations between positive minority identity aspects and relationship quality in sexual minorities from German-speaking countries. *International Journal of Applied Positive Psychology*, *8*(S2), 129–157. https://doi.org/10.1007/s41042-022-00070-6

Siegel, M., & Zemp, M. (2024). *The family minority stress model: Theoretical conceptualization and empirical evidence.* [Doctoral dissertation, University of Vienna]. https://doi.org/10.31234/osf.io/6jnge

Siegel, M., & Zemp, M. (2025). Austria. In A. K. Randall & P. J. Lannutti (Eds.), *Experiences of Sexual Minority and Gender Diverse Individuals in Romantic Relationships* (1st ed., pp. 35–58). Cambridge University Press. https://doi.org/10.1017/9781009345774.005

Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology*, *17*(2), 34–44. https://doi.org/10.1177/1534765610369261

Sinha, S. (2023). *Queer interethnic relationships: Couple-level minority stress and resilience for intersectionally marginalized partners.* ProQuest Dissertations & Theses.

Skakoon-Sparling, S., Chow, S., Palma, P. A., Adam, B., Elkington, N., Dvorakova, M., Hanes, D. W., Zhang, T. H., Grace, D., Jollimore, J., Tan, D. H. S., & Hart, T. A. (2025). Social-support buffers the effect of internalized homonegativity on intrusive sexual thoughts/behaviors. *Health Psychology*, *44*(7), 725–733. https://doi.org/10.1037/hea0001468

Sommantico, M., Lacatena, M., & Ramaglia, F. (2023). Romantic attachment, relationship satisfaction, internalized sexual stigma, and motives for parenthood in Italian lesbian women and gay men. *International Journal of Environmental Research and Public Health*, *20*(14), 6381. https://doi.org/10.3390/ijerph20146381

Sommantico, M., Parrello, S., & De Rosa, B. (2020). Lesbian and gay relationship satisfaction among Italians: Adult attachment, social support, and internalized stigma. *Archives of Sexual Behavior*, *49*(5), 1811–1822. https://doi.org/10.1007/s10508-020-01736-5

Song, C., Buysse, A., Zhang, W., Lu, C., Zhao, M., & Dewaele, A. (2022). Coping with minority stress in romantic relationships among lesbian, gay and bisexual people. *Current Psychology*, *41*(10), 6922–6933. https://doi.org/10.1007/s12144-020-01188-z

Song, C., Buysse, A., Zhang, W.-H., & Dewaele, A. (2022). Perceived discrimination and relationship satisfaction among same-sex couples: The role of dyadic stress and sex. *Journal of Sex & Marital Therapy*, *48*(6), 567–578. https://doi.org/10.1080/0092623X.2021.2022048

Thies, K. E., Starks, T. J., Denmark, F. L., & Rosenthal, L. (2016). Internalized homonegativity and relationship quality in same-sex romantic couples: A test of mental health mechanisms and gender as a moderator. *Psychology of Sexual Orientation and Gender Diversity*, *3*(3), 325–335. https://doi.org/10.1037/sgd0000183

Turone, I., Petersen, E. E. S., Winterdahl, M., Serafini, G., & Pop, M. L. (2025). Gender minority stress and resilience, mental health and wellbeing in transgender and gender-diverse individuals: A narrative review. *Current Sexual Health Reports*, *17*(1), 18. https://doi.org/10.1007/s11930-025-00414-8

Uysal, A., Lin, H. L., Knee, C. R., & Bush, A. L. (2012). The association between self-concealment from one's partner and relationship well-being. *Personality and Social Psychology Bulletin*, *38*(1), 39–51. https://doi.org/10.1177/0146167211429331

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, *66*, 24–38. https://doi.org/10.1016/j.cpr.2018.03.003

VanAntwerp, J., Lawson, K., Diaz, A., Tatum, A., & Salinas-Quiroz, F. (2025). Parental burnout in LGBTQ+ parents: Examining the role of sexual minority stress. *LGBTQ+ Family: An Interdisciplinary Journal*, 1–21. https://doi.org/10.1080/27703371.2025.2453165

Watts, K. J., & Thrasher, S. S. (2024). The impact of community belongingness on mental health and well-being among Black LGBTQ adults. *Race and Social Problems*, *16*(1), 47–64. https://doi.org/10.1007/s12552-023-09396-5

Werneck, H., & Rollett, B. (1999). Die Wiener Längsschnittstudie „Familienentwicklung im Lebenslauf (FIL)"—Ausgewählte Befunde und Implikationen. In B. Reichle & H. Werneck (Eds.), *Übergang zur Elternschaft* (pp. 109–126). De Gruyter. https://doi.org/10.1515/9783110512120-009

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. (Original work published Columbia University Press)

Whitton, S. W., Dyar, C., Newcomb, M. E., & Mustanski, B. (2018). Romantic involvement: A protective factor for psychological health in racially-diverse young sexual minorities. *Journal of Abnormal Psychology*, *127*(3), 265–275. https://doi.org/10.1037/abn0000332

Wickham, H., Averick, M., Bryan, J., Chang, W., McGowan, L., François, R., Grolemund, G., Hayes, A., Henry, L., Hester, J., Kuhn, M., Pedersen, T., Miller, E., Bache, S., Müller, K., Ooms, J., Robinson, D., Seidel, D., Spinu, V., … Yutani, H. (2019). Welcome to the tidyverse. *Journal of Open Source Software*, *4*(43), 1686. https://doi.org/10.21105/joss.01686

Wickham, H., & Bryan, J. (2015). *readxl: Read excel files* (Version 1.4.5) [Computer software]. https://doi.org/10.32614/CRAN.package.readxl

Wickham, H., Chang, W., Henry, L., Pedersen, T. L., Takahashi, K., Wilke, C., Woo, K., Yutani, H., Dunnington, D., & Van Den Brand, T. (2007). *ggplot2: Create elegant data visualisations using the grammar of graphics* (Version 4.0.3) [Computer software]. https://doi.org/10.32614/cran.package.ggplot2

Wickham, H., François, R., Henry, L., Müller, K., & Vaughan, D. (2014). *dplyr: A grammar of data manipulation* (Version 1.2.1) [Computer software]. https://doi.org/10.32614/cran.package.dplyr

Wickham, H., Hester, J., & Bryan, J. (2015). *readr: Read rectangular text data* (Version 2.2.0) [Computer software]. https://doi.org/10.32614/CRAN.package.readr

Wickham, H., Vaughan, D., & Girlich, M. (2014). *tidyr: Tidy messy data* (Version 1.3.2) [Computer software]. https://doi.org/10.32614/cran.package.tidyr

Williams, D. Y., Hall, W. J., Dawes, H. C., Srivastava, A., Radtke, S. R., Ramon, M., Bouchard, D., Chen, W.-T., & Goldbach, J. T. (2023). Relationships between internalized stigma and depression and suicide risk among queer youth in the United States: A systematic review and meta-analysis. *Frontiers in Psychiatry*, *14*, 1205581. https://doi.org/10.3389/fpsyt.2023.1205581

Williamson, I. R. (2000). Internalized homophobia and health issues affecting lesbians and gay men. *Health Education Research*, *15*(1), 97–107. https://doi.org/10.1093/her/15.1.97

Wittgens, C., Fischer, M. M., Buspavanich, P., Theobald, S., Schweizer, K., & Trautmann, S. (2022). Mental health in people with minority sexual orientations: A meta-analysis of population-based studies. *Acta Psychiatrica Scandinavica*, *145*(4), 357–372. https://doi.org/10.1111/acps.13405

Wong, C. F., Schrager, S. M., Holloway, I. W., Meyer, I. H., & Kipke, M. D. (2014). Minority Stress Experiences and Psychological Well-Being: The Impact of Support from and

Connection to Social Networks Within the Los Angeles House and Ball Communities. *Prevention Science*, *15*(1), 44–55. https://doi.org/10.1007/s11121-012-0348-4

Zemp, M., Nussbeck, F. W., Cummings, E. M., & Bodenmann, G. (2017). The spillover of child-related stress into parents' relationship mediated by couple communication. *Family Relations*, *66*(2), 317–330. https://doi.org/10.1111/fare.12244

Appendix A

Abstract

Research on LGBTQIA+ parents remains limited, particularly in Austria, though existing evidence suggests that proximal minority stressors, such as internalised stigma and concealment, may undermine relationship satisfaction. At the same time social support has been shown to buffer against the negative impacts of minority stress. This study examines whether proximal minority stressors negatively impact relationship satisfaction and whether this association may be buffered by social support and community connectedness respectively. Using a cross-sectional design, data were drawn from the first data wave of the Rainbow Austrian Longitudinal Family (RALF) study. The sample consisted of 105 Austrian LGBTQIA+ index parents (M = 40.04, SD = 6.3; 64.8% cisgender women, 21.9% cisgender men, 13.3% TINB (trans, inter, non- binary) individuals), who were selected based on current relationship status (i.e. in at least one romantic relationship). Participants completed a self-report online questionnaire assessing proximal minority stress, relationship satisfaction, social support and community connectedness. Regression analyses revealed no significant effect of proximal minority stressors on relationship satisfaction and no evidence for buffering effects. However, internalised stigma was positively related to concealment, while social support was positively associated with relationship satisfaction. These findings suggest that minority stress processes may operate in more complex and context-dependent ways among LGBTQIA+ parents. The cross-sectional design, a relatively homogenous sample, and recruitment strategies limit causal interpretations and generalisability, highlighting the need for more diverse and longitudinal research.

Keywords: LGBTQIA+ parents, proximal minority stressors, relationship satisfaction, social support, community connectedness

Abstrakt

Die Forschung zu LGBTQIA+ Eltern ist nach wie vor begrenzt, insbesondere in Österreich, obwohl vorhandene Erkenntnisse darauf hindeuten, dass proximale Minderheitenstressoren wie internalisiertes Stigma und das Verbergen der eigenen Identität die Beziehungszufriedenheit beeinträchtigen können. Gleichzeitig hat sich gezeigt, dass soziale Unterstützung vor den negativen Auswirkungen von Minderheitenstress schützt. Diese Studie untersucht, ob proximale Minderheitenstressoren die Beziehungszufriedenheit negativ beeinflussen und ob dieser Zusammenhang durch soziale Unterstützung bzw. durch die Verbundenheit mit der LGBTQIA+ Community abgefedert werden kann. Unter Verwendung eines Querschnittsdesigns wurden Daten aus der ersten Erhebungswelle der Rainbow Austrian Longitudinal Family (RALF) – Studie herangezogen. Die Stichprobe bestand aus 105 österreichischen LGBTQIA+ Eltern (M = 40,04, SD = 6,36; 64,8 % cisgender Frauen, 21,9 % cisgender Männer, 13,3 % TINB-Personen (trans, inter, nicht-binär)), die anhand ihres aktuellen Beziehungsstatus (d. h. in mindestens einer romantischen Beziehung) ausgewählt wurden. Die Teilnehmenden füllten im Selbstbericht einen Online-Fragebogen aus, der proximalen Minderheitenstress, Beziehungszufriedenheit, Verbundenheit mit der LGBTQIA+ Community und soziale Unterstützung erfragte. Regressionsanalysen ergaben keinen signifikanten Einfluss proximaler Minderheitenstressoren auf die Beziehungszufriedenheit und keine Hinweise auf Pufferwirkungen. Internalisiertes Stigma stand jedoch in einem positiven Zusammenhang mit dem Verbergen der Identität, während soziale Unterstützung positiv mit der Beziehungszufriedenheit assoziiert war. Diese Ergebnisse deuten darauf hin, dass Minderheitenstressprozesse bei LGBTQIA+ Eltern auf komplexere und kontextabhängigere Weise ablaufen könnten. Das Querschnittsdesign, eine relativ homogene Stichprobe sowie Rekrutierungsstrategien schränken kausale Interpretationen und die Verallgemeinerbarkeit ein und unterstreichen die Notwendigkeit vielfältigerer und longitudinaler Forschungsansätze.

Schlüsselwörter: LGBTQIA+ Eltern, Proximale Minderheitsstressoren, Beziehungszufriedenheit, Soziale Unterstützung, Verbundenheit mit der LGBTQIA+ Community

Appendix B

Demographic variables

Variable	Original German item	English translation	Response Options
Age (single choice)	Wie alt sind Sie?	What is your age?	18–99
Gender Identity (multiple choice)	Was ist Ihr Geschlecht?	What is your gender?	Female Male Non-binary Inter No gender I am:__ I prefer not to answer
Sexual Orientation (single choice)	Wenn Sie nur EINE Bezeichnung für Ihre sexuelle Orientierung wählen könnten, welche wäre das?	If you could choose just ONE term to describe your sexual orientation, what would it be?	Asexual Bisexual Heterosexuel Lesbian Pansexuel Queer Gay Other sexual and/or romantic orientation(s): I am not sure I do not want to answer
Relationship form (single choice)	Sind Sie derzeit in einer oder mehreren Beziehung(en)/Partner*innenschaft(en)?	Are you currently in a relationship or multiple relationships?	Yes, in one Yes, in more than one, actually __ No I am not sure I do not want to answer
Relationship status (single choice)	Wie lautet Ihr offizieller Familienstand?	What is your official marital status?	Single (never married/ Civil partnership) Married/Civil Partnership Divorced/Civil partnerhsip dissolved

Variable	Original German item	English translation	Response Options
			Widowed /Surviving partner of civil partnership I am not sure I do not want to answer
Family Constellation (single choice)	Wenn Sie nur EINE Bezeichnung für Ihre aktuelle Familienform wählen könnten, welche wäre das?	If you could choose only ONE term to describe your current family structure, what would it be?	Single-parent family Single parent Two-parent family Separated parents Stepfamilies or patchwork families Collaborative co-parenting Multi-parent family Combination of a multi-parent family and co-parenting Another type of family, namely:__
Financial Situation (single choice)	Wie schwierig ist es für Sie, Ihre monatlichen laufenden Kosten (z. B. Miete, Strom, Kredit) zu begleichen?	How difficult is it for you to pay your monthly living expenses (e.g., rent, electricity, loans)?	Not at all difficult Not very difficult Somewhat difficult Very difficult Extremely difficult I am not sure I do not want to answer
Occupational Status (single choice)	Wie ist Ihre aktuelle Berufstätigkeit?	What is your current occupation?	Full-time employed Part-time employed Unemployed Homemaker Student Other I am not sure I do not want to answer

Variable	Original German item	English translation	Response Options
Civil Status (single choice)	Welche Staatsangehörigkeit besitzen Sie?	What is your nationality?	Austria Germany Switzerland Multiple nationalities Stateless I do not want to answer Choose: __
Immigration Status (single choice)	Sind Sie nach Österreich eingewandert oder geflüchtet?	Did you immigrate to Austria or are you a refugee?	Yes No No, but my parents or grandparents (at least one person). I am not sure. I do not want to answer.
BiPoc Identity (single choice)	Sind Sie Schwarz/ Black, Indigenous, Person of Colour (BIPoC)?	Are you Black, Indigenous, or a Person of Colour (BIPoC)?	Yes No I use similar phrases, namely: __ I am not sure I do not want to answer
Mental Illness (single choice)	Haben Sie eine psychische Erkrankung?	Do you have a mental illness?	Yes, and it affects my daily life. Yes, and it affects my daily life from time to time. Yes, and it does NOT affect my daily life. No. I am not sure I do not want to answer