



# HHS Public Access

Author manuscript

*J Marriage Fam.* Author manuscript; available in PMC 2020 December 02.

Published in final edited form as:

*J Marriage Fam.* 2020 February ; 82(1): 300–325. doi:10.1111/jomf.12607.

## Sexual- and Gender-Minority Families: A 2010 to 2020 Decade in Review

**Corinne Reczek**

Department of Sociology, The Ohio State University

### Abstract

**Objective:** To review research on sexual and gender minority (SGM) families—including lesbian, gay, bisexual, transgender, queer, asexual, and intersex (LGBTQAI+) families— from 2010–2020.

**Background:** Research on the SGM population has increased and diversified in the past decade.

**Results:** This paper reviews three subareas that make up the majority of research on SGM families today: (1) SGM family of origin relationships, (2) SGM intimate relationships, and (3) SGM-parent families. This review also highlights three main gaps in the existing literature: (1) a focus on same-sex and gay and lesbian families (and to a lesser extent bisexual and transgender families) and a lack of attention to the families of single SGM people as well as intersex, asexual, queer, polyamorous, and other SGM families; (2) an emphasis on white, socioeconomically advantaged SGM people and a failure to account for the significant racial-ethnic and socioeconomic diversity in the SGM population; and (3) a lack of integration of SGM experiences across the life course, from childhood to old age.

**Conclusion:** The next decade should aim to examine the full range of SGM family ties, include more vigorous examinations of race-ethnicity and socioeconomic status, and develop more robust accounts of family across the life course with novel theory and data sources across the methodological spectrum.

### Keywords

Gender; Intergenerational Relationships; Intimate Relationships; LGBTQ; Sexuality; Well-Being

---

Sexual and gender minority (SGM) families, including families with lesbian, gay, bisexual, transgender, queer, asexual, and intersex (LGBTQAI+) people, are a key site of scholarship for family researchers. (See Table 1 for definitions of key terms.) Interest in SGM families has grown significantly since the first two Decade in Reviews on SGM families in 2000 and 2010, wherein scholars focused on the form and functioning of gay and lesbian cohabiting relationships and child outcomes within these families (Patterson, 2000; Biblarz & Savci, 2010). This two-decade focus on gay and lesbian intimate relationship functioning, and the effects of these family forms on children, is not surprising given the concurrent debates

about legalizing marriage between individuals of the same-sex and the potential effects of raising children in gay and lesbian households.

This 2020 Decade in Review marks a new chapter in SGM family life and research. This decade witnessed significant growth and diversification in the SGM population, with more people identifying as a gender and sexual minorities than in previous decades (Bridges & Moore, 2018; Gates, 2014). Moreover, 2010–2020 was a decade of major historical events such as marriage legalization, increased social acceptance of sexual minorities, and increased stigmatization of gender minorities via “bathroom bills” and the transgender military ban. At the same time, data innovations in high-quality national data sources have allowed scholars to examine SGM families at the population level, while novel qualitative data sources reveal the diversity of SGM families (Moore & Stambolis-Ruhstorfer, 2013). With these new robust data sources in hand, scholars have not only refined previous decades of research on gay and lesbian romantic relationships and child well-being, they have also moved beyond the gay and lesbian couple context to explore new lines of inquiry including research on gender minority families, and family ties in SGM youth and adolescence.

In order to detail these significant advances, this review is centered around three primary subareas that make up the vast majority of research on SGM families today: (1) SGM family of origin relationships, (2) SGM intimate relationships, and (3) SGM-parent families. In the first section, I review research on SGM youth and adult family of origin relationships and outline the growing body of research on the effect of family of origin on SGM mental and physical well-being. In the second section, I update the research on SGM intimate relationships in mid-life, with topics ranging from relationship formation to relationship dissolution to mental and physical health. In the final section, I detail research on SGM parents and parenting and synthesize the scientific consensus on child outcomes in SGM families.

The mission of this decade in review is to not only review what is known, but to compel research progress in the next decade. Therefore, in the final section of the paper, I highlight three main gaps that persist in the existing literature: (1) a primary focus on same-sex and gay and lesbian families (and to a lesser extent bisexual and transgender families) and a lack of focus on other sexual and gender minorities such as intersex, asexual, queer, and polyamorous families as well as the families of single SGM people; (2) a focus on white, socioeconomically advantaged SGM people and a failure to account for the significant racial-ethnic and socioeconomic diversity in the SGM population; and (3) a lack of integration of SGM families across the life course, from childhood to old age. Key questions for future research are identified in each section. Explicitly addressing these limitations in the next decade will create a more inclusive, robust, and impactful research area. I note that this review is not exhaustive but instead attempts to create a coherent account of the research on SGM family life. As a result, this review primarily focuses on SGM families in the U.S. context.

## I. SGM Family of Origin Relationships

A robust literature shows that family of origin relationships are important to minor children due to children's financial and social dependence. Far less is known about SGM family of origin ties in mid- and later-life. I review research on 1) *adolescent SGM family of origin ties* and 2) *adult SGM family of origin ties*, with subsections on health and well-being, below.

### Adolescent SGM Family of Origin Ties

Two primary questions guide research on adolescent SGM family of origin relationships: 1) what is the nature of SGM adolescent family of origin ties? and 2) how do family of origin ties influence adolescent SGM health?

**The nature of SGM family of origin ties.**—There is consistent evidence that relative to their heterosexual and cisgender peers, SGM youth experience less support and more strain from their families of origin (Needham & Austin, 2010). Sexual minority youth are less likely to report closeness, attachment and support, are less likely to disclose personal problems, and are more likely to report conflict with parents than their cis/heterosexual counterparts (Montano et al., 2017; Montano et al., 2018; Feinstein et al., 2018). While some SGM youth may face less sexuality- and gender-related rejection than in previous decades (Russell & Fish, 2016), some survey research shows that family support has actually decreased over time (Watson, Rose, Doull, Adjei, & Saewyc, 2019). Parent-child conflict appears to be particularly impactful after a child discloses their sexual identity (i.e., “coming out”) (Alonzo & Buttitta, 2019; Jhang, 2018; Scherrer, Kazyak, & Schmitz, 2015). For example, when LGBQ people report low satisfaction with parents after coming out, they are more likely to report coming out an additional time to reinforce and clarify their sexual identity (Denes & Afifi, 2014). Notably, parent-child dynamics during coming out may differ by the gender of the parent; relationships between young adult sexual minority men and their mothers improved after initial disclosure, but relationships with fathers did not improve (Pachankis, Sullivan, & Moore, 2018). Thus, disclosure of sexual identity to parents may be a key dimension of family strain for SGM youth. While the primary focus of research on SGM youth family relationships is the parent-child tie, some research suggests that siblings and extended family members can be key sources of support during times of parental rejection (Grafsky et al., 2018; Hilton & Szymanski, 2011; Rothblum, 2010).

While the vast majority of research focuses on the family of origin ties of gay, lesbian, and bisexual identified adolescents, a series of small-scale qualitative studies show that transgender youth are at especially high-risk of family rejection due to transgender stigmatization. For example, McGuire and colleagues (2016b) find that half of the transgender youth in their sample report a significant physical (e.g., moving out) or emotional break with family after disclosing their transgender status, with most youth experiencing fear of relationship dissolution in the future. This heightened rejection may be because of strong parental efforts to urge children—especially persons assigned male sex at birth—to be gender conforming and heterosexual (Solebello & Elliott, 2011; Rahilly, 2015). Moreover, scholars articulate the “loss” felt when a child does not conform to parents’

gendered expectations, which in turn shapes the treatment of the transgender child (McGuire et al., 2016a; Meadow, 2018; Rahilly, 2015; Norwood, 2013). These studies represent a new line of research on adolescent-parent ties, laying the groundwork for further understanding gender minority intergenerational ties and their implications for SGM people.

**SGM adolescent family of origin ties and health and well-being.**—A second body of work moves beyond the nature of SGM adolescent family of origin ties to explore the implications of these ties on well-being. Despite increased social acceptance, SGM youth still experience significant health disparities relative to their cisgender heterosexual peers (Russell & Fish, 2019) and numerous studies demonstrate that families are key in explaining SGM adolescents' worse health. High levels of parental strain and low levels of parental support are linked to a range of negative health outcomes for SGM youth (Bouris et al., 2010; D'Amico & Julien, 2012; Freitas, D'Augelli, Coimbra, & Fontaine, 2016; McConnell, Birkett, & Mustanski, 2016; Ryan et al., 2010; Russell & Fish, 2016; Watson et al., 2016). For example, in a large study using three waves of Add Health, Needham and Austin (2010) show that lesbian and bisexual young cisgender women report lower levels of parental support and higher odds of suicidal ideation and drug use relative to heterosexual women; bisexual women also report higher odds of depressive symptoms and heavy drinking than heterosexual women. In turn, gay young adult men report lower levels of parental support relative to bisexual and heterosexual men, and gay men experience higher suicidal ideation than heterosexual men. Parental support either fully or partially mediated these health disadvantages. Pearson and Wilkinson (2013) use Add Health data to show that lower levels of parental involvement, closeness, and support among same-sex attracted youth was associated with higher levels of depression, substance use, and running away from home. Ueno (2010) finds that young adults who have same-sex sexual contact report higher levels of depressive symptoms, and that this elevated depression is explained by sexual minorities lower levels of family support. In one of the few studies looking at bisexual health, a survey of 383 cisgender bisexual youth reveal parental support buffers the association between stress during disclosure and depressive symptoms for bisexual male youth (Pollitt et al., 2017), while a study of 461 sexual minority youth in Israel shows the negative effects of bisexuality are reduced when family members provide social support and acceptance (Shilo, 2012). In a study focused on youth of color, Snapp and colleagues (2015) report that among 245 Latino and non-Latino LGBT youth, family support is a strong predictor of positive well-being outcomes, including self-esteem and life situation assessment. The effect of family members on health may be strongest during or directly after the disclosure process (D'Amico et al., 2015); a survey of 461 LGB adolescents show family acceptance after disclosure is related to better well-being and a reduction in mental distress (Shilo & Savaya, 2011), while adolescent SGM who report family rejection during the disclosure process are 8.4 times more likely to attempt suicide (Ryan et al., 2009). Similarly, Padilla, Crisp, and Rew (2010) find that mothers' acceptance after disclosure is associated with less substance use.

Gender minority youth may be among the most at risk for the deleterious health effects of low-quality family of origin relationships (Klein & Golub, 2016) and these youth in turn may experience clear health benefits from supportive family ties (Kovalanka et al., 2017).

Family support has positive impacts on transgender youth mental health outcomes and risk-taking behaviors, such as decreased suicidality or substance use (Grossman, D'Augelli, & Frank, 2011; Olson et al., 2016; Simons et al., 2013). In two studies of parental support of transgender youth, Budge, Adelson, and Howard (2013) report that parental support and acceptance is associated with lower levels of anxiety and depressive symptoms, while Catalpa and McGuire (2018) show transgender youth who experience family boundary ambiguity — a lack of clarity regarding whether or not trans youth remained in the family— causes significant psychological and financial distress. This body of work requires additional empirical evidence at the population level, alongside in-depth qualitative studies, to fully determine the relationship among gender minority youth experiences, family, and health.

### Adult SGM Family of Origin Ties

Two questions guide research on adult SGM family of origin relationships: 1) what is the nature of SGM adult family of origin ties? and 2) how do family of origin ties influence adult SGM health?

**The nature of adult SGM family of origin relationships.**—Relatively few studies explore SGM family of origin relationships in adulthood. Overall, this body of work shows that family of origin relationships, particularly the parent-child tie, are central to the experiences of SGM adults. Family members appear to support SGM adults via integration into family relationships, inclusion through requested language markers (e.g., spouse, pronouns), social support in times of need, and public affirmations; family members demonstrate rejection via detached relationships, daily putdowns, and marked traumatic events (e.g., disownment) (Reczek, 2014; 2016a, b). Participation in legal marriage appears to increase family of origin support and in some cases also increases conflict (Ocobock, 2013; Riggle, Drabble, Vedhuis, Wootton, Hughes, 2018). Moreover, intergenerational ambivalence—or the simultaneous presence of both positive and negative feelings and actions between parents and children— also appears to be a key dimension of SGM family of origin relationship dynamics in adulthood (Reczek, 2016b; Fruhauf & Mahoney, 2010). For example, gay and lesbian adults appear to provide key instrumental support to aging parents, even when relationships are conflictual (Reczek & Umberson, 2016).

A small number of surveys have been conducted to assess the relationships of SGM adults and their families of origin, with an explicit focus on racial-ethnic minority groups. For example, Pastrana (2015) uses nationwide samples of LGBT Latina/o adults (N = 1159) and African American LGBT adults (N = 2,166) to show that family support is highly correlated with outness in adulthood among both African Americans and Latino/as. Moreover, Black and Latino/a sexual minority adults who have high levels of disclosure of gender and sexual identity to family experience more family support (Swendener & Woodell, 2017). In a study of what Acosta calls sexually non-conforming (i.e., non-heterosexual), cisgender adult Latinas show that families accept Latina's non-heterosexual identity if they embodied hegemonic femininity (Acosta, 2013). While important, these studies do not compare across racial groups and are not population-based; national studies are needed to provide estimates of how family of origin relationships in adulthood vary across race-ethnicity.

The relatively few studies that explore gender minority adult's family relationships demonstrate that strained relationships in youth continue into adulthood (Norwood, 2013). In a qualitative study of the coming out narratives of 20 transgender adults in Minnesota, Brumbaugh-Johnson and Hull (2018) find that transgender people must consistently negotiate disclosing and enacting their gender identity, even after "coming out" to family in adulthood. Platt and Bolland (2017) use 38 qualitative interviews with transgender adults to demonstrate the importance of family of origin support for transgender intimate partner relationships. No studies known to the author examine other gender minorities — such as gender non-binary or nonconforming individuals— and their relationships with their families in adulthood, yet it is likely that family of origin remain important to gender minority adults and thus future research should explore these relationships.

**SGM adult family of origin ties and health and well-being.**—Because of the strong link between family ties and health across the life course, family of origin relationships likely shape well-being in adulthood, although few studies examine this possibility. As in adolescence, acceptance from parents in adulthood is associated with a lower psychological impact of internalized homophobia (Feinstein et al., 2014). For example, a study of 98 LGB young adults (ages 18–21) shows more support from network members was associated with lower levels of emotional distress (Doty et al., 2010), and LGB adults who thought their parents did not provide emotional and social support had higher odds of depression and substance use in adulthood (Rothman et al., 2012). Later in the life course, bisexual older adults report worse health than gay and lesbian older adults, in part because they have less social support from family of origin (Fredriksen-Golsen et al., 2016), and disclosure of gay grandfathers to their grandchildren is associated with grandfathers' better mental health (Tornello & Patterson, 2016). Virtually no studies on gender minority adults examine the link between family support and health, although family support is likely critical for preventing negative life and well-being outcomes such as homelessness, HIV, drug and alcohol use, and suicide attempts among gender minority adults.

## II. SGM Intimate Relationships

While most research early in the life course focuses on SGM adolescents' parent-child ties, research on mid-life centers largely on SGM intimate relationships. This body of work primarily focuses on comparisons between same-sex and different-sex couples or between gay, lesbian, and heterosexual couples on a range of outcomes including: 1) *dating and relationship formation*, 2) *relationship quality*, 3) *the division of labor*, 4) *health and well-being*, and 5) *dissolution*. In this section, the terms same-sex and different-sex are used when studies identify couples based on the sex composition of household rosters with unknown sexual identities; the terms gay, lesbian, and heterosexual are used when studies classify individuals based on their sexual identity status. Most studies reviewed do not report whether sample individuals are cisgender or transgender, and in these cases no differentiation is made.



## Dating and relationship formation

Research suggests that there are both similar and unique mate selection processes when comparing SGM populations to cisgender heterosexual populations. Male and female same-sex couples are more age heterogeneous than their different-sex counterparts, and male same-sex couples are more educationally heterogeneous than their different-sex counterparts (Verbakel & Kalmijn, 2014). There are also cultural norms that differ in SGM dating communities that shape sorting practices. For example, in a study using Add Health, Meier, Hull, and Ortyl (2009) show that sexual minority adults adhere to normative heterosexual romantic relationship values (e.g., romantic love ideology), however, sexual minority young adults are less likely to value faithfulness and lifelong commitment than heterosexual young adults (also see Potârc , Mills, & Neberich, 2015). Further, a study of 40 LGBTQ San Francisco Bay residents demonstrates the active rejection of heterosexual norms of dating because they are considered boring, sexist, monogamous, and confining, with SGM partners working to formulate non-gendered, equality-focused dating relationships (Lamont, 2017). In one of the only studies on transgender dating experiences, Belawski and Sojka (2014) detail the additional work transgender individuals must do to find a romantic partner given the stigmatization and violence inflicted on trans people in the United States today. While still nascent, this growing body of work suggests that differing social forces and social norms may shape the way SGM individuals view and enter into romantic relationships.

Beyond dating and initial sorting, how couples form committed unions via both cohabitation and marriage is a key area of inquiry. Research in the former half of the decade focused on how SGM partners make commitment without marriage, and in the latter half of the decade on articulating couples' decision-making processes regarding marriage (Shulman, Gotta, & Green, 2012). Prior to 2015, several states legalized marriage between individuals of the same-sex, allowing for state- and local-level insights into the meaning of marriage equality. Kimport (2013) conducted 42 interviews of LGBTQ people married during 2004 in San Francisco — a brief period of local legalization prior to state and federal legalization. In this study, respondents married for political statements, access to legal rights, and love, yet many SGM individuals—particularly women— point to the problematic nature of marriage as a heterosexist, patriarchal, and homonormative institution that reinforces hegemonic notions of gender and sexuality. Similarly, a study in Massachusetts after the state legalized marriage reports that some same-sex married couples express ambivalent feelings about marriage. In some instances, one partner may push marriage on a reluctant partner who rejects marriage due to feminist principles (Bosley-Smith & Reczek, 2018). The meaning and consequences of union formation, including marriage, is a key source of future inquiry, as scholars only recently have data with congruent federal and state-level marriage equality.

## Relationship quality

Relationship quality is a long-standing area of family research. Research consistently shows that same-sex and different-sex couples report relatively similar relationship quality (e.g., Joyner, Manning, & Prince, 2018; Perales & Baxter, 2017). In the past decade, scholarship moves beyond the basic question of comparing relationship quality across same- and different-sex couples to the study of the unique determinants of relationship quality in same-sex couples— focusing on the consequences of stigmatization from family, friends, and

institutions. For example, in two studies prior to federal marriage equality in the U.S., van Eeden-Moorefield and Benson (2014) use internet-based data with 176 partnered gay men to show that internalized homophobia plays a role in relationship stability, while a qualitative study of 32 legally married (at the state level, not the federal level) white gay men in Iowa demonstrates how many LGB adults experience increases in family strain due to increases in LGB visibility post-marriage (Ocobock, 2013). Moreover, disapproval from parents increases romantic relationship strain, but can also promote relationship resilience (Frost, 2011; Graham & Barnow, 2013; Macapagal et al., 2015; Reczek, 2016). Taken together, this body of work suggests that couple functioning is strongly influenced by external factors, most notably homophobia and stigma.

Several studies examine relationship quality among SGM racial-ethnic minorities. A qualitative study on gay and lesbian interracial couples demonstrates the unique challenges of both *hypervisibility* (i.e., partners experience both homophobia and racism due to their doubly marginalized statuses) and *hyperinvisibility* (i.e., partners are not recognized as a couple due to both racist and homophobic assumptions) (Steinbugler, 2012). Additionally, a study of 480 respondents in same-sex and interracial relationships shows that both racist and homophobic relationship stigma from friends (e.g., friends make comments about your partner that offend you) is associated with lower levels of relationship commitment (Rosenthal & Starks, 2015). In a qualitative study with 22 black lesbians, Glass and Few-Demo (2013) show that partners in black lesbian couples receive family support individually, but not together as a couple, negating the existence of lesbian sexual identity. Few studies examine how supportive relationships with family bolster marital quality, although Reczek (2016a) shows that rejection from parents can bring couples closer together against unsupportive parents.

While recent family scholarship points to the importance of sex and sexual intimacy as a dimension of intimate relationship quality, few studies examine sexual quality in SGM couples. Paine, Umberson, and Reczek (2018) use in-depth interview data with lesbian and heterosexual women and show that women report a decline in sexual activity and desire over time, but lesbian women uniquely suggest weight gain, caregiving for a parent, and menopause as reasons for this decline. Lesbian women in this study also report more work in promoting their sex lives than heterosexual women. In a study of 161 gay male couples (N = 322), Parsons, Starks, Gamarel, and Grov (2012) compare monogamous, monogamish, open, and discrepant sexual statuses and find no differences in sexual satisfaction, communication, or frequency; monogamous men report more sexual jealousy. In a study comparing the sex frequency of gay, lesbian, and heterosexual adoptive parents and relationship quality, Farr, Forsell, and Patterson (2010) find differences in sex frequency by sexual orientation with gay men having the most sex and lesbian women the least, but they find no differences in sexual relationship satisfaction. These studies suggest that sexual intimacy is an important aspect of relationship quality, and future research should continue to examine intimacy as a central aspect of SGM relationship dynamics.

Beyond the sexual minority context, a growing but small area of research shows that intimate relationship quality is a key source of identity affirmation for transgender people and their partners (Pfeffer, 2016), with quality intimate relationships being a primary goal of



transgender individuals (Sanger, 2010). Research shows couples with a trans partner experience unique stressors that influence relationship quality. For example, Garmarel et al. (2014) analyze data from 191 couples of transwomen and their cisgender male partners and find that partners financial strain and trans-related discrimination were linked to increased depression for both partners. For transwomen, their own—as well as their partner's—higher levels of relationship stigma scores (e.g., how comfortable do you feel holding hands with your partner in public; how comfortable do you feel going out with your partner in public; introducing your partner to friends; hiding your relationship from others) are related to lower levels of relationship quality; for cismen partners, only the transwomen's relationship stigma scores are associated with lower levels of relationship quality. Moreover, gender transitioning within a relationship places significant stress on relationship quality and both partners' well-being (Dierckx et al., 2018). For example, Pfeffer (2016) uses in-depth interviews with cis women partners of trans men to show the emotional work cispartners do to support their transpartners pre-, during-, and post-transition, while Platt and Bolland (2017) show the negotiations 21 cisgender partners make in response to their trans partners identity, including changes in their own sexual orientation labels, concerns with safety and marginalization, and developing a new understanding of the gender spectrum. Taken together, this body of work suggests key predictors of relationship quality for gender minority adults and their partners that should be further explored in future work.

### **Division of household labor**

The division of household labor among cisgender heterosexual couples has been a major area of scholarly work for decades. Research on SGM couples, most notably same-sex couples, calls to question theory on heterosexual couples' division of labor that rely on gendered assumptions of men and women as opposites (Doan & Quadlin, 2018; Geist & Ruppner, 2018). Overall, research confirms that sexual minority couples—especially and perhaps exclusively white gay and lesbian couples— are more likely to have an egalitarian household division of labor than heterosexual couples; this is true when comparing groups with and without children (for a review, see Goldberg, 2013; Goldberg, Smith, Perry-Jenkins, 2012; Gotta et al., 2011; Tornello, Sonnenberg, & Patterson, 2015). Gendered housework theory suggests that partners in sexual minority couples are less reliant on traditional gendered norms, are more likely to have similar housework preferences, and are more likely to be dually employed outside the home (Doan & Quadlin, 2018).

Yet there are unique predictors of the division of labor within sexual minority couples, including work hours outside the home, time availability, and income inequality (Tornello et al., 2015; Widiss, 2016). It may be that even in sexual minority couples, childcare and feminine-typed tasks such as laundry are clustered together unequally (Goldberg, 2013; Goldberg, Smith, & Perry-Jenkins, 2012). For example, in a study of 116 women and 128 men in sexual minority relationships, Civettini (2015) shows that the division of labor is not shaped by gender per se, but by levels of traditionally feminine and masculine traits. In turn, in a qualitative study of Black biological mothers and step-mothers in same-gender relationships, Moore (2011) finds that it is biological relationship to a child that shapes household work, wherein biological mothers are more likely than stepmothers to assert dominance over childcare and household tasks to enact power in lieu of financial equity.

Similarly, among cisgender gay fathers, biological fathers who have a child from a previous heterosexual relationship are more likely to specialize in childcare than their partners (Tornello, Sonnenberg, & Patterson, 2015). This body of research suggests that relationship dynamics unique to SGM populations may shape the division of labor in ways that have not been fully articulated in past research.

A few studies examine the division of labor in transgender families, providing potential clues to the negotiation of power around housework. Pfeffer (2010) and Ward (2010) use qualitative data to show that cis women partnered to trans men do more housework than their transgender partners to assert gender order and affirm their partners' masculine identities, while Kelly and Hauck (2015) interview 30 gender and sexual minorities and show that personal preference and labor force participation, not necessarily gender, shape the division of labor. Taken together, these findings suggest that the relationship between gender and the division of labor in SGM relationship is more complex than the predominant "egalitarian" framework would suggest, and future work should continue to theorize the unique division of labor dynamics among gender and sexual minorities.

### Health and well-being

How marriage shapes health among cisgender heterosexual populations has been a major area of study over the past half century. Due to the legalization of same-sex marriage over the past decade, scholars can now ask: is marriage protective for individuals in SGM individuals in ways similar to cisgender heterosexual couples? The answer to this question appears to be a resounding yes: union status is associated with health among sexual minorities to a similar degree as found among cisgender heterosexual populations. Notably, this finding is based on data using national household rosters comparing same-sex and different-sex couples, and therefore sexual and gender identity is often unknown; this limits the ability to directly compare SGM across union status as well as prohibits comparison of marital status groups to single SGM populations.

Prior to marriage legalization at the state and federal level, several nationally representative studies demonstrate that the health of individuals in same-sex cohabitation look similar to those in different-sex cohabitation — with both groups being worse off than those in different-sex marriage (Denney, Gorman, & Barrera, 2013; Gonzales & Henning-Smith, 2015; Liu, Reczek, & Brown, 2013; Reczek, Liu, & Spiker 2017). For example, Denney and colleagues (2013) and Liu and colleagues (2013) use the National Health Interview Survey (NHIS) to show that same-sex and different-sex cohabitators report similar self-rated health to one another, and worse self-rated health relative to the different-sex married. Riggle, Rostosky, and Horne (2010) use an online sample of 2,677 LGB-identified individuals and find those in a committed relationship report less psychological distress and better overall well-being than those LGB-identified individuals not in committed relationships; those in legal relationships, relative to those in non-legal committed cohabiting or dating relationships, experienced less internalized homophobia and less depressive symptoms. Similarly, Bauble (2014) finds that elders in same-sex cohabiting partnerships, especially women, are disadvantaged relative to those in different-sex married and cohabiting unions, yet in a study of adults over 50, having a same-sex partner, regardless of marital status, is

associated with better self-report health and fewer depressive symptoms relative to single LGB older adults (Williams & Fredriksen-Golsen, 2014).

The legalization of marriage between individuals of the same-sex meant nationally representative household rosters could be used to examine the health associations of marriage for the SGM population. This body of research shows that the same-sex married have similar self-rated health relative to the different-sex married, and have better self-rated health than the different-sex or same-sex cohabiting (Reczek, Liu, Spiker, 2014). marriage, relative to being in a domestic partnership, is associated with lower levels of psychological distress and better mental health for individuals in both same-sex and different-sex relationships (LeBlanc, Frost, & Bowen, 2018; Wight, LeBlanc, & Badgett, 2013), and that access to marriage increased healthcare access and care among sexual minority men (Carpenter et al., 2018). These findings bolster the overall finding that a marital advantage is found among same-sex couples.

Beyond these population trends, a novel component of research on relationships and health is an attempt to *explain* these health trends and differences, typically with qualitative data. For example, qualitative and daily diary research suggests that gay and lesbian couples appear to be more concordant in health behavior (Holway et al., 2018; Reczek, 2012; Reczek & Umberson, 2012), are more likely to care for each other when sick (Thomeer et al., 2015; Umberson et al., 2016), and are differentially impacted by marital strain (Garcia & Umberson, 2019) than heterosexual couples. Moreover, it appears that gay and lesbian couples face higher levels of discrimination and stress than heterosexual couples (Cao et al., 2017; Frost et al., 2017), and marriage bans are shown to worsen health among SGM people (Hatzenbuehler et al., 2012; 2014; Kail, Acosta, & Wright, 2015). Gay and lesbian older adults who are legally married report better quality of life and more social and economic resources than those who were partnered but not married (Goldsen et al., 2017). Moreover, as is the case in heterosexual couples, relationship quality may influence mental and physical health in significant ways in sexual minority couples, with a study of 571 sexual minorities finding a negative association between relationship quality and depression (Whitton & Kuryluk, 2014). Future work should continue to explore the basic patterns of health across couple types among gender and sexual minorities, as well as the underlying mechanisms that may shape these trends.

While most research focuses on same-sex couples, research has begun to examine health in gender minority intimate relationships. Liu and Wilkinson (2017) use the National Trans Discrimination Survey and find that married transgender respondents tend to report lower levels of perceived discrimination than their cohabiting and previously married trans counterparts. Additionally, an international study of transmen shows that partnered transmen report fewer depressive symptoms than their single counterparts (Meier et al., 2013). This suggests that the long-standing institutional benefits of marriage may extend to all those who are legally able to participate, however, more research needs to be conducted to fully understand the scope of this potential marital advantage. In particular, greater complexity needs to be taken into account when examining the impact of marriage on health among SGM populations, with future research moving away from simple comparisons of same-sex couples versus different-sex couples to include other individuals and SGM groups.

## Dissolution

As research in the past decade expands our understanding of the formation and consequences of SGM intimate relationships, the corollary field of relationship dissolution and instability has also grown. The primary research questions in this area are: do SGM adults have higher rates of dissolution than their heterosexual cisgender counterparts? And how do these rates differ by gender? The results have been inconsistent, in part due to varying comparison groups. In studies done prior to federal U.S. marriage equality, Rosenfeld (2014) shows that same-sex and different-sex couples have similar rates of breaking up once marital status is accounted for, while Manning et al. (2016) suggest that same-sex cohabitators experience similar levels of stability relative to different-sex cohabitators; both couple types experienced more instability than different-sex marrieds. A study of two British cohorts shows that same-sex cohabitators have higher rates of dissolution than people in different-sex cohabiting and different-sex married unions, and that male couples have a slightly higher rate of dissolution than the female couples (Lau, 2012). A Norwegian study finds that same-sex couples who formed unions between 1993–2010 have a higher risk of divorce compared to different-sex couples, but female couples are more prone to divorce than male couples (Wiik, Seirerstand, & Noack, 2014). Joyner et al. (2017) use Add Health data to show that male same-sex couples have higher dissolution rates than female same-sex couples and different-sex couples, yet in a study of 190 gay, lesbian, and heterosexual couples who are adoptive parents, Goldberg and Garcia (2015) find that there were no differences in dissolution odds across couple types.

Research has begun to test the effects of marriage laws both before and after marriage equality on dissolution rates. Overall, this body of work demonstrates that marriage is important to same-sex couple stability; the ability to legally marry, coupled with general social tolerance towards marriage, is associated with higher desire for long-term relationships and stronger monogamy beliefs among SGM populations (Potârc , Mills, & Neberich, 2015). Manning, Brown, and Stykes (2016) show that living in a state with a same-sex marriage ban reduces relationship stability in both same-sex cohabiting and different-sex cohabiting couples, while Dillender (2014) and Trandafir (2015) show that the legalization of marriage between individuals of the same-sex did not reduce the rate of different-sex marriage in U.S. Notably, gender minority relationship dissolution has not been systematically examined empirically; one exception is a study by Meier and colleagues (2013), who report that among trans men who were partnered prior to transition, half of the relationships were dissolved during or after transition. Additional longitudinal, population-level data is needed to fully parse both the rates and predictors of SGM couples' — especially gender minority couples'—relationship dissolution.

### III. Sexual and Gender Minority Parenthood

According to 2010 U.S. census data and the 2013 American Community Survey (Payne & Manning, 2015), about 225,000 same-sex households have children under 18; notably, this number only includes minor children in same-sex households and does not include children raised by SGM parents who do not currently reside in a same-sex household, SGM single parents, or SGM non-residential partner households (Gates, 2014). Other data sources

estimate 2 million to 3.7 million children are being raised by SGM adults (Gates, 2015; Gates & Newport, 2015). Same-sex parents are more likely to be racial-ethnic minorities than same-sex couple households without children; nearly 40% of same-sex couples who have children under 18 in the home consist of at least one racial-ethnic minority adult. Black individuals in same-sex couples are 2.4 times more likely than White individuals to be raising children (40% versus 16%), while 28% of Latino individuals in same-sex couples are raising children—1.7 times more likely than Whites (Gates, 2015). Two primary subareas represent SGM parenting research over the past decade: 1) *parenthood contexts and experiences* and 2) *SGM-parent family effects on children*.

## Parenthood Contexts and Experiences

Two subthemes dominate the theme of parenthood contexts and experiences: 1) *pathways to parenthood*, and 2) *parenting dynamics*.

**Pathways to parenthood.**—There is immense diversity in the pathways to SGM parenthood (Kazyak et al., 2016), in part due to differing levels of social stigma, access to adoption, the cost of reproductive technologies, cultural norms in SGM communities, and legal constraints across the SGM population (Baumle & Compton, 2015). In research using the National Survey of Family Growth (NSFG), Riskind and Patterson (2010) show that while gay, lesbian, and heterosexual individuals age 15–44 value parenthood equally, gay men and lesbian women are less likely to want to have children than heterosexuals; gay men who want to have children are less likely than heterosexual men to believe they will fulfil those desires. In contrast, bisexual parenting desires and intentions are consistent with heterosexual populations and are higher than their gay and lesbian peers (Riskind & Patterson, 2010; Riskind & Tornello, 2017).

Sexual minority individuals pursue a variety of planned pathways for family formation including children from a previous heterosexual relationship, adoption, the use of reproductive technologies, surrogacy, and other intentional family formation strategies (Goldberg & Gartrell, 2014; Moore & Stambolis-Ruhstorfer, 2013). First, the majority of SGM adults today become parents in the context of a heterosexual relationship (Goldberg, Gartrell, & Gates, 2014). Parenthood via a previous heterosexual relationship may be an especially prominent pathway for older cohorts who faced higher levels of social stigma and were more likely to be closeted during childbearing years, although SGM adults today may have children through a different-sex relationship due to the fluidity of sexual identity and behavior. With earlier ages of self-acceptance and disclosure, and relatively less social stigma and discrimination in the past decade, there have been substantial increases in what are called “planned” SGM childrearing including adoption, reproductive technology, and surrogacy.

Adoption is a second key parenthood pathway for SGM adults (Baumle & Compton, 2015), with an estimated one in five same-sex couples raising adopted children, relative to about 3 percent of different-sex couples raising adopted children; 3 percent of same-sex couples have foster children, relative to .4 percent of heterosexual parents (Goldberg & Conron, 2018). However, research suggests some religiously-affiliated adoption agencies restrict

availability of adoption due to the stigmatization of SGM as unfit parents (Farr, Ravvina, & Grotevant, 2018).

As a third pathway, SGM adults choose parenthood via reproductive technology, which includes a wide range of technologies with vastly different costs including egg harvesting, insemination in home and hospital settings, and invitro fertilization (IVF). Those reproductive acts that take place in the medical domain are rarely covered under insurance for SGM couples because infertility cannot be “proven” as it supposedly can be with heterosexual couples, thus this pathway is often highly cost-prohibitive (Mamo & Alston-Stepnitz, 2015).

Surrogacy is a fourth pathway to parenthood used primarily among gay fathers (Peterson, 2018), but this option is again highly costly and thus utilized primarily by higher socioeconomic status people (Carroll, 2018). Because these latter pathways to parenthood are highly stratified by class status, not all SGM adults have equal access to parenthood. Moreover, the pathways for parents to become legal guardians when using reproductive technologies and surrogacy vary widely by state and country, which may be restrictive for parents in those contexts that are not institutionally supportive.

**What are the dynamics of SGM parenting?**—Questions regarding the parenting dynamics of SGM adults have become a key site of inquiry in the past decade, with research comparing same-sex to different-sex couples (or gay versus lesbian versus heterosexual-identified couples) on a variety of parenting factors. For example, Augustine, Avaldanes, and Pfeffer (2017) find that gay fathers spend less time in self-care activities than heterosexual fathers; while lesbian mothers spend more time in self-care activities than heterosexual mothers. Perhaps most notably, research in the past decade highlights the unique role of social stigma and social support in SGM parenting dynamics. Supportive social and legal communities significantly improve experiences of social stigma, depression, and anxiety (Bos, Knox, van Rijn-van, & Gartrell, 2016; Oswald et al., 2018; Goldberg & Smith, 2011). Although one study of 92 adoptive families reports that parents in same-sex and different-sex couples have similar amounts of social support from network members (Sumontha, Farr, & Patterson, 2016), most other research shows that sexual minority parents experience high social stigma and less social support than their heterosexual counterparts. For example, Black lesbian mothers face significant stigma, which contributes to renegotiating notions of black respectability as sexual minorities in their community (Moore, 2011). A qualitative study of 41 mostly white gay fathers in Texas and California shows that gay fathers experience significant discrimination within both their heterosexual and gay communities (Carroll, 2018); in turn, these gay fathers resist and reframe their fatherhood experiences as positive. Similarly, Vinjamuri (2015) interviewed 20 gay-father families and show that public parenting is consistently scrutinized in ways that create stress and feelings of stigmatization, while Tornello, Farr, and Patterson (2011) examine 230 gay adoptive fathers with an internet survey and find that fathers with less social support, older children, and children who were adopted at older ages report more parenting stress. In a 12-year longitudinal study of gays and lesbians and their heterosexual siblings on the long-term effects of stigma and stress, Richards and colleagues (2017) show that children of GLB parents report less frequent contact with their adult children than heterosexual parents. Taken



together, this research suggests that gay and lesbian (or same-sex) families may be disadvantaged relative to social support, increasing parenting stress.

Beyond the gay and lesbian context, very few studies examine parenting experiences and dynamics in other gender sexual minority families, such as bisexual or transgender families (Dobinson & Ross, 2013). In a small qualitative study of bisexual mothers, Tasker and Delvoye (2015) suggest that while identities of both bisexual and mother are salient, at times child well-being is prioritized over bisexual identity markers. Similar efforts of parents to normalize their own sexual minority status is found in a study of 8 lesbian and bisexual mothers with trans kids between 6–11 years old. In this study, Kvalanka and colleagues (2017) show that sexual minority mothers were often blamed for their child's transgender status, and as a result sometimes attempt to curb gender nonconforming behavior. Still, very few studies directly examine transgender parenting dynamics. One study shows that transgender parents work to renegotiate their relationships with their own children, and former spouses play an important role in this negotiation; former spouses may restrict access to transgender parents or may facilitate the transparent and child in adjusting to gender transition (Pyne, Bauer, & Bradley, 2015). Additionally, using interviews with 13 kids and 15 parents (8 cisgender parents and 7 transgender parents) from 9 families, Dierckx et al. (2017) find there are clear adaptive approaches to a parent transitioning, including family continuity, communication, and acceptance. While these studies demonstrate the complexity of gender minority parent families, they are limited in their ability to fully explore the multifaceted nature of gender minority parenthood. Future research is needed to provide a more holistic account of the pathways to and processes of gender minority parenthood.

### **SGM-parent family effects on children**

Child well-being in SGM-parent families captured the attention of the scholarly, legal, and policy communities during the past decade, with research attempting to find consensus regarding whether children raised in SGM families are “worse off” than those raised in cisgender heterosexual families. Studies using new nationally representative population-based survey data put this question to rest, consistently showing that children in same-sex households experience similar health, behavioral, and educational outcomes compared to children in different-sex households (Calzo et al., 2017; Farr, 2017; Patterson, 2017; Reczek et al., 2016, 2017; for reviews, see Adams & Light, 2015 and Manning, Fetto, & Lamidi, 2014). When differences are found across groups they are accounted for by variables other than sexual minority status, including lower socioeconomic status, and family transitions (Potter, 2012; Potter & Potter, 2017).

Notably, most studies in this area deploy household rosters and thus are only able to capture children in households with parents of the same-sex, not households with a parent who identifies as a gender or sexual minority. In one of the first large-scale surveys using such data, Rosenfeld (2010) examines U.S. Census data to show that children of same-sex couples are as likely to make typical progress through school as children of other family structures; any advantage for heterosexual married couples' relative to other groups was explained by socioeconomic status. Similarly, Reczek and colleagues (2016, 2017) analyze the National Health Interview Survey data to show that children raised in same-sex married

families have overall similar health and behavioral outcomes relative to children in different-sex married families, while children in same-sex cohabiting families had overall similar outcomes to those in different-sex cohabiting families. In a study using the American Community Survey waves 2008–2015, Boertien & Benardi (2019) show that children living with a same-sex couple were likely to exhibit worse achievement outcomes relative to their peers in different-sex households in the past, but that this gap disappeared over the study period. A study of psychological adjustment after adoption find no differences in outcomes across children in gay, lesbian, and heterosexual families (Goldberg & Smith, 2013). In contrast, Regnerus (2012) show that children who are over 18 who report a parent had a same-sex relationship at some point during their childhood report worse well-being outcomes than children raised in long-term heterosexual married households. However, Cheng and Powell (2015) reanalyze Regnerus' data to reveal that these negative effects are the result of inappropriate comparison groups (e.g., comparing married to divorced families). Moreover, while not viewed as a negative outcome for children, Goldberg and Garcia (2016) report that children in lesbian families have less gender-typical behavior than children in heterosexual and gay families.

Several recent studies attempt to move beyond comparing children in same- and different-sex households and articulate the unique contextual experiences of being a child in a SGM family. Lick and colleagues (2012) use county-level social climate data to analyze the psychological well-being of children raised by same-sex parents and find better psychological outcomes for children in areas with antidiscrimination laws, suggesting it is institutional factors — not something inherent in the same-sex family—that would cause any negative child outcomes. In addition, in a study of 84 adult children with gay fathers, Tornello and Patterson (2017) find that children feel closer to fathers when their fathers disclosed their gay identity earlier in the life course; those who report closer relationships with their fathers report greater well-being, suggesting that it is the context and content of the parent-child tie that shapes child well-being outcomes, not simply being from a gay family. Calzo and colleagues (2017) further show that children of bisexual parents have higher rates of externalizing behaviors (e.g., physical aggression) than children of heterosexual parents, but that parents' psychological distress account for this difference. Moreover, some research suggests benefits to being in SGM families; Prickett and colleagues (2015) show that there is an increase in parenting attention for children in gay and lesbian families, which may benefit later-life outcomes such as educational attainment and employment.

While the vast majority of research focuses on children in same-sex households, a small number of studies, primarily qualitative, examine child well-being in gender minority parent families (for a review, see Stotzer, Herman, & Hasenbush, 2014). For example, Pyne and colleagues (2015) show that when a parent with minor children transitions, the child's well-being is strongly shaped by whether the cisgender parent is transphobic and rejecting or accepting of the transgender parent. Tabor (2018) uses 30 in-depth interviews with adult children of transgender parents to document the unique negotiation of role-ambiguity children experience when a parent transitions. Significantly more research is needed on children in families other than same-sex, gay, or lesbian family structures.

## IV. Critiques and Future Research

Research on SGM family of origin relationships, intimate relationships, and parenthood have proliferated in the past decade. Yet, important limitations in research on SGM families persist. Below I provide an account of three overarching limitations in SGM family research: (1) a lack of focus on the diversity of SGM family types such as bisexual, transgender, asexual, and polyamorous families as well as single SGM people, (2) a lack of racial-ethnic and socioeconomic diversity, and (3) a failure to account for the life course of family ties. Below, I outline how future research on SGM families should address these three deficits. I also discuss data and practical constraints that contribute to these limitations.

### SGM Diversity

Research in the past decade focuses primarily on cisgender gay and lesbian identified people and individuals who live in same-sex households. A smaller but important body of research examines bisexual and transgender partnered families, although research has not kept up with the rapid growth of both of these family forms over the past decade. Comparing cisgender gay and lesbian families to cisgender heterosexual families was an important first intervention to a historically cisgender heterosexual-dominant field. Yet there has been very little empirical research on the families of other SGM populations, including intersex — people born with a range of intersex traits normatively presumed to be exclusively male or female (e.g., physical genitalia or gonads incongruent with sex chromosomes) (Davis, 2015); pansexual—someone attracted to all genders; asexual—someone who does not experience sexual attraction or sexual interest to people of any gender (Carroll, forthcoming); bisexual—someone who is attracted to more than one sex; or polyamorous—someone who rejects the monogamous imperative and is romantically involved with more than one person at once. These gaps neglect the full range of SGM minority families, especially those who may be the most stigmatized as well as those who offer the most robust challenges to paradigms of monogamy, the gender binary, and heteronormativity. Consequently, family forms outside of the limited cisgender, gay/lesbian/same-sex scope are marginalized—this exclusion has important implications for our ability to fully understand SGM family life. Importantly, research on family life has almost exclusively focused on partnered SGM people, and has failed to articulate the family dynamics of single SGM people. Demographic profiles show that over 50% of SGM people are single (Jones, 2017), yet virtually no research explicitly engages the family lives of SGM single people.

The lack of inclusion of diverse SGM populations is in part due to data limitations given the relatively small number of individuals in these groups, although this is not the case for bisexual people, who are among the fastest growing sexual minority group today (Bridges & Moore, 2018). These data limitations are especially prevalent in demographic and survey research but also in qualitative research. The majority of population-based research is reliant on a few national surveys of same-sex household rosters that do not ask sexual or gender identity (e.g., U.S. Census) or rely on questions on sexual or gender identity that are limited (e.g., identifying oneself as gay/lesbian, straight, bisexual, or “other”) (e.g., NHIS). We need better data—especially nationally representative survey-based data—that account for the range of identities, behaviors, and attractions in the SGM community. While recent surveys

have added sexual identity questions or questions on sex at birth and transgender status, reliable and valid survey questions that account for all SGM populations are relatively rare in datasets that also include comprehensive measures of family relationships. Moreover, because some SGM groups are small proportions of the population, analyzed data can be untrustworthy. Future data collection efforts should oversample smaller SGM groups to allow for greater analytical power.

Qualitative research has been more effective at providing high-quality, in-depth data on SGM families today and will be an important aspect of SGM family research in the next decade. Yet, qualitative studies, too, should be stretched to include more marginalized and less studied populations within the SGM group to develop new theoretical approaches to understanding family life (Compton, Meadow, & Schilt, 2018). Qualitative approaches are especially primed to fill the dearth in research on relatively small subpopulations (such as intersex, pansexual, polyamorous, and asexual individuals). Future research on these populations will lead to new theoretical advances that will influence the broader field of family studies. Moreover, qualitative studies are imperative in articulating the meaning of sexuality and gender identities as they change across the next decade.

In the context of family of origin ties, better data with more comprehensive questions on gender identity and sexuality and the oversampling of SGM subpopulations would allow us to examine the nature of family of origin ties and the effects of those family ties on well-being for all SGM youth and adults. This is especially important as more youth are identifying in non-cis, non-hetero categories than ever before, and a continued exclusive focus on gay/lesbian/bisexual identities will prevent us from understanding the full range of sexual and gender diversity in the next generation of SGM families. Questions could include: How do SGM youth and adults experience and reframe family violence, rejection and disownment, ambivalence, and support? What are the processes through which people with different SGM identities cope and thrive in less supportive environments? How do parents perceive and negotiate ties with their SGM children across the diversity of SGM statuses? How are intergenerational ties re-negotiated as SGM statuses change? How do single SGM people conceive of their intergenerational relationships, and how does being single shape disclosure, identity maintenance, and family relationships? These are just some of the questions that might emerge when we broaden the range of SGM diversity within the realm of family of origin.

In the context of intimate ties and parenthood, scholars continue to reify cisgender different-sex or heterosexual couples as the gold-standard reference category from which to compare dynamics and outcomes of cisgender same-sex or gay/lesbian couples. In order to move beyond a focus on this comparison, future research must explore the marital and parental decisions of partners across sexual (e.g., polyamorous, asexual) and gender (e.g., transgender, genderqueer) categories, and include multi-partner and single families across the SGM spectrum. In doing so, new questions and insights will arise, such as: How do people of different SGM identities understand intimate and parenthood relationships and make decisions about entering into these relationships? For example, polyamorous relationship formation is notably absent from current research (Shippers, 2016). Bisexual people are more likely to be in different-sex marriages than same-sex marriages, yet we do

not know how bisexuals understand their identity as a SGM within different-sex relationships. Moreover, do various SGM groups of young adults today retreat from marriage due to queer or feminist principles, or seek marriage to access the legal and social protections afforded to cisgender heterosexual individuals? How does relationship quality and predictors of divorce vary across the SGM spectrum? How do more marginalized SGM family configurations challenge and redefine how we measure the division of labor? Additionally, do all SGM groups experience health benefits with marriage, or is this benefit found only for those that are in monogamous same-sex long-term relationships? How do dissolution processes differ across the SGM spectrum and what can we learn about this dissolution? How do single SGM people conceive of the prospect of intimate relationships, and do friends become more important as sources social support when not in an intimate relationship? Finally, studies of parenthood must definitively move away from proving children in same-sex couples are equally well-off to their heterosexual counterparts to thinking more creatively about how SGM parents across the spectrum are negotiating their parental roles in ways dependent on the socio-institutional and political context. How do single SGM parents negotiate their SGM identity and find social support and cope with strain in both SGM and cisgender heterosexual communities? These are just a few of the ways in which the next decade of research can further advance science on diverse SGM family life.

### **Integration of racial-ethnic and socioeconomic diversity**

There are intersecting aspects of inequality that shape SGM people's lives, including gender, race-ethnicity, and socioeconomic status. Yet attention to multiple, intersecting forms of inequality has not been systematically integrated into SGM family research (Acosta, 2018). Racial-ethnic minorities make up a larger percent of the SGM population than the general population (Gates, 2014), yet, research on SGM families lacks racial diversity as well as thoughtful racial analyses with consistent and robust considerations of how family processes are always already racialized regardless of sample racial-ethnic composition (Acosta, 2018). Further, there is a lack of focus on cross-cultural comparisons as well as non-U.S. or non-Western contexts, limiting our ability to understand the global landscape of SGM families.

Moreover, this body of work pays inadequate attention to socioeconomic diversity within the SGM population. Despite assumptions of gay affluence, recent research that suggests SGM people are socioeconomically disadvantaged relative to their cisgender heterosexual counterparts (Gates 2014). Given the racial-ethnic and socioeconomic diversity of the SGM population and the clear importance of race-ethnicity and SES in every facet of family life, our conclusions thus far provide limited, primarily white and socioeconomically-advantaged view of SGM family life. Data limitations prohibit our ability to study SES and race-ethnicity by SGM status; most national data sources have variables for race and socioeconomic status but the sample sizes of racial-ethnic minority and SES sexual minority groups are small. Future data collection efforts should oversample SGM racial-ethnic groups to allow scholars to examine racial-ethnic and socioeconomic variation. Notably, even qualitative and smaller-scale research in this area fails to adequately account for racial-ethnic and socioeconomic diversity; future studies of all kinds need to collect a great deal of data from non-white, non-middle-class populations to drive research forward.

A small body of research on family of origin relationships reveals the importance of examining race-ethnicity variation. In a qualitative study with 90 parents and 90 LGB children (ages 15–24), with 59% of the sample an ethnic minority, Black and Hispanic/Latino parents report more parental rejection of their children and more homonegativity than white parents, with children corroborating these results (Richter, Lindahl, & Malik, 2017). In an ethnographic and in-depth interview study with 40 LGBTQ youth, Robinson (2018) shows how families who are already economically disadvantaged experience additional instability when a child is gender non-conforming, leading to increases in adolescent and young adult poverty and homelessness. Considerably more research needs to address what might be unique stressors—or sources of resilience—for SGM youth and adults of color and across the socioeconomic spectrum within their family of origin relationships. Questions stemming from an intersectional approach may include: how do the interpretations, experiences, and consequences of family of origin support, strain, and ambivalence vary across race-ethnicity and socioeconomic status? How do negotiations of rejection or ambivalence depend on racialized and classed experiences? How are our conceptualizations of what family of origin is or should be dependent on white, middle-class SGM notions of family? How do sibling and extended family relationships differ across racial-ethnic and socioeconomic groups, and how does this matter for health outcomes? What are unique adaptive pathways taken when SGM of color across socioeconomic statuses are faced with family of origin rejection or strain? Overall, greater theorizing of the racial-ethnic and socioeconomic experiences of family of origin must be addressed to fully understand the nature of family of origin relationships.

Research consistently shows that intimate relationship dynamics are also racialized and vary by socioeconomic status. As such, race-ethnicity and SES are likely central to family relationships among SGM populations. For example, research suggests that SGM people are more likely to date and marry individuals of a different race than themselves relative to heterosexual and cisgender people. Due to the lower levels of marriage and higher rates of parenthood among racial-ethnic and socioeconomically disadvantaged people in the U.S. today, racial-ethnic minority and working-class SGM individuals may experience a lower likelihood of marriage and a higher likelihood of parenthood, yet previous research has not explored this possibility nor its implications. Once in an intimate relationship, research suggests that relationship quality, division of labor, and dissolution may operate differently by race and class (Moore 2011), and thus work is needed to address how relationship patterns—and the predictors of these patterns—differ across race and class across SGM groups.

In regards to SGM parenthood, while the last decade confirmed that children with same-sex parents fair equally well as children in different-sex families, the next decade should turn to how interlocking systems of oppression including homophobia, racism, and classism at the individual and institutional level matter for children's well-being across the SGM spectrum. Scholars should also examine the resilient characteristics of children who experience these multiple vectors of inequality. For example, an intersectional approach should be used to examine how racial-ethnic minority parent families experience increased stress and resiliency as both SGM and racial-ethnic stigma, as well as the specific ways in which SGM



parents who have fewer socioeconomic resources negotiate parenting intentions and parenting dynamics.

### **Integrating a life course approach**

Scholars have long articulated the accumulating effects family ties play across the life course. Yet, to date, research has narrowed in on specific family ties within certain life course moments, most notably family of origin during youth and adolescence, and romantic ties and parenthood during mid-life. Yet, what is missing is an understanding of how family relationships unfold and accumulate across the life course, as well as how cohorts and historical periods shape the life experiences of SGM families. A holistic approach to SGM families requires longitudinal studies of SGM people from childhood to later life, with attention to cohort and historical period. To answer questions that explore life course processes, we need more qualitative and quantitative longitudinal datasets that trend across time, with attention to how age, period, and cohort effects may have significant consequences for SGM individuals' understanding of their own family lives. Even if data cannot be prospective over decades, scholars should work to account for these important contextual processes retrospectively. Data should also capture period/cohort effects and historical events that shape the lives of SGM people, including marriage equality, SGM-related laws and policies, and political change such as new presidential administrations that likely influence SGM family life. A nuanced account of these historical events will be key in understanding changes in family patterns as we continue into the next decade.

In terms of family of origin ties, significant gaps remain in understanding how early life experiences with parents translate into mid- and later life relationships. Future scholars may ask: How do family of origin ties change during the transition to adulthood, and do they become more or less salient for health and well-being? How do family of origin ties continue to matter for the everyday lives of SGM long after adolescence and into old age? Do adaptive strategies used to cope with family conflict change over time? Does strain in adolescence, emerging adulthood, and young adulthood shape educational outcomes, poverty, and occupational status later in life? Moreover, virtually no research examines intergenerational ties in later life, yet this is an especially important life course moment given increased longevity, increased stigma in old age for SGM people, the rising of "gray divorce," and potential loneliness of SGM adults. In later in life, we may ask: do elderly SGM adults in need of care have family of origin members to support their health needs? How is the provision of care for SGM older adults shaped by earlier life experiences with family of origin? Do siblings and other family members step in to care for aging SGM adults, or do chosen family members play this important role?

In the context of intimate relationships, a life course approach suggests that understanding intimate relationships in midlife is dependent on one's relationship biography in adolescence and young adulthood. For example, the timing and dynamics of a first sexual minority and/or heterosexual relationship will likely have an impact on subsequent relationship timings and dynamics. Thus, we need the full relationship history—including a full history of sexual identities, behaviors, and attractions—to gauge the meaning and consequences of intimate ties across the life course. Moreover, a life course approach requires better

understanding of historical (i.e., period) context and cohort effects, which means taking into account the recent legal, social, and political changes including marriage legalization and high-profile court cases on discrimination (Baumle & Compton, 2015). For example, due to changes in marital law, today's SGM adolescents have grown up in an environment where marriage between individuals of the same sex or gender is possible; a unique position relative to other generations. Yet we know very little about how different generations negotiate questions of legality in their intimate ties based on these different cohort/periods. Additionally, because relationship quality changes over time, the next step of research is the use of longitudinal data — both qualitative and quantitative — to examine how relationship biographies (e.g., moving in and out of relationships) and relationship quality changes across the life course. Longitudinal type of data would allow for the identification of predictors of SGM divorce and dissolution, articulating, for example, whether being in a heterosexual relationship earlier in the life course shape the risk of sexual minority relationship dissolution?

Similarly, the majority of research on the division of labor is in midlife, but we know very little about the nature of household labor practices both in adolescence or in later life. Because the division of labor appears to be related to cohort, it may be that younger cohorts have very different labor negotiations than older SGM cohorts, perhaps due to period changes. For example, Giddings et al (2014) compared the division of labor of couples with and without children across generations including the baby boomers, Gen X, Gen Y and find that same-sex couples were less likely than different-sex couples to exhibit specialization overall. However, this gap narrows across cohorts, wherein the division of labor appears more egalitarian for heterosexuals in later cohorts and potentially less so among same-sex couples. Future research should facilitate a greater understanding of how and why such changes have shifted over time.

Finally, health in later life is of key importance to the aging SGM population, and intimate ties may serve as one protective factor for early mortality and morbidity. Yet, very little research examines how SGM intimate relationships protect—or undermine—health during times of illness and injury in later-life (see Fredriksen-Goldsen, 2016). This research could include a study of caregiving processes when a spouse is sick, as well as how relationship conflicts shape health over time. Thomeer et al. (2017) show that gay and lesbian couples are much more likely to plan for their end of life (e.g., wills, family planning) than are heterosexual couples. Yet we know virtually nothing about end of life experiences among SGM families (see Marsack & Stephenson, 2018).

In relation to parenthood, a life course approach suggests that the processes of becoming and being a parent may differ across the life course, by age, cohort, and period (i.e., historical context), yet few studies consider these events in research on SGM parenting. For example, parenthood pathways constraints mean that some SGM adults become parents later in life than their cisgender heterosexual counterparts, but what is unknown is how this shapes parenting practices and subsequent parent well-being? Who becomes parents at any given point in the life course, and who wants to parent but is unable earlier in the life course? How does becoming a parent shift SGM relationships with their own aging parents and family of origin? Does becoming parents at different life course stages influence the parent-child

relationship later in the life course, including caregiving processes? How would cohort and period changes in parenting intentions and approaches alter the nature of SGM parenting today? Attention to unfolding individual and collective history will provide new insights into being a SGM parent today.

## Conclusion

The number of families with a gender or sexual minority member is on the rise, increasing the importance of SGM families in the broader field of family studies (Allen & Mendez, 2018; Powell et al., 2010). In looking back at the last three decades of research in this area, it is hard not to admire where we have come from and be humbled by the work that is to be done. As family research continues to include SGM populations, the field will be pushed to reconceptualize the dominant heterosexual cisgender paradigm, allowing us to not only better understand family of origin, intimate relationship, and parenthood ties but also facilitating a view of more “queer” family relationships of families of choice. This decade in review calls on future scholars to fill research gaps on the broader range of more marginalized SGM family ties, include more vigorous examinations of race-ethnicity and socioeconomic status, and develop more robust accounts of family across the life course— inroads buttressed by better data sources across the methodological spectrum. These advances will continue to foster not only better empirical work, but also expand the current limitations of our theoretical understandings of family life far beyond SGM families.

## Acknowledgements:

The author thanks Drs. Clayton Howard and Mieke Beth Thomeer for their feedback on an earlier version of this article. The author acknowledges financial support from: The Office of the Director, National Institutes of Health and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (R03HD078754); The Ohio State University Institute for Population Research through a grant from the Eunice Kennedy Shriver National Institute for Child Health and Human Development of the National Institutes of Health (P2CHD058484); The Ohio State University Department of Sociology.

## References

- adams J & Light R (2015). Scientific consensus, the law, and same sex parenting outcomes. *Social Science Research*, 53, 300–310. [PubMed: 26188455]
- Acosta KL (2013) *Amigas y amantes: Sexually nonconforming Latinas negotiate family*, Rutgers University Press: New Brunswick.
- Acosta KL (2018). Queering family scholarship: Theorizing from the borderlands. *Journal of Family Theory & Review*, 10(2), 406–418.
- Allen SH, & Mendez SN (2018). Hegemonic heteronormativity: Toward a new era of queer family theory. *Journal of Family Theory & Review*, 10(1), 70–86.
- Alonzo DJ & Buttitta DJ (2019). Is “coming out” still relevant? Social justice implications for LGB-member families. *Journal of Family Theory and Review*, 10.1111/jftr.12333
- Augustine JM, Avelandanes JM, & Pfeffer CA (2017). Are the parents alright?: Time in self-care in same-sex and different-sex two-parent families with children. *Population Review*, 56(2).
- Baumle AK (2014). Same-sex cohabiting elders versus different-sex cohabiting and married elders: Effects of relationship status and sex of partner on economic and health outcomes. *Social Science Research*, 43, 60–73. [PubMed: 24267753]
- Belawski SE, & Sojka CJ (2014). Intimate relationships. *Trans bodies, trans selves: A resource for the transgender community*, 335–354.

- Biblarz TJ, & Savci E (2010). Lesbian, gay, bisexual, and transgender families. *Journal of Marriage and Family*, 72(3), 480–497.
- Boertien D, & Benardi F (2019). Same-sex parents and children’s school progress: An association that disappeared over time. *Demography*, 56, 477–501. [PubMed: 30673957]
- Bos HM, Knox JR, van Rijn-van Gelderen L, & Gartrell NK (2016). Same-sex and different-sex parent households and child health outcomes: Findings from the National Survey of Children’s Health. *Journal of Developmental & Behavioral Pediatrics*, 37(3), 179–187. [PubMed: 27035692]
- Bosley-Smith ER, & Reczek C (2018). Before and after “I Do”: Marriage processes for mid-life gay and lesbian married couples. *Journal of homosexuality*, 1–20.
- Bouris A, Guilamo-Ramos V, Pickard A, Shiu C, Loosier PS, Dittus P, ... & Waldmiller JM (2010). A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. *The Journal of Primary Prevention*, 31(5–6), 273–309. [PubMed: 21161599]
- Baumle AK & Compton DR (2015) *Legalizing LGBT families: How the law shapes parenthood*. New York, NY: New York University Press, 2015
- Bridges T, & Moore MR (2018). Young women of color and shifting sexual identities. *Contexts*, 17(1), 86–88.
- Brumbaugh-Johnson SM, & Hull KE (2018). Coming out as transgender: Navigating the social implications of a transgender identity. *Journal of Homosexuality*, 1–30.
- Budge SL, Adelson JL, & Howard KA (2013). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of consulting and clinical psychology*, 81(3), 545. [PubMed: 23398495]
- Calzo JP, Mays VM, Björkenstam C, Björkenstam E, Kosidou K, & Cochran SD (2017). Parental sexual orientation and children’s psychological well-being: 2013–2015 National Health Interview Survey. *Child Development*. Online first 10.1111/cdev.12989
- Cao H, Zhou N, Fine M, Liang Y, Li J, & Mills-Koonce WR (2017). Sexual minority stress and same-sex relationship well-being: A meta-analysis of research prior to the US Nationwide legalization of same-sex marriage. *Journal of Marriage and Family*, 79(5), 1258–1277. [PubMed: 28989184]
- Catalpa JM, & McGuire JK (2018). Family boundary ambiguity among transgender youth. *Family Relations*, 67(1), 88–103.
- Carpenter C, Eppink ST, Gonzales G Jr, & McKay T (2018). Effects of access to legal same-sex marriage on marriage and health: Evidence from BRFSS (No. w24651). National Bureau of Economic Research.
- Carroll M (2018). Managing without moms: Gay fathers, incidental activism, and the politics of parental gender. *Journal of Family Issues*, 39(13), 3410–3435.
- Carroll M (Forthcoming). “Asexuality and its implications for LGBTQ-parent families” In *LGBT-Parent Families: Innovations in Research and Implications for Practice* [Second Edition], edited by Abbie E Goldberg and Katherine R Allen Springer
- Cheng S, & Powell B (2015). Measurement, methods, and divergent patterns: Reassessing the effects of same-sex parents. *Social Science Research*, 52, 615–626. [PubMed: 26004484]
- Civettini N (2015). Gender display, time availability, and relative resources: Applicability to housework contributions of members of same-sex couples. *International Social Science Review*, 91(1), 1.
- Compton D, Meadow T, Schilt K (2018). *Other, Please Specify*. University of California Press: Berkeley, CA.
- D’Amico E, & Julien D (2012). Disclosure of sexual orientation and gay, lesbian, and bisexual youths’ adjustment: Associations with past and current parental acceptance and rejection. *Journal of GLBT Family Studies*, 8(3), 215–242.
- D’Amico E, Julien D, Tremblay N, & Chartrand E (2015). Gay, lesbian, and bisexual youths coming out to their parents: Parental reactions and youths’ outcomes. *Journal of GLBT Family Studies*, 11(5), 411–437.
- Davis G (2015). *Contesting intersex: The dubious diagnosis*. NYU Press.
- Doan L, & Quadlin N (2018). Partner characteristics and perceptions of responsibility for housework and child care. *Journal of Marriage and Family*.

- Dobinson C & Ross LE (2013). Where is the “B” in LGBT parenting? A call for research on bisexual parenting.” *LGBT-Parent Families*, 87–103.
- DeFilippis JN, Yarbrough MW, Jones A (2018) *Queer activism: After marriage equality*. Routledge.
- Denes A, & Afifi TD (2014). Coming out again: Exploring GLBQ individuals’ communication with their parents after the first coming out. *Journal of GLBT Family Studies*, 10(3), 298–325.
- Denney JT, Gorman BK, & Barrera CB (2013). Families, resources, and adult health: Where do sexual minorities fit?. *Journal of Health and Social Behavior*, 54(1), 46–63. [PubMed: 23315360]
- Dierckx M, Mortelmans D, Motmans J, & T’Sjoen G (2017). Resilience in families in transition: What happens when a parent is transgender?. *Family Relations*, 66(3), 399–411.
- Dierckx M, Mortelmans D, Motmans J (2019) Role ambiguity and conflict among partners of trans persons. *Journal of Family Issues*, 40, 85–110.
- Dillender M (2014). The death of marriage? The effects of new forms of legal recognition on marriage rates in the United States. *Demography*, 51(2), 563–585. [PubMed: 24481925]
- Doty ND, Willoughby BL, Lindahl KM, & Malik NM (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, 39(10), 1134–1147. [PubMed: 20593304]
- van Eeden-Moorefield B, & Benson KE (2014). A conditional process model explaining partnered gay men’s perceived relationship stability. *Family Relations*, 63(4), 469–481.
- Everett BG, Sanders JN, Myers K, Geist C, & Turok DK (2018). One in three: Challenging heteronormative assumptions in family planning health centers. *Contraception*.
- Farr RH (2017). Does parental sexual orientation matter? A longitudinal follow-up of adoptive families with school-age children. *Developmental Psychology*, 53(2), 252. [PubMed: 27762565]
- Farr RH, Forsell SL, & Patterson CJ (2010). Gay, lesbian, and heterosexual adoptive parents: Couple and relationship issues. *Journal of GLBT Family Studies*, 6 (2), 199–213.
- Farr RH, Ravvina Y, & Grotevant HD (2018). Birth family contact experiences among lesbian, gay, and heterosexual adoptive parents with school-age children. *Family Relations*, 67(1), 132–146.
- Feinstein BA, Thomann M, Coventry R, Macapagal K, Mustanski B, & Newcomb ME (2018). Gay and bisexual adolescent boys’ perspectives on parent–adolescent relationships and parenting practices related to teen sex and dating. *Archives of Sexual Behavior*, 47(6), 1825–1837. [PubMed: 29280027]
- Feinstein BA, Wadsworth LP, Davila J, & Goldfried MR (2014). Do parental acceptance and family support moderate associations between dimensions of minority stress and depressive symptoms among lesbians and gay men?. *Professional Psychology: Research and Practice*, 45(4), 239.
- Fredriksen-Goldsen KI, Shiu C, Bryan AE, Goldsen J, & Kim HJ (2016). Health equity and aging of bisexual older adults: Pathways of risk and resilience. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 72(3), 468–478.
- Freitas DF, D’Augelli AR, Coimbra S, & Fontaine AM (2016). Discrimination and mental health among gay, lesbian, and bisexual youths in Portugal: The moderating role of family relationships and optimism. *Journal of GLBT Family Studies*, 12(1), 68–90.
- Frost DM (2011). Stigma and intimacy in same-sex relationships: A narrative approach. *Journal of Family Psychology*, 25(1), 1. [PubMed: 21355641]
- Frost DM, LeBlanc AJ, 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. [PubMed: 29172770]
- Fruhauf CA & Mahoney D (2010) *Older GLBT family and community life*. Routledge, London.
- Garcia MA & Umberson D (2019). Marital strain and psychological distress in same-sex and different-sex couples. *Journal of Marriage and Family*, online first, 10.1111/jomf.12582
- Garmarel KE, Reisner SL, Laurenceau JP, 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. [PubMed: 24932942]
- Gates GJ (2014). LGBT demographics: Comparisons among population-based surveys. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>



- Gates GJ (2015). Marriage and family: LGBT individuals and same-sex couples. *The Future of Children*, 67–87.
- Gates GJ, & Newport F (2015). An estimated 780,000 Americans in same-sex marriages. Gallup <https://news.gallup.com/poll/182837/estimated-780-000-americans-sex-marriages.aspx>
- Geist C, & Ruppner L (2018). Mission impossible? New housework theories for changing families. *Journal of Family Theory & Review*, 10(1), 242–262.
- Giddings L, Nunley JM, Schneebaum A, & Zietz J (2014). Birth cohort and the specialization gap between same-sex and different-sex couples. *Demography*, 51(2), 509–534. [PubMed: 24585040]
- Glass VQ, & Few-Demo AL (2013). Complexities of informal social support arrangements for Black lesbian couples. *Family Relations*, 62(5), 714–726.
- Goldberg SK, & Conron KJ (2018). How many same-sex couples in the U.S. are raising children? The Williams Institute <https://williamsinstitute.law.ucla.edu/wpcontent/uploads/Parenting-Among-Same-Sex-Couples.pdf>
- Goldberg AE, & Garcia RL (2016). Gender-typed behavior over time in children with lesbian, gay, and heterosexual parents. *Journal of Family Psychology*, 30(7), 854. [PubMed: 27416364]
- Goldberg AE (2013). “Doing” and “undoing” gender: The meaning and division of housework in same-sex couples. *Journal of Family Theory & Review*, 5(2), 85–104.
- Goldberg AE, & Gartrell NK (2014). LGB-parent families: The current state of the research and directions for the future. In *Advances in child development and behavior* (Vol. 46, pp. 5788). JAI.
- Goldberg AE, & Garcia R (2015). Predictors of relationship dissolution in lesbian, gay, and heterosexual adoptive parents. *Journal of Family Psychology*, 29(3), 394. [PubMed: 26053348]
- Goldberg AE, & Smith JZ (2011). Stigma, social context, and mental health: Lesbian and gay couples across the transition to adoptive parenthood. *Journal of Counseling Psychology*, 58(1), 139. [PubMed: 21171740]
- Goldberg AE, Gartrell NK, & Gates GJ (2014). Research report on LGB-parent families.
- Goldberg AE, Smith JZ, & Perry-Jenkins M (2012). The division of labor in lesbian, gay, and heterosexual new adoptive parents. *Journal of Marriage and Family*, 74(4), 812–828.
- Goldsen J, Bryan AEB, Kim H-J, Muarco A, Jen S, Fredriksen-Golsen KI (2017) Who says I do: The changing context of marriage and health and quality of life for LGBT older adults. *The Gerontologist*, 57, S5–S62.
- Gonzales G, & Henning-Smith C (2015). Disparities in health and disability among older adults in same-sex cohabiting relationships. *Journal of Aging and Health*, 27(3), 432–453. [PubMed: 25253727]
- Gotta G, Green RJ, Rothblum E, Solomon S, Balsam K, & Schwartz P (2011). Heterosexual, lesbian, and gay male relationships: A comparison of couples in 1975 and 2000. *Family Process*, 50(3), 353–376. [PubMed: 21884075]
- Grafsky EL, Hickey K, Nguyen HN, & Wall JD (2018). Youth disclosure of sexual orientation to siblings and extended family. *Family Relations*, 67(1), 147–160. [PubMed: 29568144]
- Graham JM, & Barnow ZB (2013). Stress and social support in gay, lesbian, and heterosexual couples: Direct effects and buffering models. *Journal of Family Psychology*, 27(4), 569. [PubMed: 23795604]
- Grossman AH, D’augelli AR, & Frank JA (2011). Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth*, 8(2), 103–115.
- Hatzenbuehler ML, O’cleirigh C, Grasso C, Mayer K, Safren S, & Bradford J (2012). Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: A quasi-natural experiment. *American Journal of Public Health*, 102(2), 285–291. [PubMed: 22390442]
- Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, & Fiscella K (2014). Structural stigma and all-cause mortality in sexual minority populations. *Social Science & Medicine*, 103, 33–41. [PubMed: 23830012]
- Hilton AN, & Szymanski DM (2011). Family dynamics and changes in sibling of origin relationship after lesbian and gay sexual orientation disclosure. *Contemporary Family Therapy*, 33(3), 291.



- Holway GV, Umberson D, & Donnelly R (2018). Health and health behavior concordance between spouses in same-sex and different-sex marriages. *Social Currents*, 5(4), 319–327. [PubMed: 30083572]
- Jhang J (2018). Scaffolding in family relationships: A grounded theory of coming out to family. *Family Relations*, 67(1), 161–175.
- Jones JM (2017). In U.S. 10.2% of LGBT Adults now married to same-sex spouse. *Social & Policy Issues*, [Gallup.com. https://news.gallup.com/poll/212702/lgbt-adults-married-sexspouse.aspx](https://news.gallup.com/poll/212702/lgbt-adults-married-sexspouse.aspx)
- Joyner K, Manning W, & Bogle R (2017). Gender and the stability of same-sex and different-sex relationships among young adults. *Demography*, 54(6), 2351–2374. [PubMed: 29164498]
- Joyner K, Manning W, Prince B (2018). The qualities of same-sex and different-sex couples in young adulthood. *Journal of Marriage and Family*, online first
- Kail BL, Acosta KL, & Wright ER (2015). State-level marriage equality and the health of same-sex couples. *American Journal of Public Health*, 105(6), 1101–1105. [PubMed: 25880959]
- Kazyak E, Park N, McQuillan J, & Greil AL (2016). Attitudes toward motherhood among sexual minority women in the United States. *Journal of Family Issues*, 37(13), 1771–1796.
- Kelly M, & Hauck E (2015). Doing housework, redoing gender: Queer couples negotiate the household division of labor. *Journal of GLBT Family Studies*, 11(5), 438–464.
- Kim H-J, Fredricksen-Golsen KI, Bryn AEB, Muraco A (2017). Social network types and mental health among LGBT older adults. *The Gerontologist*, 57, S84–S94. [PubMed: 28087798]
- Kimport K (2013). *Queering marriage? challenging family formation in the United States*. New Brunswick, N.J.: Rutgers University Press.
- Klein A, & Golub SA (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT health*, 3(3), 193–199. [PubMed: 27046450]
- Kuvalanka KA, Allen SH, Munroe C, Goldberg AE, & Weiner JL (2018). The experiences of sexual minority mothers with trans\* children. *Family Relations*, 67(1), 70–87.
- Kuvalanka KA, Weiner JL, Munroe C, Goldberg AE, & Gardner M (2017). Trans and gender-nonconforming children and their caregivers: Gender presentations, peer relations, and well-being at baseline. *Journal of Family Psychology*, 31(7), 889. [PubMed: 28795828]
- Lamont E (2017). “We can write the scripts ourselves”: Queer challenges to heteronormative courtship practices. *Gender & Society*, 31(5), 624–646.
- Lau CQ (2012). The stability of same-sex cohabitation, different-sex cohabitation, and marriage. *Journal of Marriage and Family*, 74(5), 973–988.
- LeBlanc AJ, Frost DM, & Bowen K (2018). Legal marriage, unequal recognition, and mental health among same-sex couples. *Journal of Marriage And Family*, 80(2), 397–408. [PubMed: 29755137]
- Lick DJ, Tornello SL, Riskind RG, Schmidt KM, & Patterson CJ (2012). Social climate for sexual minorities predicts well-being among heterosexual offspring of lesbian and gay parents. *Sexuality Research and Social Policy*, 9(2), 99–112.
- Liu H, & Wilkinson L (2017). Marital status and perceived discrimination among transgender people. *Journal of Marriage and Family*, 79(5), 1295–1313. [PubMed: 29104314]
- Liu H, Reczek C, & Brown D (2013). Same-sex cohabitators and health: The role of race-ethnicity, gender, and socioeconomic status. *Journal of Health and Social Behavior*, 54(1), 25–45. [PubMed: 23446120]
- Macapagal K, Greene GJ, Rivera Z, & Mustanski B (2015). “The best is always yet to come”: Relationship stages and processes among young LGBT couples. *Journal of Family Psychology*, 29(3), 309. [PubMed: 26053345]
- Mamo L, & Alston-Stepnitz E (2015). Queer intimacies and structural inequalities: New directions in stratified reproduction. *Journal of Family Issues*, 36(4), 519–540.
- Manning WD, Brown SL, & Stykes JB (2016). Same-sex and different-sex cohabiting couple relationship stability. *Demography*, 53(4), 937–953. [PubMed: 27383844]
- Manning WD, Fetto MN, & Lamidi E (2014). Child well-being in same-sex parent families: Review of research prepared for American Sociological Association Amicus Brief. *Population Research and Policy Review*, 33(4), 485–502. [PubMed: 25018575]

- Marsack J, & Stephenson R (2018). Barriers to end-of-life care for lgbt persons in the absence of legal marriage or adequate legal documentation. *LGBT Health*.
- McConnell EA, Birkett M, & Mustanski B (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 59(6), 674–680.
- McGuire JK, Catalpa JM, Lacey V, & Kvalanka KA (2016a). Ambiguous loss as a framework for interpreting gender transitions in families. *Journal of Family Theory & Review*, 8(3), 373–385.
- McGuire JK, Kvalanka KA, Catalpa JM, & Toomey RB (2016b). Transfamily theory: How the presence of trans\* family members informs gender development in families. *Journal of Family Theory & Review*, 8(1), 60–73.
- Meadow T 2018 *Trans kids: Being gendered in the twenty-first century*. Berkeley: University of California Press.
- Meier SC, Sharp C, Michonski J, Babcock JC, & Fitzgerald K (2013). Romantic relationships of female-to-male trans men: A descriptive study. *International Journal of Transgenderism*, 14(2), 75–85.
- Meier A, Hull KE, & Ortyl TA (2009). Young adult relationship values at the intersection of gender and sexuality. *Journal of Marriage and Family*, 71(3), 510–525. [PubMed: 23710079]
- Montano GT, Thoma BC, Paglisotti T, Weiss PM, Shultz MK, McCauley HL, ... & Marshal MP (2018). Disparities in parental support and parental attachment between heterosexual and sexual minority youth: A meta-analysis. *Journal of Adolescent Health*, 62(2), S32–S33.
- Montano GT, McCauley HL, Miller E, Chisolm DJ, & Marshal MP (2017). Differences in parental monitoring components and their associated health indicators between sexualminority and heterosexual girls. *Journal of GLBT Family Studies*, 13(3), 211–235. [PubMed: 30872979]
- Moore MR (2011). *Invisible Families: Gay identities, relationships and motherhood among black women*. University of California Press.
- Moore MR, & Stambolis-Ruhstorfer M (2013). LGBT sexuality and families at the start of the twenty-first century. *Annual Review of Sociology*, 39, 491–507.
- Needham BL, & Austin EL (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of youth and adolescence*, 39(10), 1189–1198. [PubMed: 20383570]
- Norwood K (2013). Meaning matters: Framing trans identity in the context of family relationships. *Journal of GLBT Family Studies*, 9(2), 152–178.
- Ocobock A (2013). The power and limits of marriage. *Journal of Marriage and Family*, 75: 191–205
- Olson KR, Durwood L, DeMeules M, & McLaughlin KA (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3), e20153223. [PubMed: 26921285]
- Oswald RF, Routon JM, McGuire JK, & Holman EG (2018). Tolerance versus support: perceptions of residential community climate among LGB parents. *Family Relations*, 67(1), 41–54.
- Pachankis JE, Sullivan TJ, & Moore NF (2018). A 7-year longitudinal study of sexual minority young men's parental relationships and mental health. *Journal of family psychology: JFP: Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*. Online first.
- Padilla YC, Crisp C, & Rew DL (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work*, 55(3), 265–275. [PubMed: 20632661]
- Paine EA, Umberson D, & Reczek C (2018). Sex in midlife: Women's sexual experiences in lesbian and straight marriages. *Journal of Marriage and Family*.
- Parsons JT, Starks TJ, Gamarel KE, & Grov C (2012). Non-monogamy and sexual relationship quality among same-sex male couples. *Journal of Family Psychology*, 26(5), 669. [PubMed: 22906124]
- Perales F, & Baxter J (2018). Sexual identity and relationship quality in Australia and the United Kingdom. *Family Relations*, 67(1), 55–69.
- Petersen Michael. (2018) *Becoming gay fathers through transnational commercial surrogacy*. *Journal of Family Issues*, 39, 693–719.

- Pastrana AJ (2015). Being out to others: The relative importance of family support, identity and religion for LGBT Latina/os. *Latino Studies*, 13(1), 88–112.
- Patterson CJ (2000). Sexual orientation and family life: A decade review. *Journal of Marriage and the Family*, 62, 1052 – 1069.
- Patterson CJ (2017). Parents' sexual orientation and children's development. *Child Development Perspectives*, 11(1), 45–49.
- Payne KK, & Manning WD (2015). FP-15-04 Number of children living in same-sex couple households, 2013.
- Pearson J, & Wilkinson L (2013). Family relationships and adolescent well-being: Are families equally protective for same-sex attracted youth? *Journal of Youth and Adolescence*, 42(3), 376–393. [PubMed: 23196375]
- Pfeffer CA (2010). "Women's work"? Women partners of transgender men doing housework and emotion work. *Journal of Marriage and Family*, 72(1), 165–183.
- Pfeffer CA (2016). *Queering families: The postmodern partnerships of cisgender women and transgender men*. Oxford.
- Platt LF, & Bolland KS (2017). Trans\* partner relationships: A qualitative exploration. *Journal of GLBT Family Studies*, 13(2), 163–185.
- Pollitt AM, Muraco JA, Grossman AH, & Russell ST (2017). Disclosure stress, social support, and depressive symptoms among cisgender bisexual youth. *Journal of Marriage and Family*, 79(5), 1278–1294. [PubMed: 29056758]
- Potârc G, Mills M, & Neberich W (2015). Relationship preferences among gay and lesbian online daters: Individual and contextual influences. *Journal of Marriage and Family*, 77(2), 523–541.
- Potter D (2012). Same-sex parent families and children's academic achievement. *Journal of Marriage and Family*, 74(3), 556–571.
- Potter D, & Potter EC (2017). Psychosocial well-being in children of same-sex parents: a longitudinal analysis of familial transitions. *Journal of Family Issues*, 38(16), 2303–2328
- Powell B, Bolzendahl C, Geist C, & Steelman LC (2010). *Counted out. Same sex relations and Americans' definitions of family*. New York.
- Prickett KC, Martin-Storey A, & Crosnoe R (2015). A research note on time with children in different- and same-sex two-parent families. *Demography*, 52(3), 905–918. [PubMed: 25911578]
- Pyne J, Bauer G, & Bradley K (2015). Transphobia and other stressors impacting trans parents. *Journal of GLBT Family Studies*, 11(2), 107–126.
- Rahilly EP (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society*, 29(3), 338–361.
- Reczek C (2012). The promotion of unhealthy habits in gay, lesbian, and straight intimate partnerships. *Social Science & Medicine*, 75(6), 1114–1121. [PubMed: 22703888]
- Reczek C (2014). The intergenerational relationships of gay men and lesbian women. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(6), 909–919.
- Reczek C (2016a). Parental disapproval and gay and lesbian relationship quality. *Journal of Family Issues*, 37(15), 2189–2212.
- Reczek C (2016b). Ambivalence in gay and lesbian family relationships. *Journal of Marriage and Family*, 78(3), 644–659. [PubMed: 27152049]
- Reczek C, & Umberson D (2012). Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. *Social Science & Medicine*, 74(11), 1783–1790. [PubMed: 22227238]
- Reczek C, & Umberson D (2016). Greedy spouse, needy parent: The marital dynamics of gay, lesbian, and heterosexual intergenerational caregivers. *Journal of Marriage and Family*, 78(4), 957–974. [PubMed: 27672229]
- Reczek C, Liu H, & Spiker R (2017). Self-rated health at the intersection of sexual identity and union status. *Social Science Research*, 63, 242–252. [PubMed: 28202146]
- Reczek C, Liu H, & Spiker R (2014). A population-based study of alcohol use in same-sex and different-sex unions. *Journal of Marriage and Family*, 76(3), 557–572. [PubMed: 24860195]
- Reczek C, Spiker R, Liu H, & Crosnoe R (2016). Family structure and child health: Does the sex composition of parents matter?. *Demography*, 53(5), 1605–1630. [PubMed: 27553617]

- Reczek C, Spiker R, Liu H, & Crosnoe R (2017). The promise and perils of population research on same-sex families. *Demography*, 54(6), 2385–2397. [PubMed: 29127571]
- Regnerus M (2012). How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study. *Social Science Research*, 41(4), 752–770. [PubMed: 23017845]
- Richards MA, Rothblum ED, Beauchaine TP, & Balsam KF (2017). Adult children of same-sex and heterosexual couples: Demographic “thriving”. *Journal of GLBT Family Studies*, 13(1), 1–15.
- Richter BE, Lindahl KM, & Malik NM (2017). Examining ethnic differences in parental rejection of LGBT youth sexual identity. *Journal of Family Psychology*, 31(2), 244. [PubMed: 27571323]
- Riggle ED, Drabble L, Veldhuis CB, Wootton A, Hughes T (2018). The impact of marriage equality on sexual minority women’s relationships with their family of origin. *Journal of Homosexuality*, 65, 1190–1206. [PubMed: 29161223]
- Riggle ED, Rostosky SS, & Horne SG (2010). Psychological distress, well-being, and legal recognition in same-sex couple relationships. *Journal of Family Psychology*, 24(1), 82. [PubMed: 20175612]
- Riskind RG, & Patterson CJ (2010). Parenting intentions and desires among childless lesbian, gay, and heterosexual individuals. *Journal of Family Psychology*, 24(1), 78. [PubMed: 20175611]
- Riskind RG, & Tornello SL (2017). Sexual orientation and future parenthood in a 2011–2013 nationally representative United States sample. *Journal of Family Psychology*, 31(6), 792. [PubMed: 28368202]
- Robinson BA (2018). Conditional families and lesbian, gay, bisexual, transgender, and queer youth homelessness: Gender, sexuality, family instability, and rejection. *Journal of Marriage and Family*, 80, 383–396..
- Rosenfeld D (2010). Nontraditional families and childhood progress through school *Demography*, 47, 755–775. [PubMed: 20879687]
- Rosenfeld MJ (2014). Couple longevity in the era of same-sex marriage in the United States. *Journal of Marriage and Family*, 76(5), 905–918.
- Rosenthal L, & Starks TJ (2015). Relationship stigma and relationship outcomes in interracial and same-sex relationships: Examination of sources and buffers. *Journal of Family Psychology*, 29(6), 818. [PubMed: 26121534]
- Rothblum ED (2010). Lesbian, gay, bisexual and transgender siblings Sibling development: Implications for mental health Practitioners (123–145). Heidelberg, Germany: Springer.
- Rothman EF, Sullivan M, Keyes S, & Boehmer U (2012). Parents’ supportive reactions to sexual orientation disclosure associated with better health: Results from a population-based survey of LGBT adults in Massachusetts. *Journal of Homosexuality*, 59(2), 186–200. [PubMed: 22335417]
- Russell ST, & Fish JN (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465–487.
- Russell ST & Fish JN (2019). Sexual minority youth, social change, and health: A developmental collision. *Research in Human Development*, 16:1, 5–20. [PubMed: 31602178]
- Ryan C, Huebner D, Diaz RM, & Sanchez J (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. [PubMed: 19117902]
- Ryan C, Russell ST, Huebner D, Diaz R, & Sanchez J (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. [PubMed: 21073595]
- Sanger T (2010). *Trans people’s partnerships: Towards an ethics of intimacy*. Springer.
- Scherrer KS, Kazzyak E, & Schmitz R (2015). Getting “bi” in the family: Bisexual people’s disclosure experiences. *Journal of Marriage and Family*, 77(3), 680–696.
- Shippers M (2016). *Beyond monogamy: Polyamory and the future of polyqueer sexualities*. NYU Press.
- Shilo G, & Savaya R (2011). Effects of family and friend support on LGBT youths’ mental health and sexual orientation milestones. *Family Relations*, 60(3), 318–330.

- Shulman JL, Gotta G, & Green RJ (2012). Will marriage matter? Effects of marriage anticipated by same-sex couples. *Journal of Family Issues*, 33(2), 158–181.
- Simons L, Schragger SM, Clark LF, Belzer M, & Olson J (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53(6), 791–793.
- Snapp SD, Watson RJ, Russell ST, Diaz RM, & Ryan C (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420–430.
- Solebello N, & Elliott S (2011). “We want them to be as heterosexual as possible” fathers talk about their teen children’s sexuality. *Gender & Society*, 25(3), 293–315.
- Steinbugler AC (2012). *Beyond loving: Intimate racework in lesbian, gay, and straight interracial relationships*. Oxford University Press.
- Stotzer RL, Herman JL, & Hasenbush A (2014). Transgender parenting: A review of existing research. The Williams Institute <https://escholarship.org/uc/item/3rp0v7qv>
- Sumontha J, Farr RH, & Patterson CJ (2016). Social support and coparenting among lesbian, gay, and heterosexual adoptive parents. *Journal of Family Psychology*, 30(8), 987. [PubMed: 27709970]
- Swendener A, & Woodell B (2017). Predictors of family support and well-being among Black and Latina/o sexual minorities. *Journal of GLBT Family Studies*, 13(4), 357–379.
- Tabor J (2018). Mom, Dad, or somewhere in-between: Role-relational ambiguity and children of transgender parents. *Journal of Marriage and Family*, online first.
- Tasker F and Delvoe M (2015) “Moving out of the Shadows: Accomplishing Bisexual Motherhood.” *Sex Roles*, 73, 125–140.
- Thomeer MB, Donnelly R, Reczek C, & Umberson D (2017). Planning for future care and the end of life: A qualitative analysis of gay, lesbian, and heterosexual couples. *Journal of Health and Social Behavior*, 58(4), 473–487. [PubMed: 29172768]
- Thomeer MB, Reczek C, & Umberson D (2015). Gendered emotion work around physical health problems in mid-and later-life marriages. *Journal of Aging Studies*, 32, 12–22. [PubMed: 25661852]
- Tornello SL, & Patterson CJ (2016). Gay grandfathers: Intergenerational relationships and mental health. *Journal of Family Psychology*, 30(5), 543. [PubMed: 27010599]
- Tornello SL & Patterson CJ (2018). Adult children of gay fathers: Parent-child relationship quality and mental health. *Journal of Homosexuality*, 65, 1152–1166. [PubMed: 29144882]
- Tornello SL, Farr RH, & Patterson CJ (2011). Predictors of parenting stress among gay adoptive fathers in the United States. *Journal of Family Psychology*, 25(4), 591. [PubMed: 21688901]
- Tornello SL, Sonnenberg BN, & Patterson CJ (2015). Division of labor among gay fathers: Associations with parent, couple, and child adjustment. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 365.
- Trandafir M (2015). Legal recognition of same-sex couples and family formation. *Demography*, 52(1), 113–151. [PubMed: 25573170]
- Ueno K (2010). Mental health differences between young adults with and without same-sex contact: A simultaneous examination of underlying mechanisms. *Journal of Health and Social Behavior*, 51(4), 391–407. [PubMed: 21131617]
- Umberson D, Thomeer MB, Reczek C, & Donnelly R (2016). Physical illness in gay, lesbian, and heterosexual marriages: Gendered dyadic experiences. *Journal of Health and Social Behavior*, 57(4), 517–531. [PubMed: 27799592]
- Verbakel E, & Kalmijn M (2014). Assortative mating among Dutch married and cohabiting same-sex and different-sex couples. *Journal of Marriage and Family*, 76(1), 1–12.
- Vinjamuri M (2015). Reminders of heteronormativity: Gay adoptive fathers navigating uninvited social interactions. *Family Relations*, 64(2), 263–277.
- Ward J (2010). Gender labor: Transmen, femmes, and collective work of transgression. *Sexualities*, 13(2), 236–254.
- Watson RJ, Grossman AH, & Russell ST (2016). Sources of social support and mental health among LGB youth. *Youth & Society*, 0044118X16660110.

- Watson RJ, Rose HA, Doull M, Adjei J, & Saewyc E (2019). Worsening perceptions of family connectedness and parent support for lesbian, gay, and bisexual adolescents. *Journal of Child and Family Studies*, online first 10.1007/s10826-019-01489-3
- Whitton SW, & Kuryluk AD (2014). Associations between relationship quality and depressive symptoms in same-sex couples. *Journal of Family Psychology*, 28(4), 571. [PubMed: 25000131]
- Widiss DA (2016). Legal recognition of same-sex relationships: New possibilities for research on the role of marriage law in household labor allocation. *Journal of Family Theory & Review*, 8(1), 10–29.
- Wight RG, LeBlanc AJ, & Lee Badgett MV (2013). Same-sex legal marriage and psychological well-being: findings from the California Health Interview Survey. *American Journal of Public Health*, 103(2), 339–346. [PubMed: 23237155]
- Wiik K, Seierstad A, & Noack T (2014). Divorce in Norwegian same-sex marriages and registered partnerships: the role of children. *Journal of Marriage and Family*, 76(5), 919929.



**Table 1:**

## Key Terms

Key Terms	Definitions
SGM	Sexual and Gender Minority (see below)
Gender Minority	A person whose gender identity does not align with hegemonic gender norms; minority status reflects both a statistical minority and the reduced access to resources and power as a result of this status
Sexual Minority	A person whose sexual identity, attraction, or behavior does not align with heterosexuality; minority status reflects both a statistical minority and the reduced access to resources and power as a result of this status
LGBTQAI+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Asexual, Intersex, and other Sexual and Gender Minority identities
Cisgender	A person whose assigned sex at birth aligns with their gender identity and expression
Transgender	A person whose gender identity is other than their sex assigned at birth, and/or someone who takes a trans identity including transwoman, transman, or transgender
Gender Queer	A person who eschews the binary sex and gender system; a person whose gender identity and expression lies outside of the system of normative gender categories of man and woman
Gender Non-conforming	A person whose gender expression and identity differs from or lies outside of the gender categories of man and woman
Asexual	A person who does not have sexual attraction to or sexual interest in other people
Heterosexual	A person who is primarily attracted to people of a different sex
Bisexual	A person who is attracted to both men and women; a person who is attracted to people of any gender
Pansexual	A person who is attracted to people of any gender
Intersex	A person born with a combination of sex traits that are normatively presumed to be either exclusively male or female (e.g., physical genitalia or gonads incongruent with sex chromosomes)
Polyamorous	Someone who rejects monogamy as an imperative and is/willing to be romantically involved with more than one person at once