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Associations Between Queer Parent Family Socialization and Adolescent Outcomes Among Diverse Queer Parent Families in the U.S

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ABSTRACT

Queer parent family socialization (QPFS) refers to the way LGBTQ+ parents talk with their children about what it means to be Queer in society, how to handle family-based discrimination, and ways to have pride in their family's identity. This construct has been linked with positive well-being outcomes in children with LGBTQ+ parents. This study examined how QPFS-related to adolescent well-being, namely internalizing behaviors, social competence, and adaptive coping. Participants were 191 Queer parents with an adolescent and 114 adolescents with at least one Queer parent (parents and adolescents were not often from the same families). Participants completed surveys assessing constructs of interest. Qualitative data from three families who completed a family conversation task recounting experiences with discrimination revealed that Queer parents deliberately use intersectional socialization strategies when communicating with and raising their children. Parents, on average, reported greater socialization than adolescents, and socialization was positively associated with adolescent social competence and adaptive coping. Findings indicate that QPFS could be protective in diverse Queer-parent families. Clinicians can use these findings to support Queer-parent families in practice, and researchers should further explore QPFS as it relates to the well-being of all members of Queer-parent families.

KEYWORDS

Queer parent family socialization; minority stress; adolescent well-being; coping

Queer parent family socialization refers to the way LGBTQ+ (lesbian, gay, bisexual, transgender, Queer, etc.) parents teach their children about Queer culture, what it means to be a Queer-parent family in society, and how to prepare for potential discrimination as children of Queer parents (Oakley et al., 2017). Drawing from racial/ethnic socialization to explain how parents transmit ideas and pride surrounding their minoritized identity (Hughes & Chen, 1997), the strategy of Queer parent family socialization is conceptualized as a strengths-based approach Queer parents use to promote resilience and well-being in their children (Farr et al., 2022). Much of the research on Queer parent family socialization has been conducted in the United States (U.S.) and, to some extent, focused on associations with (young) children's outcomes. Also with a U.S.-based sample, we explored adolescent outcomes related to Queer parent family socialization *via* a mixed-methods approach to provide a novel perspective. First, we summarize foundational work to provide context for the theory of Queer parent family socialization, explain how relevant Queer family research has been conducted, and investigate more recent strengths-based approaches to studying Queer families. This provides the foundation for our study, in which we investigated the relations between Queer parent family socialization and several adolescent well-being outcomes.

The aims of the study were to use a mixed-methods approach to: (1) quantitatively examine adolescent and parent perspectives on Queer parent family socialization practices, (2) qualitatively

explore how Queer parent family socialization is expressed in conversations between parents and adolescents, and (3) quantitatively investigate associations between Queer parent family socialization and adolescent outcomes. Literature to date has primarily focused on parent perspectives regarding the well-being of their young child in relation to Queer parent family socialization, so here we center adolescent perspectives to offer unique experiences with socialization and nuanced outcomes considering developmental stage. Understanding how Queer parent family socialization is perceived by adolescents and what outcomes are associated with it can provide insight into how providers and parents can support adolescents in Queer parent families. Understanding these relations can also provide support for the validity of Queer parent family socialization as a construct that is studied empirically.

Adaptation of foundational theories

Minority stress theory

Minority Stress Theory (Brooks, 1981; Meyer, 2003) and its more recent intersectional, temporal adaptation (TIMS; Rivas-Koehl et al., 2023) explain how people with minoritized sexual and gender identities face unique stressors that increase the risk of adjustment challenges. By integrating intersectionality theory (Crenshaw, 1989), it is evident that when people possess multiple marginalized identities, LGBTQ+ people are at risk of developing serious stress and mental health disorders (Rivas-Koehl et al., 2023). Minority Stress Theory provides a lens through which to examine how Queer people and families experience microaggressions and discrimination from society, especially when they possess multiple marginalized identities (Farr et al., 2024; Rivas-Koehl et al., 2023). Socialization can potentially serve as a protective factor against the challenges that society presents LGBTQ+ people and their families.

Racial/ethnic socialization

The conceptualization of Queer parent family socialization draws heavily and primarily from the theory of racial/ethnic socialization (also referred to as family ethnic/racial, racial cultural socialization, or racial socialization), which has been predominantly studied in Black and other minoritized racial/ethnic populations to examine parent-child communication regarding race, racial/ethnic identity, and racism (Hughes & Chen, 1997; Priest et al., 2014). Racial/ethnic socialization captures how families socialize youth to feel pride about their racial identity, learn about cultural values, and prepare for potential race-based threats (Umaña-Taylor & Hill, 2020). Racial/ethnic socialization is divided into three main components: cultural socialization, preparation for bias, and promotion of mistrust (Hughes & Chen, 1997). Cultural socialization refers to how families teach their children about their history, culture, and heritage (Rodriguez et al., 2009). In preparation for bias, parents prepare children for potential future encounters with prejudice and discrimination due to their identity, often through conversations about handling discrimination. Promotion of mistrust describes how parents teach their children to be cautious of other groups or people from different backgrounds (Hughes & Chen, 1997). Queer parent family socialization, discussed in more detail later, is composed of two of these three components—cultural socialization and preparation for bias—and in place of promotion of mistrust, Queer parent family socialization introduces proactive parenting (Oakley et al., 2017).

Cultural socialization has been positively linked to youth outcomes such as racial/ethnic identity, self-esteem, academic adjustment, adaptive coping, and psychological well-being (Umaña-Taylor & Hill, 2020). In Latine¹ youth, cultural socialization was related to higher proactive coping with discrimination and lower depression and anxiety (Salcido & Stein, 2024), and among Asian American late adolescents, cultural socialization was significantly related to social competence (Tran & Lee, 2010). Perhaps due to the similar processes of identity development that happen in racial/ethnic socialization and Queer parent family socialization, we may see similar positive outcomes for youth in Queer parent families as we see for youth in families of color.

Promotion of mistrust, when it occurs independently of other socialization strategies, has been linked with isolation from peers and therefore greater maladjustment (Umaña-Taylor & Hill, 2020). Preparation for bias can reduce negative effects of discrimination among transracially adopted youth (Arnold et al., 2016; Umaña-Taylor & Hill, 2020). Researchers who proposed Queer parent family socialization made the decision to replace promotion of mistrust with proactive parenting because they found no theoretical basis for including promotion of mistrust among their Queer sample, and they drew upon previous Queer research to develop and validate proactive parenting as an exploratory measure (Oakley et al., 2017).

Together, these results suggest that some components of racial/ethnic socialization can bolster self-esteem and coping in adolescents, whereas the effects of others are more context-dependent (Umaña-Taylor & Hill, 2020). Cultural socialization in particular has been linked to lower internalizing behaviors, stronger social competence, and adaptive coping strategies in youth of color (Salcido & Stein, 2024; Tran & Lee, 2010; Umaña-Taylor & Hill, 2020). Researchers have studied youth outcomes resulting from Queer parent family socialization less frequently than those resulting from racial/ethnic socialization. However, given that Queer parent family socialization is directly inspired by racial/ethnic socialization, it is possible that associations between Queer parent family socialization and coping, internalizing behaviors, and social competence are similar to those with racial/ethnic socialization. Indeed, Queer parent family socialization has been linked with higher social competence (Simon & Farr, 2022), and decreased emotional behaviors in children (Wyman Battalen et al., 2019), though we have yet to examine this construct among adolescents and through qualitative methods.

Queer parent family socialization

Researchers studying Queer parent family socialization use racial/ethnic socialization as a lens to conceptualize and examine how Queer parents, regardless of the racial identity they hold, teach their children about what it means to have a minoritized identity in society. Additionally, racial/ethnic identities and sexual identities are not mutually exclusive; someone can be BIPOC (Black, Indigenous, and People of Color) and identify as LGBTQ+ or may be LGBTQ+ and white with a child who is BIPOC. Intersectionality theory demonstrates how people can hold multiple marginalized identities and must navigate through the combination of discrimination experiences (Crenshaw, 1989); when parents hold different identities than their child, they have the capacity to engage in multiple types of socialization depending on the identities housed within their unique family structure. In fact, lesbian and gay adoptive parents engage in indirect racial socialization with their children, since they may have experience in answering questions about family structure, and they also engage in more adoptive communicative openness (Simon & Farr, 2022)—the engagement in one form of socialization by Queer parents can also inform socialization of other identities (Goldberg & Smith, 2016).

In this paper, we focus predominantly on Queer parent family socialization, with the acknowledgement and understanding that families also engage in socialization related to other important social identities (e.g., racial/ethnic, adoptive identities). These types of socialization may happen distinctly from each other or simultaneously to varying degrees. By exploring socialization qualitatively in the context of family conversations, we may learn more about intersectional socialization practices in families and about how Queer parent family socialization fits into conversations about other marginalized social identities (i.e., race).

Like racial/ethnic socialization, Queer parent family socialization includes adapted versions of cultural socialization and preparation for bias (Hughes & Chen, 1997; Oakley et al., 2017). In the context of Queer families, cultural socialization refers to the way parents transmit information and values about Queer history and culture to their children; for instance, Queer parents may have conversations with their children about Queer history aimed at instilling pride or may take their family to pride parades (Goldberg et al., 2016; Oakley et al., 2017). Preparation for bias, much like racial/ethnic socialization, involves preparing children for potential encounters with discrimination for being the children of Queer parents. However, instead of the promotion

of mistrust included in racial/ethnic socialization, the third major component of Queer parent family socialization is proactive parenting. Proactive parenting refers to additional behaviors that Queer parents deliberately engage in due to their minoritized sexual and gender identities. For instance, proactive parenting practices could include moving to Queer-friendly communities or coaching children on how to discuss their family structure with others (Oakley et al., 2017). Since existing data about Queer parent family socialization are primarily drawn from quantitative work, it is important to explore how these dynamics appear in naturalistic, real-world contexts of parent-adolescent conversations *via* qualitative methodology.

Young children may be especially prone to the negative impacts of discrimination. Children may be vulnerable to peer bullying or discrimination for being the children of Queer parents, and socialization practices in adoptive Queer parent families have been positively associated with improved psychological functioning among young children with heightened emotional challenges (Wyman Battalen et al., 2019). Similar to racial/ethnic socialization, there is often either incongruence or a weak relationship in socialization scores reported by parents and children within families, perhaps because parents (not children) make decisions about engaging in socialization intentionally, or perhaps due to developmental and generational differences (Hughes et al., 2006; Simon & Farr, 2022). When qualitatively examining Queer parent family socialization in adolescents, socialization strategies are sometimes used as a response to discrimination with the goal of reducing distress in an adolescent (Mendez, 2022), though such outcomes have yet to be systematically studied among adolescents with LGBTQ+ parents. Together, these findings point to how Queer parent family socialization may be a resilience strategy to proactively and reactively support parents and children who face discrimination.

Shifting from deficits-based to strengths-based research

Historically, researchers have studied Queer parent families through a deficits-based model, focusing on negative impacts of discrimination, stigma, and bias (Potter & Potter, 2017; Tuck, 2009). Though intended to bring awareness to the risks minoritized communities face, deficits- or damage-centered approaches harmfully reinforce that minoritized communities are “depleted” or “hopeless” (Tuck, 2009). Additionally, research has been primarily comparative, contrasting same-gender parents with different-gender parents, and failed to acknowledge transgender and gender diverse parents (Goldberg, 2023; Mazrekaj et al., 2020; Mendez, 2022). This deficits-based model was an understandable starting point since the goal of this work was to show that Queer parents were not harmful to children (Farr et al., 2022), given the longstanding misconception that same-gender parents would negatively impact child well-being outcomes. Summarizing past deficits-based research provides context for shifts to strengths-based approaches to study Queer parent families. It is important to note that children and parents in LGBTQ+ parent families do not, on average, suffer from greater problems as compared to members of cisgender, heterosexual (cis-het) parent families (Carone et al., 2018; Patterson et al., 2021).

With regards to strengths-based approaches, Queer family researchers have challenged traditional methods used to study families, which have historically been cis-heteronormative and embedded in systems of privilege and oppression; rather, they emphasize “Queering” research on LGBTQ+ families (Fish & Russell, 2018). This “Queering” can happen through a strengths-based approach with mixed-methods study designs to examine diverse populations. It is important to acknowledge the risks associated with holding a Queer identity in cis-heteronormative society (or societies that assume being cisgender and heterosexual are the norm, marginalizing Queer people; Jackson, 2006), and it is equally important to examine people’s resilience in the face of this risk. This resilience is the emphasis of strengths-based research: to examine Queer parents who are thriving and explore what inherent strengths they possess or how their environment promotes flourishing. Strengths-based research is the antithesis of deficits-based research in that it acknowledges challenges that people with minoritized identities may face and focuses on an individual person or group’s strengths in defining outcomes and interventions (Simmons, 2012).

Integrating Minority Stress Theory can involve a strengths-based approach to discuss this stress from discrimination and its related outcomes, explaining how Queer people who face discrimination often still thrive. Strengths-based approaches embody the possibility of finding joy, strength, and positive experiences in day-to-day life (Rivas-Koehl et al., 2023).

Outcomes for children and adolescents

Children of Queer parents have comparable, or sometimes better, outcomes compared to children of cis-het parents (Mazrekaj et al., 2022; Mendez, 2022). These findings are consistent in U.S. samples as well as international samples. For instance, in a study in Israel with lesbian mother families, gay father families, and heterosexual parent families who all had children through assisted reproduction, researchers found that lesbian and gay parents reported lower externalizing behaviors in their children and greater social support as compared to those in heterosexual parent families (Shenkman et al., 2023). Similarly, in a study examining gay father and heterosexual parent families in Europe, children of gay fathers had fewer internalizing and externalizing behaviors than children of heterosexual parents (D'Amore et al., 2024). When parents engage in Queer parent family socialization and positive parenting practices, children show greater prosocial behavior and social competence (Baiocco et al., 2023; Simon & Farr, 2022). Researchers have focused relatively less extensively on adolescent outcomes; however, youth with Queer parents have endorsed feelings of openness and acceptance toward themselves, others, and their family due to their parents' Queer identity and related socialization practices (Burand et al., 2025). Adolescents with Queer parents also report positive feelings of belongingness to the LGBTQ+ community (Diomedede et al., 2024). To our knowledge, adolescents have not completed quantitative surveys about Queer parent family socialization and well-being outcomes, nor have parent-adolescent conversations been examined through a Queer parent family socialization lens.

There are many ways to operationalize adolescent outcomes and well-being—one of the most common outcomes is adolescent mental health. Adolescence is a time of mercurial emotions and a turbulent sense of identity (Erikson, 1980), so it is especially important to provide support to adolescents who may develop mental health issues. This is evidently a crucial topic, as 42% of high school students report persistent feelings of sadness (CDC, 2023), and depression and anxiety are among the most common mental health concerns (Office of Population Affairs, 2022). Since mental health is often measured through a deficits-based framework (presence of a mental illness or suicidality), we also propose alternative potential adolescent outcomes, including the quality psychological adjustment, social functioning, and coping skills (Fedewa et al., 2015). According to racial/ethnic socialization, it is evident that socialization practices are associated with psychological well-being and positive coping skills in adolescents (Umaña-Taylor & Hill, 2020), so perhaps the same components will relate to well-being and coping in adolescents of families who engage in Queer parent family socialization. Higher socialization practices have been associated with better social competence in young children (Simon & Farr, 2022), so perhaps this association also exists in adolescence. In this proposed study, we specifically focus on psychological adjustment, social competence, and coping skills to encompass the construct of adolescent well-being.

Current study

Here we used a mixed-method, strengths-based approach to examine Queer parent family socialization and its associations with *adolescent* well-being outcomes, addressing the gap in a literature that has predominantly focused on socialization practices and *child* outcomes. We quantitatively analyzed associations between parent and adolescent perspectives on socialization and qualitatively analyzed family conversation tasks—where families were asked to discuss an experience with discrimination for their Queer identity and discuss how well their family talks about identity, diversity, and discrimination—to explore Queer parent family socialization in an observational

form. We then examined socialization as it related to each well-being outcome (psychological adjustment, social competence, and coping skills). Adding the nuance of adolescent outcomes and perspectives is essential, as adolescence is known as a tumultuous time of identity development and emotional turbulence, so resilience and related outcomes are especially important at this stage (Masten, 2001). We explored these constructs *via* three aims.

The first aim was to examine adolescent and parent perspectives on socialization. There is typically an incongruence or a weak relationship between parent- and adolescent-reported racial/ethnic socialization scores, where parent scores tend to be higher than adolescent scores (Hughes et al., 2006); this has been shown among parents and young children in LGBTQ+ parent families (Simon & Farr, 2022), perhaps because parents (not children) intentionally engage in socialization practices (Hughes et al., 2006). Due to this, we were primarily interested in exploring whether reports were higher and lower between parents and adolescents rather than associated with one another since most participants are not from the same families. We investigated descriptives (means and standard deviations) of Queer parent family socialization. We hypothesized that parent-reported socialization would be higher than adolescent reports, consistent with the literature (Hughes et al., 2006; Simon & Farr, 2022).

The next aim was to explore how Queer parent family socialization is expressed in conversations. Using the three components (i.e., cultural socialization, preparation for bias, and proactive parenting; Oakley et al., 2017) as themes, we deductively, reflexively thematically analyzed (Braun & Clarke, 2006) three family conversation tasks to explore these dimensions with parents and adolescents who were asked about socialization in their family. We predicted that conversations would provide concrete examples of socialization strategies from each of the three constructs of Queer parent family socialization and would also introduce new dynamics of socialization—perhaps intersectional ones—that will prompt future research directions.

The final aim was to investigate the associations between Queer parent family socialization and adolescent outcomes: psychological adjustment, social competence, and coping. Based on the literature (Simon & Farr, 2022; Umaña-Taylor & Hill, 2020), we hypothesized that higher Queer parent family socialization would be associated with better psychological adjustment, higher social competence, and positive coping strategies.

Method

Participants

Data were pooled from two studies. The first, (Queer Parent and Adolescent Lives (QPAL; McAweeney & Farr, 2024), was designed to examine the experiences of parents who identified as LGBTQ+ and had a 12–19-year-old adolescent, as well as adolescents (12–19) who had at least one LGBTQ+ parent. These participants were generally unrelated to one another, where there were only 11 adolescents whose parents also participated. The second study, (Contemporary Adoptive Families Study (CAFS; Simon & Farr, 2022), began with 106 adoptive families across the U.S. with same- or different-gender parents to children adopted at birth and observed from preschool to adolescence. The third wave of data collection ended in December of 2024 (began Fall 2021), and participants were directly related to one another, categorized as family units.

There were a total of 191 parent participants – 149 from Study 1 and 42 from Study 2. The sample was fairly racially diverse where a total of 69.1% participants identified as white, 20.9% as Black, 7.3% as multiracial, 1.6% as Latine, and 1% as Native American. Of these parent participants, 47.9% identified as monosexual (i.e., being attracted to one gender; lesbian, gay, heterosexual), and 52.1% identified as plurisexual (i.e., being attracted to more than one gender; bisexual, pansexual, Queer). See Table 1.

A total of 114 adolescent participants were also included in data analysis (98 from Study 1 and 16 from Study 2). In terms of racial/ethnic identity, 39.5% identified as white, 16.7% as Black, 15.8% as Hispanic/Latine, 12.3% as Asian, 11.4% as Multiracial, 2.6% as Middle Eastern, and 1.8% did

Table 1. Participant demographics.

| Demographics | Category | Frequency | Percent |
|----------------------------|--------------------------------|-----------|---------|
| Parent Gender | Cisgender woman | 102 | 53.4 |
| | Cisgender man | 65 | 34.0 |
| | Genderfluid, GNC, or pangender | 3 | 1.5 |
| | Nonbinary | 11 | 5.8 |
| | Transgender man/masc | 2 | 1.0 |
| | Transgender woman | 7 | 3.7 |
| | Unknown or did not answer | 1 | 0.5 |
| Parent Race | Black/African American | 40 | 20.9 |
| | Hispanic/Latine | 3 | 1.6 |
| | Multiracial | 14 | 7.3 |
| | Native American | 2 | 1.0 |
| | white | 132 | 69.1 |
| Parent Sexual Identity | Asexual | 4 | 2.1 |
| | Bisexual | 70 | 36.6 |
| | Gay | 45 | 23.6 |
| | Heterosexual | 1 | 0.5 |
| | Lesbian | 41 | 21.5 |
| | Omnisexual | 1 | 0.5 |
| | Pansexual | 16 | 8.4 |
| | Queer | 12 | 6.3 |
| | No label or did not answer | 1 | 0.5 |
| | Adolescent Gender | Agender | 1 |
| Cisgender woman | | 37 | 32.5 |
| Cisgender man | | 55 | 48.2 |
| Genderfluid or GNC | | 3 | 2.6 |
| Nonbinary | | 10 | 8.8 |
| Transgender man/masc | | 3 | 2.6 |
| Transgender woman | | 2 | 1.8 |
| Unknown or did not answer | | 3 | 2.6 |
| Adolescent Race | Asian | 14 | 12.3 |
| | Black/African American | 19 | 16.7 |
| | Hispanic/Latine | 18 | 15.8 |
| | Middle Eastern | 3 | 2.6 |
| | Multiracial | 13 | 11.4 |
| | Native American | 1 | 0.9 |
| | white | 44 | 38.6 |
| | Did not answer | 2 | 1.8 |
| Adolescent Sexual Identity | Asexual | 4 | 3.5 |
| | Bisexual | 30 | 26.3 |
| | Gay | 8 | 7.0 |
| | Heterosexual | 47 | 41.2 |
| | Lesbian | 5 | 4.4 |
| | Pansexual | 7 | 6.1 |
| | Queer | 5 | 4.4 |
| | Questioning | 1 | 0.9 |
| | No label or did not answer | 7 | 6.1 |

Note: The heterosexual parent identified as gender non-conforming (GNC), which is why they were still included in the sample.

not answer. With regards to sexual identity, 55% identified as LGBTQ+ and 45% identified as cisgender and heterosexual. See Table 1 for full demographic breakdown. Since these parent and adolescent participants are largely unrelated, it is important to consider how unique family dynamics of adoption, race, and parental gender identity pose a threat to generalizability.

For the family conversation task, three families from Study 2 were included. Parents ($N=6$) were white, 2 were cisgender women, 4 were cisgender men, and all had a minoritized sexual identity. Adolescents ($N=4$) were fairly diverse, where one identified as Multiracial, one as Black, and two as white. Of the four, one identified as Queer, two as cis-het, and the last had no label. Three were cisgender women, and one was a cisgender man. Family 1 included two mothers and a daughter. Family 2 included two fathers and a daughter. Family 3 included two fathers, a son, and a daughter—both children were adolescents. Thus, a total of 10 people across 3 families were represented in the 3 family conversation observations.

Measures

Queer parent family socialization

The Sexual Minority Parent Socialization Scale (SMPSS; Oakley et al., 2017) is a 20-item Likert-type scale designed to assess the frequency with which parents have engaged in Queer parent family socialization behaviors with their children in the past 12 months. The SMPSS was adapted from Hughes and Chen's (1997) racial/ethnic socialization scale, and it has three subscales designed to assess cultural socialization (five items), preparation for bias (eight items), and proactive parenting (seven items). Sample items include, "Taken your child to gay cultural events" for cultural socialization, "Told your child they may be treated badly for their parent's sexual identity" for preparation for bias, and "Talked with your child about how to discuss family structure with others (i.e., given them language)" for proactive parenting. Questions were adapted for adolescents and asked, "How often did your parents take you to gay cultural events." Participants, including parents and adolescents, rate each item from 1 (*never*) to 5 (*very often*). SMPSS items demonstrated acceptable internal consistency (Cronbach's $\alpha_{\text{cultural socialization}} = .78$; $\alpha_{\text{preparation for bias}} = .74$; $\alpha_{\text{proactive parenting}} = .72$; Oakley et al., 2017). Adolescent sample $\alpha = .95$ with $N=113$, and parent sample $\alpha = .95$ with $N=191$. The adolescent sample had $\alpha = .83$ for cultural socialization, $\alpha = .86$ for preparation for bias, and $\alpha = .88$ for proactive parenting. In the parent sample, this was $\alpha = .90$ for cultural socialization, $\alpha = .89$ for preparation for bias, and $\alpha = .87$ for proactive parenting. Typically, a reliability score at or above $\alpha = .70$ is considered acceptable, so all of these results are reliable (Tavakol & Dennick, 2011).

Adolescent adjustment

The Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) for ages 6-18 is a 113-item parent- or caregiver-report measure designed to assess their child (Achenbach & Rescorla, 2001). The Youth Self-Report (YSR; Achenbach & Rescorla, 2001) for ages 11-18 is a 112-item self-report measure designed for adolescents to rate their problem behaviors and competencies, and it is often paired with the CBCL (NCTSN, 2023). Both scales include several open-ended questions regarding an adolescent's strengths, weaknesses, activities, and interests followed by 3-point scaled questions examining internalizing, externalizing, and total problems, where participants rate each item from 0 (*not true*) to 2 (*very true*; Achenbach & Rescorla, 2001; NCTSN, 2023). The CBCL and YSR have been used and validated within Queer populations, which is why these measures were selected for analysis (Farr, 2017). These were also chosen given the longitudinal nature of Study 2 for continuity of measures across waves. The full CBCL and YSR were not used; rather, to assess adjustment or well-being, we used the internalizing behaviors scale, and to assess social competence, we used the social competence scale.

Internalizing behaviors. The construct of internalizing behaviors refers to behaviors that reflect a child's emotional/psychological state which are directed inward, often consisting of depressive, anxious, somatic symptoms, and suicidal behavior (Achenbach, 1978; Gresham & Kern, 2004; Liu et al., 2011). Layered with depression, anxiety, and somatic disorders, the inner-directed patterns of behavior also include social withdrawal, obsessive-compulsive behaviors, and selective mutism. The CBCL and YSR measure this construct through three subscales: anxious/depressed (13 items), withdrawn/depressed (8 items), and somatic complaints (10 items). Sample items include "There is very little that I enjoy" and "I worry a lot". The composite raw score of these subscales is then normed based on gender and standardized through *T*-scores. Here, we averaged the female *T*-scores and male *T*-scores to create a composite *T*-score, as the research team made a choice due to the presence of nonbinary participants and the acknowledgement of outdated norming, as recommended by the creators of the scale (Achenbach & Ivanova, 2022). The adolescent sample had a Cronbach's alpha of $\alpha = .93$ with $N=111$, and the parent sample was $\alpha = .91$ with $N=191$, both indicating strong reliability.

Social competence

The social competence scale within the CBCL and YSR included 6 items regarding social competence that measure an adolescent's involvement in certain activities (e.g., organizations, clubs, teams) compared to same-age peers, social interaction patterns (e.g., number of close friends and frequency of time spent), and quality of relationships (e.g., how well they get along with siblings, parents, friends). Together, these constructs constitute one broad-band scale for total social competence. Sample items include, "About how many close friends do you have?" This scale is particularly of interest since Queer parent family socialization has been positively linked with social competence in children (Simon & Farr, 2022). Reliability for the adolescent sample was $\alpha = .68$ ($N=111$) and $\alpha = .57$ for the parent sample ($N=191$). Since these scores fall below $\alpha = .70$, this may be a limitation of the current sample and data analyses. After running an item analysis, we found that one of the items ("do things alone") did not load well with the other items, so after replacement of this value with the average of the other five items (Achenbach & Rescorla, 2001), we found that reliability increased to $\alpha = .80$ in adolescents and $\alpha = .75$ in parents. While these values indicate stronger reliability, they did not change the direction or strength of the results, discussed below, so authors decided to retain the original scale.

Adaptive coping

The Brief Coping Orientation to Problems Experienced (BCOPE; Baumstarck et al., 2017) Inventory is a 28-item Likert-type self-report measure designed to assess the frequency with which people use 14 coping strategies (i.e., 2 items per strategy). Participants rate each item from 1 (*I haven't been doing this a lot*) to 4 (*doing a lot*). An example of items asked include, "I've been getting emotional support from others" (Baumstarck et al., 2017). These items are summed, resulting in four subscales: social support (8 items; 4 strategies), problem solving (4 items; 2 strategies), avoidance (10 items; 5 strategies), and positive thinking (6 items; 3 strategies). Avoidance can be considered a maladaptive coping skill, while the other three are considered adaptive (Aldao et al., 2010). For this reason, we omitted the avoidance items to create an "adaptive coping" scale made up of the social support, problem solving, and positive thinking items, which is sometimes referred to as "approach coping" (Aldao et al., 2010; Eisenberg et al., 2012; Taylor & Stanton, 2007). BCOPE Inventory items from each subscale have demonstrated acceptable-to-good internal consistency, α s: .71-.82 (Baumstarck et al., 2017). This measure was only administered to the adolescents. Cronbach's alpha was $\alpha = .87$ ($N=104$ adolescents), which is considered an acceptable score of reliability.

Procedure

In Study 1, participants were recruited by posting fliers in-person at local coffee shops and college campuses, through social media (e.g., Facebook, Twitter/X, Reddit), through relevant LGBTQ+ email listservs, and through Prolific, an online research platform. All potential participants completed a screening survey to determine eligibility, and those who met criteria were sent a Qualtrics survey, which asked basic demographic information and consisted of several measures (SMPSS, YSR or CBCL, BCOPE, among others), and compensated upon completion (McAweeney & Farr, 2024). To be eligible, participants were required to either be a Queer parent of an adolescent between 12-19 or be an adolescent between the ages of 12-19 living with a Queer parent in the U.S. Data collection began in October of 2021 and concluded in March of 2024. Parents and adolescents were generally not related to each other.

In Study 2, participants were recruited through five private adoption agencies in the U.S. that openly worked with lesbian- and gay- parent families in jurisdictions where same-gender couples could legally adopt children (Simon and Farr 2022). For the original study, the

participants had to work with one of the 5 collaborating adoption agencies across the U.S., had to have adopted an infant within the U.S. who was between 1-5 years old at the time, had to be in a same- or different- gender couple, and had to reside in the U.S., specifically in states where adoption by same-gender parents was possible at the time of original data collection (2007-2009). At that time, eligible adoptive families were contacted by the director of their respective adoption agency, either *via* email or letter, to explain the study and invite their participation (Simon and Farr 2022).

In Wave 1, 56 same-gender couples and their children were recruited, and in Wave 2, 55 same-gender couples and their children, who were around 8 years old, were retained (Simon and Farr 2022). In Wave 2, parents who participated in Wave 1 were directly contacted by the research team *via* email, phone, or Facebook. Wave 3 data collection began in October of 2021 and concluded in December 2024. To be included in the most recent Wave, participants had to be already enrolled in the original longitudinal study. Wave 3 participants were contacted *via* email from the previous two Waves and sent a Qualtrics survey, including demographic information and the same measures (SMPSS and YSR or CBCL) among others. A total of 41 parents and 16 adolescents participated in this study. Sixteen of the parents represented a parenting unit, and there were 13 total dyads/triads (i.e., parents *and* adolescents from the same family).

At Wave 3, participating families were also invited to take part in a family conversation task. This required at least one parent and one adolescent to participate. Three families participated. They were given 15-20 min to describe a time when they were discriminated against and to discuss how well their family talks about identity topics. Specifically, the directions we provided were: *“Come up with an example of when race, class, and/or sexual orientation and gender identity and expression (SOGIE) status resulted in an experience of discrimination or being treated differently. In contrast, can you also come up with an example of when you felt your race, class, and/or SOGIE status was supported or affirmed? These could be recent experiences or ones in the distant past. They could relate to one of you individually or to you as a family.”* and *“Secondly, I would like you to discuss how well you think your family talks together about race, class, and/or SOGIE.”* These tasks were done on Zoom and transcribed by research assistants.

Analytic approach

Aim 1: Examine adolescent and parent perspectives on socialization practices

To examine the congruence of perspectives on socialization between parents and adolescents across both studies, we used *t*-tests to compare SMPSS means between parents and adolescents in Study 1 and 2. Previous research has focused primarily on parent reports of socialization in the family, thus we included adolescent perspectives as a novel approach. We decided to use *t*-tests since we were primarily interested in exploring whether reports were higher or lower among parents and adolescents, since most participants were unrelated, so we could not sufficiently examine within-family effects.

Aim 2: Explore how queer parent family socialization is expressed in conversations

We used deductive reflexive thematic analysis with Braun and Clarke's (2006) guidelines to explore how parents and adolescents from Study 2 describe the three components of Queer parent family socialization in a family conversation task. Through this deductive approach, themes were derived from theory and previous research, and a team of coders coded the qualitative conversation task. The process began with a meeting to discuss positionality and reflexivity, where coders discussed how their experience and identities may contribute to developing codes and themes (Jacobson & Mustafa, 2019). A graduate student and an undergraduate research assistant served as the coders—this process was overseen by a faculty mentor. One member of the coding team was Asian American and Queer; the other was white and heterosexual. Both coders were under 25, cisgender women, non-disabled, and in a mother-father family with

biologically related children (i.e., at least one sibling). The faculty mentor identifies as a Queer parent and grew up in an adoptive family. The team familiarized themselves with the transcripts and collated excerpts that related to each of the three constructs of Queer parent family socialization (Braun & Clarke, 2006). Specifically, we used the three major constructs of Queer parent family socialization (cultural socialization, preparation for bias, and proactive parenting; Oakley et al., 2017) as deductive themes to code the conversations.

Aim 3: Investigate the relationship between socialization and adolescent outcomes

The three primary adolescent outcomes selected were internalizing behaviors, social competence, and adaptive coping. To measure the association between Queer parent family socialization and the adolescent outcomes, we first ran Pearson correlations between all constructs using all participants across Study 1 and 2, differentiating by parents and adolescents (IBM Corp., 2023). Once all the bivariate correlations and descriptives were run, linear regressions were run to examine how much variance Queer parent family socialization accounted for in each of the selected outcomes. We also chose to run race and sexual identity as potential covariates, as the constructs of Queer parent family socialization and racial/ethnic socialization tend to be highly interconnected. Sexual identity was divided into monosexual or plurisexual identities in parents, and into LGBTQ+ or cis-het in adolescents to determine if a plurisexual or Queer identity, respectively, was linked with greater instances of socialization. These broad categories were used to preserve power given small subgroup and cell sizes.

Power analysis. A post hoc power analysis was conducted using G*Power version 3.1 (Faul et al., 2007) to determine if the obtained sample size could sufficiently test how much variance Queer parent family socialization accounted for in each of the selected adolescent outcomes. There were 191 parent and 114 adolescent participants. To detect a large effect size of $f^2 = .35$ at a significance level of $\alpha = .05$, the analyses were 100% powered for parent participants and 99% powered for adolescent participants. Adding in a covariate, the power was still 99% for parent participants and was 96% for adolescent participants. To detect a small effect size of $f^2 = .02$ at a significance criterion of $\alpha = .05$, the power was 49% for parent participants and 32% for adolescent participants. Based on this, the analyses were more than sufficiently powered for medium and large effects, despite not having sufficient power for small effects.

Results

Descriptive results

Participants included a total of 191 parent participants (149 from Study 1 and 42 from Study 2). One participant was removed from the sample since they did not complete the SMPSS, which is an essential variable for the current analyses. A total of 114 adolescent participants were included in data analysis (98 from Study 1 and 16 from Study 2). Preliminary analyses showed that there were no significant differences between the variables of interest across Study 1 and 2 (i.e., socialization, adjustment, social competence, coping), so all participants were grouped together as parent or adolescent participants instead of separating them by study.

Descriptive statistics were run to determine the frequency and general means of parent-reported Queer parent family socialization (scores ranging from 1-5), child internalizing behaviors (with scores higher than 60 indicating clinical-level concerns), and child social competence (with scores lower than 20 indicating clinical-level concerns). Generally, socialization was moderate ($M=2.92$, $SD = .89$), internalizing behavior T scores were below the clinical cutoff ($M=54.90$, $SD=10.73$), and social competence was in the normal range ($M=46.82$, $SD=9.65$). For parents in Study 2, the longitudinal study, who reported on the same child, their scores were averaged, which has been typical for this larger project as an approach to retain power (Simon and Farr 2022).

Table 2. Participant descriptives.

| | | <i>N</i> | Mean | <i>SD</i> |
|-------------------|-----------------------------------|----------|-------|-----------|
| Adolescents | Age | 112 | 18.19 | 1.49 |
| | Queer Parent Family Socialization | 114 | 2.31 | 0.94 |
| | QPFS: Cultural Socialization | 114 | 2.44 | 1.30 |
| | QPFS: Prep for Bias | 114 | 2.60 | 1.25 |
| | QPFS: Proactive Parenting | 114 | 2.08 | 1.23 |
| | Internalizing Behaviors | 111 | 58.59 | 12.61 |
| | Social Competence | 111 | 42.51 | 11.99 |
| Parents | Adaptive Coping | 104 | 2.34 | 0.57 |
| | Age | 173 | 44.36 | 10.43 |
| | Queer Parent Family Socialization | 191 | 2.92 | 0.89 |
| | QPFS: Cultural Socialization | 191 | 2.79 | 1.23 |
| | QPFS: Prep for Bias | 191 | 3.19 | 1.28 |
| | QPFS: Proactive Parenting | 191 | 2.75 | 1.34 |
| | Internalizing Behaviors | 191 | 54.90 | 10.73 |
| Social Competence | 191 | 46.82 | 9.65 | |

Adolescent-reported Queer parent family socialization, internalizing behaviors, social competence, and adaptive coping were also analyzed. Queer parent family socialization was moderate ($M=2.31$, $SD=.94$), internalizing behaviors T scores were just below the clinical cutoff ($M=58.60$, $SD=12.61$), social competence was in the normal range ($M=42.51$, $SD=11.99$), and adaptive coping was moderate ($M=2.34$, $SD=.57$; scores ranged from 1-4). See Table 2 for full descriptive statistics across parent- and adolescent-reported measures.

The maximum score for the SMPSS is 5, so a score of 2.31 indicates that participants are “sometimes” engaging in or noticing these strategies (Oakley et al., 2017). The clinical cutoff for borderline psychopathology is a T -score of 65 for internalizing behaviors in the YSR and CBCL (NCTSN, 2023); for social competence, a T -score below 20 indicates borderline problematic social functioning (Achenbach & Rescorla, 2001). As the maximum score for the BCOPE is 4, a 2.34 score indicates moderate or somewhat frequent adaptive coping (Baumstarck et al., 2017).

Aim 1 (Quantitative)

A primary aim of this study was to compare general socialization scores as reported by parents and adolescents. Most participants in this study were not related, so these data portray general trends of Queer parents and adolescents with Queer parents. An independent samples t -test was run to compare means of parent-reported and adolescent-reported SMPSS scores. The 191 parents ($M=2.92$, $SD=.89$) compared to the 114 adolescents ($M=2.31$, $SD=.94$) reported significantly higher socialization scores, $t(303) = 5.69$, $p < .001$. There was no significant correlation between parent and adolescent SMPSS scores.

Aim 2 (Qualitative)

The second aim of this study was to examine Queer parent family socialization in a more naturalistic, qualitative way. The coding team compiled 17 distinct instances of Queer parent family socialization across the three family conversation tasks and categorized each statement into one of the three predetermined themes (cultural socialization, preparation for bias, and proactive parenting), as per instructed in deductive coding (Braun & Clarke, 2006). It is important to note that some excerpts fell into multiple themes.

Cultural socialization

Regarding cultural socialization, there were seven instances where parents and adolescents discussed their family structure, the array of identities they all possess, how everyone is equal

regardless of their various identities, and privilege for members of the family without minoritized identities (Oakley et al., 2017). For instance, one parent described his experience with white privilege when he was talking with a person of color about privilege:

I'm a white male but I'm gay and I grew up poor, and she's like that's not what that means. You just walk out your front door, and just because you're white, you're not affected by a lot of negative [stigma].

His daughter responded:

Like if a cop pulls you over he'll talk to you, he'll respect you. If a cop pulls over a Black man or if a cop pulls over a female white woman, it's different. Or if you walk into a car repair shop on your own, you don't have to go 'how many people are there, are there any women here?' [...] Because as gay as you guys are, you're relatively straight passing when you walk out on the street.

These instances of cultural socialization show that parents do speak about Queer topics and equality. Those in diverse families also heavily focus on discussing race and other minoritized identities, and those who possess majority identities acknowledge and have open conversations about privilege. Socialization does not occur in a vacuum, so it is reasonable that parents talk about an array of identities when discussing diversity and culture in general.

Preparation for bias

There were seven instances where parents discussed what it means to be Queer in society and discrimination they have faced. One mother described discrimination and barriers when applying for a job with insurance to cover the entire family. She explained to her teen daughter:

She wouldn't take the birth certificate because your birth certificate didn't have both our names. I had to get the adoption papers and all that, and she actually said, 'She's not your child.' And I was like, on what planet does some HR person tell you that your child is not your child? And she said 'It's because this woman doesn't have your last name' [referring to her wife on the insurance document]. I was like, how many professional women's children don't have their last name? But it was definitely because she knew that you were a woman [referring to her partner] and you were on my insurance. But I couldn't even provide this birth certificate, I had to provide adoption papers.

Another family discussed a school assignment that had heteronormative assumptions. The parent talked to their adolescent:

The family tree assignment, [the teacher] called it your 'genealogical family tree.' Do you identify with that term much? Genealogical means 'I'm sharing the same genes.' Does anyone in our family share the same genes? No. Are we a good family? Yeah.

These discussions about experiencing discrimination for their Queer identity or existing in a heteronormative society embody preparation for bias, as this teaches adolescents how their parents have coped with discrimination and how they can handle it in the future, if necessary.

Proactive parenting

There were nine instances of proactive parenting in which parents and adolescents discussed how their family is "normal," and actions parents have taken to ensure their children grow up in a Queer-friendly environment. One parent explained:

We have neighbors that, so you know, I always feel like our neighbors are super supportive of us, just our family in this environment and our community that we're in.

When asked how well their family discusses diversity and family structure, one parent said:

Well also because our family has so many different identities with, you know, gay dads, adoption, different races, different neurodiversity. It's just everywhere for us, so it just comes up all the time. We don't need to

necessarily have big, long discussions because it's just always present, and we're always addressing it one way or another.

In this same family, the daughter, who is the only person of color in the family talked about an experience where girls tried to touch her hair, and she felt empowered to stand her ground:

Adolescent: "It made me feel like research. She [another girl] always wanted to touch it."

Parent: "And you felt empowered to say what?"

Adolescent: "No".

These excerpts about proactive parenting show parents deliberately choose environments where their family is safe. They also normalize their family identity and discuss how it may be different from other families, empowering their children to stand their ground and have conversations about their family and identities. The excerpts especially show intersectional socialization, where families use Queer parent family socialization as well as talk about other minoritized identities such as race and disability in a way that instills pride and prepares for bias.

Aim 3 (Quantitative)

Associations among parent-reported measures

To determine the relations between socialization, internalizing behaviors, and social competence in parent-reported measures, we ran Pearson correlations. Socialization and social competence were found to be significantly, positively related, as such that when instances of socialization were higher, social competence scores also increased, $r(189) = .21, p = .004$. Social competence and internalizing behaviors were significantly negatively correlated, as such that when there were higher rates of social competence, there were lower instances of depression and anxiety symptoms, $r(190) = -0.19, p = .008$. Socialization and youth internalizing behaviors were not correlated in the parent sample. See Table 3 for correlational breakdown. We also ran a regression to determine whether and to what extent socialization statistically predicted social competence. A small effect was found, with socialization predicting approximately 4.4% of the variance in social competence, $R^2 = .044, F(1, 189) = 8.712, p = .004$.

Associations among adolescent-reported measures

With the adolescent data, we ran correlations to determine the relationships between Queer parent family socialization, internalizing behaviors, social competence, and adaptive coping. Socialization was significantly positively correlated with social competence, as such that when socialization increased, so did levels of social competence, $r(109) = .336, p < .001$, and usage of adaptive coping, $r(102) = .518, p < .001$. This connection between socialization and social competence shows a similar pattern to that in parent reports. Social competence was significantly positively correlated with adaptive coping; when youth described higher social competence, they also reported greater adaptive coping strategies, $r(100) = .264, p = .010$. Adaptive coping was positively correlated with socialization and social competence, where all increased simultaneously, and it was also surprisingly positively correlated with internalizing behaviors; when there was higher usage of adaptive coping, there were also higher reports of depression and anxiety symptoms, $r(101)$

Table 3. Parent Correlations.

| | Internalizing Behaviors | Social Competence |
|-----------------------------------|-------------------------|-------------------|
| Queer Parent Family Socialization | .138 | .210** |
| Internalizing Behaviors | | -0.180* |

* Correlation is significant at $p < .05$.

** Correlation is significant at $p < .01$.

Table 4. Adolescent correlations.

| | Internalizing behaviors | Social competence | Adaptive coping |
|-----------------------------------|-------------------------|-------------------|-----------------|
| Queer parent family socialization | .099 | .336** | .518** |
| Internalizing behaviors | | −0.135 | .279** |
| Social competence | | | .264** |

** Correlation is significant at $p < .01$.

= .279, $p = .003$. See Table 4 for correlational breakdown. When put into regression models, socialization accounted for 11.3% of the variance in social competence [$R^2 = .113$, $F(1, 109) = 13.84$, $p < .001$] and 26.8% of the variance in adaptive coping [$R^2 = .268$, $F(1, 102) = 37.42$, $p < .001$]. Internalizing behaviors were not included since there was no significant relationship between this variable and socialization.

To test race as a potential covariate, parent race and adolescent race were dummy-coded into BIPOC and white identities, and we used a hierarchical regression model, inputting race as the first step and socialization as the second step, with either social competence or coping as the outcome variable. This process was repeated with sexual identity to see if a parent's monosexual (i.e., Lesbian, Gay, heterosexual) or plurisexual (i.e., Bisexual, Pansexual, Queer) identities were differentially associated with socialization and well-being. We found that neither parent race nor sexual identity were significant covariates for the relationship between socialization and social competence. With regards to adolescents, we found similar results in that race and sexual identity were not covariates between socialization and social competence or socialization and coping.

Generally, parents and adolescents both reported a positive correlation between Queer parent family socialization and social competence, with socialization accounting for some of the variability in social competence. Adolescents tended to report stronger relations between constructs (i.e., stronger correlations and greater explained variance). Neither parents nor adolescents reported any strong relations between socialization and internalizing behaviors, and adaptive coping was only measured among adolescents; parents did not complete the BCOPE.

Discussion

This study used a strengths-based, mixed-methods design informed by intersectionality (Crenshaw, 1989) and Minority Stress Theory (Brooks, 1981; Meyer, 2003; Rivas-Koehl et al., 2023) to focus on the construct of Queer parent family socialization and its relation to several adolescent well-being outcomes, specifically internalizing behaviors, social competence, and adaptive coping. We found that Queer parent family socialization and social competence were significantly, positively linked. This pattern was true using both parent- and adolescent-reported measures. Additionally, according to parents, when adolescents possessed better social competence, the severity of their depression and anxiety symptoms was lower. These findings are consistent with the literature that parents tend to report greater socialization than children do, potentially because parents are the ones socializing their children and are therefore more aware of the frequency of these practices (Hughes et al., 2006; Simon & Farr, 2022). These findings add to the literature that Queer parenting strategies may be strongly linked to better social competence in children by suggesting that this relationship also exists among adolescents with LGBTQ+ parents (Simon & Farr, 2022). In adolescent reports, Queer parent family socialization, social competence, and adaptive coping were all positively related to one another; adaptive coping was also surprisingly positively related to internalizing behaviors. This adds to the growing body of literature assessing Queer parenting strategies as experienced and reported by adolescents by indicating that socialization relates positively to well-being outcomes. In general, we did not find any significant covariates. From qualitative data, we found that parents deliberately engage in Queer parent family socialization, often intersectionally with additional social identities and especially in the forms of discussing equality, privilege, encounters with discrimination, and empowerment of their children. Overall, results indicated that Queer parent family socialization is present in

conversations between parents and children, it is positively related to several adolescent well-being outcomes, and it is vital to consider these constructs through an intersectional perspective.

Parents and adolescents alike reported average amounts of Queer parent family socialization, social competence, and coping. With regards to previous studies, the participants in the second wave of Study 2 reported very similar results of social competence in children indicating continuity of the trend of children of Queer parents having general positive social adjustment (Simon and Farr 2022). In this same study, parents reported around the same amount of Queer parent family socialization, if slightly lower (i.e., the mean was 2.47 in Wave 2 Simon & Farr, (2022) and it was 2.92 in parent-reported socialization in the current study). Perhaps this indicates that parents engage in more socialization strategies with their adolescents rather than younger children. Considering the developmental stage of adolescence, where identity is quite salient and adolescents have the capacity to understand societal dilemmas, discussions about family identity and handling peer discrimination could be especially relevant (Erikson, 1980).

The results indicate that parents, on average, reported higher usage of Queer parent family socialization than adolescents, and there was no significant correlation between parent and adolescent scores on the measure of Queer parent family socialization. It is important to note that parents and adolescents in the sample were generally not from the same families, so we would not necessarily expect them to be associated. This is also consistent with the literature that suggests that parents and children generally have weak correlations or nonsignificant relationships in congruence of scores on ethnic/racial socialization measures and Queer parent family socialization measures (Hughes et al., 2006; Simon & Farr, 2022). Parents also tend to report more Queer parent family socialization than do their children, which is consistent with these results and may reflect that parents are often the more intentional agents of these behaviors (Hughes et al., 2006; Simon & Farr, 2022).

Applying cultural socialization, preparation for bias, and proactive parenting as our three themes in analyzing the three family conversation tasks about discrimination and identity, we found that parents deliberately engage in these practices. Two of the three families had instances of all three socialization subgroups, and the third family discussion included all but one form of Queer parent family socialization. Most parents recounted experiences where they faced discrimination, and all families had discussions of privilege. Regarding cultural socialization, the discussion of privilege arose in all families, especially since the parents all identified as white. Intersectional themes of having a racially diverse child and handling discrimination in that sense also arose in two of the three families (Umaña-Taylor & Hill, 2020). These results demonstrate that Queer parent family socialization does not occur in a vacuum when observed in “real time”; rather, families use conversations as an opportunity to discuss the many identities that their families have.

Regarding preparation for bias, parents explained how they have encountered and handled discrimination for various identities; studies have found that this is an important component of racial/ethnic socialization, as it gives children concrete examples on how to handle discrimination they may face for their various identities (Umaña-Taylor & Hill, 2020). In proactive parenting, one set of parents described deliberately moving to a region that is LGBTQ+ friendly for the safety of their family’s identity (Oakley et al., 2017). Additionally, they discussed feeling supported by their community, advocating for their children, and empowering their children to speak about LGBTQ+ and/or racial topics (i.e., giving them language). Proactive parenting was the most frequently identified aspect of Queer parent family socialization, perhaps because proactive parenting includes strategies where parents give their children language on how to discuss family structure and emphasize how their family is similar and different to other family structures (Oakley et al., 2017), which is especially prevalent when discussing their family with peers, whose opinions are especially important to adolescents (Erikson, 1980). These qualitative findings corroborate and support the quantitative findings that socialization is occurring within Queer parent families, and these qualitative results provide concrete examples as to how it is integrated organically and discussed in family conversations about identity and discrimination.

Previous studies have found that Lesbian and Gay parents engage in indirect racial socialization with their children, since they may have experience in answering questions about family structure (Simon & Farr, 2022), and the engagement in one form of socialization by Queer parents can also inform socialization of other identities (Goldberg & Smith, 2016). Generally, the observed conversations in this study were intersectional (Crenshaw, 1989; Oakley et al., 2017), in that parents and adolescents discussed Queer identity as well as adoptive identity, racial identity, and disability status. Queer parent family socialization seems to inform and be woven in with the discussion of other identity-based experiences. These results corroborate the quantitative aspects of the project in that Queer parent family socialization does appear to happen in families, and the qualitative family conversation task provides concrete examples of how it is woven in conversations about broader identity or diversity. Additionally, since conversations were with adolescents, identity is especially salient in this developmental stage (Erikson, 1980), so perhaps socialization strategies may look different among children (i.e., exposing them to Queer children's books or taking them on playdates with other children of Queer parents; Oakley et al., 2017). Existing work has been predominantly quantitative (see Mendez 2022 for an exception), so adding this qualitative aspect is an innovative approach to authentically represent Queer families and their strategies with socialization to raise competent, resilient adolescents (Farr, 2017; Fish & Russell, 2018).

It is possible that developmental stage and generational differences play a role in dynamics of Queer parent family socialization too, as supported by the TIMS model (Rivas-Koehl et al., 2023), which emphasizes that minority stress is informed by life course and temporality such as the political climate regarding LGBTQ+ rights that people grow up in. For instance, many middle-aged Queer parents were with their partners before the legalization of gay marriage in 2015 (Gates, 2015), so the advocacy for LGBTQ+ rights was present and different than current political causes. Currently, LGBTQ+ families and adolescents face discrimination from harmful policies (i.e., the "Don't Say Gay" law in FL; Goldberg et al., 2024), so the fight for rights is ongoing, though nuanced in each new generation. For this reason, perhaps these adolescents were raised in a society that was more accepting of Queer people—since many began forming memories around the time or after the legalization of same-gender marriage—especially considering the rise of Queer representation in the media and in politics (Goel, 2021; Mocarski et al., 2019), so perhaps they are less aware of specific Queer parent family socialization practices that their parents are more mindful of. Additionally, parents are the ones mindful of or intentionally engaging in these strategies, so perhaps they are more aware of when and how often they utilize Queer parent family socialization strategies. This could explain why we see parents reporting greater Queer parent family socialization compared to adolescents. For the third aim of this study, we hypothesized that higher Queer parent family socialization scores would be linked with lower internalizing behaviors or better psychological functioning and adjustment (Umaña-Taylor & Hill, 2020; Wyman Battalen et al., 2019). However, these two constructs were unrelated in this sample. Perhaps socialization is more closely tied to other outcomes, such as social competence and coping, and the relationship with internalizing behaviors may be more complex than originally foreseen. Further research is needed to assess internalizing behaviors as related to Queer parent family socialization.

Our results support our hypothesis that higher Queer parent family socialization scores would be related to higher social competence scores. This study used some data from Study 2, a longitudinal study that followed same-gender and different-gender adoptive parents from their child's infancy, to school-age, to adolescence; data from a previous wave of this study done with school-age children showed that higher Queer parent family socialization was linked with higher social competence in children of same-gender parents (Simon & Farr, 2022). We were curious to see if this translated into adolescence as well, and the results indicated that Queer parent family socialization does indeed relate to higher social competence in adolescents with Queer parents. These mirrored results from childhood to adolescence support the construct of Queer parent family socialization and provide evidence that this construct can serve as a protective factor in children and adolescents (Oakley et al., 2017; Simon & Farr, 2022).

The results showed that social competence was negatively associated with internalizing behaviors indicating that higher social competence related to higher adjustment scores or lower depression and anxiety scores. The literature has found that social competence skills in childhood can predict lower internalizing behaviors in adolescence, and there is a well-established link between higher social skills and lower internalizing behaviors in children and adolescents (Bornstein et al., 2010; Burt et al., 2008; Masten et al., 2005). These findings support the literature at large and add the nuance of adolescents who exist in a Queer family. Generally, there are not significantly different well-being outcomes between children of Queer parents and children of cis-het parents (Patterson et al., 2021), and these results support the notion that adolescents of Queer parents can have the same positive results as adolescents from other family structures, indicating that they are doing just as well even in the contexts of heightened stigma and discrimination (Farr, 2017; Rivas-Koehl et al., 2023).

Queer parent family socialization, social competence, and adaptive coping were all positively related in this study in adolescents, which corroborates the results from the study that examined Queer parent family socialization and social competence in children of LGBTQ+ parents (Simon & Farr, 2022), and it adds a uniquely firsthand adolescent perspective. This also explores how Queer parent family socialization relates to adaptive coping and resilience. Adaptive coping skills are prevalent when discussing resilience, and parents can be a unique source of support for adolescents (Masten, 2001). Higher racial/ethnic socialization practices, especially the cultural socialization component, have been associated with adaptive skills in youth of color (Salcido & Stein, 2024; Tran & Lee, 2010). Queer parent family socialization shares that key construct, and perhaps this contributes to the similar trend between socialization and adaptive coping found in these results. This finding supports the growing body of literature about Queer parent family socialization serving as a protective factor for children and adolescents through promoting adaptive coping skills (Farr & Vázquez, 2020).

Very limited research, to our knowledge, has focused on adaptive or approach coping as measured by the BCOPE. Among a sample of adult heart failure patients ($M_{\text{age}} = 53$), the approach or adaptive coping scale had a comparable or slightly higher average ($M = 2.94$, Eisenberg et al., 2012) than the adolescents in this sample ($M = 2.34$). Since the sample demographics are very different, it would likely not be wise to draw conclusions from these results. Rather, this emphasizes the importance of assessing adaptive coping in adolescents, especially those with minoritized identities. Generally, these results are consistent with existing literature and add a nuanced lens of adolescent perspectives.

Adaptive coping was positively related to internalizing behaviors, indicating that when adolescents employed more adaptive coping skills, they also had higher depression and anxiety symptoms. Perhaps this can be explained by the minority stress model in which adolescents face discrimination from peers and society due to their family's Queer identity, potentially increasing the amount of stress, anxiety, and depression (Rivas-Koehl et al., 2023). To cope with this discrimination and buffer against the harmful effects, adolescents could potentially be employing more adaptive coping skills. More research, especially longitudinal research for a temporal perspective, would be insightful here.

As discussed throughout the paper, racial/ethnic socialization and Queer parent family socialization are highly intertwined, with the latter containing two significant components of the former (i.e., cultural socialization and preparation for bias; Hughes & Chen, 2015; Oakley et al., 2017). These two aspects have been specifically linked to higher self-esteem, academic adjustment, adaptive coping, and psychological well-being in Black youth (Umaña-Taylor & Hill, 2020). Perhaps the overlap of racial/ethnic socialization seen in Black youth and Queer parent family socialization explains the positive outcomes through an intersectional lens. More research is needed to specifically examine the connections between racial/ethnic socialization and Queer parent family socialization, and these preliminary results show exciting promise.

Strengths and limitations

This study was sufficiently powered to find medium and large effects due to its fairly large sample size, considering the niche population of interest. When studying Queer families with

adolescents between 14-21, data collection can be challenging, so the statistical power served as a strength in this study. It is important to note that participants from Study 2 were related to each other and categorized as family units, though participants from Study 1 were generally not directly related to one another. Data were combined from these studies to increase power, and since there were no significant differences between participants from Study 1 or 2 on the main measures of interest, this supported our decision to combine data. However, it would be fascinating to directly compare parent and adolescent perspectives on socialization and well-being within family units. Future research should explore these accounts.

Additionally, the sample was fairly diverse, particularly the adolescents. All parent participants identified as LGBTQ+, and a little over half of adolescent participants identified as Queer. The racial distribution was also diverse among adolescent participants, with the majority identifying as BIPOC. This fairly diverse sample is essential for amplifying voices of underrepresented, intersectional populations. The strengths-based approach to this study also emphasized the inherent strengths that Queer families possess instead of focusing on deficits or disadvantages (Tuck, 2009). The mixed-methods approach allowed for a “Queering” of methodology, or in other words, an authentic and personal representation of Queer parent families (Fish & Russell, 2018). We consider this a considerable strength since strengths-based approaches are an exceptional way to bolster strength and resilience among Queer communities (Farr et al., 2022).

This study was also novel in including adolescent perspectives, rather than solely focusing on parent perspectives. Many studies addressing child and adolescent well-being are from parent perspectives, though parents are not always reliable reporters of their adolescent’s well-being (Kuitunen-Paul et al., 2023; Sourander et al., 1999), so the inclusion of adolescent self-reports is likely a more accurate representation of their experiences with internalizing behaviors, social competence, and coping.

Also regarding the diversity of the sample, the adolescents were fairly diverse as well as parents from Study 1, however the addition of parent participants from Study 2 led to a higher number of white participants, so claims cannot be made about the diversity of the entire sample. For most of the participants in Study 1, the study was accessed through Prolific, an online platform for gathering data, and there are potential risks associated with programs such as this; for instance, there is a likelihood of bots or individuals who lie about their identities to earn compensation, so the research team extensively screened participants to decrease the amount of bots and fake participants as much as possible (Piehlmaier, 2022).

One limitation was the psychometric properties of the social competence scale, which were below the cutoff for reliability for both parents and adolescents. As mentioned in our method section, our team performed an item analysis on the items of this scale and found that even after deletion and replacement with an average of other subscale items (Achenbach & Rescorla, 2001), the results did not change. Though the reliability itself increased to $\alpha = .80$ in adolescents and $\alpha = .75$ in parents in adolescents, the correlations remained consistent in strength and direction, indicating that the increased reliability did not change any results. Due to this, we decided to retain the original analyses and acknowledge this lack of strong reliability as a limitation. Additionally, some data are interdependent, where parents and adolescents from Study 2 may be linked, though most from Study 1 are not.

Finally, since our data were pooled across two studies where most participants were unrelated, potential variability in family dynamics due to adoption, race, and parental gender identity limit the generalizability of the study to all Queer parent family populations.

Directions for future research

The exploratory nature of this study implores an intersectional lens in future research with Queer parent family socialization and its interaction with outcomes. Internalizing behaviors were unrelated to Queer parent family socialization, so perhaps future research could rely on other

measures of depression and anxiety such as the ODSIS and OASIS (Bentley et al., 2014; Norman et al., 2006) to examine this relationship, since they are some of the most widely used and validated measures of these constructs. Additionally, Queer parent family socialization and racial/ethnic socialization appear to be highly intertwined, so future research should examine BIPOC Queer families to explore how these processes manifest when raising diverse youth. Studies should continue to employ mixed-methods and strengths-based approaches to reflect the experiences of diverse Queer individuals (Fish & Russell, 2018; Tuck, 2009).

The construct of Queer parent family socialization is still fairly new, so studies should aim to explore how this relates to many facets of Queer families' lives and continue to validate the budding measure (SMPSS; Oakley et al., 2017). Longitudinal methods and qualitative methods could provide direct narratives from diverse families and present clear patterns of socialization as related to raising children in Queer households. Though this study included three families in a qualitative way, perhaps research could benefit from hearing perspectives from a greater number of diverse families or by using other qualitative methods such as individual interviews. Future research should continue exploring Queer parent family socialization in the context of intersectional spaces; for instance, studies could examine how Queer parent family socialization presents in multiracial families and/or trans parent families. Studies could also explore these same constructs within family units; for instance, studies can examine how individual members of the same family report on socialization practices and well-being. This could expand our knowledge and shed insight into why parents seem to report more socialization and how adolescents directly perceive their parents' efforts. We strongly encourage future research to take a strengths-based approach to methodology and study design to highlight the strength and resilience of the Queer parent family community.

Implications for practice, policy, and law

This study supports that Queer parenting has benefits for adolescents, which builds from previous work showing support for Queer parenting and child well-being (Simon & Farr, 2022). Queer parents and their families often face discrimination from society and policies (Goldberg et al., 2024; Patterson et al., 2021), so clinicians should be aware of such concerns when providing support for these families. Clinicians should also encourage Queer parent family socialization strategies in individual and family counseling when working with Queer families, encouraging their inherent strengths and sources of support.

Policymakers should take these findings into account to acknowledge that Queer parents are essential in helping child and adolescent well-being (Farr, 2017), and they should encourage policies to support these families instead of hindering them or creating additional barriers. It is especially prevalent in the current political climate, where the identity safety of the Queer community is being threatened (Goldberg, 2023), so policymakers should strive to be informed by novel research to best support and advocate for the communities they represent. Community organizations and programs aimed to support Queer families could provide education on Queer parent family socialization and embolden parents to utilize these strategies in raising their children and adolescents. For instance, the American Civil Liberties Union, or ACLU, could also look at current, novel, and ongoing research to aid their mission to support all people's rights and by creating resources to disseminate to communities in need of support (ACLU, 2025).

Conclusion

This study found for the first time (to our knowledge) that Queer parent family socialization can serve as a direct protective factor for adolescents in the U.S., as it has been strongly linked with positive well-being outcomes like social competence and adaptive coping according to both parent and adolescent reports. When integrated with the qualitative family conversation task, it

is evident that Queer parents are bringing up these topics often with their adolescents and encouraging their curiosity about various identities and highlighting their unique strengths. When LGBTQ+ parents engage in these strategies, they have the potential to build resilience in their children and adolescents amidst discrimination and a tense political climate. This indicates that these parents are creating a protective environment for their children, and their deliberate parenting methods to educate their children on Queer topics and discrimination they may face is contributing to positive social behavior, or social competence, and adaptive coping skills.

This adds to work done previously about parenting strategies and child well-being by suggesting that these practices are especially relevant in adolescence when identity and social pressure become increasingly salient (Erikson, 1980; Simon & Farr, 2022). This also supports the psychometric properties of the measure of Queer parent family socialization (the Sexual Parent Minority Socialization Scale or SMPSS; Oakley et al., 2017), which can be used to provide information on family functioning and dynamics within Queer families. While there have been laws and policies that have created barriers for Queer individuals in the U.S., these findings should be acknowledged by policymakers to show that Queer parents are raising competent, resilient adolescents. Future research should continue to explore Queer parent family socialization and the inherent strengths that Queer families possess.

Note

1. Authors chose to use the term in accordance with work supported by the National Institute on Minority Health and Health Disparities, National Institutes of Health, and the US Department of Health and Human Services from the American Journal of Epidemiology (Miranda et al., 2023).

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Data availability statement

The data that support the findings of this study are available from the corresponding author, N.U.K., and the principal investigator, R.H.F., upon reasonable request.

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