Portfolio Volume 1: Major Research Project

Gay cisgender male parents' experiences of belonging throughout the transition to parenthood and its influence on the parent-child relationship

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This thesis is dedicated to the loving memory of my dad.

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Abstract

BACKGROUND/AIMS: Feeling a sense of belonging is vital for mitigating feelings of loneliness and isolation from community and contributes to overall well-being. Gay parents are at increased risk of experiencing threats to their sense of belonging due to marginalisation and negative societal narratives around gay parenthood. These threats impact on supportive parenting spaces that gay parents can access, further limiting their development of belonging in parenthood and access to parenting resources. This study aimed to explore how gay parents' experiences of belonging in the transition to parenthood influenced their relationship with their child from a contextualised attachment perspective.
METHODOLOGY: Five gay adoptive parents were invited to share their stories through semi-structured interviews in this qualitative research project. A critical realist epistemological stance was taken to analyse their stories through experience-centred narrative analysis and the Meaning of the Child (MotC) system (Grey, 2025), which was grounded in a Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018).
FINDINGS: Analysis resulted in three collective themes: 'Born into a heteronormative mould', 'Held by invisible wounds', and 'Out of place, out of mind; calling for belonging'. Gay parents experienced threats to their sense of belonging from multiple contexts that influenced their parenting strategies to manage their survival. Participants related their intersectional contexts to parenting a child with their own trauma history, reflecting on the difficulties that left them feeling hopeless and helpless at times to manage and support their emotions and behaviours.
CONCLUSION: Gay parents are uniquely placed to parent adoptive children because of their own experiences of difference, resilience and threatened sense of belonging. Attachment theories, adoption support and parenting spaces are embedded in a heteronormative sphere that requires contextualisation and development for gay parents. Therapeutic intervention is needed to support gay parents' understanding of their children's emotional and behavioural needs that are impacted by historical trauma so they can develop strategies to support their child's attachment development. Finally, gay parents require parenting support spaces that are unique to their intersectional identities to develop their sense of legitimacy and belonging in parenthood.

Chapter 1: Introduction

1.1 Chapter Overview

In this chapter, I present the background and context to my current research and reflexively outline my personal and epistemological position to explore the assumptions and context of the research. I then present a background to the current topic, situating this in the political context of the UK around LGBTQ+ rights. This chapter concludes with relating this background to the rationale for the current research.

1.2 Positionality

1.2.1 Insider outsider researcher

I am a white-European, cisgender female who identifies as sexually diverse or LGBTQ+. I grew up in Canada and migrated to the UK several years ago. I am in my 30s and do not have children but have worked with them for eleven years in various settings, including caring roles. I consider myself both an insider and outsider researcher, as I hold a minority sexual identity, as do the participants in this study, but I am not a gay man or a parent. Throughout this study, I continually held in mind how my position impacted on the research process (Braun & Clarke, 2013), such as trust building with participants, the interview dynamics and interpretation of their experiences and data collected (Dwyer & Buckle, 2009). To support my awareness of my own assumptions, I discussed my position with my supervisors, kept a reflexive diary (see Appendix J) and engaged in materials that provided more insight into the 'insider' position, such as reading books and listening to podcasts created by gay parents.

1.2.2 Reflexivity

In clinical psychology and research, self-reflexivity is a process of curiosity, thinking and questioning one's experiences and understanding of these in relation to the socio-historical-

political context one sits within. Thus, also considering the way one's experiences relate to others based on demographics, cultures and identities and how this constructs the relationship. This can help construct meaning that moves away from a more biased or subjective view. However, whether the researcher is an insider or outsider of the population, Reyes (2020) argues that no two individuals can fully share the same experiences, creating a fluid positionality in the research process (Folkes, 2022).

In applying self-reflexivity in this study, a reflexive diary (Appendix J) helped to consider my own biases and perspectives when constructing meaning around the narratives shared by interviewees. As a person that identifies as LGBTQ+, it is possible that my sexual minority experience allowed me to empathise and connect with the participants' narratives while reflecting that their intersectionality makes their experiences unique. I aim to present my interpretation of their stories in a way that can help other gay parents, but the findings of this project will be situated by the way I view and construct the world. Other efforts I have made to explore subjectivity in the meaning-making includes involving an expert by experience throughout the process of this project.

1.3 Epistemological position

This study is grounded in a critical realist (CR) epistemology, which led to exploring of phenomena that are grounded in 'reality' whilst acknowledging that human knowledge is socially constructed and context-dependent (Fletcher, 2017). Critical realism combines ontological realism with epistemological constructivism (Bhaskar, 2013). Maxwell's (2022) definition of critical realism posits that social structures (e.g., family history, social power) exist independently of individual perception, but that our access and understanding of these structures is mediated through our concepts, experiences and language. As such, a CR approach was used to evaluate and understand how social structures operated in how the participants storied their sense of belonging as they became parents, and how this developed their caregiving and view of their child. Ontologically, such social structures are viewed as 'real' and existing independently of participants, and so this study aimed to explore how participants constructed meaning around belonging and caregiving as they

transitioned to parenthood. This allows for investigating causal mechanisms by linking lived experience to deeper structures (Maxwell, 2022).

This epistemological stance shapes how the research design interacts with the actual environment through an evolving process that includes the researcher's relationships with participants, supervisors and expert by experience (Maxwell, 2022). The iterative research process will be influenced by mine and the MotC coders' social position, identities, personal experiences and political and professional beliefs, leading to a co-construction of knowledge between the researchers and participants (Berger, 2015).

1.4 Key Terms

Key terms needing to be defined for this project are outlined in Table 1.

Table 1. Key terms and their definitions

Key term	**Definition**
Cisgender	Someone who's gender identity is the same as the sex they were assigned at birth.
Intersectionality/intersectional identities	A framework for understanding how the multiple interrelating factors of a person's identities combine to create unique forms of oppression (Crenshaw, 1991).
LGBTQ+	A term to refer to people who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and/or any other identity that is gender or sexually diverse and not included in those letters.
Parent	For the purpose of this project, a parent is defined as someone who is the biological or

	non-biological individual with legal parental responsibility for a child, and where the child is currently in their care.
Structural oppression	In this thesis, structural oppression refers to the disparities faced by the LGBTQ+ community around access to healthcare, economic and financial stability, legal liberty, social safety and physical sovereignty (Gil et al., 2021).

1.5 Background

1.5.1 Sense of belonging

A sense of belonging, defined by the subjective experience of connection and involvement with a person, group or environment, is vital for mental and physical health (Hagerty et al., 1992; Allen et al., 2021; Ross, 2002). Gay cisgender men in the UK are at increased risk of health consequences and wage inequality compared to heterosexual men, in part due to wider communities holding negative perceptions of their sexual identity, preventing opportunities for gay men to experience belonging (Davis & Marwa, 2017; Martell, 2013; Denier & Waite, 2019). Meyer (2003) theorised that lesbian, gay and bisexual (LGB) people experience stress that is associated with their sexual identity, including internalised homonegativity and expectations of future rejection, termed 'minority stress theory'. This distress is increased for gay men who have internalised homonegativity, where a negative coming out experience can worsen this for them. Minority stress can place gay men at greater risk of experiencing mood disorders, eating disorders and social anxiety, and can lead to having a lessened sense of belonging as compared to heterosexual men (McLaren, Jude & McLachlan, 2008; Kousari-Rad & McLaren, 2013; Feinstein et al., 2012; Jaspal et al., 2023; Meyer, 2003; Hatzenbuehler, 2009). Protective factors that lead to a greater sense of belonging for gay men include identity resilience, social support, degree of outness and

absence of homophobia and femmephobia (Jaspal et al., 2023). Gay men may also prefer to limit their chosen social interactions to other gender, sexual and relationship diverse (GSRD) people. However, there are pressures even within gay communities, including around appearance and how this communicates sexual identity status, which can limit one's sense of belonging (Clarke and Smith, 2015).

Gay men often experience prejudice and/or marginalisation from childhood, and this is uniquely compounded when intersecting with racial minorities and/or perceived feminine or gendered expressions (Hoskin, 2020). Gay men also continue to experience negative attitudes, discrimination and microaggressions when engaging with physical and mental health services meant to provide necessary aid, safety and support (Televantos, 2019). This includes sexual health care in the UK, where stigmatising language continues to be used (Kohli et al., 2024). In the workplace, research has shown that gay men are at increased risk of experiencing bullying compared to heterosexual colleagues (Hoel et al., 2021). Unsurprisingly, many gay men employ strategies to manage their social identities at work, such as compliance, conformity and educating colleagues in response to experiencing exclusion, stereotyping, silence, discomfort and being viewed as a 'piece of curiosity' (Roberts, 2011).

Gay men often experience adverse psychological distress when coming out to family and friends, particularly in homonegative contexts (Breakwell & Jaspal, 2022), limiting their access to support (Milton & Knutson, 2023). As a result, many gay men turn to their chosen families for support. Research has shown that such chosen friends or communities can be viewed as socially more supportive than biological family, but do not replace the benefit of supportive biological families in improving mental health outcomes for LGBTQ+ people (Milton & Kutson, 2023). This is possibly related to the lost sense of belonging within one's biological family that may remain painful or may be related to disrupted attachment bonds. Additionally, some gay men have limited access to support spaces or finding other gay men they can connect with. There may also be harmful aspects of some gay communities, such as substance misuse, cliques, and risky sexual behaviour (Joyce et al., 2025). This can limit interactions for gay men who choose not to engage with these aspects, leaving them to feel rejected and isolated from both the gay and heterosexual communities.

1.5.2 Belonging in the transition to parenthood

In the transition to parenthood, gay parents experience added stress that is compounded by the intersection of adoption or surrogacy and sexual minority status (Messina & D'Amore, 2018). Identity is formed through relating to individuals' family and community (Erikson, 1963). Gay parents endure a process of identity development different to heterosexual counterparts, which can include challenging introjected stereotypes and homophobia around same-sex parenting, learning about gay families, developing confidence as a gay parent, and recognising what gay parents can uniquely offer a child. It also includes integrating the gay and parent components of identity and navigating its influence on support networks, which becomes challenging when they lack inclusive practices and representation, such as parenting groups, perinatal care, and 'mother and baby' services (Brinamen & Mitchell, 2008). Some gay parents navigate being perceived as the "mothering father", where being the primary caregiver of a young child and also male, is often viewed as mutually exclusive in society, a view that can be linked to femmephobia. Additionally, gay parents confront many new social circles where they are forced to "come out", and emotionally integrate themselves as a more accepted member of wider society and less accepted member of the gay community (Brinamen & Mitchell, 2008).

There are various damaging and incorrect stereotypes and beliefs about gay parents, such as children of GSRD parents suffering psychosocial damage or being forced to 'choose' a homosexual identity, and gay men being viewed as 'perverts' or 'deviants' who prey on children (Hicks, 2006). Given this, gay men often experience particular forms of cognitive dissonance and emotional challenges around belonging as a gay parent. Successfully integrating both the gay and parent identities is likely key to feeling a sense of belonging, but this is challenging given their contexts, alongside the problematic narratives in parenthood pathways for gay men. This can lead many to avoid pursuing parenthood altogether or believe it is not even an option (Costa & Tasker, 2018; Brinamen & Mitchell, 2008).

1.5.3 Parental legitimacy and social support

Heteronormativity constructs parental legitimisation in most contexts, whereby LGBTQ+ parents feel particularly pressured to adhere to its rules to fit into the dominant culture and receive acceptance from their families (Chevrette & Eguchi, 2020). Many gay parents jump through heteronormative hurdles to appear more legitimate to adoption agencies and society when pursuing parenthood, yet are often still met with stigmatised attitudes and discrimination, even in the most LGBTQ+ friendly countries (Yee et al., 2024). Despite increased acceptance of same-sex relationships, society continues to view parenthood as reserved for traditional heterosexual couples and not gay parents (Duncan & Phillips, 2008; Webb et al., 2017). Gay men are particularly stigmatised in parenthood due to societal concerns around men's capability in parenting, where this is possibly mitigated to an extent when gay men are viewed as more effeminate, highlighting the contradiction in femmephobic attitudes (Hicks, 2006). Gay parents are likely to experience increased isolation due to heteronormative and exclusionary parent support groups that are often reserved for 'mothers and babies', however limited research has explored this area. As a result, gay parents may feel a need to turn to their biological families for support, maintaining bonds with them even in the face of stigmatisation or rejection of their sexual identity and relationships (Reczek & Bosley-Smith, 2022). Reczek and Bosley-Smith (2022) found that LGBTQ adults often created rationales to cope with their parents' heterosexism and cissexism by reframing their view of them and rationalising their harmful rejections in light of the care they could offer. This desire to maintain relationships with parents is likely due to increased need for resources in the transition to parenthood (Fingerman et al., 2020; Reczek & Bosley-Smith, 2022).

1.5.4 Attachment in context

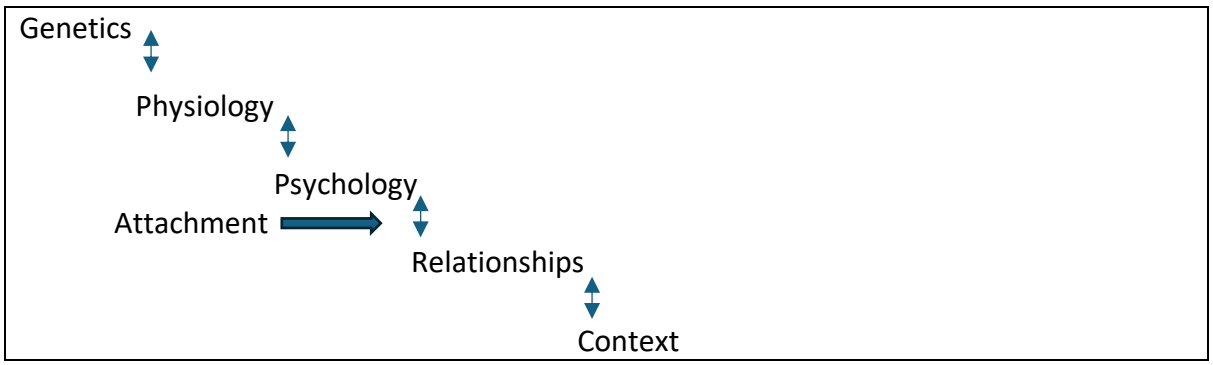
As new parents, gay men continue to experience stigma, discrimination, and negative biases and perceptions around parenting, such as being told that their child "needs a mother" (Morgan-Bentley, 2023). These harmful biases affect gay parents' sense of legitimacy, influencing their experience of belonging and the attachment relationship with their child. Contrary to some societal beliefs, research has shown parents of any gender are capable of

forming the same bond, secure attachment and biological changes that are typically viewed as innate in the concept of motherhood (Morgan-Bentley, 2023; Carone et al., 2020).

Bowlby's theory of attachment and Ainsworth's patterns of attachment, including the concept of parental sensitivity, showcased the vital role a parent plays in a child's development and psychological functioning (Bowlby, 1978; Ainsworth et al., 1978/2015). However, this progression led researchers away from observations in context to an overfocus on procedures and measures. Some researchers have noted how the overfocus on safe contexts and categorisation can lead to an idealisation of a 'good attachment' norm that is truly problematic in dangerous circumstances, where neglecting the context can lead to interpersonal blindness towards individuals who are part of minority groups and who experience wider threats of power (Grey, 2023; Crittenden & Dallos, 2009). Given this, Crittenden set out to extend attachment theory by developing the Dynamic Maturation Model of Attachment and Adaptation (DMM) using the most dangerous and problematic environments, to capture the complexity of attachment relationships in adverse conditions (Crittenden et al., 2021). Ainsworth noted that her Strange Situation categories were limited to specific contexts and supported her student, Crittenden, in her work.

Attachment theory was developed to explain how children and their parents manage proximity to support their survival. The DMM expands the constructs of attachment theory to explain how systemic threats operate in this dynamic (Crittenden et al., 2021). The DMM explains how wider systemic influences cause the parent and child to respond by organising their survival strategies around such threats to maintaining safety in one's particular context, and as such are often adaptive to that context. However, because such strategies are developed to survive a dangerous environment, they are often viewed as maladaptive for the impact they can have on a parent and child's psychological well-being. Crittenden et al. (2021) describe five main influences on the development of the attachment relationship and can be viewed in Figure 1.

Figure 1. Patricia M Crittenden's dynamic interactive influences on human survival and adaptation (Crittenden et al., 2021)



When danger presents itself, the brain adapts to threatening signals by creating a strategy for survival. For example, someone who experiences a burglary to their home may adapt by constantly checking often if their door is locked. This strategy was adapted to ensure safety but can be maladaptive in keeping anxiety increased long-term, further impacting one's psychological well-being. The DMM takes this approach to understanding how the parent-child relationship develops in response to danger or unsafe environments, whereby the strategies employed by the parent impact on the child's development and well-being. For example, a parent who has experienced trauma may develop a hypervigilance to threat in their environment and may respond by preventing their child from engaging in activities that would promote their development. These maladaptive strategies often occur unconsciously and require understanding and support from professionals to promote improvements in psychological well-being and in the parent-child relationship.

The field of attachment is extending to consider how threat unfolds in the parent-child relationship and using this to inform formulation and intervention. This adds more scope, practicality and inclusivity to social theories of power. Specifically for gay parents, the aforementioned threats they may face and changes in their sense of belonging will not occur to them in isolation, such as the added threat of trauma that exists in adoption. Research has shown that adopted children initially experience a period of emotional and behavioural instability in the early stages of placement, but are eventually able to form secure attachments to their adoptive parents and development contentment in their lives (McSherry & McAnee, 2022). However, it was also reported that adopted children often continued to experience effects from their birth parents, such as inheriting health

conditions or experiencing sadness regarding their past (McSherry & McAnee, 2022). Further, gay men's experiences of threats to their safety may impact their attachments with others, further impacting their well-being and health outcomes (Starks & Parsons, 2014). Ultimately, these factors will impact the co-construction of the attachment relationship for gay parents and their child. Understanding this further is necessary as gay parents are often not appropriately and sensitively supported by health services.

1.5.5 Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are events that occur in childhood and are described as stressful or traumatic experiences which disrupt the child's typical developmental progression (Felitti et al., 1998). McCrory and Viding (2015) argue that ACEs create a latent vulnerability in individuals, whereby they are at increased likelihood to develop poorer physical and mental health outcomes in later life. Research has shown that LGB adults experience increased rates of ACEs and bullying compared to heterosexual counterparts, which was related to worse mental health and well-being outcomes (Austin et al., 2016; Chandrasekar et al., 2024). This demonstrates how gay men are likely to experience poorer mental and physical health outcomes linked to minority stress that results from greater exposure to ACEs and, stigma, aggression and marginalisation. Research has further shown LGBTQ-specific ACEs in the areas of family life, schools, and faith communities that are not present for heterosexual people (Jones & Worthen, 2023). This includes restriction and rejection of identity expression, conversion therapy, and scare tactics.

1.5.6 Political context

It is important to situate this study in the broader political-legal landscape of the UK, particularly as this directly influences gay men's experiences and sense of belonging in various spaces. This history is complex and extensive, where only a short preview of key law changes relevant to this study are discussed here. In 1533, male homosexuality was criminalised through the Buggery Act, whereby anal sex between men was considered a criminal offense (Johnson, 2019). The death penalty for male anal sex was not repealed in England and Wales until 1861. Male homosexuality was partially decriminalised in 1967, but

still required men to reach the age of 21 and imposed intimate acts to remain private (Almack & King, 2019). However, homosexuality continued to be regarded as psychopathological until 1991, affecting societal attitudes around this, and was only removed from the Diagnostics and Statistical Manual (DSM) (American Psychiatric Association, 1980). In 2003, same-sex sexual activity became allowed in private but restricted men from being able to importune one another for casual sex. It was only in 2017 that the UK government took significant steps to pardon individuals convicted or cautioned for sexual offences under the Labouchère amendment to the Criminal Law Amendment Act that made 'gross indecency' a criminal offence (Fize, 2020).

Further, in 1988 the UK adopted Section 28 of the Local Government Act, which prohibited local authorities from promoting homosexuality, where this prevented schools and the council to teach around homosexual relationships (Greenland & Nunney, 2008). This was made to create uncertainty and fear in the education system around teaching the range of sexual identities. This law was abolished in 2000 in Scotland and in 2003 in England and Wales, yet continues to present negative ramifications around educating on LGBTQ+ identities in schools (Greenland & Nunney, 2008).

More recently, the UK government has made plans to ban conversion therapy for LGB sexual identities, excluding trans or non-binary identities, despite evidence showing how conversion therapy leads to depression, internalised homophobia and transphobia and suicidal ideation (Romero, 2019). Despite the UK government describing itself as a global leader on LGBT rights, and committing itself to ban conversion therapy, it has yet to do so (Government Equalities Office, 2021). Although some progressions in improving the rights of LGB individuals in the UK have taken place, there has also been a recent rise in LGBTQ+ hate speech and physical attacks throughout Europe (ILGA-Europe, 2020). Further, the UK has recently ruled that, for the purposes of the 2010 Equality Act, the definition of a woman is based on biological sex, which only offers protection under the law as a woman if such a woman is cisgender. This will incur negative ramifications for all LGBTQ+ individuals and it reinforces a mindset of intolerance towards diversity. These recent changes show how political attitudes may be regressing in relation to LGBTQ+ rights worldwide, continuing an ongoing fear that these rights remain under threat (ILGA-Europe, 2024).

With respect to gay men's pathways to parenthood, the main routes include surrogacy, adoption and fostering. Surrogacy refers to a person becoming pregnant and who carries and delivers a child on behalf of another individual or couple who agree to take on caring parental responsibilities of the child once they are born. It is illegal to pay a surrogate in the UK, whereby their involvement needs to be voluntary. In the UK, surrogacy was reformed in 2009 by removing the restrictions on surrogacy pathways being limited to infertile cisgender women (GOV.UK). However, intended parents choosing surrogacy pathways still need to apply for legal parenthood to be changed from the surrogate to the intended parent(s) after the child is born. This leaves same-sex parents waiting several months following the child's birth to be recognised as the child's legal parents, where disagreements around this can arise. Legal parenthood is then decided by the court based on the best interests of the child.

With respect to adoption in the UK, the child's birth parents usually have to give consent to the adoption unless they are incapable of doing so, and this is decided by the court. Anyone over the age of 21 who has a fixed and permanent home in the UK, and has been living in the UK for at least 1 year, is able to apply for adoption. Adoptive parents receive full parental responsibility upon completion of the adoption process if this is successful. This pathway became available to gay men in 2002 with the introduction of the Adoption and Children Act. This Act allowed for same-sex couples, including gay men, to jointly adopt or adopt their partner's child. Although same-sex couples were often previously rejected on the basis of their sexuality, more recent efforts have been made by Adoption England to encourage LGBTQ+ parents to understand they are eligible and encouraged to seek adoption (Hicks, 2005; Adoption England Strategy, 2024). Fostering offers less restrictions and rules and involves a carer looking after a child whilst parental responsibility remains shared between the biological parent and local authority. Fostering is an available option to LGBTQ+ individuals in the UK.

1.5.7 Power Threat Meaning Framework (PTMF)

The PTMF was developed to offer an alternative view to psychiatric diagnosis, by exploring how an individual's distress understandably emerges in a particular context (Johnstone &

Boyle, 2018). This framework looks at how power operates in an individual's response to threat, and how this combines with a person's cultural and personal systems to create their distress response and survival strategies. As such, it combines well with attachment theory, which is a theory of how threat impacts meaning leading to threat responses, but lacks the inclusion of power (Grey, 2025). Rather than placing blame within the individual by asking "what is wrong with you?" the PTMF instead asks questions and explores key concepts, such as those viewed in Table 2.

Table 2. The Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018)

Questions	**Key concepts**
"What has happened to you?" (How is power operating in your life?)	Operation of POWER
"How did it affect you?" (What kind of threats does this pose?)	Kinds of THREAT
"What sense did you make of it?" (What is the meaning of these situations and experiences to you?)	Central role of MEANING
"What did you have to do to survive?" (What kinds of threat response are you using?)	THREAT RESPONSES
"What are your strengths?" (What access to power resources do you have?)	
"What is your story?"	

For the purpose of this study, the PTMF will be combined with other analyses to offer a contextualised view of the participants' experiences to reduce individual blame and situate

their story in a socio-political context. Further details of its use in the data analysis of this study can be viewed in Chapter 3, section 3.4.

1.6 Conclusion and rationale

Meyer's (2003) minority stress theory hypothesises that sexual minority individuals experience specific stress related to their stigmatised social status that leads to poorer physical and mental health outcomes. Minority stress is specifically differentiated from general stress that individuals can experience, as it originates in prejudice and stigma and relates particularly to sexual identity status. Meyer (2003) describes minority stress through distal and proximal stressors, whereby the former relates to discriminatory laws and policies, microaggressions and everyday experiences that are impacted by stigma and prejudice (Frost & Meyer, 2023). Proximal stressors arise from socialisation, such as internalised stigma. Minority stress theory provides important context to this study's rationale, whereby gay parents will experience a particular minority stress that will likely impact on their development of parental identity and sense of belonging in parenthood, where this will in turn possibly influence their relationship with their child. Given the discussed barriers, stigma and discrimination gay men experience around transitioning to parenthood, more research is needed to understand the impact on their sense of belonging as gay parents and how they create meaning from this (Gianino, 2008). Using this information to further understand how it influences the parent-child relationship within a socio-politico-cultural context is of great importance.

To date, attachment theory in research has focused mostly on mothers and parents in heterosexual relationships or gay parents who were previously in heterosexual relationships (Erich et al., 2009). Recent studies on gay parents have considered secure attachments and stigma internalisation (Carone et al., 2020; Trub et al., 2017). However, there are no known studies that have explored attachment relationships within a socio-cultural context for gay parents and this gap needs to be addressed.

This study seeks to explore how gay parents negotiate experiences of belonging in the transition to parenthood, and how this influences the parent-child relationship. It will also

consider how gay parents negotiate support networks and the wider culture, including how homophobia, femmephobia, marginalisation, and discrimination threatens their experience of legitimacy as parents. The Power Threat Meaning Framework (PTMF: Johnstone & Boyle, 2018) will help offer a unique view of the cultural and social worlds participants currently sit within, in this moment in time, and how their child comes into their world and reshapes it with them relationally, co-constructing an attachment relationship.

Chapter 2: Scoping Review

2.1 Chapter overview

This chapter presents a scoping review to support the current study by presenting an overview of the current literature on the meaning that LGBTQ+ parents attach to parenthood. This review demonstrated a gap in research exploring the experiences of single, trans and non-binary LGBTQ+ parents and LGBTQ+ parents that are from racial and ethnic minoritised backgrounds.

2.1.2 Rationale for a scoping review

Considering the broad question and limited amount of literature exploring the experiences of LGBTQ+ parents, a scoping review was deemed appropriate, adopting a hermeneutic approach, to identify the relevant evidence on this topic, map key concepts and analyse knowledge gaps (Munn et al., 2018; Arksey & O'Malley, 2005). Systematic literature reviews follow the Cochrane method and require strict adherence to particular standards (Higgins et al., 2024), to identify evidence answering a precise question, critically appraise results and produce practice guidance. As such, a scoping review was deemed to be the best option to explore the extent, range and nature of the literature on LGBTQ+ parents' experiences.

2.1.3 Aims and research question

This scoping review aimed to:

1. Explore the extent of the existing literature around the experiences of LGBTQ+ parents whilst considering their surrounding context.
2. Provide a summary of findings that could aid other researchers or clinicians in their research or work with LGBTQ+ parents.

This review was guided by the following question:

- What meanings do LGBTQ+ parents attach to parenthood in the context of heteronormativity?

2.2 Method

To carry out this scoping review I followed guidance outlined by Arksey and O'Malley (2005) and outline the steps below:

2.2.1 Identifying the research question

Preliminary literature searches were conducted to develop several possible questions that could be of interest for the review. Discussions of these questions in supervisory meetings and a consultation with the university librarian supported the identification of a final question.

2.2.2 Identifying relevant studies

The search strategy began with creating an inclusion and exclusion criteria, selecting appropriate databases and creating search terms (see Table 3). This strategy was guided by my research supervisors and consulted with the university librarian who provided further instruction on selecting databases and ways to optimise the search strategy. The primary databases searched were Scopus, PsycArticles, PubMed and Google Scholar. Scopus and PubMed were chosen for their extensive database of peer-reviewed articles in various disciplines. PsycArticles was selected for its scientific articles in psychology. The university librarian recommended including Google Scholar to capture any peer-reviewed articles outside of these databases. ProQuest and EBSCO were searched for relevant theses or dissertations to be included in the review. It was decided that other grey literature and books would not be included as the given topic would likely yield an unmanageable amount of literature for the timeframe of this research.

Table 3. Inclusion and exclusion criteria of the scoping review

Inclusion criteria	Exclusion criteria	Exclusion rationale
• Population: LGBTQ+ parents • Exposure: Heteronormativity • Outcome: Meaning making around parenthood • Study design: empirical literature which includes a mixture of quantitative, qualitative and mixed-methods methodology. • Empirical, theoretical and conceptual literature • Reviews • Date limit: 2015 onwards (recent articles). • Studies published in the English language in any country. • Focused on the experiences of parenthood for LGBTQ+ parents in the context of heteronormativity	• Studies on heterosexual parents or non-parents • Books, grey literature • Studies before 2015 • Studies about mental or physical health in LGBTQ+ parents • Studies only about prospective parents • Studies with a focus on pathways to parenthood or family formation/structure • Studies with a focus on romantic relationships • Studies about LGBTQ+ parents accessing healthcare or professional support • Studies about health outcomes for LGBTQ+ parents or individuals • Studies about attitudes towards LGBTQ+ parents	• Last 10 years • Wrong focus • Tend to focus on the legal, medical side • These studies do not focus on parenthood experiences • Do not focus on parenthood experiences

	• Studies focusing on the experiences of children with LGBTQ+ parents • Studies focusing on LGBTQ+ parents and religion • Studies focusing on LGBTQ+ parents' experiences with their children's schools	• Focus is on society's experiences • Focus on religion rather than meaning making in parenthood

To help define the search terms for the scoping review, the PECO strategy was utilised (Morgan et al., 2018). However, as the review did not involve intervention or comparison, the Comparator domain was excluded. See this strategy outlined in Table 4.

Table 4. PEO Search Terms

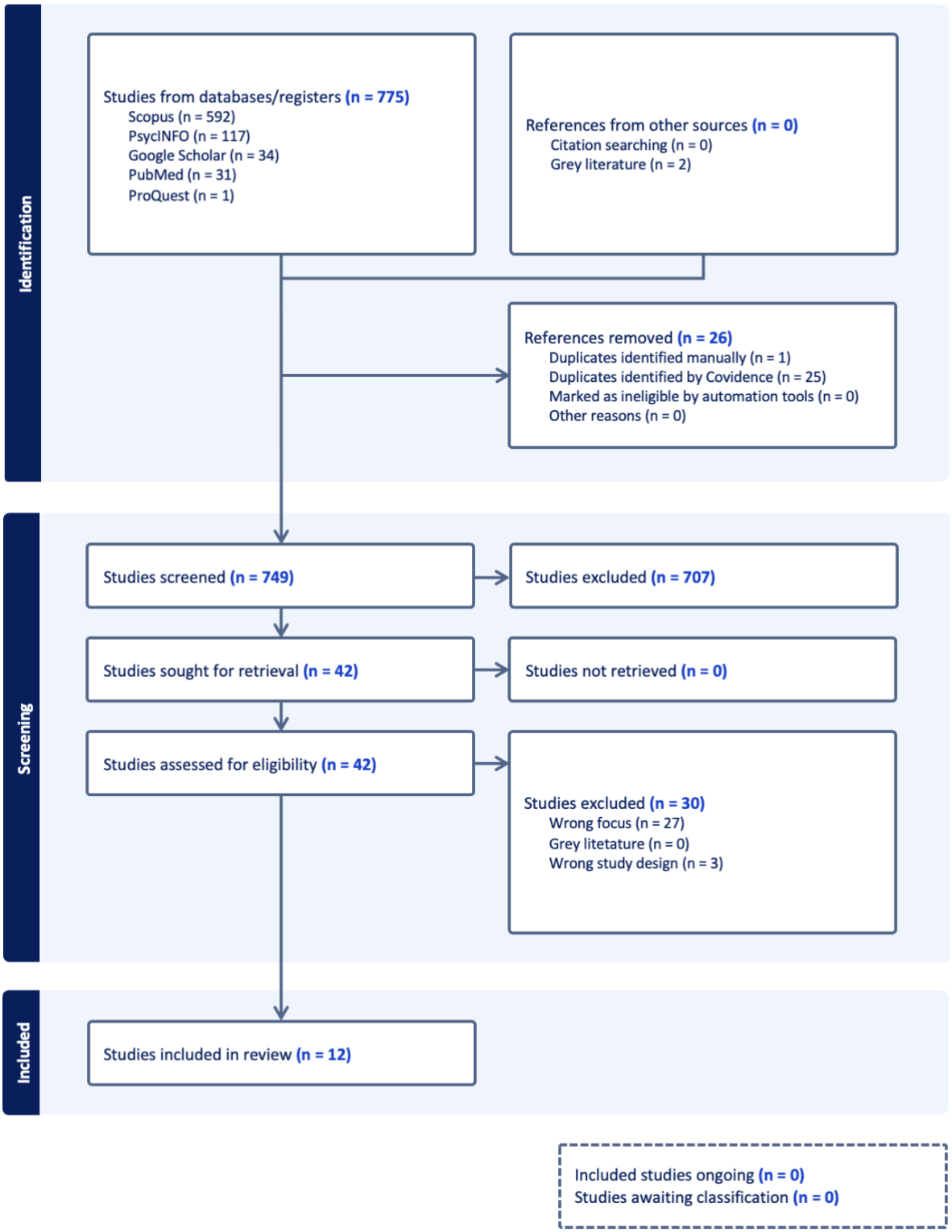
Population	LGBTQ+ OR LGB* OR same-sex OR same-gender OR gay* OR bisexual* OR lesbian* OR pansex* OR gbl* OR trans* OR queer OR non-binary OR asexual* OR demisexual OR intersex OR "Sexual and Gender Minorities" OR "Sexual Minorit*" OR "Gender Minorit*" OR Non-Heterosexual* OR "Non Heterosexual*" OR "Sexual Dissident*" OR "GLBT Person" OR rainbow OR "Gender Diverse" OR "Lesbigay Person*" OR homosexual* OR "Men Who Have Sex With Men" OR "Women Who Have Sex With Women" OR Two-Spirit

	AND parent OR mother OR father OR mum OR mom OR dad OR daddy OR papa OR carer* OR caregiver*
Exposure	heteronorm* OR "minority stress" OR "internalised homonegativity" OR stigma OR "social stigma" OR discrimination OR "exposure to discrimination" OR "discriminatory practices" OR "perceived discrimination" OR "gender discrimination" OR "sex discrimination" OR "sexual minorit*" OR "gender bias" OR "sex bias" OR "gender issues" OR prejudice
Outcome	meaning* OR experience* OR narrative* OR sense OR "sense-making" OR "sense making" OR interpretation* OR understanding OR insight* OR story OR storie* OR view* OR account* OR description* OR describe* AND parenthood OR motherhood OR fatherhood OR caregiv* OR parenting OR parental OR family OR families

2.2.3 Study selection

Selecting studies for this scoping review was not linear, as is suggested by guidance (Arksey & O'Malley, 2005; Colquhoun et al., 2014); instead it was an iterative process of searching and refining the search strategy and criteria until the final articles were selected for inclusion. The process of identifying, screening and selecting papers for the review is detailed in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) diagram in Figure 2 (Page & Moher, 2017).

Figure 2. PRISMA-ScR Flow Diagram. *What meanings do LGBTQ+ parents attach to parenthood in the context of heteronormativity?*



2.2.4 Data charting

To chart the data, NVivo software was used to extract the following key pieces of information based on key issues and themes (Arksey & O'Malley, 2005), summarised in Table 5:

- Author(s), year of publication, and study location
- Title
- Type of publication
- Aims/objectives
- Study populations
- Demographics
- Recruitment
- Methodology
- Main conclusion
- Limitations
- Future directions

Table 5. Overview of reviewed literature

Author, year & location	Title	Type of publication	Aims/objectives	Study populations	Demographics	Recruitment	Methodology	Main conclusion	Limitations	Future directions
Forenza et al. (2021) USA	LGB+ Moms and Dads: "My Primary Identity… is Being a Parent"	Empirical; Qualitative research	To explore family and individual identity formation for LGB adoptive families	Lesbian and gay adoptive families	American same-sex parents (lesbian, bi and gay identities). Other demographic info was not collected.	Snowball approach (posting a recruitment flyer in LGB adoptive parent social media groups)	Directed content analysis; collective identity framework	LGB+ parents responded to the threat of stigmatisation in their need to become parents by establishing their identity as a parent and de-emphasising their LGBT identities. There was also an expanded sense of community and belongingness to the wider heteronormative community and a possible sense of isolation from the LGBT+ community. This led to a normalisation of LGBT+ identities within their families of origin and local community.	Small sample size limits generalisability. Limited demographic information. Sampling approach limits objectivity.	Future research could explore intersectionality and its implications for collective identity.
McInerney et al. (2021) Ireland	The Motherhood Experiences of Non-Birth Mothers in Same-Sex Parent Families	Empirical; Qualitative research	To explore the experiences of non-birth mothers in same-sex relationships	Non-birth mothers in same-sex relationships	Ethnicity: White-Irish. Identified as lesbian, gay or queer. Age range: 30-53. Gender: 13 female, 1 identified their gender as queer. 13 completed third level education, 1 second level education.	Research advertisements were posted on LGBTQ+ online parenting groups and social media, and through word of mouth.	Interpretative phenomenological analysis (IPA)	Non-birth mothers' experiences included a sense of their legitimacy being questioned, leading to an insecure connection with their child and having to navigate a unique parenting role within this.	Analysis themes may have been influenced by prior cases being analysed. Lack of ethnic diversity among participants.	To explore the experienced of ethnic minority members of the LGBTQ+ community in Ireland and to explore the role of socioeconomic status in lesbian family planning.

Holland-Muter (2023) South Africa	"Not in Front of my Friends": Navigating Lesbian Motherhood in the Borderlands	Empirical; Qualitative research	To explore the ways in which two lesbian mothers in South Africa navigate their parent and sexual identities and how this influences their relationship with their children.	Two lesbian mothers in South Africa	Two lesbians with children conceived in previous heterosexual relationships. Ethnicity: White, Afrikaans and Black. Lower middle-class.	Recruited from a larger qualitative study.	Exploratory case study, narrative.	South Africa's good mother ideology and the strong heteronormative culture led to participants needing to negotiate their identity as 'authentic' lesbians with protecting their children from social stigma and discrimination in society. Ultimately, both refused to protect their child with the "good father", despite the negative influence this had on their relationship with their children.	Case study offers a limited exploration of a subject that is incredibly complex.	Future research should engage more thoroughly with similar subjects, including around the issues that lesbian mothers face in hegemonic patriarchal heteronormative societies, with a focus on intersectionality within this.
Appelgren Engström et al. (2019) Sweden	Mothers in same-sex relationships-Striving for equal parenthood: A grounded theory study	Empirical; Qualitative research	This paper seeks to explore how mothers in same-sex relationships reason and think about their parenthood and how they navigate receiving support from healthcare professionals.	Women who are parents in a same-sex relationship	Age (25-45). No info on ethnicity.	Through nurses sharing a letter to prospective parents and via a web page for LGBTQ+ families.	Grounded theory	The paper concludes that same-sex mothers often value equality in parenthood, such as sharing parental leave so that both mothers can know their child. Mothers in same-sex relationships experience discrimination when accessing health services due to heteronormativity and require professional support to achieve equal parenthood.	This study mainly focused on white, middle-class mothers. The recruitment method may be biased to mothers who seek support from healthcare services and charities.	Explore further understandings and experiences around equality in parenthood for LGBTQ+ parents and develop a theory. Conduct empirical studies to determine relevant training for healthcare professionals to offer support to parents with diverse family formations.
D'Amore et al. (2023) Switzerland	Stress and Resilience Experiences during the Transition to	Empirical; Qualitative research	To explore the parenting experiences of	Same-sex mothers	Belgian, lesbian parents	Snowball sampling techniques	Thematic analysis	The study showed that Lesbian mothers undergo	Small sample size, convenience sampling. May not	Future studies should explore strategies that

	Parenthood among Belgian Lesbian Mothers through Donor Insemination		Belgian lesbian mothers with donor-conceived children, post-birth.			(word of mouth, flyer)		several stages of readjustment in the transition to parenthood, particularly around finding strategies to protect themselves from the stress of stigmatisation that threatens their legitimacy as parents.	be generalisable to wider population.	lesbian or gay parents utilise earlier in the transition to parenthood, such as in the prospective and pregnancy stages.
Grigoropoulos (2023) Greece	Gay Fatherhood Experiences and Challenges Through the Lens of Minority Stress Theory	Empirical; Qualitative research	To explore the experiences of gay fathers though the lens of minority stress theory	Gay fathers residing in Greece	White. Middle class. Age range: 38-48 years. Highly educated. Children through adoption, surrogacy or former heterosexual relationship. Residing in an urban environment.	Participants were recruited through support groups and social networks through snowballing technique.	Interpretative Phenomenological Analysis (IPA)	Participants had a desire to become parents early in life, but the cultural context and social stigma in Greece led to an internalised view as not being capable or good enough to parent a child.	Diverse pathways to parenthood. Parents with negative parenting experiences were recruited less. Participants experiences were unique and unlikely to be generalised to other areas of Greece or other countries.	To explore ways to support gay fathers and their families with internalised stigma and minority stress.
Gartrell et al. (2019) USA	"We Were Among the First Non-traditional Families": Thematic Perceptions of Lesbian Parenting After 25 Years	Empirical; Qualitative research	Wave 6 of a longitudinal study involved exploring the experiences of lesbian parents raising children in non-traditional families, wherein their children had reached adulthood.	131 lesbian parents with children aged 25	96% female; 0.8% other. Mean age: 59.8. 89% White, 5% People of colour, 5% Unknown. 67% with a masters, doctoral or law degree. Majority in part-time or full-time work.	The researchers placed advertisements in newspapers, and circulated flyers in bookstores and leaflets at lesbian events.	Longitudinal study (18+ years duration); Thematic analysis	Parents experienced challenges around their children's experiences of exclusion, homophobic stigmatisation, non-acceptance from family of origin, hostility towards the non-traditional family and a lack of legal protection. Parents had positive experiences including around being role models for acceptance of diversity, appreciating the	Recruitment occurred during a time when most LGBTQ+ people were closeted which limits representativeness of the population. The sample mainly includes White, highly educated individuals, which limits generalisability.	Further research should explore whether social and cultural changes have supported the formation of sexual minority parent families or whether these changes predominantly affect people in more progressive communities. Future studies should also aim to include a

								LGBTQ+ parent community and witnessing their child's pride in their family.		more diverse sample.
Zhang & Chen (2023) USA	"There is not just one way of doing it": A queer intercultural analysis of same-sex adoptive parents' (dis-)identifications with family-making	Empirical; Qualitative research	To explore how same-sex male adoptive parents navigate heteronormative forces and identify and dis-identify or reconfigure dominantly ascribed meanings of family.	Same-sex male adoptive parents	Participants resided in an area that was relatively inclusive around adoption policies. Ethnicity: 65% White, 17% Hispanic or Hispanic/White, 8% Black, 4% Asian.	Purposive sampling through contacting social media groups and referral sampling following the first round of interviews.	Critical Thematic Analysis (CTA)	Findings explore the ways in which same-sex adopters re-make their own meanings of belonging, legitimacy and inclusion beyond heteronormative norms.	The researchers did not fully explore the inter/intra-racial dynamics between participants and their children. Inclusion of only gay-male parents/couples.	Should explore race and ethnicity and other types of parenthood (single and trans parents) in queer family-making.
Speciale (2024) USA	Exploring the Gender Roles and Parenting Attitudes of LGBTQ Parents: Implications for Counselors	Empirical; Quantitative research	To explore the attitudes and experiences of LGBTQ parents around roles, responsibilities and attributes of parenting.	LGBTQ parents with diverse gender identities	Residing in the USA. Gender identity: Cisgender women and men, transgender women and men, non-binary and other. Ethnicity: 78% White, 22% (African American/Black Asian, American Indian/Alaska Native, Multi-racial). 69% highly educated. Diverse sexual orientations.	Panel survey platform, Qualtrics Panel.	Quantitative analysis; regression analyses	Single LGBTQ parents were more likely to adopt intensive parenting norms and expectations than partnered LGBTQ parents. Greater intensive parenting attitudes also led to higher gender norm endorsement.	Decision to remove non-binary group data due to low enrolment. Findings not generalisable to this demographic. Lower sample sizes of sub-groups. Predominantly White, educated sample. No information on participants' partners.	Future research could include longitudinal research examining how parenting attitudes and gender norms evolve over time among LGBTQ parents, including the possible impact on the parent-child relationship.
Ballaret (2024) Philippines	Navigating Parenthood: A Study of Family Formation and Parenting Experiences Among Same-sex Couples in the Philippines	Empirical; Qualitative research	This paper explores the challenges of forming a family as a same-sex couple and the parenting experiences of same-sex	Three same-sex couples (gay, lesbian and bisexual) who are parents.	All participants were educated and had professional positions. No information on ethnicity.	Purposive strategy; referrals from individuals in researcher's network	Phenomenological method	This paper concludes that same-sex parenting in the Philippines is marked by distinct challenges, aspirations and resilience. The path to parenthood is	May not be generalisable to same-sex parents in other countries.	Empirically evaluate the long-term effects of societal attitudes on the well-being of children raised by same-sex

			couples in the Philippines.					impacted by lack of governmental and societal support. Parents make a conscious decision to form a diverse family and rely on each other to form the resilience needed to fight heteronormativity.		couples and explore family dynamics over time.
VanAntwerp et al. (2025) USA	Parental Burnout in LGBTQ+ Parents: Examining the Role of Sexual Minority Stress	Empirical; Quantitative research	Exploring the additional layer of minority stress on LGBTQ+ parents in the context of parental burnout.	Self-identified LGBTQ+ parents with at least one child	75% American, 24% residing outside of the U.S.. Gender identity: 71% women, 27% transgender, 21% non-binary, 7% men, 0.5% not listed. Sexual orientation: 32% lesbian, 33% bisexual, 24% queer, 7% not listed, 6% pansexual, 3% gay, 0.5% demisexual. Ethnicity: 91% White. Most educated with a bachelor's degree (69%).	Survey shared with the organisation for gender, sexual and romantic minorities and their allies at a University in the U.S..	Quantitative; regression model	Internalised homonegativity led to higher levels of parental burnout in LGBTQ+ parents, but only if they faced lower levels of emotional support from family of origin, chosen family and/or friends.	Sample was homogenous (mostly White, female, highly educated) and not generalisable to the diverse population of the U.S.. Highly educated females in same-sex relationships are more likely to share parenting tasks, reducing the likelihood of parental burnout.	Future research should explore how policies may contribute to parental burnout in a diverse sample of LGBTQ+ parents.
Ferguson (2017) USA	WHERE'S THE MOTHER? A PHENOMENOLOGICAL STUDY OF GAY AND QUEER FATHERS AND COMMUNITY	Grey literature; dissertation	Aims	12 self-identified cisgender male and gay or queer.	Participants had high SES. Two intentional single fathers by choice. Ethnicity: 67% White, 17% African American, 8% Asian American, 8% Latino American.	Recruited by flyers placet at a health project, through word of mouth and social media.	Qualitative; phenomenological method	The transition to parenthood for gay men was met with challenges including microaggressions that threatened parental legitimacy and varying levels of support and connection to community.	Small sample size, lack of geographic and socioeconomic diversity. Low SES participants were not represented in the sample.	Future research should continue to explore gay fathers' experiences of identity formation and social support.

2.5.5 Data analysis

Reflexive thematic analysis (Braun & Clarke, 2019) was chosen to analyse the data, and was conducted using NVivo software. Typically, methods of qualitative synthesis, such as meta-ethnography, can be chosen for scoping reviews to systematically bring together and integrate findings across studies, as they are more standardised and can strengthen replicability of the review process and generalisability of the findings. However, they tend to include only qualitative data sources and focus on building a new theory from a series of studies (Bearman & Dawson, 2013). Although there are specific methodologies available to synthesise data, reflexive thematic analysis can also be used for this purpose (Thomas & Harden, 2008; Braun & Clarke, 2019; Byrne, 2022; Strogilos et al., 2023).

Reflexive thematic analysis is a process that involves generating, analysing and reporting patterns in data (Braun & Clarke, 2019). It includes examining quotes or excerpts and generating codes which are subsequently organised into themes, with the goal of answering the research question. RTA was specifically chosen to also allow for a more interpretative engagement with the data, as it particularly emphasises the researcher's active role in meaning-making and reflexivity through the analytical process. This further fit with the project's critical realist epistemology in considering how my own positionality influenced my engagement with the analysis process and construction of the findings. Ongoing conversations with my supervisors were had during the analysis stage, to review and restructure codes and themes identified, generating a richer representation of the data through integration of multiple perspectives. This allowed for my position to be challenged and led to the analysis stage being dynamic to better capture the importance of the findings in relation to the research question (Braun & Clarke, 2006).

2.3 Quality appraisal overview

As part of a rigorous review process, a quality appraisal was employed to delineate the overall quality of the papers. Given the high proportion (10 of 12) of papers that included qualitative methodology, Tracy's (2010) eight Big Tent criteria was deemed most appropriate to critically consider the quality of the research (see Table 6). The domains of

Rich Rigor, Credibility and Ethics cannot be applied to conceptual literature as this involves appraising data collection and analysis techniques.

Table 6. Tracy's (2010) Big Tent criteria for quality qualitative literature

Criteria	**Description**
Worthy Topic	The research explores relevant, timely, significant and interesting topics. This criteria was largely subjective.
Rich Rigor	The research demonstrates this through sufficient and appropriate theoretical constructs, data collection and analysis strategies.
Sincerity	The research demonstrates self-reflexivity in biases and transparency around method and challenges.
Credibility	Findings are presented through use of thick description, triangulation, multivocality and member reflection.
Resonance	Includes evocative representation, naturalistic generalisations and transferable findings that moves the audience.
Significant Contribution	Findings offer meaningful conceptual, practical, moral, methodological or heuristic contributions.
Ethical	Ethical guidelines are outlined and followed. Not applicable for conceptual papers.
Meaningful Coherence	The research achieves what it purports to be about, using appropriate methods and meaningfully connecting the research questions, findings and literature.

2.3.1 Evaluation

Through conducting the scoping review, it became apparent that the literature on LGBTQ+ parent identity is sparse. What does exist carries rich meaning and detailed description due to the mainly qualitative nature of the studies (Oranga & Matere, 2023). Eight studies collected detailed demographic information whilst four studies were limited in this regard, with one specifying this as a limitation. Generalisability was a main limitation as the majority of these studies included predominantly White, highly educated individuals residing in countries that hold laws that are more inclusive to LGBTQ+ people, compared to countries where their legal rights are limited or non-existent. This presents a racial bias in the research on LGBTQ+ parents whereby the literature privileges certain demographics and populations. All studies were empirical. Two of the empirical studies employed quantitative methodology and the rest were qualitative studies.

Using Tracy's (2010) Big Tent quality appraisal (see Table 7 for full appraisal summary), all studies identified a Worthy Topic and produced a Significant Contribution and Meaningful Coherence, including offering clear descriptions of their topic, aims and question(s), and providing adequate links and critical considerations between the findings and literature. All demonstrated good Rigor and Resonance through appropriate methods of data collection and meaningful analysis that imparts the audience with a greater understanding of the topic. Six studies demonstrated Sincerity through discussion of researcher positionality, goals and assumptions, commenting on challenges in the process (Ferguson, 2017; Forenza et al., 2021; McInerney et al., 2021; Zhang & Chen, 2023). This was limited in four studies (D'Amore et al., 2023; Gartrell et al., 2019; Grigoropoulos, 2023; Holland-Muter, 2023) and non-existent in one (Appelgren Engström et al., 2019). The majority of studies produced rich descriptions of findings that were presented using triangulation, multivocality and reflection. Two studies made no mention of ethical considerations (Forenza et al., 2021; Holland-Muter, 2023) despite using qualitative methods and undertaking data generation. Ten studies included Ethics where this ranged from stating ethical approval was sought to providing detailed ethical considerations (Ferguson, 2017; Appelgren Engström et al., 2019; Ballaret, 2024; D'Amore et al., 2023; Gartrell et al., 2019; Grigoropoulos, 2023; McInerney et

al., 2021; Speciale et al., 2024; VanAntwerp et al., 2025; Zhang & Chen, 2023). All studies were regarded as valuable as they provided rich information and discussion on the topic of LGBTQ+ parent identity and offered recommendations for practice and future research.

In considering what is absent across the papers, the main gap noted is around the limited research literature on parenthood experiences for LGBTQ+ parents, whereby only twelve studies were identified to focus specifically on meaning-making in parenthood for LGBTQ+ parents. Further gaps include around the limited range of LGBTQ+ identities in the studies identified, namely that they tended to involve participants that identified as gay, lesbian, or bisexual, where trans, non-binary and other queer identities were largely missing from the findings. Trans women, trans men and non-binary parents' meaning making tend to be less represented in the research literature, which needs to be addressed. Further, the majority of these studies included predominantly White, highly educated individuals residing in countries that hold laws that are more inclusive to LGBTQ+ people, compared to countries where their legal rights are limited or non-existent. This showed a bias in the research on LGBTQ+ parents whereby the literature privileges certain demographics and populations and excludes people from minoritised backgrounds. This is likely a result of the feasibility of researching LGBTQ+ populations in certain countries where the law permits this.

The review also lacked studies that systematically measured meaning-making processes across larger samples of LGBTQ+ parents, which would be helpful to consider alongside the qualitative findings. Finally, there is a gap in the literature around parenthood experiences of LGBTQ+ parents with adoptive children who have significant emotional and behavioural difficulties. Adoption pathways can often include idealising stories and language that can add extra social pressure for LGBTQ+ adoptive parents to present a fairytale narrative of parenting, considering how they already face societal threats to their parental legitimacy. Yet, many adoptive children in the UK experience significant difficulties with attachment and emotion regulation. Further studies should consider the impact of these difficulties on LGBTQ+ parents' parental legitimacy and potential feelings of shame or failure and how they influence meaning making in parenthood.

Table 7. Quality appraisal of scoping review literature using Tracy's (2010) Big Tent

Author and Year	Worthy Topic	Rich Rigor	Sincerity	Credibility	Resonance	Significant Contribution	Ethical	Meaningful Coherence
Forenza (2021)	✓✓	✓✓	✓✓	✓	✓✓	✓✓	?	✓✓
McInerney (2021)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Holland-Muter (2023)	✓✓	✓	✓	✓✓	✓✓	✓✓	?	✓✓
Appelgren Engström (2019)	✓✓	✓✓	X	✓	✓	✓✓	✓	✓✓
D'Amore (2023)	✓✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
Grigoropoulos (2023)	✓✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
Gartrell (2019)	✓✓	✓✓	✓	✓	✓	✓✓	✓✓	✓✓
Zhang (2023)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Speciale (2024)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓	✓✓
Ballaret (2024)	✓✓	✓	X	✓	✓✓	✓✓	✓	✓✓
VanAntwerp (2025)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓
Ferguson (2017)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓

Key:
✓✓ = High Quality ✓ = Criteria met ? = Unclear if criteria met ✗ = Criteria not met (Poor quality) NA = Not applicable due to conceptual paper

2.4 Findings

The themes, sub-themes and quotes can be viewed in Table 8.

Table 8. Themes, sub-themes and quotes

Theme	Sub-theme	References	**Papers**
1. Heteronormativity as threatening		25	Ballaret (2024) D'Amore et al. (2023) Forenza et al. (2021) Gartrell et al. (2019) Holland-Muter (2023) McInerney et al. (2021) Zhang & Chen (2023)
	1.1 A constant battle	33	Ballaret (2024) D'Amore et al. (2023) Appelgren Engström et al. (2019) Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) Grigoropoulos (2023) Holland-Muter (2023) McInerney et al. (2021) Zhang & Chen (2023)
	1.2 Protecting each other	18	Ballaret (2024) D'Amore et al. (2023) Ferguson (2017) Gartrell et al. (2019) Grigoropoulos (2023)

			Holland-Muter (2023) Zhang & Chen (2023)
	1.3 Structural oppression	24	Ballaret (2024) D'Amore et al. (2023) Appelgren Engström et al. (2019) Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) Holland-Muter (2023) McInerney et al. (2021)
2. Redefining family		29	Ballaret (2024) Forenza et al. (2021) Gartrell et al. (2019) Grigoropoulos (2023) McInerney et al. (2021) Zhang & Chen (2023)
	2.1 Family system re-arranges	25	D'Amore et al. (2023) Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) McInerney et al. (2021) Zhang & Chen (2023)
	2.2 Active in questioning gender roles	23	Ballaret (2024) D'Amore et al. (2023) Appelgren Engström et al. (2019)

			Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) Speciale et al. (2024) VanAntwerp et al. (2025) Zhang & Chen (2023)
	2.3 Together as a strong unit	19	Ballaret (2024) D'Amore et al. (2023) Appelgren Engström et al. (2019)
	2.4 Identity as specific to intersectionality and context	22	Ballaret (2024) Ferguson (2017) Forenza et al. (2021) Grigoropoulos (2023) Holland-Muter (2023) McInerney et al. (2021) Speciale et al. (2024) Zhang & Chen (2023)
3. Transition to parenthood		45	Ballaret (2024) D'Amore et al. (2023) Forenza et al. (2021)
	3.1 Adaptation pressures and responses	20	D'Amore et al. (2023) Ferguson (2017) Forenza et al. (2021) Grigoropoulos (2023) McInerney et al. (2021) VanAntwerp et al. (2025)

3.2 Navigating legitimacy as a parent	55	Ballaret (2024) D'Amore et al. (2023) Appelgren Engström et al. (2019) Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) Grigoropoulos (2023) Holland-Muter (2023) McInerney et al. (2021) Zhang & Chen (2023)
3.3 Experiences of inclusion and exclusion	37	D'Amore et al. (2023) Appelgren Engström et al. (2019) Ferguson (2017) Forenza et al. (2021) Gartrell et al. (2019) Grigoropoulos (2023) Holland-Muter (2023) McInerney et al. (2021) VanAntwerp et al. (2025) Zhang & Chen (2023)
3.4 Establishing parental identity	20	Ferguson (2017) Forenza et al. (2021) Grigoropoulos (2023) Holland-Muter (2023) McInerney et al. (2021) VanAntwerp et al. (2025)

2.5 Theme 1: Heteronormativity as threatening

All twelve studies discussed the impact of heteronormativity as a threat to the formation of parental identity in LGBTQ+ parents. Parents derived strategies to mitigate heteronormative stigma, governed by law, policy and religious oppression, that threatened to undermine their parenthood experience.

2.5.1 Sub-theme 1.1: A constant battle

This sub-theme explored LGBTQ+ parents' struggle with heteronormative stigma, and was present in the findings of several studies, except for two papers (Speciale et al., 2024; VanAntwerp et al., 2025). Ferguson (2017) discussed how gay parents navigated experiencing a second coming out process in parenthood whereby they had to manage confrontations with strangers that questioned their parental legitimacy. Ballaret (2024) claimed that LGBTQ+ parents in the Philippines developed emotional resilience against heterosexist scrutiny by turning attention to the love and support offered by their partner and supportive family members, and that this provided strength to navigate threats to their parental identity.

> *Despite the societal obstacles, I find solace in the unwavering love and support of my partner, along with the unwavering belief of those who stand behind us (Ballaret, 2024, p. 600).*

Several studies spoke of LGBTQ+ parents developing resilience through educating society and their children about non-traditional families, with the hope that this would lead others to appreciate all forms of family and diversity (Ballaret, 2024; Gartrell et al., 2019; Holland-Muter, 2023). Part of this involved taking an activist visibility approach to normalise their family composition, judging others' reactions and then correcting individuals for their

assumptions (Appelgren Engström et al., 2019; D'Amore et al., 2023; Forenza et al., 2021; Gartrell et al., 2019; McInerney et al., 2021).

Zhang and Chen (2023) discussed LGBTQ+ parenthood not as a desire to fit into heteronormative society that negates alternative structures of family, but more about being a parent that changes perceptions of impossibility. However, this was marked by challenges that are context dependent. Grigoropoulos (2023) explained that in countries with more dominant heteronormative family roles and expectations, such as Greece, LGBTQ+ parents may particularly focus on strategies that would help to avoid anticipated prejudice.

> *Now with people whom you recognize from miles away as definitely opposing to same-sex couples and families, you avoid them (Grigoropoulos, 2023, p. 1878).*

In South Africa, Holland-Muter (2023) discussed how LGBTQ+ individuals are pressured by the LGBTQ+ community to assume and display their LGBTQ+ identity as a way to politically disrupt heteronormative society, but that this created a barrier to parenthood, whereby both identities are viewed as inconsonant. Heteronormativity presented a threat to the parent-child relationship whereby two lesbian mothers spoke of receiving pressure from their children to choose their parent identity above the other. Ultimately, participants critically reasoned with themselves and their child to place a boundary against the requirement to present as a "good heterosexual mother" (Holland-Muter, 2023, p. 294).

2.5.2 Sub-theme 1.2: Protecting each other

Two studies spoke of LGBTQ+ parents' drive to safeguard their children from societal bias against LGBTQ+ families by preparing them for the stigmatisation they would receive from peers (Ballaret, 2024; D'Amore et al., 2023). This included holding discussions that would help them to internalise a sense of legitimacy around their family structure, alongside fostering a safe family environment characterised by love and acceptance. However, Gartrell et al. (2019) spoke of the challenges to protect their children from stigma when they are too young to explain this properly to them, as well as the need to protect them from threats of harm from their own family members.

> *My brother said some very hurtful things to us. For a couple of years after my son's birth, we would never allow my brother and sister-in-law to be alone with him. We didn't know if they would kidnap him or make derogatory comments about us to him (Gartrell et al., 2019, p. 4).*

Holland-Muter (2023) further spoke of the distressing sacrifices some LGBTQ+ parents were willing to make to protect their children, including conforming to heteronormative expectations by choosing a heterosexual relationship and denying their own needs. Two studies spoke of how the children of LGBTQ+ parents protected them in turn by defending their family composition to their peers (Grigoropoulos, 2023; Zhang & Chen, 2023).

> *I noticed my kid figuring out when he was in around third grade. There was a boy whose parents were divorced and said something to my son like, "That's weird that you have two dads." And my son says, "You do, too. You have your <biological father's name> and then you have the other guy that your mom just married. You have two dads, too." I was very proud of him for doing that for me (Zhang & Chen, 2023, p. 328).*

Ferguson (2017) instead spoke of how some older children protected themselves from stigma in school by not disclosing around having gay parents. They also described how some gay parents intentionally looked for schools that would be inclusive of their family structure, whereby they strived to protect their child from heteronormative stigma when placed in the care of others.

2.5.3 Sub-theme 1.3: Structural oppression

Ballaret (2024) discussed how religious oppression in Catholic Philippines led to lack of social and governmental support of same-sex couples pursuing parenthood.

> *The Philippines, in its continued conservatism, presents a formidable barrier, and we are at the forefront of its impact…The weight of my frustration with the government*

> *grows, stemming from both the inability to marry and the rejection of adoption (Ballaret, 2024, p. 599).*

Religious oppression also led LGBTQ+ parents to face unique parenting challenges that they struggled to adapt to, such as their children being excluded from birthday parties of other children with religious parents (Gartrell et al., 2019). Two studies highlighted how religious and structural oppression not only created barriers to parenthood through law and policy, but also traumatised LGBTQ+ parents through removing children from their care and creating a need for them to always carry evidence to prove their legal status as their child's parent (Gartrell et al., 2019; McInerney et al., 2021).

> *Alexandria, a birth mother, stated that her coparent Rachel had lost custody of a child due to homophobia. Rachel's family of origin had used the legal system to claim that Rachel was unfit to parent because she was a lesbian: "They were instrumental in her losing custody of her then 4-year-old daughter because we were a lesbian couple" (Gartrell et al., 2019, p. 4–5).*

Holland-Muter (2023) further spoke of legal protections not always being enough, whereby religious oppression in South Africa continued to propel the heterosexual family as the ideal and that this was reflected at the policy level. Ferguson (2017) explained around the impact of limited paternal leave on gay men in increasing financial pressure and limiting opportunities for them to bond with their child and develop feelings of parental legitimacy.

> *[It was] 3 months between getting matched and getting the kid while coming into work and telling people about it. And then I took my 5 days of parental leave because that's what we got. And then I was the exhausted parent of a seven-day old coming back to work (Ferguson, 2017, p. 104).*

2.6 Theme 2: Redefining family

All twelve studies considered ways that families are redefined when LGBTQ+ individuals pursue and become parents. This theme further explored how LGBTQ+ parents navigated

readjustments of relationships and legitimacy as a family unit. It also explored how LGBTQ+ parents actively questioned heteronormative gender roles and expectations and strived for equity in their own approaches to parenting. Navigating these challenges led some parents to grow together as a family through equal parenthood. Finally, this theme explored the influences that intersectionality and context have on how LGBTQ+ families redefine themselves in parenthood.

2.6.1 Sub-theme 2.1: Family system re-arranges

Five studies spoke of how, in the transition to parenthood for LGBTQ+ individuals, families re-organised themselves, including through renewed ties with families of origin or extended experiences of non-acceptance (Ballaret, 2024; D'Amore et al., 2023; Forenza et al., 2021; Gartrell et al., 2019; Ferguson, 2017). Ferguson (2017) spoke of how some gay parents in the U.S. described parenthood as helping to relate to their families better and increasing closeness. D'Amore et al. (2023) specifically spoke of three stages involved in this transition: creating space for the child, constructing parenting roles, and readjusting relationships with extended families. This readjustment process was unique to individual families' context and involved navigating a sense of family legitimacy.

> *Eight of the nine participants said they felt that their relationship had greater acceptance from extended families once their children were adopted. As one noted "We are now considered a family, when before I'm not sure that was the case." (Forenza et al., 2021, p. 25).*

> *My greatest difficulty has been with my own original family, some of whom have found it nearly impossible to accept me as a lesbian, and as a result of that, accept my partner and my children as normal. I have tried for years to show up with my family and participate in the larger circle. But some, I guess because of deep religious conviction, cannot let us be normal and part of the whole. It's so disappointing (Gartrell et al., 2019, p. 4).*

Ballaret (2024) spoke of how in the Philippines, family configuration is limited by law, whereby LGBTQ+ parents are forced to navigate extremely limited options, such as reaching out to family to request permission to foster one of their children. However, this pathway led to closer bonds with family, redefining their relationships to each other.

> *The significance of our journey into parenthood is amplified by the unwavering love and support we receive from our family members. As we collectively embrace the role of second parents to our nephew and contribute to the broader family dynamic, our connection with one another becomes more tightly-knit. Our commitment as a couple extends to a willingness to explore various arrangements that prioritize the well-being and welfare of our family, particularly in the context of parenthood (Ballaret, 2024, p. 601).*

Two studies spoke of LGBTQ+ parents navigating parental status and recognition in the process of the redefining their family (McInerney et al., 2021; Zhang & Chen, 2023). McInerny et al. (2021) specifically discuss how non-birth mothers in same-sex parent families in Ireland lack legal recognition, which can disrupt a sense of equality in the couple relationship. Non-birth mothers felt their parenthood as being devalued or invalidated, where this was governed by a non-biological link to their child and dominant heteronormative ideologies and laws in Ireland. This led non-birth mothers to attempt to navigate uncertainty in parenthood by shaping their own role into what they wanted it to be. However, for some, the imposed heteronormative scripts of a non-birth parent (i.e. father) led to a sense of feeling alienated as a parent.

> *She saw her wife engage in the normative activities of new mothers and did not have a prescribed role of her own to take on, which left her unsure and anxious about how to contribute and feel connected within their new family: "I'm kinda over here thinking like: 'Well, when do I get my time with her and what do I get to do?'" Contributing to a sense of role ambiguity, she and three other participants drew comparisons with fatherhood roles which they felt did not fully capture their experience: "It's in the middle [.. .] I think it's why it's so difficult to kind of figure out where's my spot ... because, I do have a lot of the responsibilities that a typical dad*

> *would be, would have, but I don't see myself as a dad." (McInerney et al., 2021, p. 287).*

2.6.2 Sub-theme 2.2: Active in questioning gender roles

Nine studies spoke of LGBTQ+ parents questioning heteronormative models of parenthood and were active in reconstructing gender roles to suit their own identities and family context (Appelgren Engström et al., 2019; Ballaret, 2024; D'Amore et al., 2023; Forenza et al., 2021; Gartrell et al., 2019; Speciale et al., 2024; VanAntwerp et al., 2025; Zhang & Chen, 2023). Four studies spoke of LGBTQ+ parents dividing their roles equally by focusing on highlighting each partner's strengths, which supported each other to avoid imbalances that could lead to parental burnout (Ballaret, 2024; D'Amore et al., 2023; Forenza et al., 2021; VanAntwerp et al., 2025). Gartrell et al. (2019) spoke of the importance in LGBTQ+ parents demonstrating gender role equity to their child for them to feel as though they could achieve anything.

> *As Jaime put it, "At our house, there were no real traditional gender roles, so anything was seen as possible to do. As a result, my daughter is very sensitive to people saying something like, 'You can't do it because you're _____.'" (Gartrell et al., 2019, p. 7).*

Appelgren Engström et al. (2019) spoke of how same-sex mothers in Sweden strived for equal parenthood, and requested professional support to help them achieve this, such as through the non-birth mother being prescribed lactation medication so that they could also feed the baby. Conversely, Zhang and Chen (2023) spoke of how LGBTQ+ parents can strive to achieve equal parenting through reconstructing gender roles at home, but that the family exists within a heteronormative society that will continue to constrain them.

> *We have tried to package the messaging to them based on how society holds men and women. At the same time, we're very cognizant of gender roles. So, we asked our family and friends not to send pinks and blues. They did anyways. School assimilates them to their gender roles. But we wanted them to know that there are*

> *many genders. It's fluid. We have a few transgender friends that we see from time to time. (Zhang & Chen, 2023, p. 328).*

This echoed the challenges LGBTQ+ parents face in achieving equality in gender roles and demonstrates that this is a process they must actively engage in throughout parenthood.

2.6.3 Sub-theme 2.3: Together as a strong unit

Three studies discussed LGBTQ+ parents' commitment to ensuring the well-being of their partner and child, so that the family held strong through life's challenges (Appelgren Engström et al., 2019; Ballaret, 2024; D'Amore et al., 2023). Ballaret (2024) particularly focused on how same-sex couples' bond helped them cope with the pain of their aspirations being stonewalled by heteronormative laws and societal stigma in the Philippines.

> *"I am fully aware that the road ahead won't be without its challenges, and there will certainly be moments of chaos. Nonetheless, I am confident that we will successfully navigate it together"…Throughout their parenting journey, the participants consistently expressed a sense of accomplishment as both parents and same-sex couples. Their commitment to parenthood remained unwavering, marked by a profound emotional connection with their children that brought them joy (Ballaret, 2024, p. 600).*

D'Amore et al. (2023) spoke of same-sex mothers' specific attention to equality in parenting, including avoiding the use of language that created biological inequality and showing devotion to ensuring their partner's well-being, which ultimately led to a stronger family unit.

> *"We always do everything together". Likewise, Elodie (gestational mother of a 1-year-old daughter) insisted that she could count on her partner, under all circumstances, to avoid feeling overwhelmed: "If all is not ready, it does not matter, because Alice manages". A balanced sharing of tasks and parental roles was very*

> *common within these couples, constituting a powerful internal family resource (D'Amore et al., 2023, p. 8).*

This linked into the findings from Appelgren Engström et al. (2019), which suggests that LGBTQ+ parents experience specific minority stress that drives them to create a strong family unit that will help their child navigate heteronormative stigma.

2.6.4 Sub-theme 2.4: Identity as specific to intersectionality and context

Eight studies spoke of how LGBTQ+ parents' particular intersectionality and context set the boundaries for the construction of their family and parental identity (Ballaret, 2024; Forenza et al., 2021; Grigoropoulos, 2023; Holland-Muter, 2023; McInerney et al., 2021; Speciale et al., 2024; Zhang & Chen, 2023; Ferguson, 2017).

> *In [town name withheld], we would go there and no one paid attention to us, we got a kid and people paid attention to us. But it doesn't feel patronizing whereas in some spaces it can feel patronizing...being gay feels like a non-issue. In [town name withheld], it feels like a non-issue. In San Francisco, even in the Castro, it feels like an issue. Because you are either leaning forward in this community or you are straight. There's not really that thing of just no one cares. When we were in Berlin, it felt very obvious. No one gave two shits if we were gay or not (Ferguson, 2017, p. 112).*

Two studies spoke of the limitations their countries imposed on their rights and the possibilities that other countries could offer in fulfilling their family aspirations, but that this was made impossible due to financial constraints, where LGBTQ+ couples acknowledged their socio-political context (Ballaret, 2024; Forenza et al., 2021). Grigoropoulos (2023) explains that in the context of the dominant traditional heteronormative Greek culture, defining one's family poses a threat to safety, whereby parents have chosen to hide their family structure in certain spaces.

> *"My children's classmates do not know that there is no mom. And they are together since childcare. Also, my children do not mention it. Our mom usually does not show*

> *up . . . sometimes this is presented like a coincidence. Also, the other parents do not know anything." (P11) According to participants' accounts, their family structure was not always visible, and disclosure was at participants' and their children's discretion (Grigoropoulos, 2023, p. 1879).*

Holland-Muter (2023) spoke of how South Africa's negative views on homosexuality impacted on two lesbian mothers' relationships with their family and child when they came out, whereby the Black mother's unique intersectionality meant her cultural identity was also threatened.

> *Light Blue's family considers homosexuality as something "un-African", and she is sure that this attitude was transferred to her children. She comments on her family's response to her lesbian sexuality: … it was just a foreign concept at home and maybe [they were] just not expecting it from their mother who's lived with their father. […] It has been a really great painful thing for them (Holland-Muter, 2023, p. 293).*

McInerney et al. (2021) further spoke of how definitions of family are changing in some contexts, where Ireland's progressing views on LGBTQ+ families may make defining one's family less threatening. Similarly, Ferguson (2017) spoke of how some gay parents living in San Francisco expected to be met with hostility in their child's school environment, but did not experience this, leading them to realise gay parenthood was becoming more common in their particular area.

Speciale (2024) explained that single LGBTQ+ parents face unique circumstances in defining gender roles and family identity, whereby single LGBTQ+ fathers may take on a more traditional male gender role to compensate for the absence of a second parental figure. This was different for single LGBTQ+ mothers who felt less influenced by traditional feminine gender roles. However, this was unique to race, with LGBTQ+ parents of colour endorsing traditional gender norms more often than White LGBTQ+ mothers. Zhang and Chen (2023) further discussed how LGBTQ+ parents who hold racial differences to their child must fight against the power of Whiteness and define their family on their own terms.

> *During the interview with Howard, his three-year-old daughter, who had been adopted from India, interrupted the conversation and asked, "Am I the only brown girl in the family, Daddy?" Howard immediately answered by saying "Yes, baby, that makes you special." Because Howard's daughter was too young to grapple with racism, his witty response indicated his racial consciousness in trying to maintain an inclusive and loving space for growth (Zhang & Chen, 2023, p. 329).*

2.7 Theme 3: Transition to parenthood

All studies, except one (Speciale, 2024), spoke of the challenges LGBTQ+ parents faced in the transition to parenthood, whereby this involved a process of adapting that required great emotional resilience. This theme further explored parents navigating legitimacy in parenthood and their parental identity in inclusive or exclusionary contexts, such as a hegemonic heteronormative society.

2.7.1 Sub-theme 3.1: Adaptation pressures and responses

Seven studies explained that in the transition to parenthood, LGBTQ+ parents faced numerous pressures around individual roles and identities, family relationships and interactions, and changing social networks. Ferguson (2017) spoke of gay parents being suddenly faced with increased social tensions due to heteronormative society disaffirming sexual minority parenthood.

> *This passage suggests that this participant believes that by being gay and choosing to become a father, that he has invited a lot of attention, curiosity, aggression and judgment that create acute anxiety and stress for him and his partner while navigating the public sphere while caring for and protecting for a child. Some fathers were able to defy microagressions and greater attacks on parental competence (Ferguson, 2017, p. 89).*

Two studies spoke of LGBTQ+ parents experiencing anxiety around exposure of their LGBTQ+ family identity in public, whereby they became hypervigilant to the

microaggressions, marginalisation and ignorance of others (D'Amore et al., 2023; Grigoropoulos, 2023), opting to stay hidden in order to avoid such confrontations. Some parents in Ireland spoke of expecting negative evaluations of their family structure, but that they never occurred, leading them to feel a sense of relief and uncertainty (McInerney et al., 2021). Conversely, Forenza et al. (2021) spoke of some parents in the U.S. experiencing explicit discrimination for their LGBTQ+ identity, including from their own family members, where participants felt that such experiences were unavoidable.

> *People are always asking us, "Well, which one is more like the mother?" And we both go, like, "What does that even mean?" But for us, if you're talking about who is more nurturing, I feel like we are both nurturing. I feel like we are both mother and father (Forenza et al., 2021, p 25).*

Two studies spoke of the consequences of sexual minority stress in the transition to parenthood, whereby a decline in mental well-being was noted in LGBTQ+ parents with less social support and higher internalised homonegativity (Ballaret, 2024; VanAntwerp et al., 2025).

2.7.2 Sub-theme 3.2: Navigating legitimacy as a parent

Four studies spoke of LGBTQ+ parents feeling a strong desire to become parents, that this was a deliberate choice, yet they had to internally confront heteronormative stigmas that threatened their self-belief that this was even a possibility (Ballaret, 2024; Grigoropoulos, 2023; Ferguson, 2017).

> *Those who lack an understanding of our situation have attempted to undermine the affection and care we extend to the child we are endeavoring to nurture. With the arrival of our child, we willingly embrace the profound duty of providing them with nurturing care, sustenance, safeguarding, affection, education, and the promise of a promising future (Ballaret, 2024, p. 601).*

Three studies discussed the need for LGBTQ+ parents to continue this process into parenthood, where they were met with enacted stigma that threatened their parenthood identity (Gartrell et al., 2019; Grigoropoulos, 2023; Ferguson, 2017).

> *According to P5, it is difficult to challenge the idea of parenting as being the essential domain of women: "Friends and close family have their own stories . . . their explanations about my desire for offspring. Sometimes people who barely know me think that I am a widow, a poor man trying to manage since his wife died . . .. In general, I get this sense from others, not from close friends and family, I mean . . . you know . . . poor man, how are you going to manage? (P5)" (Grigoropoulos, 2023, p. 1877).*

Five studies spoke of LGBTQ+ parents feeling illegitimised in parenthood through experiences of being unrecognised by authorities, having to justify to professionals their fitness to parent and them criticising the lack of a mother or male figure (Appelgren Engström et al., 2019; D'Amore et al., 2023; Grigoropoulos, 2023; Zhang & Chen, 2023; Ferguson, 2017). This included navigating public suspicion and surveillance making them question their ability to care for their children, and feel that their sense of legitimacy could be invalidated at any time (McInerney et al., 2021). Ferguson (2017) extended this by explaining how gay parents were specifically viewed as unequipped to parent due to perceptions that only women could understand and respond to a child's needs. Forenza et al. (2021) spoke of some LGBTQ+ parents having to manage being 'othered' in their communities by downplaying their LGBTQ+ identity, in the hope that others would legitimise their parental identity and reduce their sense of alienation.

> *As another father stated, "It has been said, 'Oh you're the [gay dads],' so we clearly had been talked about." Other participants echoed this type of categorization, when describing more nuanced intersections. As one father explained:*
> *People are always asking us, "Well, which one is more like the mother?" And we both go, like, "What does that even mean?" But for us, if you're talking about who is more nurturing, I feel like we are both nurturing. I feel like we are both mother and father.*

> *As illustrated in the quote above: despite seeking to be viewed as "parent" rather than a "gay parent" or "lesbian parent," participants perceived the labels to be applied to them (Forenza et al., 2021, p. 25).*

Three studies spoke of LGBTQ+ parents navigating their feelings around the lack of a biological tie to their child and how this impacted their feeling secure in parenthood (Forenza et al., 2021; McInerney et al., 2021; Zhang & Chen, 2023). The studies further explained that parents managed this and built confidence by critiquing heteronormative paths to parenthood.

> *Three of the four gay men discussed having given consideration to surrogacy, but all ultimately decided that a "genetic bond" was not critical for parenthood. As one parent described, however, similarities in the appearance of his family members had once socialized him to think that families were bound by common physical traits (Forenza et al., 2021, p. 23).*

2.7.3 Sub-theme 3.3: Experiences of inclusion and exclusion

Bergman et al. (2010) spoke of some LGBTQ+ parents experiencing exclusion from their childless LGBTQ+ friends, leading parents to cope through strengthening bonds with those who endorsed LGBTQ+ parenthood and distancing themselves from those who did not. LGBTQ+ parents experiencing exclusion from the LGBTQ+ community, either felt their parent and LGBTQ+ lifestyles were incompatible, and others blamed a lack of an LGBTQ+ community where they resided (D'Amore et al., 2023; Forenza et al., 2021; Ferguson, 2017).

> *There was one [support group name withheld] that we found and just like no men. They talk about lady things, no men…There was a moms group that got together and walk like they just basically I guess they got together and walk around with kids in strollers and would get a glass of wine yet…. Ladies only. It like this play into a possessive misogynistic view of parenthood (Ferguson, 2017, p. 93).*

Two studies spoke about the importance of an LGBTQ+ parenting community in helping them to affirm their parental and family identity and develop a sense of belonging in parenthood that is specific to their intersectionality (D'Amore et al., 2023; Gartrell et al., 2019).

> *Joan's family still goes to queer family camp every year: "Camp it Up, a family camp for queer families, we go every summer. It's an essential recharge each year, to have our family affirmed and reflected in a safe environment." (Gartrell et al., 2019, p. 6).*

Two studies highlighted that in the transition to parenthood, LGBTQ+ parents had to navigate spaces whereby they would feel included, and that the 'parent' community sometimes afforded them a sense of belonging and legitimacy they were looking for (D'Amore et al., 2023; Forenza et al., 2021). Ferguson (2017) spoke of how gay parents struggled to find parenting spaces that allowed them to be included, or that could support them adequately, where inclusion by the heterosexual community was often tokenistic to fulfil diversity quotas or to feed their curiosity. Zhang and Chen (2023) specifically highlighted some LGBTQ+ parents being deceived into believing they were being included in heteronormative spaces, when they were ultimately being used as a means to promote diversity for the benefit of heteronormative institutions.

> *First, cultural inclusion was considered to be paying a form of lip-service to many participants, particularly when they were being used as diversity tokens…One participant, Diego, mentioned that even though his family was seen as a "hot pick" by many schools because they would contribute to a school's diversity image, their school was still reluctant to change its "father-mother" pick-up/drop-off form after he filed a complaint (Zhang and Chen, 2023, p. 329).*

2.7.4 Sub-theme 3.4: Establishing parental identity

Three studies importantly discussed the challenges of identity transformation for LGBTQ+ parents, whereby a tension arose between their stigmatised sexual minority identity and their socially acceptable parental identity (Ferguson, 2017; Grigoropoulos, 2023; Zhang &

Chen, 2023). Grigoropoulos (2023) further argued that given this conflict, choosing LGBTQ+ parenthood in the dominant heteronormative society meant abolishing one's internalised homophobia that LGBTQ+ identity is incompatible with parenthood. Two studies spoke of LGBTQ+ parents establishing parental identity based on their own beliefs of what parenthood looked like for them, including by refuting the heteronormative bias that LGBTQ+ parenting is not 'normal' and focusing on their relationship with their child (Forenza et al., 2021; Zhang & Chen, 2023).

> *More importantly, our participants collectively argued that what made their experiences rewarding was not just gaining a legal title, but also the mundane witnessing of their children's growth that positively reflects and affirms their efforts as responsible and loving parents (Zhang & Chen, 2023, p. 326).*

Three studies spoke of how being an LGBTQ+ parent meant having to manage an increase in homophobia and discrimination from constantly being forced to 'come out' in new spaces or to new people, including strangers (Ferguson, 2017; Holland-Muter, 2023; VanAntwerp et al., 2025). For many parents this led to decreased cognitive and emotional resources, which sometimes led to parental burnout that could affect their parenting experiences, highlighting the need for affirming support systems. VanAntwerp et al. (2025) quoted Goldberg and Smith (2011) to explain that perceived social support led to lower levels of anxiety in new LGBTQ+ parents who had adopted. Importantly, Holland-Muter (2023) spoke of how lesbian mothers in South Africa who were previously in heterosexual relationships had to contend with homophobia enacted by their children, and how they had to adopt strategies to manage their parenting role, led to both a weakening and strengthening of their LGBTQ+ parental identity in different contexts, termed 'situational heterosexuality'.

> *Light Blue's negotiations of her mothering role also see her adopting strategies to manage her children's negative reactions and homophobia. Light Blue performs a series of time/place management strategies which see her performing "situational heterosexuality" in public spaces and relationships which involve her children. These allow her to exercise her lesbian motherhood in a manner that simultaneously meets her daughter's need to be seen to have a heterosexual mother and Light Blue's needs*

> *to exercise her lesbian sexuality. She shares: "as much as I'm out, I try to protect her from having to deal with my sexuality with her peers" (Holland-Muter, 2023, 294–295).*

2.8 Summary

A scoping review was conducted to answer the question '*What meanings do LGBTQ+ parents attach to parenthood in the context of heteronormativity?*'. Twelve studies were reviewed and analysed using reflexive thematic analysis (Braun & Clarke, 2019), whereby three themes were generated and summarised. The first theme explored how heteronormativity operated alongside structural oppression to threaten the formation of parental identity for LGBTQ+ parents, whereby research privileged certain populations in more progressive countries. The second theme explained LGBTQ+ parents' attempts at redefining family to suit their LGBTQ+ identities and legitimacy as a family unit. This included discussions of challenges faced in navigating gender roles and equity in parenting, and how intersectionality and context played a role in developing parental identity. The final theme explored LGBTQ+ parents' strategies and commitment to the protection and well-being of their child and/or partner in their socio-political context.

2.9 Strengths and limitations

This scoping review addresses a gap in the literature on LGBTQ+ parents' experiences of parenthood and provides some insight into how heteronormativity influences meaning making in parenthood for LGBTQ+ parents. A further strength of this review includes the carefully selected search terms, searching of several reputable and relevant databases, and the inclusion of articles published in various countries. The search strategy is further strengthened by the quality appraisal made on the identified articles.

The main limitation of the review is around the potential bias in study selection and in the quality appraisal, considering a second reviewer was not used. Although a second reviewer was involved in creating the search criteria, it would be beneficial for future studies to review LGBTQ+ parents' meaning making in parenthood whilst re-evaluating the inclusion

and exclusion criteria. For example, studies written in languages other than English were excluded, possibly limiting the findings to more privileged voices and populations. This was supported by the research articles mainly including White, high socioeconomic status participants in more progressive countries. LGBTQ+ parents who are from marginalised and/or lower socioeconomic backgrounds require researchers to make efforts to meet their needs in representing their voices, such as co-production and forming connections with communities to support their involvement in research. Future studies should also include a second reviewer in the full search strategy process to reduce selection bias. The review was also limited by the exclusion of grey literature aside from theses and dissertations.

Considering the majority of the studies were qualitative in nature and included a narrow range of queer identities and ethnicities, the findings are limited in generalising to a more diverse group of LGBTQ+ parents. Future studies should make efforts to represent trans and non-binary parents and other queer identities. Additionally, this review considered how heteronormativity influenced LGBTQ+ parents' meaning making in parenthood, however, there are gaps in identifying how this meaning-making shifts over time in relation to participants' political-legal contexts, including generational differences between older and younger LGBTQ+ parents who parented with or without legal recognition.

2.9 The current study

2.9.1 Rationale

The scoping review explored the impact of heteronormativity on LGBTQ+ parents' meaning making in parenthood and the adaptations they employed to cope with diverse challenges. The review highlighted gaps in the literature, especially with research primarily focusing on White, highly educated, middle-class LGBTQ+ parents in more progressive countries. Future studies are needed for single, trans and non-binary LGBTQ+ parents from diverse ethnic backgrounds, and for parents with a range of socioeconomic backgrounds (VanAntwerp et al., 2025). The scoping review findings also demonstrated that LGBTQ+ parents experience heteronormative stigma that impacts on their parenting experience, and no studies have specifically explored its influence on the parent-child relationship.

Gay cisgender male parents are particularly scrutinised by society, where doubt is often placed in their ability to parent (Berkowitz & Marsiglio, 2007). Given the barriers, stigma and discrimination gay men experience around starting a family, more research is needed to understand the impact on them and how they create meaning from this (Gianino, 2008). As stigma and rejection are likely to influence the development of the parent-child attachment relationship, such exploration is of importance; considering attachment is a theory around how individuals organise their relationships in response to threat.

To date, attachment theory research has focused mostly on mothers and parents in heterosexual relationships or gay parents who were previously in heterosexual relationships (Erich et al., 2009). Recent studies on gay parents have considered secure attachments and stigma internalisation (Carone et al., 2020; Trub et al., 2017). However, there are no known studies that have explored attachment relationships within a socio-cultural context for gay parents.

2.9.2 Aims

Given the limited research exploring the experiences of gay parents, this study aimed to explore how gay parents negotiate experiences of belonging in the transition to parenthood, and how this influences the parent-child relationship, using a model of attachment that is based on the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018). The PTMF offers an alternative method of looking at attachment that includes context and moves away from narrow focused diagnostic models. This will help offer a unique view of the cultural and social worlds participants sit within, in this moment in time, and how their child comes into their world and reshapes it with them relationally, co-constructing an attachment relationship. Additionally, this study considers how gay parents negotiate support networks and the wider culture, including how homophobia, femmephobia or effeminophobia, marginalisation, and discrimination threatens their experience of legitimacy as parents.

2.9.3 Research questions

This study aimed to consider the following questions:

- How do gay cisgender male parents navigate a sense of belonging throughout the transition to parenthood?
- How does this influence on the parent-child relationship, within their socio-cultural context?

Chapter 3: Method

3.1 Chapter overview

In this chapter I outline the methodological research process used, such as the research design and approaches, recruitment and data collection methods and ethical considerations. I discuss my choice to conduct narrative analysis, followed by a detailed description of the data analysis process and a quality appraisal of the current study.

3.2 Design

This project utilised a qualitative design, alongside the Meaning of the Child system (Grey, 2025) to explore gay cisgender male parents' meaning-making in their sense of belonging in the transition to parenthood and how this influenced their relationship with their child. Considering the gaps in research on the experiences of gay parents as well as systematic suppression of their representation in society, a qualitative approach was chosen to allow for in depth exploration of their experiences (Willig, 2008). It was felt that a qualitative approach would also be more appropriate to allow for space to consult with participants and build a more trusting relationship before exploring their experiences. Qualitative methods also include validity checks around the knowledge, beliefs, practices and life events of people (Lakshman et al., 2000).

3.3 The Meaning of the Child system

This study utilised the Meaning of the Child (MotC) Interview as an assessment tool to explore the relational dynamics within the parent–child relationship during the transition to parenthood (Grey, 2025). It is used separately from qualitative methodology to classify and interpret interviews and specifically understand what is occurring in the parent-child relationship. The MotC system is a form of attachment discourse analysis in that looks at the role of threat and self/child protection in the language used (images, episodes,

metaphors, etc.) to classify caregiving patterns (Grey, 2025). Although the focus of this study will not be on the classification aspect, the MotC will be used to help formulate the difficulties in the parent-child relationship that can then be related to parents' changes in their sense of belonging in a particular socio-political context.

Further, the MotC offers theory of specific experience, which may help to connect certain descriptions of trauma to the way certain aspects of the parent-child relationship are storied. This involves asking generalised and specific questions about experience to understand both aspects. Ultimately, the MotC system enables an in-depth understanding of how parents perceive, construct, and emotionally engage with their caregiving role and their child, particularly through the lens of past experiences and current psychosocial context (Grey, 2025). Specifically, the MotC helps to understand the psychological meaning a child has to their parent, and how the parent's need for protection in a specific context operates in the parent-child relationship. This is influenced by historical trauma and dangers, such as childhood abuse and neglect, that continue to influence parenting strategies.

3.3.1 Rationale for the Meaning of the Child system (MotC)

The MotC system was chosen for its ability to provide more contextual in-depth understandings of parent-child relationships compared to other attachment theories and systems that are more concerned with solely categorising caregiving patterns. Specifically, the MotC incorporates both Ainsworth's attachment theory and Crittenden's Dynamic Maturation Model (DMM) of attachment and adaptation. The DMM describes caregiving as being shaped by past experiences of danger and relational threat, where the model views attachment patterns as protective strategies formed to meet particular challenges faced by the parent-child relationship (Dallos & Grey, 2025). The MotC system brings these protective strategies to the forefront by exploring how parents talk about their child and their relationship, revealing patterns of caregiving that are enacted to maintain psychological safety. The MotC categorises these patterns or caregiving impulses into three dimensions of sensitivity, controlling and unresponsive, whereby parents will exhibit these at different times and to different extents based on the context (Table 9; Dallos & Grey,

2025). These caregiving patterns describe parents' protective efforts and explores possible impacts on the child.

The MotC also complements the Power Threat Meaning Framework (Dallos & Grey, 2025; Johnstone & Boyle, 2018) by challenging deficit-based diagnostic models and instead elaborates on personal and contextual meanings that parents assign to their caregiving role. It instead asks: "What has happened to you?" "How did it affect you?" and "What meaning did you make of it?" to explore rather than pathologise parents' caregiving efforts. As such, the MotC is particularly useful for the current study as it provides deeper contextualised meanings to the caregiving efforts of gay parents that are influenced by structural inequalities, relational trauma and narratives around parenting.

Table 9. The Caregiving System (Grey, 2025)

Pattern	**Description**	**Scripts**	**Impact on child**
Controlling	Caregiver responds to external threat/danger by micromanaging the child to ensure their safety. Caregiver is concerned child will be harmed by outside threats if not closely monitored. Caregiver has a lack of attention to the child's own resources to keep themselves safe.	*"I need to make sure they are safe."* *"The world is too dangerous for her."* *"My child is my world."*	Advantages: child is aligned and closely monitored by caregiver – likely kept safe from external threats. Disadvantages: Child likely experiences caregiving as intrusive. Child's internal world remains partially unseen by caregiver.
Unresponsive	Caregiver uses resources to attend	*"I must attend to the outside*	Advantages: Caregiver has increased resources to

	to external threats and instinctively feels child will fare better if they do not interfere or get in the way of their development.	*world, make sure my family is safe/well-resourced."* *"They need to learn to manage on their own."*	attend to external threats, such as violence, financial hardship, poor mental/physical health, etc. Disadvantages: child may experience reduced nurturing, support, felt connection and potentially protection.
Sensitive/ collaborative	Caregiver balances between allowing the child to explore when threat is low and keeping them close when dangers to the child are high.	*Collaborative parenting* *"The world is mostly safe and I will protect my child when danger arises."*	Advantages: Offers a more mutual relationship that is likely to be experienced as positive by parent and child. Disadvantages: Not adaptive to all contexts. Sometimes caregivers need to manage their child closely or divert their resources elsewhere.

3.3.2 Coding the MotC

The follow steps outline the process of coding the MotC interview (Table 10). Coding culminates in a final score, termed Level of Synchrony, that ranges between 'collaborative' or managing' to 'struggling' to 'in crisis' (Table 11). These final scores are not a measure of child-protection risk, but instead offer insight into some of the difficulties occurring in the parent-child relationship given their current context.

Table 10. Coding the MotC (Dallos & Grey, 2025)

Step	Description
1. Reading and familiarisation	Each interview transcript was first read to familiarise the coder to the overall narrative and context of the interview.
2. Detailed Annotation of Key Features of the Text	Coder sifts through the transcript for evidence that answers the following question: "what is the self/child protective function of the particular example of speech being analysed?" This process is drawn from identifying key indicators such as the six memory systems: procedural memory, imaged memory, connotative language and discourse, semantic memory, episodic memory and reflective integration.
3. Global and Functional Theorisation	Consider the overall relationship – relate the coding to how the relationship functions as a whole for this parent.
4. Consideration of Exemplars	Compare this interview to other interviews the coder has in mind for consistency.
5. Pulling Together a Final Classification	Reconcile stages 1–4 into an overall coding for the dominant pattern and level of synchrony.

Table 11. MotC Level of Synchrony (Dallos & Grey, 2025)

Score	Description
'Collaborative'	Indicates that the child has the necessary resilience to cope with adverse life events and that the relationship is supportive of the child's development.

'Managing'	Indicates the caregiver holds personal knowledge of the child but also experiences vagueness or frustration that may lead to a relationship that lacks in joy or pleasure.
'Struggling'	Indicates gaps in caregiver's understanding of the child and their perspective, which can sometimes be recognised. There may exist a potential attachment difficulty that could adversely affect the child's development or result in conflict between the parent and child. Parent-child relationship should be amenable to change.
'In crisis'	Indicates likely significant dangers in the parent-child relationship, where both parent and child are engaged in strategies that compromise the relationship. Self-protection has become the dominant strategy, where the parent may exclude information needed to understand the child's experience. Family is likely to require intervention to support the child's development.

3.4 Qualitative methodology

3.4.1 Qualitative methodologies considered

This project utilised narrative analysis to gain an in-depth understanding around how the participants storied their experiences, and was chosen to be the most appropriate method. The decision-making process can be viewed in Table 12.

Table 12. Qualitative methodologies considered

Methodology	Description of decision-making process
Discourse Analysis	Discourse analysis (DA) is a method that focuses on the language used by participants, and particularly focuses on the process of stories being told (Grey & Dallos, 2025). It shifts attention from the content of the story to the process of

	speaking itself; how the participant is performing the story (Gill, 2000). DA would be helpful to understand how the participants' accounts of their experiences are being told. The DA analytical process is bottom-up, looking for specific markers as to how a story is told, whereas the MotC is top-down, making it less suitable to as a method of analysis. The MotC differs in that the researcher is looking for specific markers that have been predetermined as important for understanding the parent-child relationship in the context of social power and cultural history (Grey & Dallos, 2025).
Other qualitative methods, such as Interpretative Phenomenological Analysis (IPA) and Thematic Analysis (TA).	Aside from discourse and narrative analyses, most other qualitative methods rely on participants' ability to consciously articulate their feelings, beliefs and attitudes (Grey & Dallos, 2025). However, considering the contexts of parent-child attachment relationships, trauma and defensive processes, much of what is being explored there is not readily available to consciousness. As explained earlier, the MotC offers a narrative or formulation of the parent-child relationship that is not necessarily expressly visible to the caregiver's awareness. A qualitative method that can explore participants' defended aspects is most suitable for combining with the MotC system (Grey & Dallos 2025). IPA would instead treat the participant's accounts as though they had complete awareness of their parent-child relationship and would ignore the inter-relational defences that arise from the telling in the interviewer-interviewee conversation. TA focuses on similarities between participants looking for common meanings, which would risk fragmenting the stories of the individual participants. This would also fragment the particular historical and relational context of each

participant, which is important to keep intact for this study and research question. 15/10/2025 13:44:00

3.4.2 Narrative Analysis

Narrative analysis (NA) is a method that focuses on the telling about experience, and is concerned with how individuals story their lives in an attempt to claim personal narratives and identities (Fivush & Grysman, 2022). It considers why a story was told in a certain way and considers what is being emphasised and omitted. NA also assumes that human beings live storied lives, whereby meaning is created through the telling of their stories (Clandinin, 2006). NA was chosen for several reasons. Firstly, Riessman (1993) explains how research interviews can bear witness to the naming of social injury, connection with others and engagement in political action that is incurred by social movements. Considering participants will have likely experienced threats to their identity and engaged in political action against such threats, NA seemed best suited to interpret the participants' attempt at storying their experiences in context. People construct meaning from the telling of their experiences, whereby the context is multilayered and involves narrators navigating cultural and gendered contexts (Fivush & Grysman, 2022). 15/10/2025 13:44:00As such, NA fits with the aims of this study, which is to interpret the narratives that are told in the context of the interview and relating this to possible influences such as intergenerational narratives, cultural expectations, and experiences of social inclusion or exclusion. NA also allows for participants' stories to be more preserved and less 'fractured', which I particularly felt was important to maintain as an 'outsider' researcher exploring the experiences of a marginalised community (Riessman, 1993).

Further, combining narrative analysis with the MotC offers the researcher the opportunity to explore the emotional defences and relational difficulties in the parent-child relationship and linking this to the relational contexts of participants with considerations of power (Grey, 2025; Knox, 2003). Combining the MotC offers an opportunity to explore the parent-child relationship in terms of what is consciously storied by the participant and what is defended against or unconscious because of relational risks and historical trauma. This is particularly

relevant to the participants in this study who all became parents through process of adoption, whereby trauma will play a role in the parent-child relationship.

3.4.3 Limitations of Narrative Analysis

Although narrative was chosen as the best fit for the aims, it also has its limitations. Narrative analysis provides an in-depth analysis into a person's storied life, which leads such analysis to be limited in comparability across narratives (Riessman, 1993). Comparing the narratives of the participants in this study will be limited, reducing generalisability of the findings (Polkinghorne, 1995). Further, narrative analysis interprets how events were constructed by participants, but this needs to be considered in the context of the interview, whereby the storied construction will be influenced by the interviewer's positionality. Finally, narrative analysis relies on participants' ability to coherently present their experiences, where this method will privilege those who are articulate and reflective (Riessman, 2008).

3.4.4 MotC-informed Narrative Analysis

The MotC was combined with narrative analysis to gain an understanding of how sense of belonging and social context influences parents' storied interpretations of the parent-child relationship. This process began with the anonymised transcripts being sent to the MotC coders. The coders were individuals selected by my primary supervisor, who developed the MotC system, and who selected individuals who were fully trained in the MotC analysis. Two of the transcripts were coded by my primary supervisor, and three of the transcripts were coded by the other three individuals he selected. This was decided based on time and resources available. I was not aware of the other coders' positionality as we only communicated briefly via email for me to receive the MotC coding. The MotC coders carried out their analysis by coding the transcripts and then writing the MotC formulation, which I refer to as the MotC coding.

To begin the process of narrative analysis, I first read through the transcripts alongside listening to the recordings to gain an understanding of participants' subjective voice, how

they see themselves and the overall story being told. This helped to bring me back to the interview and position myself more closely to their experiences. As I went through this process, I briefly began to write notes in pencil on the transcripts to remind myself of anything I wanted to come back to and code further. I then read through the MotC coding sheets, having not yet read them until this point, to gain an overall picture of the coders' understanding of the parent-child relationship. I also briefly read through the MotC coders' codes in the transcripts to understand how they came to their interpretations. As I went through the MotC coding, I wrote notes alongside their interpretations around how I was interpreting these in turn given my own positionality. In this stage, I sometimes experienced a tension between how the other coders were viewing the parent-child relationship if this differed from my own or if this felt overly critical of the participants' parenting strategies. To manage these tensions, I would discuss them in meetings with my supervisors, where I received support to understand that the MotC coding can be a formulation tool that I could use only as part of my analysis, whereby I then made efforts to contextualise the MotC coding using the Power Threat Meaning Framework (PTMF).

I then went back to the transcripts and began to code them using an experience-centred narrative analysis approach by coding excerpts in specific colours and adding the coding to my analysis table (see Appendix L). As I did this, when participants narrated moments that described the parent-child relationship, I would refer again to the MotC coding to integrate this into the narrative analysis table. To help contextualise these using the PTMF, I would go through the transcripts to specifically review participants' narratives of experience from their childhood relationships with their parents and the development of their sense of belonging as gay, and how this then influenced how participants experienced and engaged with power and threats that showed up in their relationship with their child. Throughout the analysis process, I constantly considered the different questions of the PTMF to help me formulate and interpret participants' stories, which was also influenced by my positionality and experience as a clinician.

This process was generated as a combined effort through lengthy discussions with my supervisors in supervisory meetings. Although there were other methods of combining the MotC coding with narrative analysis, such as conducting narrative analysis on the MotC

coding alone, this method was chosen to be the best for this project as it offers a richer and more contextualised view of participants' stories. It also provides more depth to understanding the influences between sense of belonging, context and parent-child relationships, and focuses less on the classification aspect of the MotC or categorisation of attachment relationships.

3.5 Participants

3.5.1 Inclusion criteria

Parents had to be primary caregivers of a child aged two to eighteen, whereby the child was in their life for a minimum of two years, with no restrictions on pathways to parenthood. Initially the children's age was restricted to consider developmental stages, but recruitment proved challenging, so the age criteria was amended. Parents had to identify as gay and cisgender male. The exclusion of other sexually diverse parents was decided as they will likely have different experiences and should be offered space for this, rather than be merged for the sake of coming under a specific category (i.e. LGBTQ+).

3.5.2 Exclusion criteria

This study excluded participants who had current involvement with social care, risk of harm, parents with significant mental health difficulties at the time of the project, and parents who were experiencing or had recently experienced (within eight weeks) trauma/traumatic bereavement. Parents also needed to speak English given limited funding for interpreters.

3.5.3 Expert by experience

An expert by experience (EbE) was involved throughout the research process and was compensated for their time using vouchers. They consulted on the development of the research interview schedule, consent forms and information sheet. The EbE also reviewed the research poster and social media content and further consulted on building trusting relationships with participants. They were was also actively involved in supporting

recruitment by sharing the research poster as they are involved in an organisation that supports LGBTQ+ parents.

3.5.4 Recruitment procedure

Five participants were recruited through opportunity sampling methods. There are ongoing debates as to what is deemed an appropriate sample size in qualitative research, but for the purpose of narrative analysis, this depends on the data quality and research complexity, whereby one to two interviews may be sufficient for rich data (Sharma et al., 2024; Wutich et al., 2024). Given the integration of the MotC system and narrative analysis, five participants was deemed sufficient for data saturation (Wells, 2011). Considering gay parents' caregiving responsibilities limiting their time, opportunity sampling was chosen as the most appropriate method to allow for selection based on availability.

Following ethical approval, recruitment took place between November 2024 and April 2025. Participants were recruited through sharing the research poster with LGBTQ+ networks and charities, and on social media platforms (Instagram, LinkedIn and WhatsApp). Nine LGBTQ+ organisations were contacted via email from the researcher's university account, with several responding in support.

A social media account was created on Instagram platform for the purpose of this study and used the handle @gay_cismale_parents_research. Specifically, the research poster and brief information about the researcher was shared to the profile. Relevant accounts were followed to encourage sharing of the research poster. This platform also allowed for interested participants to make contact through private messaging to ensure anonymity. Only the researcher has access to this account. The Instagram post containing the research poster was then shared with the specific blurb to 41 accounts. This blurb was co-created with the EbE research consultant. None of these accounts were private at the time of contact. There were several private accounts that 'followed' the Instagram page, after which the researcher contacted them privately to share the blurb. No follow-up contact was made if individuals did not respond to the researcher's first attempt at contact to maintain safe boundaries.

There were also recruitment efforts made through the EbE research consultant, who was already involved in a LGBTQ+ charity and circulated the research poster throughout the recruitment period.

3.6 Materials

The materials developed and used for the purposes of this study are outlined in Table 13.

Table 13. Study materials

Material	Description
Participant Information sheet	This document included the study purpose and detailed the implications of taking part in the study, as well as around data collection, storage and usage. This also included the researcher's and research supervisors' contact details.
Consent form	This document confirmed whether participants had read the Participant Information sheet and requested their signature for consent to take part in the study.
Interview schedule	The interview schedule for the semi-structured interviews included questions that were developed to gather rich narrative accounts and allow participants to express themselves fully and meaningfully. The Interview schedule is an adapted version of the Parent Development Interview (PDI; Aber et al., 1985), which was used to carry out interviews for use with the Meaning of the Child system. The PDI is designed to draw information about parents' experiences of their child, the relationship with their child and their experience of

parenting, and was specifically adapted to help explore sense of belonging and power, alongside the parent-child relationship. This adaptation was a combined effort from the research team, which included the research supervisors, researcher and EbE research consultant. The order of the interview schedule in the PDI was also adapted, and the section on Separation/Loss was removed as it was not felt to be as relevant to the current study. We also needed to accommodate the added questions around gay identity and belonging, whilst keeping to a reasonable interview time. The order of the questions in the PDI was altered to support participants in feeling more comfortable in the interview, by beginning to explore their experiences of belonging as gay, rather than starting with their view of their child, which may have led to bringing up different feelings. As a narrative analysis was going to be conducted, the order was also altered to reflect a temporal sequence in participants' lives, starting with their context and histories with their parents/carers before moving onto their relationship with their child and their hopes for support for gay parents. The adapted PDI for the MotC can be viewed in Appendix E. The interview schedule for the current study can be viewed in Appendix F. The altered order of the interview schedules can be viewed below:

PDI:

	A. View of the Child B. View of the Relationship C. Affective Experience of Parenting D. Parent's Family History E. Co-Parenting and Family Relationships F. Separation/Loss G. Integrative Questions Current study: A. Parent's identity as gay B. Parent's Family History C. View of the Child D. View of the Relationship E. Affective Experience of Parenting F. Co-Parenting and Family Relationships G. Integrative Questions
Debrief form	The debrief form included information around resources participants could access if they required support following the interview, such as mental health services and charities.

3.7 Ethical considerations

3.7.1 Ethical approval

This study was granted ethical approval from the University of Hertfordshire Health and Human Sciences Ethics Committee on 15th October 2024 (protocol number: LMS/PGR/UH/05801) and amended on 29th November 2024 (protocol number: 0279 2024 Nov HSET) and on 24th January 2025 (protocol number: 0279 2025 Jan HSET; Appendix H).

3.7.2 Risk of distress and harm

Participants were made aware that there was no obligation to take part in the study, especially given the context they sit within and their sense of safety in taking part in research. Given the emotionally difficult questions being asked, participants were reassured to share only what they wished to share, and the researcher endeavoured to create an environment where participants could feel safe and free to end the interview at any point. Participants were made aware that if they felt distressed at any point in the research process, the researcher could provide support and refer to relevant services/agencies at participants' request.

During the interviews most participants responded to the sharing of some of their experiences through emotional expression, such as crying and anger. During these times I responded by offering them a break and checking if they wished to continue with the interview. All participants expressed wanting to continue. Following the end of the interview recording, I checked in with participants and explored any experiences of distress. None were reported but many explained that the interview had led them to consider and reflect on some of their painful experiences which I endeavoured to validate and contain, whilst remaining boundaried in my role as a researcher. As part of the protocol to safeguard and monitor their distress, I emailed the debrief form to all participants after the interview. Considering the interview can trigger difficult experiences, I wanted to safeguard any distress that may have come up following the interview. I explained to participants that I would contact them a week from the interview via email to check in and offer any further support. One participant did not feel this was necessary and I respected their wish not to check in a week later. None of the participants shared experiencing distress that required further support. All further ethical considerations are detailed in Table 14.

Table 14. Ethical considerations

Ethical consideration	**Description**
Informed consent	Once individuals expressed interest in the project, the Participant Information sheet and Consent forms were sent to them. If keen to proceed, participants were invited to join a welcome call to meet the researcher

	before the interview, explore their questions and develop a sense of trust and safety. Participants were given more information during this call and were asked to provide their demographic information, with consent. Once they agreed proceed to the interview, they were asked to sign and return the consent form.
Confidentiality	Confidentiality and anonymity have been upheld throughout the research process, and details pertaining to this were outlined in the participant information sheet and consent form (Appendices B and C). Participants were also reminded in the welcome call and during the interview that only the researcher would know their identity and have access to their personal identifying information. I also took steps to ensure the transcripts did not include any personal identifying information, such as anonymising names, locations, specific ages and employment references.
Data protection	All data collected followed General Data Protection Regulations (GDPR) in line with the Data Protection Act (2018). All information was securely stored on my university OneDrive, which only I have access to. Interviews were recorded using my university account information on either Microsoft Teams or Zoom video conferencing and audio-visual recordings were stored on my university OneDrive account. Consent forms which included personally identifying information were kept separately from the recordings, demographic info and transcriptions. My university account is password protected and requires two-factor authentication to

	access. Audio-visual recordings were transcribed then deleted following completion of analysis. As I am a student who may eventually lose access to my university OneDrive account, participants were made aware that their data via consent forms, demographics and transcriptions would be stored on my university OneDrive account initially and would eventually be transferred to the principal supervisor's university OneDrive account to allow for it to be validated if questioned during publication and retention. Participants were made aware this data would be stored for up to 6 years, after which it will be destroyed. Participants were made aware that they had the right to request the deletion of their personal data upon request at any time with the exemption of demographic information that is being used in the study. For all other information, they were made aware that they had up to 7 days of the interview taking place to request deletion of their data.
Debrief	Participants were offered space following the interview to share any reflections or emotional discomfort that arose from the interview. They were also sent a debrief form within 2 hours of the interview taking place (Appendix G). Participants were further supported through an email check-in one week following the interview, although one participant declined this offer. Given the emotional impact of the interviews, the researcher also took steps to protect their own well-

	being, such as not planning further meetings for the rest of the day and using the reflexive diary to process any emotional discomfort.
Renumeration	Participants were not renumerated for their time as it was decided with the research supervisors that offering compensation to participants could be coercive, and we wanted to ensure participants' involvement in the study was completely voluntary. As such, only the EbE research consultant was compensated for their time in consulting on the project.

3.8 Participant information

Seven people expressed their interest to take part in the study and five proceeded to do so following informed consent (Table 15). Two participants expressed that they were not able to make the time commitment needed. Efforts were made to reach out to organisations and Instagram accounts that included gay parents from diverse backgrounds, however no responses were received following these attempts. There are various barriers to ethnic minorities groups engaging in psychology research, including language barriers, financial/time/geographical constraints, and stigma attached to psychological difficulties (Brown et al., 2014). Another main barrier is mistrust, particularly of White researchers, where there often exists a lack of cultural competence and humility in White researchers (Brown et al., 2014; Villagran, 2022). Throughout the recruitment process, I often reflected on how my positionality impacted on people from diverse backgrounds responding to the research poster, and recognise that I would have needed to make specific additional efforts to develop trusting relationships with ethnic minority communities to recruit individuals from within them.

Table 15. Participant demographics

Name	Partner name	Child's name(s)	Ethnicity	Age	Child's age(s)	Relationship status

James	Sam	Daniel	White-British	42	10	Married
Ben	Kevin	Leon and Ollie	White-British	40s	11, 13	Married
Jack	-	Kieran and Nesta	White-British	41	6, 9	Single
Edward	Stephen	Charlie	White-British	46	5	Married
David	Aidan	Shane and Sam	White ethnic minority	57	7, 8	Married

3.9 Data collection

Research interviews were conducted between December 2024 and April 2025. All interviews were conducted via Zoom or Microsoft Teams online conferencing at a mutually agreed time. This allowed for greater convenience and diversity of participants, as many were geographically dispersed. Although rapport building can be more challenging when meeting virtually, this can often be overcome through the interviewees' willingness to engage and the researcher's efforts to create a natural encounter, which was felt to be the case for this study (De Villiers et al., 2022). Challenges to rapport building from video interviews tend to stem from participants keeping their cameras turned off. Participants were given this option, but all chose to keep their cameras on. Further, the encounter felt increasingly natural, as we began the call with an informal chat, and I encouraged them to make a cup of tea/coffee, take breaks and attend to any disruptions (i.e. doorbell ringing) (De Villiers et al., 2022). Upon completion of the interview, we had a further check in around their experience of the interview and any reflections or questions that came up for them before discussing next steps. Often participants shared how beneficial they found the interview and were grateful for the experience. One participant felt they had "not done the gay community justice", and we explored this further around what they had hoped to share, so that I could further consider this when conducting the analysis. Finally, I checked whether participants

wished to remain informed of the study's findings and dissemination, and all were keen for this follow-up.

3.10 Data analysis

Narrative analysis can be conducted in various ways, but the main tenet within each approach to analysis involves keeping people's stories intact (Riessman, 2008; Wong & Breheny, 2018). As such, narrative analysis can appear to be vulnerable to unlimited interpretations (Squire, 2008). Since the current study explores the experiences of belonging for gay parents, it was felt to be important that the focus of the analysis would consider experiences. Experience-centred narrative analysis centres on personal experiences and events and is more flexible regarding time, being defined by themes instead of structure (Squire, 2008). This approach was chosen as it can also address life turning points, such as realisations about sexuality, having children, and living through trauma (Squire, 2008). It can also consider and explore the contexts of participants, including larger cultural and national narratives about sexuality and caregiving. Moreover, experience-centred narrative analysis views narratives as 'means of human sense-making' (Squire, 2008). It assumes narratives are storied reconstructions, whereby stories are told and performed differently depending on time, place and social context. Within this, reconstruction can be viewed as stories being formed between teller and listener, and this is where social and cultural context can come into view (Ricoeur, 1991; Squire, 2008). This fits with this project in that the stories being told to me, and interpreted by me, given my own positionality, will differ to stories spoken to and interpreted by an 'insider' researcher. Finally, experience-centred narrative analysis views narratives as representing personal changes or transformations and are not fixed (Squire, 2008). This allows for the researcher to look for changes in stories, which is particularly useful for this study given the premise around sense of belonging changing over time in the transition to parenthood.

3.10.1 Analysing narratives of experience

Much of what is done for experience-centred narrative analysis does not differ greatly from other qualitative procedures, however, specific attention is made to the sequence,

progression, transformation and resolution of themes that forms an overall narrative (Squire, 2008). The following phases outline the steps taken to conduct experience-centred narrative analysis (Table 16).

Table 16. Phases of experience-centred narrative analysis (Squire, 2008)

Phase	**Description**
Phase 1: Telling	I considered the first phase of analysis as starting in the interviews, whereby the participants and I interacted as teller and listener/questioner to co-create meaning together (Riessman, 1993). I viewed this stage as part of the analysis as I had constructed the interview questions in a specific order to elicit thinking about one's personal narratives in a specific sequence. Primarily, I hoped that participants would begin with their stories of belonging around their gay identity, and how this then evolved based on context and social relationships. Then moving on to childhood relationships with parents would elicit narratives around sense of belonging within family relationships. Finally, ending with the view of the child would provide narratives around how becoming a parent changed their sense of belonging and how this influenced their relationship with their child. This structure was developed with my supervisors in supervisory meetings and with the EbE research consultant.

Phase 2: Transcribing	Transcription of the interviews was completed solely by myself, as I felt it was important for keeping the story as 'intact' as possible, which would be more efficiently done by the person who had completed the interviews (Riessman, 1993). I also wanted to avoid any alternative meanings or co-constructions taking place through other transcribers different interpretations of the content. I created my own symbols to delineate pauses, non-audible speech and expressive sounds, but this was based on Jefferson's (2004) transcription system. There were segments of the transcriptions that included personally identifiably data, include specific utterances that appeared unique to one participant. To protect anonymity in what is a small community for gay parents, I omitted these segments at the cost of losing some meanings and data richness (Squire, 2008).
Phase 3: Familiarisation	In this phase I read the transcripts whilst listening to audio recordings of the interviews to immerse myself in the narratives of each participants, specifically attending to the overall story but also to grasp its context, shape and meaning (Riessman, 1993). This would also help to explore how meaning was co-constructed

	throughout the process of the interview with the researcher. As I went through the transcripts I noted down initial observations and reflections, but endeavoured to remain immersed in the flow of the narrative (Riessman, 2008).
Phase 4: Thematic descriptions	Here, I went through each transcription to describe the interviews thematically, with the goal of providing a hypothesised explanation of the stories and linking this with the MotC coding, back and forth in a classic 'hermeneutic circle' (Squire, 2008). This led to a draft story for each participant, with predictive explanations as to their experiences of belonging in the transition to parenthood and its influence on the parent-child relationship, checking this fits with the MotC coding.
Phase 5: Checking	As there are multiple valid interpretations to narratives, I endeavoured to increase the validity of my own interpretation by submitting my analyses to be reviewed and checked by my supervisors and the EbE research consultant (Chamberlayne & Rustin, 2002; Squire, 2008). Although it should also be noted there are limitations to the validity of their feedback, given the limited time they are able to devote to reading the materials and conducting a

	form of analysis and interpretation themselves.
Phase 6: Separate narratives	Much of qualitative research involves bridging individual themes or stories for the creation of a shared understanding or explanation that answers a specific research question. As such, most methods involve coding within transcripts, then analysing between for connected themes or stories. Upon considering my small sample of participants and how they differed from each other in many aspects, I felt it would be a disservice to their individual and unique narratives to construct a single overall narrative or combined narratives. Each interview explored participants' histories and childhood family relationships in depth, providing rich narratives that felt unique to them. As such, I approached the analysis stage with the aim of keeping individuals' narratives as 'intact' as possible by not fragmenting them into a combined whole (Chamberlayne & Rustin, 2002). Instead, each participant as viewed as an individual case study, where this approach can yield rich, comprehensive insights that could be lost in combining narratives or influenced further by the researcher's interpretations (Cruzes et al., 2015). This decision was

	made collaboratively with my research supervisors in supervisory meetings and also in consultation with the EbE research consultant.

Individual stories were then combined with the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018) to integrate wider considerations of power, trauma, heteronormativity and structural oppression. It is important to recognise that we cannot control what stories were told in the setting of the interview, or how much they reflect participants' realities, and as such the findings are limited in this regard (Squire, 2008). I coded the transcripts using coloured highlighters and added corresponding notes to my analysis table (Appendix L). I kept a reflexive diary throughout this process (Appendix J).

3.11 Quality appraisal of the current study

It should be noted that the interpreted narratives shared in the findings of this study do not constitute the only meaning or 'truth' of participants' experiences (Riessman, 1993). Each narrative will have been affected by power relations between interviewer-interviewee, the context of the interview, and reconstruction in the stages of analysis. However, it is helpful to further consider the quality of the current study, where I made use of Tracy's (2010) Big Tent criteria for quality qualitative research to do so, as it outlined in Table 17.

Table 17. Tracy's (2010) Big Tent criteria for quality qualitative literature

Criteria	Description
Worthy Topic	This study explores gay parents' sense of belonging in the transition to parenthood and its influence on the parent-child relationship. Considering no research has explored this topic before and that many gay parents face challenges in navigating their sense of belonging through parenthood, this research explores a relevant, timely, significant and interesting topic.

Rich Rigor	Rich rigour is demonstrated in this study through detailed explanations of the research process, including epistemological and ontological positions, methodological processes and reflexive accounts.
Sincerity	This research demonstrates self-reflexivity in biases and transparency around method and challenges throughout the study. I shared around my identity as a White, cisgender female that identifies as sexually diverse and is not a parent. As such, power dynamics and my own biases were considered throughout.
Credibility	Findings are presented through use of thick descriptions and I engaged in a process of checking the findings with the research team to support credibility of the findings. I also advised around its limitations and reflected around this.
Resonance	The research findings included considerations of wider context and made use of the PTMF to do so to provide greater naturalistic generalisations that increases relevance to clinical settings.
Significant Contribution	This research provides significant contribution to research on gay parents, whereby this is limited in exploring their experiences of parenthood. Findings offer clinically relevant practice guidelines to improve support offered to gay parents.
Ethical	Strict ethical practices were followed and maintained in accordance with the University of Hertfordshire's guidelines. Ethical considerations were described in detail, including reflections on ethical dilemmas that consider power dynamics.

Meaningful Coherence	This study achieved what it intended through use of appropriate qualitative methods to gather gay parents' stories and meaningfully connecting them to the research questions and literature. Clinical implications and future research are also discussed.

Chapter 4: Findings

4.1 Chapter overview

In this chapter, I present the collective storylines of the five participants. The Power Threat Meaning Framework was used to offer a lens around how power influenced participants' emotional development, identity development, sense of belonging and relational and social survival (Table 2). Individual storylines for each participant can be found in Appendix M.

Collective storylines

4.2 Theme 1 – 'Born into a heteronormative mould'

All participants shared how their childhood heteronormative context did not allow space for their gay identities to receive the validation needed to help develop their sense of belonging. Participants reported their childhood context of the 1970s/1980s as having either a lack of representation of gay identities or that gay men were portrayed in the media as people to be ridiculed. This was a common occurrence in the media at the time where it continues to limit helpful representations of intersectional gay identities (Raley & Lucas, 2006; Sallabank et al., 2022). Participants' childhood context further included Section 28 (effective 1988–2003), a law prohibiting the promotion of homosexuality in schools, which some participants expressed feeling further threatened by. Many participants shared a lack of positive representation, alongside hearing homophobic slurs from family members, as instilling feelings of gay shame.

Participants further explained having to wrestle with their gay identity in adolescence, with all conforming to a heterosexual identity until it felt safe enough to share. This sense of safety differed between participants, where Edward experienced specific parental abuse linked to homophobia and effeminophobia for expressing effeminate or gendered traits (Sedgwick, 1991). James shared experiencing childhood abuse that led him to hide his gay identity to prevent the abuse from increasing. Many participants shared how others picked up on gendered traits that led them to be outed against their consent, removing their sense of control and agency in sharing their identity. All participants further shared a sense of feeling outcast or different from their family growing up, which greatly impacted on their belonging within their family community. These factors all relate to Meyer's (2003) minority stress theory, which highlights how participants' exposure to negative views of their sexual identity led to a lessened sense of belonging as gay. The stories also highlighted how a threatened sense of belonging within one's family led all participants to search for acceptance and belonging elsewhere. James shared being met with rejection from both the heteronormative and gay communities he tried to belong to.

Participants further shared a need to develop coping strategies to moderate threats to their sense of legitimacy in society resulting from marginalisation and stigma internalisation, including aggressions expressed by their own parents. This concept of legitimacy was shown to produce an intense desire in participants to appear respectable and knowledgeable, and led all participants into careers and lifestyles that depicted this image. Participants' parental legitimacy was further influenced by societal scripts that this was an impossibility for them, including historical legal restrictions and their own parents' views. As previously noted, parental legitimacy is socially constructed as heteronormative, which often leads non-heterosexual individuals to battle with feelings of illegitimacy (Sedgwick, 1991). This was further impacted by participants' parents' negative views around gay men not being able to engage in family-oriented lifestyles. These findings align with research by Ballaret (2024) and Grigoropoulos (2023), which showed that LGBTQ+ parents had to internally confront heteronormative stigmas around parenthood that threatened their sense of legitimacy.

In line with previous research, participants shared how they continued to struggle with feeling legitimate in parenthood due to tensions between their sexual minority identity and more socially acceptable parent identity (Cao et al., 2016; Gartrell et al., 2019). Some parents shared around actively challenging heteronormative views of parenthood, choosing to focus on their relationship with their child to affirm a sense of belonging in parenthood (Forenza et al., 2021; Zhang & Chen, 2023). However, participants naturally continued to need acceptance from their parents and society to help them develop a strong sense of belonging and legitimacy in parenthood.

4.3 Theme 2 – 'Held by invisible wounds'

Many of the participants storied experiencing difficulties in the parent-child relationship which they were desperate to understand and resolve, with some having sought therapeutic support. These difficulties described a relational presence of both parent and child having historically experienced trauma in various forms. Participants described times were they could not make sense of their child's challenging or illogical behaviours, leaving them to feel distanced or hopeless and helpless to support their child. Adoption in the UK often takes place in the context of the child having experienced abuse and/or neglect, which has a profound impact on the developing brain of the child and on their engagement in future relationships (Brodzinsky et al., 2022). Considering the context of the children all having been adopted, participants were likely struggling to respond to their child's trauma reactions, which are often displayed through challenging behaviours or emotional distress (Cohen et al., 2000).

In addition, most participants spoke of having experienced their own traumas, which included parental abuse and emotional neglect in childhood, homelessness, poverty, homophobia and effeminophobia, discrimination and marginalisation. All participants also spoke of experiences where their own parents did not support their emotional development in childhood, with some also having experienced parentification (Minuchin et al., 1967). These experiences have possibly influenced their capacity to mentalise their child, possibly leading them to feel a sense of shame or failure in not being able to understand how to support them (Fonagy et al., 1991). Participants may also feel a sense of failure in offering

their children the kind of childhood they intended to give them, where there are strong social stories idealising adoption in fairytale language, such as 'forever families' (Costa & Tasker, 2018). Previous research on heterosexual fathers of adoptive children who exhibit challenging behaviours has shown fathers as experiencing a sense of helplessness in being able to contain their child, which instilled a longing for a 'normal' family life they associated with biological parenthood (Barrow et al., 2023). This adoption fairytale narrative is likely to add extra social pressure for gay adoptive parents as they already experience threats to their parental legitimacy for their gay identity. Barrow et al. (2023) further explained that the fathers' parenting approach was relationally influenced by their own past experiences of trauma combined with the trauma experienced by their adoptive children, where this was recommended to be explored rather than focusing on the child's behaviours. Research has shown that caregiver support is vital in supporting a child's positive recovery from trauma, whereby caregivers equip children with relational skills to regulate their own affect, understand themselves and others and how they relate to others (Sandler & Rosenblatt, 1987; Fonagy, Gergely & Target, 2007; Campbell et al., 2016). However, most adoptive parents are given very little post-adoption support in England until the difficulties reach crisis mode (Lushey et al., 2018). These contexts are likely limiting participants' great efforts to provide their children with a more positive caregiving experience to what they experienced. Dallos (2019) raises the issue of shame parents experience when their corrective intentions to provide their child with a better experience than their own fail.

Childhood context and marginalisation impacted on participants' sense of belonging, which further played a role in their parenting strategies and how they managed theirs and their child's survival. In response to such threats, some parents appeared to take on a more parent-led caregiving approach, whereby they monitored their child closely to 'make sure' they were ok (Grey, 2025). This might have led some parents to view their child as needing to be aligned to them in order for them to feel safe, whereby differences could be regarded as threatening to their survival. Ben recognised his child's difference as something he wanted to be ok with but could not develop the feeling within himself that it was safe, leading him to feel helpless. James storied how much he needed Daniel to be what he intended, to repair the systemic rejections he faced throughout his life by 'making sure' Daniel did not reject him as others have. These strategies are influenced by trauma,

whereby feeling a sense of control and knowing what to expect would offer a sense of safety in the parent-child relationship. The strategies also show the immense consequence of homophobia placing a burden on the parent-child relationship to make up for societal harms and familial rejection.

Other parents appeared to take on a child-led parenting strategy (Grey, 2025). This was storied as parents needing their child to develop ways to manage their own survival because of their own childhood attachment history, as they likely had to do so in their own development to protect themselves from abuse and uncertainty, a strategy also termed 'distanced protection' by Solomon and George (2008). These participants also possibly developed a heightened sensitivity to both LGBTQ+ and parental related threat that led them to deflect their child's distress to avoid feeling helpless, repeating a pattern of intergenerational trauma (Kler et al., 2025; Reese et al., 2022). This was possibly shown through stories of participants leaving their child to manage their own regulation, despite expressing a great wish to understand and support their child. Some parents did not feel they had the skills to do so, claiming that professionals were more equipped. Other parents possibly coped by storying their narrative of being parented and parenting their child as wholly positive, possibly to avoid thinking about the difficulties that are likely overwhelming them. This parenting or attachment avoidance is likely a result of parents' own experiences of trauma, whereby their desire to offer something different to their child drives them to challenge this avoidance as a corrective intention (Dallos, 2019).

These parenting strategies could be a reflection of 'caregiving helplessness' or 'carer burnout', which is further influenced by needing to manage numerous pressures linked to their identity as gay adoptive parents (Barrow et al., 2022; Cao et al., 2016; George & Solomon, 2008). Previous research has shown that LGBTQ+ parents face pressures around changing roles, family relationships and social networks, including navigating tensions between their less accepted gay identity and more affirmed parent identity (Cao et al., 2016). Parents spoke of how their family relationships changed in the transition to parenthood, where many strengthened in the context of their parents falling into helpful grandparent roles, despite receiving continued rejection of their gay identities. These narratives show how heteronormativity would help grandparents to navigate their roles

more easily, as grandparent scripts are readily available. For participants, the scripts of gay parenthood are much more complex and socially unavailable to learn from. Some participants shared a continued or increased distance from their own parents that they felt impacted on their emotional well-being and sense of belonging within the family. Participants' storied relationships with their parents highlights how attachment strategies are developed within a context, whereby participants' dynamics with their own parents impacted on the dynamics with their child in ways that are systemic and dynamically interacting with different aspects of participants lives, rather than simply transmitted from parent to child (Drzymala et al., 2022).

Considering these contextual threats and survival strategies, it is understandable how a child's emotional world can become invisible to their parent (Grey, 2025). This likely leads the child to desperately search for their parents' understanding and support, which can result in different coping strategies, such as expressing this through hitting, pushing, constantly seeking reassurance or even rejecting their care. Considering the immense hope participants shared in finding a sense of belonging within their family, with intentions to create a more positive environment than they experienced, it is understandable that the difficulties described might lead to a sense of shame or failure in parents that requires support (Barrow et al., 2022).

4.4 Theme 3 – 'Out of place, out of mind; calling for belonging'

Participants storied parenthood as changing their social networks and sense of belonging in different spaces. Some felt more included in mainstream society and shared an increased sense of belonging within their biological families, which strengthened their sense of legitimacy as gay parents. Parenthood allowed some participants to feel more comfortable to share their gay identity with society.

Parenthood also led to participants to redefine heteronormative gender roles and deconstruct heteronormative parenthood through visibility and representation. This was demonstrated through representing gender role equity to their children, which further echoes previous research on LGBTQ+ parents' experiences (Gartrell et al., 2019). Some of

the parents also described falling into more traditional heterosexual father roles which centred around play. Research has shown that fathers' consistent engagement in sensitive, stimulating and challenging play with their child supports their exploration and is associated with greater socioemotional and physical development outcomes (Cabrera & Roggman, 2017; StGeorge et al., 2018). Previous research has also shown that single LGBTQ+ male parents may take on traditional male gender roles to compensate for the absence of a second parental figure. However, this was not the case for Jack, a single parent, whereby he described a strong desire to prove to his children and society that he could perform all the roles of parenting, which may also be linked to his desire for parental legitimacy. This, however, understandably led him to experience greater parental stress and burnout that likely impacted on his emotional capacity to contain and mentalise his children, highlighting the limits of gender role equity in single parents that requires affirming support systems (Fonagy et al., 1991; Holland-Muter, 2023; VanAntwerp et al., 2025).

Consistent with previous research, many parents described intrusive and painfully rejecting interactions with the heteronormative community, such as being excluded from 'mother and baby' groups, which further increased their hypervigilance to microaggressions and marginalisation (D'Amore et al., 2023; Grigoropoulos, 2023). Many participants further explained how parenthood negatively impacted their social world, where they experienced rejection and isolation from their gay friends and gay community. This is a common experience for gay parents, whereby many report experiencing exclusion from LGBTQ+ childless friends, prompting them to turn to parents who affirm LGBTQ+ parenthood (Bergman et al., 2010; Cao et al., 2016). This was consistent with participants expressing their need for a supportive parenting space that specifically aligned with their intersectional identities to support their belonging. Previous research has shown the importance that an LGBTQ+ parenting community offers in affirming gay parenthood and family identity in supporting a sense of belonging in parenthood (D'Amore et al., 2023; Gartrell et al., 2019). When an affirmative space is found, this has been shown to be conducive to one's well-being and lowers levels of anxiety (VanAntwerp et al., 2025; Goldberg & Smith, 2011). Finally, all parents spoke of their pride in representing gay parenthood in society through an activist visibility approach which was conducive to developing their sense of belonging as gay parents.

These findings were formulated using the Power Threat Meaning Framework which is further outlined in Table 18.

Table 18. Formulation using Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018)

Questions	**Key concepts**
"What has happened to you?" (How is power operating in your life?)	Operation of POWER Generational norms, intergenerational trauma Child abuse and neglect Marginalisation, homophobia and rejections from biological family Laws on adoption Homophobia and effeminophobia LGBTQ+ perceptions of masculinity and sexual versatility LGBTQ+ perceptions of gay parents Societal rejections of gay parents Evolving cultural discourse around same-sex parenting Trauma experienced by adopted children
"How did it affect you?" (What kind of threats does this pose?)	Kinds of THREAT Homophobia, discrimination, stigma Societal views of gay parents Threatened emotional safety Emotional, physical and social needs threatened Threatened sense of belonging as gay

	Threatened sense of belonging as a gay parent Threats to the parent-child attachment relationship Minimal adoption support Limited access to support for gay parents
"What sense did you make of it?" (What is the meaning of these situations and experiences to you?)	Central role of MEANING Threatened sense of belonging in various spaces leads to sense of not being good enough/legitimate Sense of shame and failure in parenting Pressure on parent-child relationship to work given rejection in other spheres Possible compensatory strategies Sense of pride in gay parent visibility and representation Sense of belonging formed in relationship with child(ren)
"What did you have to do to survive?" (What kinds of threat response are you using?)	THREAT RESPONSES Increased sense of responsibility to make sure one's child is ok Heightened sensitivity to threat of homophobia developed in response to protect child Avoidance of difficulties, focus on the positive Must keep trying to offer child something better

"What are your strengths?" (What access to power resources do you have?)	STRENGTHS Accessing therapeutic support Seeking support from other parents Searching for a sense of belonging in safe spaces such as LGBTQ+ adoption groups
"What is your story?"	Fighting to belong, but gay parents need support. Without this, gay parents may struggle to support their child with their emotional and behavioural needs that are further impacted by systemic trauma on both sides.

Chapter 5: Discussion

5.1 Chapter overview

In this chapter, I report an overview of the findings and relate them to empirical literature and psychological theories. This is followed by a critical appraisal, clinical implications and recommendations for practice, with suggestions for future research and dissemination plans. Finally, this chapter concludes with personal reflections made around the research process.

5.2 Summary of findings

Development of a sense of belonging is important for connection to community and supports the navigation of life challenges, preventing feelings of isolation and alienation from others. It influences one's overall sense of well-being and moderates mental and physical health (Hagerty et al., 1992; Allen et al., 2021; Ross, 2002). Gay parents are at increased risk of feeling isolated from diverse communities as their gay and parent identities can often be viewed as incompatible by society (D'Amore et al., 2023; Forenza et al., 2021). Few studies have explored gay parents' sense of belonging and none have explored its influence on the parent-child relationship. This study sought to correct this gap by exploring how both are related.

All five participants in this study chose adoption as their route to parenthood, although the study was open to other routes. The stories shared a common theme of negative societal narratives and parental rejection of participants' gay identity as impacting on the development of their sense of belonging in various stages of their life. Participants shared how this influenced their feelings of parental legitimacy, in that many believed parenthood was not a possibility or that it was reserved for heterosexual individuals. All participants described a drive to become parents, despite the barriers, where some hoped this would bring a sense of acceptance and belonging within their biological families, and others sought to create this for their own family unit.

All participants experienced threats to their sense of belonging which led them to enact different unconscious parenting strategies to manage their own and their child's survival. Participants' negative past experiences and fear of future heterosexist rejection led to diverse ways of coping with their own internal fear responses, which impacted on how they viewed and responded to their child's distress.

All participants expressed a vital need for a parenting space to receive support and guidance in parenthood, where this needed to be a space where their intersectional identities were aligned with those of other parents. Parenthood also took on an activist approach to deconstructing heteronormative society through visibility of gay parenthood and challenging traditional roles of gendered parenthood. Some participants also felt that falling into traditional gender roles supported their feelings of parental legitimacy.

5.3 Implications and recommendations

The current study highlighted how gay parents are at increased risk of experiencing threats to their sense of belonging, which negatively impacts on their overall well-being through increasing one's sense of loneliness and isolation from community (Vytniorgu et al., 2023). Participants described a vital need for engagement with gay parent support communities that are aligned with their unique intersectional identities to receive guidance and feedback that would support their parenting and overall well-being. This would further provide parents with a space where they could develop their sense of belonging as gay parents, single gay parents or older gay parents. In turn, this would offer them guidance and reassurance that would support them in their parenting, and likely improve the parent-child attachment relationship.

The findings highlighted the need for adoption support that responds sensitively to the unique systemic contexts of gay parents and their children, such as the impacts of trauma, homophobia and marginalisation on their sense of belonging and overall well-being. Participants stories notably identified how gay men are at increased risk of experiencing abuse and neglect in childhood, which is in line with existing research (Austin et al., 2016).

This will further impact on the parent-child relationship whereby parenting adoptive children may trigger childhood experiences of abuse. However, gay parents are also more likely to understand their adopted children's experiences of trauma considering their own experiences of trauma, difference and resilience. Gay parents will also possibly have a better understanding of biological family disruption that will help them to support their child with their own separation from biological family. Farnfield's (2019) study of adoption comments on the fear of many adopters in looking after someone else's child, where this may be more easily acknowledged and accepted in gay adoptive parents as they already stand outside the heterosexual normative family script. This would likely mean they do not have to engage in the kind of pretending that fuels this fear. Equally, adoption services should also understand how gay parents can uniquely offer adoptive children a helpful experience of diversity, whereby the concept of chosen family in LGBTQ+ communities can support adoptive children to understand how bonds with non-biological safe adults can be formed, supporting their development of attachment relationships.

Considering how the majority of adopted children in the UK will have experienced abuse and/or neglect, this will have a significant impact such as leading to development of attachment disorders, developmental delays and emotional and behaviour difficulties (Department for Education, 2014; Lushey et al., 2018). Development of strong attachment relationships is important for mitigating the impacts of stress and adverse childhood experiences and supports children to cope with adversity (Fonagy et al., 1991; Tanner & Francis, 2025). The UK government's 2021 adoption strategy is aware of these significant concerns for adoptive children, yet recognises the gaps in support for adoptive families, whereby there is a lack of consistency in provision of support across the country (Adoption Strategy, 2021).

Encouragingly, the UK's more recent Adoption England Strategy (2024) includes efforts to raise awareness to ensure LGBTQ+ people understand they are welcome and eligible to adopt. This strategy also includes actions to increase LGBTQ+ adopters alongside training professionals to challenge their own biases about LGBTQ+ individuals and families. However, the strategy simply focuses on increasing access to adoption for LGBTQ+ people

and does not highlight how support needs to be tailored to specifically meet the needs of this population.

The NHS has begun its first review in 2025 to address the health inequalities experienced by LGBTQ+ individuals (NHS England, 2025). This data will then be used to inform the 10 Year Health Plan to address LGBTQ+ health inequalities and aiming towards a more equitable and accessible health service. However, gay men continue to be significantly impacted by a health service that harms through inadequate training and a lack of supportive inclusivity. The NHS long term plan does not mention any specific provisions for gay or LGBTQ+ parents (NHS England, 2025).

Specific therapeutic recommendations for supporting gay parents at different levels can be found in Table 19.

Table 19. Recommendations for practice

Area	Recommendations
Government level	Increase funding to support the representation of LGBTQ+ identities in parenting spaces, particularly focusing on increasing access to parent support groups that are inclusive and diverse. Focus on language, visibility and representation of LGBTQ+ identities to reduce homophobia and discrimination, particularly in health services. Provide non-tokenistic training to all mental and physical health professionals around LGBTQ+ identities and how to support them appropriately and sensitively.

Adoption support	Matching gay prospective parents to each other during the adoption process, even if in different locations. Recommending specific LGBTQ+ and gay parent adoption support groups gay parents can access. Training adoption professionals to recognise the unique contexts that gay parents face and how this can influence their experience of adoption and development of their relationship with their child. Offering preventative therapeutic support to gay parents around supporting emotional regulation and attachment development in adoptive children. This should include training on attachment, emotion regulation, reflective functioning and mentalisation.
NHS adult mental health services	Provide training to mental health staff around working with gay men to increase access to appropriate support. Make efforts to identify mental health services as inclusive spaces for gay men. Provide gay parents with specific parenting support that considers their own

	experiences of trauma and how this can impact on well-being and parenting of their child.
NHS child and adolescent mental health services (CAMHS)	Training CAMHS professionals on LGBTQ+ identities and the impacts of homophobia, trauma, systemic oppression and marginalisation on LGBTQ+ individuals. Providing LGBTQ+ adoptive parents with psychoeducation around adverse childhood experiences (ACEs) and mentalisation, explaining how the latter can improve the parent-child attachment relationship. Providing non-violent resistance (NVR) training to support gay parents to help their children regulate their emotions and behaviours. Provide specialised parent-child therapeutic support to gay parents with children that have significant emotional and behavioural difficulties that are impacting on their day-to-day life. Consider mentalisation based therapy as an option for therapeutic intervention.

5.4 Critical appraisal

5.4.1 Quality appraisal

This study was appraised using Tracy's (2010) 'Big-Tent' criteria and was chosen for its thorough evaluation of qualitative research. This appraisal can be found in section 3.11.

5.4.2 Strengths and limitations

This study provides a significant contribution to the field, whereby it is the first study of its kind. Gay parents are highly underrepresented in psychological research, and have often been used in research to highlight negative stereotypes around them. This research challenges heterosexist societal narratives around parenthood, offering a contextualised view of the parenthood challenges that gay men can experience, and increases visibility and representation around gay parent voices. It also centres the voice of the child in how they can be impacted by their parent managing survival in the context of wider systemic threats.

The use of experience-centred narrative analysis offered a rich interpretation of participants' experiences and minimised fragmentation of their narratives. This approach also gave participants control over their own narratives of experience, whereby narrative methods are viewed as essential in supporting how people construct meaning to their sense of belonging (Vytniorgu et al., 2023). Keeping a reflexive diary throughout this process helped me consider around my position, power and identity. I also recognise that my interpretation of participants' stories is shaped by my own positionality and is impacted by the gap in experiences between myself and participants.

Furthermore, attachment theory was developed using samples of heterosexual parents, which limits its generalisability to diverse intersectional sexual identities. The use of the Power Threat Meaning Framework (PTMF; Johnstone & Boyle, 2018) in combination with narrative analysis and the Meaning of the Child system strengthens the contribution of the findings as it addresses the contexts of participants and how power operates within attachment theory and formulation. This is a key strength as analysis of how social context and power influence relationships is rarely actualised in empirical studies in such an explicit way, where most stay at the social or individual level.

One limitation of this study was the small sample size (N=5), despite being the minimum appropriate sample size allowed for data saturation in narrative analysis (Constantinou et al., 2017; Hennink & Kaiser, 2022). Having more stories would have enriched the findings, especially considering the lack of existing literature in this area. This limitation is understandably related to people's reluctance to get involved in research, which is likely heightened for gay men considering their experiences of being negatively evaluated by society. However, the small sample was supported by the complexities of the hybrid analysis that incorporated information coming from the MotC, separately coded. A further limitation involves the use of narrative methodology, whereby some people may have found this unfamiliar or needed additional support to structure their responses, and would have excluded gay men who cannot verbalise experiences. The recruitment strategy could have also biased particular individuals to come forward, missing experiences of gay parents that were more negative, marginalised or even positive. This is further highlighted in the sample including mainly White participants, whereby efforts were made to recruit gay parents from minority backgrounds, without success. This is likely due to the limited time I had to form stronger relationships with organisations and gay communities that could have supported recruitment of diverse individuals. My female and White identity might have also prevented gay parents from minoritised backgrounds to come forward, as well as their own cultural expectations and norms around accessing research and support.

The MotC analysis also requires a significant amount of time and resource to fully engage in the training. This was not possible for me to carry out in the limits of the course, which means the majority of my knowledge of the MotC is self-taught. However, the study used trained and accredited MotC coders which added richness to the analysis by allowing me to draw on different perspectives. The MotC has been developed based on attachment theory, which is heteronormative in its origins. Attachment theory has only just begun to be thought about in parent-child relationships for sexual and gender minority parents, where there is a continued lack to consider context within this. Finally, this study did not include relational influences of other individuals on participants' children, such as other parents and caregivers, or wider family. Individuals, particularly children, exist in communities and relate to others in different ways, which will influence attachment styles and well-being. For example, this study did not consider how some of the participants' children may have

contact with their birth family, and how this influences them and their dynamic with their adoptive parent(s). It also did not consider the contributions of affirming chosen family members on participants' well-being, which will likely also influence the parent-child relationship. There would be value in future research exploring broader relational and contextual influences.

5.5 Future research

Future research should further explore gay parent voices, with particular efforts to include gay parents from minority backgrounds, as they are highly underrepresented in research (Cao et al., 2016). To reduce the power imbalance in research and encourage people from minority backgrounds to get involved, future research should involve co-creation of the project with participants. In addition, it is of vital importance that future research develops attachment theory to include the voices of LGBTQ+ parents, considering their unique socio-politico-cultural contexts and intersectional identities. Finally, future research should further explore the parent-child relationship in LGBTQ+ adoptive parents by including the voices of their children to further develop our understanding of the attachment relationship.

5.6 Dissemination

Dissemination will first take place through presenting the current study at the University of Hertfordshire research conference in 2025. It is then intended to be written up for publication in a peer-reviewed journal, such as the Journal of GLBT Family Studies or Human Systems. I will also disseminate the findings to the LGBTQ+ organisations I made connections with in the recruitment stage, who were eager to receive further communications around this. Participants were all interested in receiving further communications around publication, and so I will liaise with them around this.

5.7 Final reflections

At the end of this project, I am left feeling extremely grateful that my participants trusted me enough with their voices and to share their story. Throughout this project, I have felt an

immense pressure to do participants' voices justice, and have consistently felt as though I was coming up short on this, questioning whether I was the person best placed to do so. This is in part due to my identity, whereby I do not have an in depth understanding of the experiences of gay men or gay parents as an insider researcher would. I felt I needed to continually read, learn and reflect around gay parents' experiences to develop my own sense of legitimacy as a researcher.

I also felt a tension in combining attachment theory, which is heteronormative in origin, with gay parent voices, whereby this has not been developed with them in mind. In analysing their stories, I often dwelled on the harm this could cause if I did not contextualise the parent-child relationship, and whether this would be enough to provide a valid understanding of their stories. Gay parents are continually negatively evaluated by society, and I did not want to further cause harm by doing the same. This feeling often led me to initially shy away from highlighting the difficulties in participants' parenting strategies, whereby I needed to continually remind myself that this research is meant to highlight this, for the purpose is to share how gay parents are as much in need of support as any other heterosexual parent. I believe a part of me was also wanting this project to feel positive, whereby I think I had a wish to make things 'right and ok' for participants, but am reminded that I cannot right the wrongs that homophobia, discrimination and marginalisation have done and continue to do. I believe this comes from my professional identity as a clinician, where I am often providing care with the view of seeing improvement, where I do not get this opportunity within this project. I am still processing what this project means for me, and hope that participants and gay parents find value within it, with dissemination leading to better reforms for gay parents.

5.8 Conclusion

This research explored gay parents' meaning making of their sense of belonging in the transition to parenthood and how this influenced their relationship with their child. The Power Threat Meaning Framework helped to contextualise their stories and offer a less critical lens of their difficulties, where the PTMF and attachment analysis combine well to offer a shared focus on threat, meaning and response (PTMF; Johnstone & Boyle, 2018;

Grey, 2025). This study showed how trauma played a role in participants' ways of relating to their child and how this further impacted on participants' sense of belonging. Marginalisation, homophobia, and structural oppression of gay parents limits their access to gay and gay parent community resources that has the potential to further negatively impact on their sense of belonging and parenting of their child. Limited access to therapeutic support restricted participants' understanding of how to support a child who has faced significant early life trauma. These stories challenge dominant narratives around heterosexist parenthood and show how gay parents can offer a uniquely supportive experience to adoptive children because of their own lived experiences of difference, resilience and biological family separation that can enable them to nurture their child's identity and sense of belonging.

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Appendices

Appendix A: Research Poster

Appendix B: Participant Information Sheet

University of Hertfordshire UH Ethics Committee

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')
FORM EC6: PARTICIPANT INFORMATION SHEET

Lead Researcher: Cristina Catania, Trainee Clinical Psychologist, c.catania@herts.ac.uk

Principal Supervisor: Dr Ben Grey, Clinical Psychologist, Principle Lecturer (Research), University of Hertfordshire, b.grey@herts.ac.uk

Secondary supervisor: Dr Richard Vytniorgu, Research Fellow, University of Hertfordshire, r.vytniorgu@herts.ac.uk

Research mentor: Dr Lizette Nolte

1 **Title of study**

Gay cisgender male parents' experiences of belonging throughout the transition to parenthood and its influence on the parent-child relationship.

2 **Introduction**

You are being invited to take part in a study. This research project is exploring the experiences of belonging of gay cisgender male parents in the transition to parenthood, and how this influences the parent-child relationship. Participants have been invited to take part in interviews with the lead researcher. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether or not you wish to take part. The University's regulation, UPR RE01, 'Studies Involving the Use of Human Participants' can be accessed via this link:

https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs
(after accessing this website, scroll down to Letter S where you will find the regulation)

Thank you for reading this.

3 **What is the purpose of this study?**

University of Hertfordshire UH Ethics Committee

This research is being undertaken as part of the academic Doctoral qualification in Clinical Psychology at the University of Hertfordshire, whereby the findings will form part of a major research project.

There is a growing number of gay men becoming parents, yet a consistent gap exists in the literature explore experiences of same-sex parents who are not cisgender female. The purpose of this study is to explore how gay cisgender male parents experience belonging in the transition to parenthood, and how this influences the co-creation of the parent-child relationship.

4 **Do I have to take part?**

The extent of your involvement in this research is completely your choice. If you decide to take part, you will be asked to sign a consent form to show that you have understood the requirements of the study and are happy to proceed.

At any point in the interview, you are free to stop your involvement and your data will not be used for the project. Once the interview is completed, you can withdraw from the study at any time within 7 days of the interview and can do so by emailing the primary researcher: Cristina Catania. You will not need to give a reason for this, and a decision to withdraw any information or interview responses you have provided will not affect you in any way. Seven days following the interview you will no longer be able to withdraw from the study, this is to protect the validity of the research and is permissible as an exemption to data subject rights under GDPR.

5 **Are there any age or other restrictions that may prevent me from participating?**

- Inclusion criteria:
  - To take part in this study, you must be a primary caregiver of a child aged 2-18 and resident in Britain, must identify as gay and/or homosexual and cisgender male, and your child must have been in your life for a minimum of two years.
- Exclusion criteria:
  - You have current involvement with social care (except for adoption support)
  - You have children who are at risk of harm
  - You are currently suffering from significant mental health difficulties
  - You have recently (within 2 months) experienced a traumatic event/bereavement

6 **How long will my part in the study take?**

You will be asked to participate in a 1:1 interview with the lead researcher, which will take place via remote conferencing (e.g., Zoom, Microsoft Teams). You will be given the option to keep your video on or off, whichever helps you feel more at ease. Interviews will last up to 2 hours and will take place at mutually agreed meeting space that provides privacy and confidentiality to the conversation. There will be regular breaks throughout the interview as is helpful for you. This will be decided with you at the start of the interview, so the break(s) best suit your needs.

University of Hertfordshire UH Ethics Committee

7 **What will happen to me if I take part?**

During the interview, you will also be asked to provide some information about yourself, including demographic information (e.g., age, gender identity, ethnicity), as well as details of how you heard about the study.

You can contribute as much or as little as you like, and there is no requirement or pressure to contribute anything if you do not feel comfortable doing so.

We will encourage non-judgemental, respectful discussion. There will be time at the beginning of the session for you to ask questions or make any comments that will not be used in the research. You can also speak to the researcher, Cristina, before the session if you have any queries. Interviews will be recorded via Microsoft Teams or Zoom and will later be transcribed by Cristina.

After the session, Cristina will remain online for a while to answer any questions or address any concerns you have. This part of the session won't be recorded or used for research purposes, but the same privacy and confidentiality guidance will apply. You will also be provided with relevant contact numbers should you need to talk to someone about anything that came up in the interview that may have affected you.

8 **What are the possible disadvantages, risks or side effects of taking part?**
It is not anticipated that participants will be exposed to undue distress however, interviews may bring up difficult life experiences. You are under no obligation to answer any questions that you do not feel comfortable answering. Following the questionnaire, you will receive a debrief sheet with information on how to seek further support should you need it. If you feel distressed, we are able to offer emotional support during and directly after the interview process. You are able to contact your occupational health department, employee assistance, or the Samaritans on 116123 if you continue to feel distressed following our meeting. There is also the NHS confidential text support that is available 24/7 by texting FRONTLINE to 85258

9 **What are the possible benefits of taking part?**
The researcher cannot promise any specific benefits. However, taking part in this research will give you the opportunity to reflect and share your experiences of belonging and how this has influenced your relationship with your child. The hope is that this research will help inform the support that is offered to parents like yourself by professionals and services.

10 **How will my taking part in this study be kept confidential?**
Confidentiality will be maintained in accordance with the Data Protection Act (2018), the British Psychological Society's Code of Human Research Ethics (2021), and the General Data Protection Regulation 2016/679. The researcher guarantees the anonymity and confidentiality of any collected information. All data will be kept confidential between the participant, the primary researcher and authorised researchers involved in the analysis. You will be asked to give written consent for your participation to be recorded via Microsoft Teams or Zoom (audio-visual or audio only depending on preference). Pseudo-names will be given to each participant, so your identity remains anonymous. Recorded data will be stored on the University of Hertfordshire's secure cloud server which is only accessible by the principal

researcher and supervisor. Anonymised transcriptions will then be created and the audio-visual files will be destroyed upon completion of the write-up of the research project. Only the researcher, research team and an expert by experience will have access to the anonymised transcripts. Your consent forms will be scanned and stored in a secure cloud location for 6 years, after which they will be destroyed along with all other personal data arising from the study. This timeframe is to allow for the data to be validated if questioned during publication and retention.

11 **Audio-visual material**

Audio-visual files from the interviews will be deleted upon completion of the project write-up and the anonymised transcriptions will form the basis of the material for analysis.

12 **What will happen to the data collected within this study?**

- All audio-visual files will be deleted upon completion of the project write-up.
- The data collected will be stored electronically, in a password-protected environment, for 6 years, after which it will be destroyed under secure conditions; This timeframe is to allow for the data to be validated if questioned during publication and retention.
- The transcriptions will be anonymised prior to storage.
- You will be asked to sign a 'Contributors' Release Form' to allow the transmission of the audio-visual material to which you have contributed.
- You have the right to request the deletion of your personal data. Any personally identifiable data collected from you will be deleted upon your request at any time with the exemption of demographic information that is being used in the study. Demographic information will be deleted upon request within 7 days of the interview taking place. If any clarification is needed around this, please speak to the researcher.
- To analyse your data, the researcher will be using the Meaning of the Child (MotC) system. This is a method that helps to make sense of parent-child relationships and the story parents tell about their child. If you wish to read further around this, you can do so at this link: https://www.meaningofthechild.org/
- We will also be using a method of analysis called narrative analysis, which is a method that helps to understand how people story their experiences, feelings and decisions.
- If you have any questions about these methods of analysis, please get in touch with the researcher who would be happy to answer these.

13 **Will the data be required for use in further studies?**

- The data will not be used in any further studies.

University of Hertfordshire UH Ethics Committee

14 **Who has reviewed this study?**

This study has been reviewed by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

The UH protocol number is [tbc]

15 **Factors that might put others at risk**

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

16 **Limits of confidentiality**

Please note that confidentiality will be maintained unless you report that a child or vulnerable person is at risk, in which we would need to refer this information to appropriate services. We only mention this because we have a duty as professionals to protect those who are vulnerable, but please keep in mind that our goal is not to assess you for risk as part of this study.

17 **Who can I contact if I have any questions?**

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email: ***Cristina Catania,*** c.catania@herts.ac.uk.
Alternatively you may contact my principal supervisor, ***Dr Ben Grey***: b.grey@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study.

Appendix C: Consent form

University of Hertfordshire UH Ethics Committee

UNIVERSITY OF HERTFORDSHIRE
FORM EC3
CONSENT FORM

Research study: Gay cisgender male parents' experiences of belonging throughout the transition to parenthood and its influence on the parent-child relationship

Lead Researcher: Cristina Catania, Trainee Clinical Psychologist, c.catania@herts.ac.uk

Principal Supervisor: Dr Ben Grey, Clinical Psychologist, Principle Lecturer (Research), University of Hertfordshire, b.grey@herts.ac.uk

Secondary supervisor: Dr Richard Vytniorgu, Research Fellow, University of Hertfordshire, r.vytniorgu@herts.ac.uk

Research mentor: Dr Lizette Nolte

1 I confirm that I have been given a Participant Information Sheet giving specific information about the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study, I will be informed, and asked to renew my consent to participate in it.

2 I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

3 In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place. I understand that the information I provide as part of the study will be stored securely and kept confidential.

4 I have been given information about the risks of my suffering harm or adverse effects. I have been told about the support that will be offered to me in the event of this happening, and I have been assured that all such support would be provided at no cost to myself.

University of Hertfordshire UH Ethics Committee

5 I have been told how information relating to me (data obtained in the course of the study, and data provided by me about myself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

6 I understand that if there is any revelation of unlawful activity or any indication of non-medical circumstances that would or has put others at risk, the University may refer the matter to the appropriate authorities.

7 I understand that if I disclose any information that leads the researcher to think I or someone else may be at risk of harm this information may not be kept confidential and may be shared with the relevant support organisations. This will be discussed with me before action is taken.

8 I have been told that I may at some time in the future be contacted again in connection with this study.

9 I agree that information I provide, including my words and messages in the interview chat, can be used to write reports, publications and articles, and can be presented to people interested in the project at conferences, meetings and events.

10 I agree that my anonymised direct quotes can be used in research outputs, writing scientific reports and publications, as well as project presentations in conferences and to other relevant stakeholders.

11 I understand that I may be asked to leave the study if I am found to be disrespectful or abusive towards the researchers.

By signing below, you are indicating that you have read and understood the Participant Information Sheet and that you agree to take part in this research study.

_____	_____	_____
Participant's Name	Participant's Signature	Date

University of Hertfordshire UH Ethics Committee

For participants who have difficulty reading the Participant Information Sheet and Consent Form, and/or signing the consent form, the researcher will complete the form for them in their presence.

_____ _____ [*researcher completes participant's name and date]*
Participant's Name Date

Participants unable to sign their name should mark the box instead of signing ☐

I have accurately read out the Participant Information Sheet and Consent Form to the potential participant. To the best of my ability, I have ensured that the participant understands what they are freely consenting to and have completed the Consent Form in accordance with their wishes.

_____ _____

Name of Researcher Signature of Researcher Date

I have witnessed the accurate reading of the Participant Information Sheet and Consent Form with the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

_____ _____

Name of Witness Signature of Witness Date

If the participant is unable to mark the box but is able to indicate consent orally, or in another manner, then the signatures of the witness and the researcher will be sufficient. In such cases the researcher should indicate below how consent was given:

Form of consent for participants unable to provide a signature or to mark the box:

(UH Protocol number .....)

Appendix D: Harms, hazards and risks form

UNIVERSITY OF HERTFORDSHIRE
ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

FORM EC5 – HARMS, HAZARDS AND RISKS:
ASSESSMENT AND MITIGATION

Name of applicant: Cristina Catania Date of assessment: 22nd June 2024

Title of Study/Activity: Gay cisgender male parents' experiences of belonging throughout the transition to parenthood and its influence on the parent-child relationship.

Activity Description					
1. IDENTIFY RISKS/HAZARDS	2. WHO COULD BE HARMED & HOW?		3. EVALUATE THE RISKS		4. ACTION NEEDED
Activities/tasks and associated hazards Describe the activities involved in the study and any associated risks/ hazards, both physical and emotional, resulting from the study. Consider the risks to participants/the research team/members of the public. In respect of any equipment to be used read manufacturer's instructions and note any hazards that arise, particularly from incorrect use.)	Who is at risk? e.g. participants, investigators, other people at the location, the owner / manager / workers at the location etc.	How could they be harmed? What sort of accident could occur, eg trips, slips, falls, lifting equipment etc, handling chemical substances, use of invasive procedures and correct disposal of equipment etc. What type of injury is likely? Could the study cause discomfort or distress of a mental or emotional character to participants and/or investigators? What is the nature of any discomfort or distress of a mental or emotional character that you might anticipate?	Are there any precautions currently in place to prevent the hazard or minimise adverse effects? Are there standard operating procedures or rules for the premises? Have there been agreed levels of supervision of the study? Will trained medical staff be present? Etc/	Are there any risks that are not controlled or not adequately controlled?	List the action that needs to be taken to reduce/manage the risks arising from your study for example, provision of medical support/aftercare, precautions to be put in place to avoid or minimise risk or adverse effects NOTE: medical or other aftercare and/or support **must** be made available for participants and/or investigator(s) who require it.
Psychological distress	Participants	Risk to participants: Given the nature of the topic, there is a potential for participants to feel	Risk to participants: Every effort will be made to ensure the	No.	Risk to participants: • Administer information sheet and consent form

		mental and emotional discomfort and distress from thinking about past experiences of belonging and their relationship with their child.	participants feel safe and comfortable in the interview process. They will be made aware of the topic through the research advert and information sheet, and explicit consent will be obtained before starting the interviews. Participants will also be sent the interview questions ahead of the interview to review, and will be able to withdraw their consent at any time. They will also made aware that they should only answer questions they feel comfortable with. The investigator will		to each participant and leave space for any questions or concerns. • Send interview questions to participants ahead of interview with enough time to review and ask questions/make comments before beginning the interviews. • Ensure participants are aware they can withdraw consent at any time. • Check in with participants during and after the interviews

			check in with participants during and after the interviews take place to determine if any distress has risen that requires support, with appropriate support being offered when needed. Participants will be given contact information of places they can seek support following the interview if they so require.		take place for any mental or emotional distress. • Offer support to participants who have expressed distress and signpost to appropriate services where applicable • Give all participants information on services they can contact for support if they so require • If any risk of harm to a child or vulnerable person is disclosed, this information will be

					referred to appropriate services in the participant's borough, such as the participant's local Multi Agency Safeguarding Hub. Information will be shared in line with local safeguarding policies and guidelines.

Signed by applicant: 	Dated: 13.08.24

Appendix E: Adapted PDI for the Meaning of the Child Interview

PDI (The Meaning of the Child)

Explanatory Note

The Parent Development Interview (Aber et al., 1985 - 2003[1]) was adapted by Professor Arietta Slade and her colleagues for use the Reflective Functioning scale and was initially used in the research validating the Meaning of the Child. However, experience of both the use of the Meaning of the child and also of working with parents in the family court system, have resulted in the need for some changes to the PDI. Questions in black derive from the original PDI, those in red have been modified or added for the purposes of the Meaning of the Child.

A. View of the Child.

[Today we're going to be talking about you and your child. We'll begin by talking about your child and your relationship, and then a little about your own experience as a child.]

Let's just start off by your telling me a little bit about your family – who lives in your family? How many children do you have? What are their ages? (Here you want to know how many children, ages, including those living outside the home, parents, other adults living in home. If atypical rearing situation get some of the detail of that just to create a context for understanding the interview.)

1. I'd like to begin by getting a sense of the kind of person your child is… so, could you describe him/her for me?

2. And, what about you, what kind of person are you? What is it important for us to know about you?

3. OK, now let's return to your child…In an average week, what would you describe as his/her favorite things to do, his/her favorite times?

4. And the times or things he has most trouble with?

5. What do you like most about your child?

6. What do you like least about your child?

7. When you are with [child] and look at [child] is there anyone s/he reminds you of? How does that make you feel?

B. View of the Relationship

[1] Aber, J., A. Slade, B. Berger, I. Bresgi & M. Kaplan, (1985 - 2003) *The Parent Development Interview: Interview Protocol,* Unpublished manuscript: Barnard College, Columbia University, New York.

1. I'd like you to choose 3 words or phrases that you feel reflect the relationship between you and (your child). (Pause while they list adjectives.) Now let's go back over each of the words or phrases you choose. Does an incident or memory come to mind with respect to _____? (Go through and get a specific memory for each adjective.)

2. Describe a time in the last week when you and (your child) really "clicked". (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

3. Now, describe a time in the last week when you and (your child) really weren't "clicking". (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

C. Affective Experience of Parenting

Now, we're going to talk about your feelings about being a parent. How would you describe yourself as a parent? [If necessary probe: Can you give me an example of this?]

1. What gives you the most joy in being a parent?

2. What gives you the most pain or difficulty in being a parent?

3. When you worry about (your child), what do you find yourself worrying most about?

4. How has having your child changed you?

5. Tell me about a time in the last week or two when you felt really angry as a parent. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your angry feelings?)

6a. What kind of effect do these feelings have on your child?

6. Tell me about a time recently when you felt really guilty as a parent. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your guilty feelings?)

7a. What kind of effect do these feelings have on your child?

7. Tell me about a time in the last week or two when you felt you really needed someone to take care of *you*. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your needy feelings?)

8a. What kind of effect do these feelings have on (your child?)

8. When your child is upset, what does he/she do? Can you tell me about a recent time when s/he was upset? How did that make you feel? What did you do?

9. Does (your child) ever feel rejected?

D. Parent's Family History

[Where a full AAI has already been given, skip questions 1 - 3]

Now I'd like to ask you a few questions about your own parents, and about how your childhood experiences might have affected your feelings about parenting….

1. Could you just tell me something about your childhood family; who you grew up with, what your childhood relationship with your parents was like, that kind of thing?

2. I'd like you to choose 3 words or phrases that describe your childhood relationship with your mother, from as early as you can remember….Now let's go back over each adjective. Does an incident or memory come to mind with respect to?

3. Now can you choose 3 words or phrases that describe your childhood relationship with your father? (Pause while they list adjectives.) Now let's go back over each adjective. Does an incident or memory come to mind with respect to _____?

4. When you were a child how did you fit into your parents relationship? Did you ever feel pressure to take sides between them.. ? What happened, how… what did it make you feel about this with your own children?

5. How do you want to be like and unlike your mother as a parent?

6. How about your father?

7. Do you think there are any ways in which you *are* like your mother? .. father?

E. Co-Parenting and Family Relationships

I would just like to ask a few questions about [your child's] relationships with the rest of your family and with others important in her/his life:

1. Can you tell me a bit about [your child's] relationship with your partner? Could you describe a recent time that illustrates this [*adapt to parent's answer*]?

2. Most parents have times where they disagree about parenting. Can you tell me a time when you and (partner) didn't see eye to eye about [child]?

3. How do you think your child fits into your relationship with your wife/partner? What about his/her siblings?

4. When was the last time you were all together as a family? Can you tell me a bit more about that? [*Probe if necessary*]*:* How did you feel?

5. [*Where the child's parents are not living together*] How does [your child] get on with her/his [*non resident*] mother/father? How does that make you feel? When was the last time s/he can any contact with him/her? How did that go?

F. Separation/Loss

1. Now, I'd like you to think of a time you and your child weren't together, when you were separated. Can you describe it to me? *(Probe: What kind of effect did it have on the child? What kind of effect did it have on you?)* NOTE*:* Probe for a *recent* separation [within the last year].

2. Do you think there are experiences in your child's life that you feel have been a setback for him?

G. Integrative Questions

1. Your child is _____ already, and you're an experienced parent. If you had the experience to do all over again, what would you change? What wouldn't you change?

2. We have spent some time looking at what it is like to be a parent, your experiences of being parented, and your relationship with [child]. Is there anything you would like to add that will help us understand you now as a parent, or feel we should know about your relationship with [child]?

Appendix F: Interview schedule

PDI (The Meaning of the Child)

Explanatory Note

The Parent Development Interview (Aber et al., 1985 - 2003[2]) was adapted by Professor Arietta Slade and her colleagues for use the Reflective Functioning scale and was initially used in the research validating the Meaning of the Child. However, experience of both the use of the Meaning of the Child and also of working with parents in the family court system, have resulted in the need for some changes to the PDI. Questions in black derive from the original PDI, those in red have been modified or added for the purposes of the Meaning of the Child, those in blue have been added for the purpose of this project. The order of the interview schedule has also been adapted from the PDI to accommodate participants' experience in the interview and to support them to develop narratives of their experiences.

We'll begin by talking about your identity as gay, and how becoming a parent might have changed that, if at all. We'll then talk about your experience as a child growing up, before talking about your relationship with [your child] and how you feel as a parent.

A. Parent's identity as gay

1. Could you begin by telling me what kind of person are you? What is important for me to know about you?
2. What was it like growing up gay? Did you always know you were gay? [Note: if participant reveals any experiences of being bullied / prejudiced against – probe as to what they think caused this – i.e., sexual or gender nonconformity?]
3. As a gay man, who are the people and where are the places that have helped you develop a sense of belonging as gay man? Did this change when you became a parent?
4. How did becoming a parent change the way you saw yourself as a gay man?
5. Have you had any experiences as a gay parent that have changed your sense of belonging as a gay man? How do you think this has influenced your relationship with your child?

B. Parent's Family History

Now I'd like to ask you a few questions about your parents, and about how your childhood experiences might have affected your feelings about parenting….

1. Could you just tell me something about your childhood family; who you grew up with, what your childhood relationship with your caregivers was like, that kind of thing?

[2] Aber, J., A. Slade, B. Berger, I. Bresgi & M. Kaplan, (1985 - 2003) *The Parent Development Interview: Interview Protocol,* Unpublished manuscript: Barnard College, Columbia University, New York.

2. I'd like you to choose 3 words or phrases that describe your childhood relationship with your primary caregiver, from as early as you can remember…. Now let's go back over each adjective. Does an incident or memory come to mind with respect to?

3. Now can you choose 3 words or phrases that describe your childhood relationship with your secondary caregiver? (Pause while they list adjectives.) Now let's go back over each adjective. Does an incident or memory come to mind with respect to ___?

4. When you were a child how did you fit into your parents' relationship? Did you ever feel pressure to take sides between them…? What happened, how… what did it make you feel about this with your own children?

(questions 5, 6 & 7 from the PDI were removed).

C. View of the Child

Now we're going to talk about you and your child together.

1. Can you describe who's in your immediate family? [clarify ages of children]

2. Could you describe your child for me?

3. In an average week, what would you describe as his/her favorite things to do, his/her favorite times?

4. And the times or things [child] has most trouble with?

~~5. What do you like most about your child?~~

~~6. What do you like least about your child?~~

7. When you are with [child] and look at [child] is there anyone s/he reminds you of? How does that make you feel?

(questions 5 and 6 from the PDI were removed).

D. View of the Relationship

1. I'd like you to choose 3 words or phrases that you feel reflect the relationship between you and (your child). (Pause while they list adjectives.) Now let's go back over each of the words or phrases you choose. Does an incident or memory come to mind with respect to _____? (Go through and get a specific memory for each adjective.)

2. Describe a time in the last week when you and (your child) really "clicked". (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

3. Now, describe a time in the last week when you and (your child) really weren't "clicking". (Probe if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

E. Affective Experience of Parenting

1. Now, we're going to talk about your feelings about being a parent. How would you describe yourself as a parent? [If necessary probe: Can you give me an example of this?]

2. What gives you the most joy in being a parent?

3. What gives you the most pain or difficulty in being a parent?

4. When you worry about (your child), what do you find yourself worrying most about?

~~5. How has having your child changed you?~~

6. Tell me about a time in the last week or two when you felt really angry as a parent. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your angry feelings?)

6a. What kind of effect do these feelings have on your child?

7. Tell me about a time recently when you felt really guilty as a parent. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your guilty feelings?)

7a. What kind of effect do these feelings have on your child?

8. Tell me about a time in the last week or two when you felt you really needed someone to take care of *you*. (Probe, if necessary: Can you tell me a little bit more about the situation? How did you handle your needy feelings?)

8a. What kind of effect do these feelings have on (your child?)

9. When your child is upset, what does he/she do? Can you tell me about a recent time when s/he was upset? How did that make you feel? What did you do?

10. Do you think there are experiences in your child's life that you feel have been a setback for [child]?

(Removed question 5 from the PDI. Modified question 10 from the PDI).

F. Co-Parenting and Family Relationships

I would just like to ask a few questions about [your child's] relationships with the rest of your family and with others important in her/his life:

1. Can you tell me a bit about [your child's] relationship with your partner? Could you describe a recent time that illustrates this [*adapt to parent's answer*]?

2. How do you think your child fits into your relationship with your partner?

3. When was the last time you were all together as a family? Can you tell me a bit more about that? [*Probe if necessary*]*:* How did you feel?

(questions 2 and 5 removed from the adapted PDI).

(Section on Separation/Loss from the PDI was removed).

G. Integrative Questions

1. Your child is _____ already, and you're an experienced parent. If you had the experience to do all over again, what would you change? What wouldn't you change?

2. If you were able to give one piece of advice to other gay men thinking of becoming parents, what would it be?

3. When thinking about support for gay men who are prospective parents, are there any changes that you'd like to see in support services?

4. We have spent some time looking at what it is like to be a parent, your experiences of being parented, and your relationship with [child]. Is there anything you would like to add that will help us understand you now as a parent, or feel we should know about your relationship with [child]?

Appendix G: Debrief form

Debrief Sheet

We will be exploring your experiences of belonging in your journey to parenthood and how you feel these experiences may have influenced your relationship with your child. While you may feel at ease speaking about this, it could also leave you feeling more difficult feelings and any of these would be very understandable. If you do feel that participating has brought up difficult feelings, or things you maybe just want a space to be able to process, please find a list of services below.

Thank you for your time, your expertise and your openness to sharing your thoughts and experiences with me.

Services you can turn to for support

- NHS 111
  - NHS 111 will tell you the right place to get help if you need to see someone. You may be able to speak to a nurse, or mental health nurse, over the phone. A GP can advise you about helpful treatments and also help you access mental health services.
  - Use the NHS **111** online service or call **111**.

- GP:
  - You may find it helpful to contact your GP if you experience psychological distress or discomfort after the study. They may be able to advise you for further sources of support, such as a referral to an NHS therapeutic service for counselling or another type of talking therapy.

- Pink Therapy
  - They are a directory of qualified LGBTQIA+ friendly therapists and counsellors. Their website provides information about websites and others sources of support if that felt more useful.
  - Website: https://pinktherapy.com/

- Relate
  - Relate is a charity providing relationship support throughout the United Kingdom. Services include counselling for couples, families, young people and individuals, sex therapy, mediation and training courses.
  - Website: https://www.relate.org.uk/

- Samaritans
  - The Samaritans provide emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout the United Kingdom and Ireland
  - Telephone number: 116 123 (24 hours, any day of the year)
  - Email: jo@samaritans.org (response time: 24 hours)

- Shout
    - Shout 85258 is a 24/7 UK text messaging service for times when people feel they need immediate support.
    - Text SHOUT to: 85258

- Nafsiyat:
    - A charity offering intercultural therapy in over 20 languages to people from diverse cultural communities.
    - Telephone number: 020 7263 6947
    - Email: admin@nafsiyat.org.uk

- The Black, African and Asian Therapy Network (BAATN)
    - BAATN provide an online directory of private, qualified and registered professional Black, African and Asian counsellors, psychotherapists and psychologists. There is a choice of face to face or online counselling via Skype/Telephone/Email.
    - Website: https://www.baatn.org.uk/

- The Lapis:
    - The Lapis provides specialist counselling and psychotherapy to those affected by disability and life-changing health conditions, included families, loved ones and carers.
    - Website: https://lapis.org.uk/

Appendix H: Letter of ethical approval (after amendment)

To: Ms Cristina Catania

Your application for an amendment of the existing protocol listed below has been approved by the Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. **Please read this letter carefully.**

Study Title: Gay cisgender male parents' experiences of belonging throughout the transition to parenthood and its influence on the parent-child relationship.

Your UH protocol number is: **0279 2025 Jan HSET**
This reference must be quoted on all paperwork, including advertisements for participants.

If you wish to use the UH Ethics Committee logo disclaimer in your communications with participants, please find it in our UH Ethics Canvas site under 'Units - Application Forms': UH Ethics Approval (instructure.com.

This ethics approval expires on 06/10/2025

Amending your protocol

Individual protocols will normally be approved for the limited period of time noted above. Application for minor amendments (including time extensions) of a protocol, may be made for a maximum of 4 working weeks after the end date of that protocol.

It is expected that any amendments proposed via the online system will be minor. Should substantial modification be required, it would be necessary to make a fresh application for ethical approval.

Note that you must obtain approval from the relevant UH Ethics Committee with Delegated Authority **prior to implementing any changes**. Failure to do so constitutes a breach of ethics regulations (UPR RE01).

Adverse circumstances
Any adverse circumstances that may arise because of your study/activity must be reported to ethicsadmin@herts.ac.uk as soon as possible.

Permissions
Any necessary permissions for the use of premises/location and accessing participants for your study/activity must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Ethics Administration Team

ethicsadmin@herts.ac.uk

Appendix I: End of study confirmation

Monday, August 11, 2025 at 11:41:31 British Summer Time

Subject: RE: End of study confirmation
Date: Monday 11 August 2025 at 8:54:38 AM British Summer Time
From: ethicsadmin, UH
To: Cristina Catania [Student-HML]
Attachments: image003.png, image004.png, image005.jpg, image006.jpg

Hi Cristina,

Thank you for your email confirming that your study is now complete, there is nothing further for you to do.

Best wishes,
Erin

Erin Archer (she/her)
Ethics Administrator, Research and Enterprise Services
Office of the Vice-Chancellor

University of Hertfordshire
Hatfield AL10 9AB
UK

Chat with me in Teams

LGBTQ+ Ally
If it is helpful for you to share your pronouns with me, please do so.

Ethics Approval Canvas Site for UG/PGT Students:
https://herts.instructure.com/courses/105037
HertsHub Ethics Approval Site for Doctoral Students and Staff:
https://herts365.sharepoint.com/sites/UHResearch/SitePages/UH-Ethics-Approval---studies-involving-human-participants.aspx

Ethics email address:
ethicsadmin@herts.ac.uk

Appendix J: Excerpts from Reflexive Diary

Reflexive diary

08.10.24

Beginning to think about recruitment and how LGBQ+ populations are often subjected to other people's opinions of their decision to pursue parenthood which continues throughout their parenting experiences. Thinking further about how I, as a researcher, will be positioned potentially as an 'intruder' to them, particularly as I am not a gay parent. Wondering how I can reflect on this and create enough safety for participants to reach out and get involved if they so wish.

12.12.24

- Completed a practice interview
- Was surprise to find myself becoming more emotional than I normally would in a therapy session
- I also found it challenging not to be able to say anything in return or to respond to what the person was saying
- This felt very different to therapy sessions and I'm curious as to why. Will discuss with supervisors.

Supervision:

- People with professional identities are able to move, not so place bound. What does this mean for building that sense of belonging and attachment to people and places?

8th March 2025 - Transcribing James' interview

- Noticing how when James refers to himself as a "proud dada" how this brings up a different emotion and different meaning to this group of participants as opposed to if he were a straight parent. This made me feel quite emotional, a mixture of sadness and pride but for the strides that the LGBTQ+ community have made to get to this point where people like James can now become parents; sadness for what it has taken to get to this point and how far we have to go in this country and the rest of the world.
- Sense of belonging formed through university community but no sense of belonging formed with others similar to himself
- There's this narrative of James searching for that sense of community and sense of belonging. When he speaks about the gay dads who have stopped contact, I can feel a real sense of loss of connecting with others but also maybe losing that sense of belonging/community that he had been searching for. (stopped all forms of connection)
- "live and learn and grow and develop and move forward" sense of battling forward despite the trauma/loss

14.04.25 – Interview with Jack

I sat at my desk and began to prepare for the interview, knowing this would be my final one. I felt a sense of sadness that this would be the final story I would hear for this project, as I felt I had been developing my own sense of belonging as a queer person through conducting this research and being a listening ear for these participants who may not get a chance to be listened to in this way elsewhere. I also felt a sense of apprehension as this participant was the first and only single parent I was interviewing, and so I went about reading over the questions to adjust them to suit his family structure. It made me reflect on how the proportion of single parents in society was possibly reflected in my research sample, and how this would be even lower for a single gay male parent. I felt grateful at the opportunity to hear about his experiences and be able to share them with the world.

I thought back to our initial meeting where we the flow of conversation felt a bit awkward in the sense that we kept speaking at the same time. I wondered about the effect of being online and how much easier it would be to connect in person. I hoped that the interview would be different and that it would flow with more ease. I joined the call and we both spoke at the same time again, so I felt myself adjust to his pace of communicating. We had a brief check in and I felt it was important for us to have a bit of small talk before going into the interview, I wondered if maybe he needed to feel a bit more connected to me before we began. As we continued the small talk about his Easter holidays, it became easier to converse with him and I felt us connecting more until he gave me a non-verbal cue that he was ready to get on with the interview.

I began the questions around his gay identity and sense of belonging, and felt a sense of relief that the interview schedule began with these questions first, as I felt it was important for participants to know this was important to me. That I was not another researcher or individual here to analyse and evaluate their ability to be parents, but am genuinely here in the interest of exploring their identity and producing research that is about sharing their voice, their experiences.

Throughout the interview I felt the familiar internal struggle of my researcher/therapists sides battling against each other, wanting to offer support or reflections to the difficult or painful experiences Jack was sharing with me. I could feel my therapist side come out particularly when he was baffled by his daughter lying to him and wanting to explain this behaviour to him, or to explore further when he spoke about his son's historical self-harm behaviour. I recognised the impact of this on me in that it feels heavier and more draining than therapeutic work as I feel somewhat powerless in these interviews, knowing about their painful experiences and not being able to offer support when I am trained to be able to do so. However, I also felt relief in being in the research position where I am not having to assess and safeguard, and where it felt almost freeing to connect with Jack's experiences and not having a clinical responsibility for him and his children.

There were several experiences and reflections that Jack shared that really stood out to me. One being when he spoke about missing being a parent of younger children and how he felt he was viewed as both a mum and a dad back then, and how now he just feels like a dad. And within this how he is a single parent. It made me reflect on how him being a single parent means his identity as gay is hidden from view, and wondering about this influencing his sense of belonging as a gay parent. How maybe his efforts to find a partner are also efforts to have a family structure that represents this gay identity more clearly, so he can feel that sense of pride he spoke about; maybe this sense of pride giving him a sense of belonging as a gay

parent, as he spoke of feeling like just a parent. But maybe there is also something about being a parent in the effort and time and energy this takes that maybe there is little time and space left to be other versions of himself, including the gay part of him.

Another part of the interview that stood out to me was when he spoke of his childhood experiences in his family and feeling like the "black sheep", and how he related this to his gay identity, where he didn't want to do the sports they liked and he wanted to sit in his room listening to (strange/odd?) songs. Wondering if he felt a sense of alienation from them. He spoke of how he didn't remember his parents saying homophobic things but somehow still knew it wasn't safe for him to come out and how he needed to separate from them entirely and move to Bangkok to develop this sense of identity in a safe place where he could be accepted. Noting how he came out through email, which maybe relates to how his parents did not accept his gay identity and have never been able to support him emotionally, to have conversations about each other. He describes this as things being "unspoken". I wonder how this relates to so many LGBTQ+ people finding it difficult to speak about their experiences, needing to hide their identity for fear of stigma/discrimination/violence.

After I stopped the recording, Jack spoke about how he chose to adopt two children instead of one, as he felt uncomfortable with the idea of being alone in a house with one child. When I explored this further he related it to the stigma around gay men being predators of children and I felt that maybe he had internalised this stigma. He also explained that he wanted to adopt a sibling pair so it felt like he was joining their family, so they didn't feel so alienated, and I wondered if he was trying to create a different story for them where they don't feel alienated as he did, but maybe that he continues to feel like the outsider now.

10th May 2025 – Transcribing David's interview

- Difficult to get a sense of who he is, shows in his language being very staccato/staggered, he doesn't finish his sentences and it's hard to follow what he's saying. Almost needing to constantly piece together what he means. Wonder about this being influenced by his experiences of having to hide his identities (gay, traveller) out of fear of violence, discrimination.

18th May 2025 - Reading queer parent

Parent is discussing how they were late to the course on how to be an adopter as they were stressing about looking 'perfect' - linked to the gay people constantly being judged and evaluated by society.

Adopters - outsiders from traditional norms. A minority. Need to find other adopters to find a sense of belonging. Forming sense of belonging through chosen families when birth families are inaccessible due to homophobia.

Recommendations: Government data undercounts how many queer people adopt as they only record with it's a male/female or male/male or female/female couple. Doesn't take into account bi or trans/nonbinary or whether single adopters may be queer or straight. This is likely to have ramifications around their view of how much support is needed and will impact funding support services.

"LGBT+ people have lived experience of navigating their identity and place in the world, which can be a real advantage when parenting a child who experienced trauma in their early life" (New Family Social).

4th July 2025 – Conflict with expert by experience

In the analysis stage of my project, a conflict with my expert by experience occurred. I sent the findings of my first participant (the storied narrative) to my expert by experience for him to offer feedback on this. In responding to my email to say he would get back to me with his feedback soon, he accidentally attached to the email an AI critique of these findings, which means he would have put my findings through an AI machine. I replied to explain that AI is prohibited for this project and apologised for not making him aware of this sooner, as I was concerned about him feeling as though he was being reprimanded for this. I also requested he not make use of this for offering feedback. He then replied to thank me for explaining this university policy and explained that he often uses voice-to-text AI, which would simply structure his responses rather than create or generate responses. He asked me if this would be ok to use and explained that it would be hard for him to efficiently respond to the interviews "with the depth and clarity that's needed". I began to wonder about his view of what I was expecting from him. I also suddenly felt out of my depth at dealing with a whole new world of technology that I have very little awareness of. It felt as though we were navigating new rules and testing new waters. I was worried about expecting too much from him or responding in a way that would bring up difficult feelings. In the end we resolved this whereby he shared that he would not have the time to offer feedback in the timeframe that I was requiring, and I thanked him for all his support and involvement in the project.

Appendix K: Social media blurb

Hi everyone, my name is Cristina (she/her) 😊 and I am inviting gay men who are parents to participate in a non-judgemental, anonymous and confidential one-to-one interview as part of my doctoral thesis project. I am hoping to explore gay parents' sense of belonging in the transition to parenthood and how this influences the parent-child relationship. Support to take part in this research will be offered prior to and following the interview. My aim is to publish the research and circulate the results in NHS services and LGBTQ+ organisations to better support gay parents and their families, and also to contribute to the limited research on gay parents' experiences. If you are interested in participating, please feel free to contact me via the email on the poster and I would be happy to answer any questions. I also want to stress that you can end your involvement at any point; my main focus is to ensure all participants feel safe and supported throughout the whole process. If you have any accessibility needs, please do feel free to share them with me and I will make sure to accommodate them as best I can.

#Accessibility: The image is a research recruitment poster. The title reads: "How do gay cisgender male parents experience belonging throughout the transition to parenthood? How does this influence the parent-child relationship?" and "Seeking research participants in the UK". The poster lists eligibility criteria: You are a primary caregiver of a child aged 5-10, with the child having been part of your life for at least two years. You identify as gay. You identify as a cisgender male. You are a resident in the UK. Another box outlines restrictions on participation: Parents with significant mental health difficulties. Families currently involved with social care (except for adoption support). Parents with children at risk of harm. Families that have recently experienced a traumatic event or bereavement within the past two months. A paragraph explains the study's purpose. This study has ethical approval. Interested individuals should contact Cristina via email.

Appendix L: Example of analysis table

Transcript	Narratives as sequential and meaningful (e.g. experiences of trauma, turning points). Oral narration of past, present, future or imaginary experience.	Narratives as human sense-making. What sequential temporal orderings of human experience are being told? What is the meaning-making being made by participants?	Narratives as storied reconstructions. How is the story told and performed with the interviewer, considering time, place and social context?	Narratives as representing personal changes or transformations. What are the stories of change or growth being told? Are there improvements in the stories?	**The social world – what are the cultural symbols?**	**How do participants relate to the master narratives of the given society?**
	Recognises experience of 'gay shame' and how this led to experiencing perfectionism. Describes the timing of his sexual identity formation as leading to internalised gay shame given the	In describing himself, Ben begins with a negative critical lens and covers this with polished reframes of having 'good self-esteem' and achieved academically which he attributes to a	Wants me to believe that his parents are 'good people' and spends a great deal of time trying to convince me of this. When I validate his negative experience of coming out to his parents, Ben	Ben narrates his path to belonging as searching for freedom in universities that were more accepting of gay people. Ben begins to question his actions that led him to a more heteronormative	Narrative that belonging to the gay community involves being 'on the scene' or going to pride. Internalised gay shame Media portrayal of gay characters in 70s sitcoms as	Fights the master narrative that sexuality is changeable. Negative stereotypes of men in the 1990s, including around lifestyle, drug use and the threat of HIV.

	context and negative portrayal of gay characters in the media and in society. Narrates the moment he understood his gay identity as something done *to* him, whereby his friends named it first before he could understand what this meant for himself. Internalised shame leads him to identify this as a 'problem' that needs fixing. Ben and Kevin to seek legitimacy as a couple through the full partnership. Ben describes the transition to	'good foundation' in childhood. Ben appears to have internalised homophobia that is a result of the context he grew up in, which leads him to want to hide his identity as 'gay' in exchange for an idealised version of himself that is 'normal' and 'average'. He describes his coming out experience as a process of being 'unhappy' with his identity and wishing this were different. Ben experiences threat to his sense of legitimacy as gay through his parents' rejection of him.	placates my concern by responding with 'it's ok'. When Ben expresses his angry feelings towards his dad, he possibly worries about expressing this to me and apologises for losing track of the question. Keeps repeating, "it's a really good question." Maybe there is a dynamic where he is trying to please me, give me the right response to receive my acceptance. Perfectionism maybe leads to a sense that there is a 'right' answer	lifestyle and the influence his parents had on this. He relates his experience of gay shame as propelling him to 'do everything right' to please his parents, placing huge pressure on himself to perform perfectly and remove any reason for criticism/rejection. Ollie shares that he does not trust them. Ben struggles to know how to respond but knows that this is important. Trying to find his sense of belonging as a parent, as he maybe was not able to feel a sense of legitimacy as gay that would bring a	'weak' or 'a joke'. Chosen family cannot replace his biological family. Gender role equality. Ben explains that growing up in the 80s meant he internalised societal homophobia. He reflects on this and expresses shame and discomfort at his own views. Possibly creates a cognitive dissonance.	Gay men not allowed to adopt. Threat of coming out as being 'kicked out' of the family. Threatens sense of belonging. Gay people viewed as on the 'edge of society' separate. Prescriptive heteronormative parents. Mother as the carer, father as the breadwinner. Adopted children having experienced trauma. 'Mums are maternal.' 'Child needs a parent at home' 'Stereotype of childless gay men spending their

	parenthood as providing a bridge to belonging within his family. This led to his mother being more accepting of his partner. Ben appears to feel as though him and Kevin were finally considered as a legitimate couple, and no longer 'on the periphery'. Ben describes his experience of Ollie as challenging and exhausting and relates this to Ollie's experience of trauma leading him to struggle to connect yet requiring a high level of parental	Hypervigilant to parents' reactions from experiencing homophobia and rejection from them. Ben describes his transition to parenthood as providing him the sense of belonging in the heteronormative 'straight' community that he has sought for. Ben struggles to understand why Ollie engages in difficult behaviours despite his attempts at being the 'perfect' parent. Ben wishes to offer Ollie the space he needs to be	to the questions; possibly wants to ensure he is performing in a way that I accept. When Ben becomes emotional in the interview, he struggles to name and tolerate this, and possibly worries that I may also reject these feelings. When the interviewer makes a mistake in repeating the word 'distant' to characterise Ben and Ollie's relationship, Ben expresses his distress at my having gotten it wrong but also at my interpretation of his relationship with Ollie being	sense of belonging to the gay community. Ben describes rejecting Ollie's attempt at closeness with him when inviting him to watch a Youtube video, and Ben expresses feeling that he needs to look after his own needs within this. Despite this rejection, Ben shows awareness of this being a moment where they are not connect, not 'clicking' and expresses that he feels 'terrible' and 'helpless' about it. He reflects on how Ollie might have been feeling 'angry, upset and frustrated' and he understands that		weekends at bottomless brunches or at drag queen shows.' Cisnormativity and heteronormativity.

	engagement with little respite. Ben describes Ollie's difficulties as 'bizarre, impulsive or bad'.	himself but finds his difference too threatening to allow this to happen, placing significant demands on Ollie to be aligned to him. 'When you regress him, then the real Ollie does come out' Ben possibly struggles to tolerate his difficult feelings.	something other than 'attached'. He appears to reassure himself that the relationship is not what he has with his father. When I shared how we still had a few more questions to go, Ben apologises for talking too much.	this rejection means Ollie experiences this as a loss. Ben suddenly reflects on how his father might have felt in navigating parenting a child that needed something different to what they knew how to offer. Ben recognises this moment of similarity to his father.		

Appendix M: Individual storylines

*Some details have been changed to maintain anonymity of participants. All personally identifiable information has been removed.

Ben's story

Ben (40s) is married to his husband Kevin. They have adopted two children together, Ollie (13) and Leon (11).

Ben's story begins with a negative critical lens that he attributes to his overwhelming feelings of 'gay shame' that he explains is 'very typical' of his 'age…and generation'. Ben balances these feelings through reframes of having 'good self-esteem' and having achieved academically, which he attributes to his 'good foundation' in childhood, whilst also describing an overwhelming need to 'be perfect' and finding it 'difficult to say positive things' about himself. Ben narrates his path to sexual identity formation as a search for acceptance that is consistently met with experiences of rejection from his parents and society. He appears to wrestle with his identity as 'gay' in exchange for a more accepted, idealised version of himself that is 'normal' and 'average', whilst rejecting societal narratives that sexuality is changeable. Ben may feel that his gay identity de-legitimises his identity as a respectable parent.

> *"Being gay is part of my identity for sure and (.) not it's not, you know, it's not, not the kind of gay man who (.) I went out on the scene when I was younger and stuff, of course, and had nights out but I'm not a real sceney kind of person...I think I'm fairly normal and average, being a part of who I am, but it's not a big huge part of my identity."*

Ben stories his emerging sense of belonging as being met with challenges stemming from his heteronormative context, whereby he describes the lack of positive representation of gay men 'anywhere in the media or anything. Not one thing, and obviously lots of negatives.' He describes a childhood in which he was exposed to 70s sitcom media portrayals of gay men as being 'laughed at' and 'weak' or 'a joke' as a barrier to self-acceptance.

In the absence of positive LGBTQ+ representation, the surrounding heteronormative and homophobic society leads Ben to possibly experience his 'coming out' as something that is done *to* him from 'being called gay…by other people'. He initially experiences his identity as a 'problem' that he is 'not happy' with as it likely threatens his sense of belonging in heteronormative society and in his 'traditional British middle class' family. Ben describes his search for people and places that could help develop his sense of belonging by 'choosing universities' in more accepting cities 'for the freedom' and 'a gay scene'. Before coming out to his parents, he initially hopes they will be accepting of him through rationalising them as being 'logical', 'well-educated' and 'good people'. Ben explains how he strived for their acceptance through perfectionism by doing 'everything right' and keeping his 'bedroom as a teenager…spotless' so that they 'don't need to look too closely'. This shows up in his dynamic with me, whereby he expresses wanting to provide the 'right' answer and praises me for asking 'really good' questions, whilst smoothing over or apologising for his difficult emotions.

Ben describes coming out to his parents as 'traumatic' yet excuses his parents' behaviour by rationalising their worry to the context of the '1990s' whereby the 'stereotypes' surrounding gay men included 'being on the edge of society, being a figure of ridicule, never being happy, never having a relationship and…possibly dying of HIV and drugs'. Ben describes how his father questioned why he 'would choose this' and how he felt their relationship 'shut down at that point'. When his father expressed that he 'always thought [Ben] would make a good dad', Ben agrees with wanting to become a parent and is met with a negative remark of this being 'ridiculous!' Ben offers powerful examples of his father's rejecting behaviour whilst vaguely excusing this behaviour as 'there was no such thing as a same-sex couple…let alone the possibility of having children in some kind of way'. This suggests that Ben struggles to overtly express his anger towards his father, as this was likely unsafe for him. Ben shares how he remembers crying and becoming 'obviously overwhelmed' with his father's reaction, as this likely threatened his sense of belonging within his family. He further describes how this led 'something' to 'lodge' in him around having children, possibly to please his parents and gain their acceptance.

Ben stories a turning point in his sense of belonging that is triggered by his grandmother's wish to meet his partner, Kevin, whereby she 'intervenes' in his parents' choice to hide their relationship from the family. Ben stories how his father's 'prejudice' was 'myth bust[ed]' in meeting Kevin, believing him to have created 'some kind of pantomime gay…built up in his head'. Upon describing his experience of his extended family accepting his identity, Ben shares regretting his complicity with his parents' attempt to hide this. He appears to reflect on this experience as creating a barrier to self-acceptance whilst also strengthening his wish to feel a sense of belonging within his biological family.

> *"so you know that kind of context of a chosen family exists in my life, but my chosen family, my friends, are not a replacement for my actual family, who are still my family…So through, through this difficult time though…I don't think I've lost still being part of my family, and I think family is really important for me."*

Ben describes the transition to parenthood as being 'suddenly' brought from 'the edge of society' to becoming part of 'the normal world', possibly without effort or choice.

> *"when we adopted Ollie, and that was in the push chair, is the amount of people that would interact with me in the street generally, (.) which I must have been like, you know, women going "oh!" and sticking their head in. And also then, there's a whole network of things, it felt like the normal world, and we suddenly became part of it…and all of a sudden, we've got to know everyone in [town in the UK], just through, you know, and then you go to a baby group and you meet parents…And I feel part of a local community, in a way that as a gay man, I just don't think I would have done because we would tend to go towards the gay community for our entertainment or socializing, or whatever. It's definitely made us part of a mainstream, if that's the right word? Um, community, here. And actually, I really like that. I was quite happy-(.) I'm quite happy in the gay community, don't get me wrong. And if I wouldn't have known any different, it would have been fine, but, yeah, I really like the fact that I know lots of different people."*

Ben describes being welcomed by 'mainstream' heteronormative society, despite also experiencing some intrusive interactions, and shares how this helped him develop a sense of belonging in the wider heteronormative community that he did not feel before parenthood. He also possibly reflects on how this experience differs from how his identity was received by his parents. Ben also stories a different life, that if he were always met with acceptance by both parents, this could have led him to express the 'creativity that was put in the box and stifled away' or possibly in other words, his painful emotions.

Ben further struggles to express his difficult feelings towards his parents when he exonerates them for expressing shock at the news of him and Kevin adopting Ollie.

> "*I think a lot of their issues with me being gay [nods] were about the fact that I wouldn't have children. And I don't think we can underestimate that."*

Ben possibly feels the need to protect his parents' emotions and 'good person' image as he likely experienced needing to prioritise their emotions above his own, where he describes a childhood in which him and his dad 'didn't spend time together' unless it was 'on his terms'. He also possibly feels ambivalence towards his mother as he describes her as 'secure' and 'ideal' yet struggles to understand why his positive childhood memories 'are usually not involving' her. Ben also further describes his father's experienced rejection from his own father, which is shaped by toxic masculinity, leading him to 'create a world of manliness' he believes 'he's not interested in', in order to gain his acceptance. This dynamic possible operates in Ben's relationship with his father, whereby his father neglects Ben's needs in an attempt to maintain a 'keeping up with the neighbours' and manly image. Ben shares experiencing his father as a 'fear figure', further indicating how it was possibly unsafe to share his difficult emotions. He also highlights experiencing consistent rejection of his identity, whereby his sister's short-term relationships were viewed as 'way more valid than [Ben and Kevin's] relationship of eleven years'.

Ben describes his transition to parenthood as providing a long sought for space within his family, whereby his parents 'completely fell in love with Ollie', possibly leading him to feel a deeper sense of belonging and acceptance within it. Ben also begins to story the development of the parent-child relationship, in which Ollie is possibly positioned as a bridge to repair the relationship between Ben and his parents.

> *"So in terms of belonging, it put Kevin and I, how you describe it, from almost on the periphery of our family, to the very, very core and centre of it…family events, became had to be structured around <u>us</u>, with the new baby, you know, he- Ollie, had to be thought about. And- ohh I'm emotional [tears up and looks away]."*

Ben explains the difficulties in having to hide Ollie's challenging behaviours from his parents, as 'they would be floored', which would also threaten the acceptance he has received from

them in parenthood. However, this creates a repeated dynamic in which he is hiding Ollie's difficult emotions to appease those of his parents, as he likely had to do with his own. Ben also shares the impact parenthood has had on him and possibly blames Ollie for experiencing these difficult feelings.

> *"I've never had anger before I became a parent and literally never got angry about anything. And in a way that's not good because I don't experience it, and I'm not very good at dealing with it because I'm so unused to it."*

Ben describes Ollie as 'a force of nature' who has 'early life trauma' and is 'utterly dependent' on him and Kevin. Ben possibly experiences this dependence as an overwhelming closeness that he never experienced with his own parents. Ben further shares how he constantly needs to monitor Ollie's 'unacceptable' behaviours and 'do something' about his meltdowns as leading him to feel 'completely tired and fed up'. This need to monitor Ollie 'every minute of our waking day' identifies a parent-led style of parenting that likely stems from his own experience of needing to be aligned with his own parents for safety. This likely leads Ben to hold a wish for Ollie to be the same, someone he can connect with on 'his terms'. However, Ollie's difficult start to life and experience of trauma also operates in the relationship. Ollie's behaviours are 'incredibly challenging…and exhausting' for both Ben and Ollie, leading to few moments of attunement or connection between them. When Ollie asks Ben, 'can you come and sit with me?' to watch YouTube videos, Ben misses this opportunity to connect in exchange for protecting his own emotional capacity, whilst reflecting on how 'terrible' and 'helpless' this makes him feel. This places an immense burden on Ben, where he likely feels a sense of failure, despite his enormous efforts to make sure Ollie is ok.

> *"Yeah, it's, you're damned if you do, damned if you don't. I feel helpless. Because either I go and do it. It's just awful. Or I don't do it. And then (.) pay for it later or it's awful anyway."*

Ben desperately tries to understand Ollie's behaviours and triggers and spends immense time and energy trying to support him. This may then lead Ben to experience a sense of failure in parenting Ollie, which would further disrupt his ability to respond sensitively to him. Ollie's history of trauma is further shown to threaten the parent-child relationship when Ben struggles to sensitively respond to Ollie's fear of abandonment. Ben possibly did

not receive emotional support from his own parents, particularly when he came out to them, that would have developed his ability to do so for Ollie.

> *"And then when he and I were connected…I chose that moment to say to him, "you know, it's really interesting when you said that you don't trust me, and actually I think you, I felt that you really meant that" and he went, "yeah, yeah, yeah, I do." And I was like, "wow, okay. That's quite big. Why don't you trust me?" And he said, "because every day I think you're going to leave me." And I was like, "wow, okay.""*

Ben later recognises that he also struggles to 'sufficiently trust him' in return. Without this safe exploration of trusting each other, Ollie likely experiences this as a rejection of his emotional world.

> "*Yeah, so he kicks. Kicks me, spits at me, swears at me…How do I feel about that? Powerless, sometimes I'm scared. Worried, in terms of you know, keeping my own, um, keeping myself regulated."*

In parenthood, Ben may also deny his own vulnerabilities in his attempt to be strong for Ollie, not wanting to harm Ollie with his own emotions in consideration of the trauma he has had to face, understanding that he is in 'fight or flight mode'. He implies the pain he feels when Ollie shared around not trusting him and how this 'lives rent free in' his 'mind all the time', understanding that Ollie's behaviours are an expression of fear. However, Ben also possibly blames Ollie for how difficult the relationship is when he describes the relationship as 'exhausting' and explains this as stemming from Ollie's 'pathological demand avoidance'. This may stem from the cycle of trying and failing to understand Ollie that leads Ben to potentially experience a sense of failure as a parent. This would be further exacerbated by the pressure to be perceived as a legitimate parent by his parents and society. Towards the end, Ben transforms and stories a change in his narrative of his 'good' father, explaining his lack of parenting as 'unacceptable' and recognises 'feeling really angry' that his father 'couldn't deal with [him] saying [he] was gay', highlighting his need for support within this.

Ben also expresses clearly that he understands there are difficulties in the parent-child relationship, including through seeking therapeutic support for Ollie, and begins to become aware of his own need for support within this.

"I want to scream, "who's helping me?"

Finally, Ben stories his experiences of accessing support services, where he battles with his view of whether they are inclusive enough. He initially expresses 'not experiencing a single negative issue', adding that 'we need to be inclusive, but we mustn't eradicate the role of mothers and women', possibly attempting to protect his mother's 'maternal' efforts and a heteronormative view. Ben worries about my reaction to his view, expressing shame and regret and explaining that he is a 'product' of his generation where 'we're almost apologetic for our existence'. Ben possibly experiences internalised parental shame stemming from heteronormative society that challenges his sense of belonging as gay, creating a barrier for him to fully explore and accept himself, and instead hopes for change in the generation of 'millennials and Gen Zs.'

Edward's story

Edward (46) is married to his husband, Stephen, and they adopted their son Charlie (5).

Edward begins his story with a hope that I would 'understand why' he is so 'resilient' when 'things aren't going so well'. Edward believes his childhood helped him develop 'coping structures' that led him to become someone who is 'calm', sometimes 'aloof' yet 'always striving to do something better'. He balances his view of himself where he shares his need to 'control how [he] presents' to others yet has 'quite an open mind about how people are and who they say they are and what they are and who they want to be'. This likely stems from growing up 'in Section 28 days' where the 'law prevented promotion or discussion or support to young gay people'. He describes a complete lack of 'LGBT' representation when growing up, where people 'weren't allowed to talk about it' and it felt 'almost wiped out'; 'there was absolutely nothing'. This context threatened his sense of belonging as gay, where he states that 'there was no avenue to come out and talk about it' and that this was 'made worse' by his 'abusive' father who would call him 'a fucking queer' as a child. Edward is preoccupied by his father and childhood in the interview and uses the space to let me know how his father was a 'horrible, nasty man' who would 'hit' him and his siblings and call him

names for being 'a bit effeminate'. It appears his father picked up on Edward's non-sexual, gendered cues that made him stand out as different to his siblings.

Edward describes his mother as someone who 'probably didn't have her own identity' as she never knew her background. Edward explains how she 'made sure' to carry out the 'practical' side of caring for him and his siblings, but lacked in 'affection' and was 'complicit' in his father's abuse. It is likely that his mother was too stretched caring for several children to offer Edward the support he needed. Following his father's death in early adolescence, Edward explains how they had to 'grow up very quickly' and learn to do the caring 'ourselves' as his mother had to work. In the absence of his father, Edward describes becoming 'more confident', despite recognising 'the emotional impact' that 'never goes away' due to the 'messaging [he] got as a child' that he was 'useless' and 'in the way'. He shares how he feels he 'took the other path and made [himself] better than' his father.

Edward shares how he had 'no support' to help him develop a sense of belonging as gay until he was aged 'nineteen' when he 'started to be true to who [he] was'. He explains how 'nurturing' some 'older people in the [gay] community' were to him and how they '[showed] him the ropes of what the community's like' which 'really helped get a sense of belonging' in a 'safe environment'. Edward describes how the 'scene' in bigger cities was comparatively 'daunting' and 'pretentious', where 'it was about what you looked like, and how thicc you were and how young, all of the kind of physical'. Edward shares preferring smaller clubs that had a welcoming 'atmosphere' and felt like 'a kind of safe haven'. He further explains the impact of not being able to develop his sense of belonging prior to this, where he felt 'very much a loner' that was afraid of developing relationships, as this increased the 'chance you were to be hurt and damaged by other people'. He reflects that he had to 'protect [himself]' both for being gay and for having previously been abused.

Edward initially stories his transition to parenthood as bringing up worries for him around threats to his family's safety, in that it 'is more visually exposing…with a child, it becomes more obvious that this is a gay couple'. Edward describes Stephen as 'routine focused…the organiser of the house' who can often be 'anxious' and 'risk averse' and finds it harder to do the 'fun stuff' with Charlie, as he 'sees the potential of something negative that can happen,

in a situation'. Considering this, Edward shares his confusion as to how he is more 'cautious' and 'hypervigilant' about where [they] are, what [they're] doing and who's looking' when they go out as a family, 'whereas Stephen isn't' and 'comes across as if he couldn't care less'. Edward explains how 'people can be quite nasty and vile about the community, still to this day' and feels he needs to 'protect [their] son' from the threat of homophobia. This is likely heightened for Edward given his childhood experience of abuse, homophobia and effeminophobia, leading him to want to check and make sure Charlie is safe (Sedgwick, 1991; MotC). Edward also shares how his 'social circle now is completely different from it was before [Charlie]' arrived, as some close gay friends 'distanced themselves' when Edward became a parent. He further shares how he prioritises Charlie's well-being by cutting off 'part-time people' as he feels Charlie 'needs solid structure and solid relationships and people that want to be there'. Edward shares how this has been challenging as 'even in [their] own families…[Edward and Stephen] feel because he's adopted, he's not really [air quotes] part of the family, because he's not birth related'. Edward explains that he protects Charlie by telling them not to 'bother'. Here, Edward possibly experiences a threat to his legitimacy as a parent, which likely intersects with his feelings around being gay and the struggle to claim visibility while growing up. These experiences likely have threatened Edward's sense of belonging as a gay parent, whereby he may also be influenced by wanting Charlie to have strong protective relationships he felt were missing in his childhood.

Edward further describes his transition to parenthood as impacting his identity in that he views himself as 'a parent now, first, who happens to be a gay man' which is 'shaped from [his] own experience of growing up' and shares that he does not 'want to be [his] dad and how he parented' or his mum, who parented with a 'lack of affection'. Edward possibly feels a need to decentre his gay identity and overcompensate as a parent, to placate people who may question his legitimacy and heal his own trauma by giving Charlie a 'house…full of love…full of fun and laughter and a place of safety'.

Edward's experience of not being looked after in childhood possibly led him to develop a heightened sense of 'responsibility', where he had to cook and provide for his own physical needs as his mum had to work long hours and his father neglected the children's needs. He

possibly feels he needs to prove to himself that he is a better parent than his own father was. However, Edward at times may inadvertently dismiss Charlie's emotional signals as he likely learnt to dismiss his own distress, considering how it was unsafe for him to express in childhood. This is demonstrated when Edward explains how they had a challenging start as a family, whereby he feels they were not given 'any proper preparation' to support Charlie, particularly when Charlie 'started to develop' a serious medical condition and had to be 'hospitalised' for a long period of time. Edward describes Charlie as 'quite resilient' as he was 'hooked up to all these tubes and whatsits, one minute, and next he's doing dancing routines for the nurses'. Here, Edward minimises the fear and distress in Charlie's experience as he possibly finds it unbearable to connect with Charlie's pain, as no one helped him manage his own. This is possibly seen through Edward describing Charlie as 'not fearful about things' despite sharing how Charlie wants 'to be around [them] all the time' and that he does not like 'being on his own'. When asked what times Charlie struggles the most with, Edward recognises these moments for him but struggles to reflect on his worries and pain.

> *"So because he has to have physio on his legs…he finds those appointments very difficult and (.) he can be an absolute little bugger at those. Because he doesn't want to do it…And he will just walk out the room, and he'll run off. And go "I'm not doing it."…There's not much that he actually (.) we we we struggle with him, for adoptive child, which is quite unusual that there isn't some of those, I mean we may get them, as he grows older. But but, you know he is, well-behaved."*

Edward further struggles to connect with Charlie's traumatic early life that began in a family that neglected and abused him, instead believing that they adopted him in time before he 'wouldn't have been protected' and focusing on how he is now 'safe, and loved, and protected'. Edward believes that by focusing on how resilient Charlie can be and showing him how '[they] are strong for him', whilst providing a safe environment at home, that this will help 'instil some of that strongness in him too' as they are 'not going to be there all the time for him'. Edward worries about Charlie being able to face threats to his safety for being disabled and having two gay dads, and believes that 'protection isn't just about keeping him in this safe bubble, but being able to enable him to protect himself, as he grows up'. This likely stems from Edward needing to protect himself in childhood, and places this fear on his relationship with Charlie.

When Charlie signals his need for Edward, he withdraws, finding this difficult to tolerate, and instead focuses on his behaviours and ways he is similar to him. This is further shown through Edward describing Charlie as 'starting to pick up on some of [Edward's] traits' where 'his sense of humour is very much like [Edward's]'. Edward very much wants to be a better parent than his own parents were and believes he can do this through being the 'relaxed' and 'fun' parent.

> *"So, I'm the one that rolls around on the floor wrestling with him and play fighting and acting out all the things that he wants us to act out. I'm the one that Charlie comes to…doing all the fun stuff…Stephen finds that harder to do…Charlie does say to him, I don't want you. I want dad instead."*

Edward likely needs to believe that he is the best parent he can be and also needs to feel Charlie is aligned with him, as he struggles to tolerate any difficulties in the relationship that would connect Edward with his view of his father's parenting capacity. This is difficult for Charlie in that his emotional world may become invisible at times for Edward to recognise and respond to. Edward further shares how Charlie brings up 'all sorts of emotions that [he's] kind of kept' and 'makes [him] feel all the feels that are a bit pathetic at times'. Here, Edward vocalises how he can find the bond of their relationship painfully different from anything he has experienced before.

> *"I want him to feel the love that I didn't…I absolutely adore him…Love. Absolutely…It's a odd. You know, I don't know why I'm calling it odd. Maybe it's because I've never, ever felt that type of emotion before about another human being."*

However, Edward also shows moments of attunement to Charlie's needs when describing how he responds to Charlie being upset, despite struggling to tolerate his pain.

> *"Yeah, I don't like him crying, and I don't mean that to be oh, I'm annoyed or it irritates me. I just think, he's feeling so upset in that moment, that, he needs, he needs us, and he will come straight to us, one of us (.) and cuddle and so he seeks comfort from both of us when he's in that that way… I'm OK with it. Because you just want it to go away."*

Edward tries very hard to be Charlie's 'champion', despite his 'disability', and hopes that Charlie is viewed by others for 'what his gifts and talents are in the world and being a champion for himself'. He believes that he can do this by putting 'an act on to reassure him' as he believes that if 'Dad is worried…[Charlie] will feel the same'. Edward very much worries that Charlie 'won't manage or cope' and responds to this worry through focusing on how he does cope, 'because he's always shown [them] that he can'.

Edward further stories his sense of belonging in parenthood, whereby Charlie 'filled a massive gap in [their] lives' and provided him and Stephen with a 'sense of purpose' as they have a 'similar understanding about family'. However, Edward shares how he continues to search for ways to combine his parent and gay identities as he describes 'the lack of other [gay] adults that come, that have gone' as 'one of the most difficult things [he's] had to cope and adapt to'. He recognises how in parenthood 'relationships change' and how the adoption process does not prepare you for this. Edward further explains how his sense of belonging as a gay parent is developing through his wish to connect with other parents, but that this is influenced by the threat of heteronormativity and homophobia. He shares how 'exposed as parents' they felt at Charlie's birthday party, and how he worried about other parents 'trust[ing] [them] with the children' and was surprised when they 'allowed their children…to be around us'. Edward shares how important it was for him to be 'included' in the parent community as he wants 'representation to matter', particularly for Charlie to see that 'whilst it's not common, it's not unusual' to have same-sex parents. Edward further shares how he recently has connected with other two-dad families and how this has helped him to feel a sense of belonging, to have 'an inclusive part, for [him], and for Stephen'.

Edward is reflective when sharing advice for prospective adoptive parents, whereby he explains that 'accounts online' show an overly 'rosy' view of the process, including celebrating 'Family Day', and that it is important to also remember 'what children have lost in the process'. He shares the burdens of parenting including how it can be difficult to 'look after [yourself]' and that it is important to 'develop some relationships with other gay dads' in helping to 'go back to some of the stuff that makes us who we are'. Here, he seems to share a strong pull towards developing his sense of belonging specifically through connecting with 'other gay dads'. Finally, Edward expresses a wish for adoption services to

help connect same-sex parents as 'the process should include recognising that people need human connection and support from peers'.

Jack's story

Jack (41) is a single parent to his two adopted children, Nesta (9) and Kieran (6).

Jack's story begins with a struggle to describe himself, where he shares being 'happiness driven', 'creative' and someone who 'always focus[es] on the positive' yet also appears ambivalent about his independence and doing 'all of' the parenting on his own. There is a sense he wants to share his feelings of loneliness in not 'see[ing] as many adults' but instead describes this as beginning to 'crave them less' and refocuses on being 'generally happy and positive'. Jack often expresses surprise or annoyance at my questions in the interview. It is possible he was struggling to connect to the difficult feelings the questions could bring up, or he possibly found it hard to trust me. He may have also been trying to portray a positive image of gay parenthood to me, given the stigma and discrimination gay parents often experience and given he is parenting alone.

Jack shares how he 'knew from probably age twelve' that he was gay but 'didn't do anything about it 'till about seventeen' which he attributed to having 'maybe shame' or 'hoping it would pass' and thinking, 'I'll just wait till my parents die, and then…come out as gay [laughs]'. He then shares how it did not feel safe for him to come out to family in person, choosing instead to share this 'via e-mail'. Jack describes the threats to his developing sense of belonging as gay when he shares around his dad being 'religious' and hearing 'uncles saying kind of slightly homophobic things in passing', and hints at how it felt unsafe for him come out to his parents, where they 'were the last people' he shared this with and 'got [his] auntie to do it'. He further shares how 'there's an uncomfortableness in talking to [his parents] about things' and narrates how his mother rejected his attempt to share around his breakup with her, where she explained how she '[didn't] want to talk' about this as 'that's not what [she's] here for'.

Jack narrates how his mother understands how to carry out her roles as a parent and now grandparent, but likely is unable to support Jack with his emotional needs, particularly around his gay identity. Jack in turn appears to find it difficult to express how he feels about his mother's inability to help him with developing his sense of belonging within his family and instead balances his view of her around what she can offer him. This tendency to cover the negative with positive reframes occurs throughout his description of his family and childhood, whereby he shares having 'no negative memories of it' and that 'it's all positive', before describing how he was 'the black sheep' and 'outcast' member and how he 'hated it all'.

Jack describes his childhood relationship with his mother as 'distant' and 'strict but loving'. He partially takes responsibility for the difficulties in the relationship, stating that 'it was [him] that was distant, maybe'. Jack seems to find it hard to share his difficult feelings about how he was parented and possibly avoids reflecting on these by putting a positive spin on the actions of his mother's parenting. He further shares how his mother 'read to [him] every night and 'held his hand when he was sick' which made him 'feel a bit better'.

In beginning to describe his relationship with his father, Jack shares how he does not 'remember much of [his] childhood' which he shares is 'sad'. He worries about whether this is normal and seeks my reassurance. I wondered if he felt pressured to present himself in a certain way for me. He describes his childhood relationship with his father as 'distant', a 'disappointment' despite being 'pretty dependent' on him. He shares how he 'can't remember anything' about their conversations as 'it's never personal' and that they 'don't open up' to each other, where 'things are left unsaid', which 'means they're left to rot a little bit'.

Jack possibly did not feel he could develop his sense of belonging as gay in his heteronormative context, where he experienced a real lack of positive messaging from those around him about being gay, including a lack of support from his parents around his gay identity. He shares around having to keep his relationships a 'secret' from his family and describes first witnessing positive representation of gay relationships through his best friend, who was 'an out and proud gay person'. This was the first step in exploring his sense

of belonging, where he felt 'that's what [he] should be doing and that's what it should be like'. This appears to have been the context which propelled him to seek a safe place to explore his identity, leading him to move abroad, where he felt like he 'was running away'.

Jack describes developing his identity abroad as 'freeing' as 'everybody [knew] from the start who [he] was and [he didn't] have to pretend anything'. He describes feeling 'fully open with everybody' abroad, but that he knew he had to come back as 'that place and that time was perfect for' helping him to develop his identity, but it 'served' its time. Jack describes coming back to England as a transition where he 'just slid back into it' and 'introduced' his boyfriend to his 'family for the first time as a boyfriend', and describes this as 'a new spring'. Despite feeling the need to move away to explore his identity, when asked if he experienced any homophobia or prejudice in England, Jack shares that he has 'been very lucky that [he's] had really none of that' or that 'if [he] did, [he] can't remember it or blocked it out'.

In parenthood, Jack shares how he is no longer 'somebody who associates with the world of gays, like in the gay bars and stuff', possibly describing a shift in his sense of belonging. It appears he may be finding it hard to feel a sense of belonging as gay in parenthood, where he may feel he no longer fits into the 'gay haunts' he previously frequented. This may be particularly difficult for him being a single parent, whereby his identity is more hidden from society, and where he may feel he needs to portray a certain version of himself to feel legitimate.

> *"And I don't have anyone by my side, so I'm not going as a couple. I'm just going as me. I always think that there's always something that sticks in my head…a single parent is always a same sex parent because you're just like doesn't make any sense for single parents. So there you wouldn't say a gay single parent because they're just a parent. So that's kind of how I feel doing it alone."*

He also describes how his children's older ages has changed this for him, in that he now blends in with other heterosexual dads more easily, further hiding his identity. Jack shares how he copes with this by creating a sense of belonging within himself but also appears frustrated with his sense of isolation in parenthood. There is a possible ambivalence around what this means for him and how he can feel he belongs as a gay and single parent.

> *"I'm much more happy with the mindset that I don't need to take my gayness to a gay bar. I can just hold that, anywhere I want to! And so I take it to anywhere!...I won't be pigeonholed in a gay bar."*

However, parenthood also seems to have offered Jack times where he felt a development in his sense of belonging as gay. He further shares how he 'never felt pride before becoming a parent' and that when he had a partner and would 'go around being clearly a gay couple with two kids' that this was 'the proudest [he's] felt'. However, this feels harder for him as a single parent, despite continuing to 'fly the flag with the kids'. Jack describes becoming a parent as giving him 'a bigger role towards…representation'. He explains that he never felt able to share his identity with his colleagues at work 'until [he] had children', whereby it gave him 'the confidence' and 'strength to hang [his] gayness' on 'parenthood'. Jack shares that parenthood has 'given [him] the confidence to be even more out and even more proud' and has recently reached out to other LGBTQ+ adoptive parents, helping him develop a sense of community. He shares how it was 'amazing' to witness his children experience positive gay parent representation, particularly in the context of adoption, and 'to have the stuff about adoption and behaviour and trauma and all of those conversations'.

In speaking about Kieran and Nesta, Jack shares how he is 'always careful who [he] introduce[s] the children to' and ensures that they are exposed to 'a wide collection of people' that are 'good people' to 'help them build trust' which he knows 'they hadn't had before'. Jack feels it is important for his children to build skills in developing safe relationships, with a particular focus on developing their awareness and acceptance of diversity. This would likely develop his sense of belonging as a gay parent, but may also stem from being raised by parents where there was an 'equal balance between' their roles, where he now feels he is 'doing both of those roles' and believes it is 'refreshing' for Kieran and Nesta to see this.

Jack experienced a childhood in which he likely had to internalise his own feelings and did not feel he fit in with his family. He appears to want to change this with his children, but at times struggles to do things differently and shows awareness around his need for support. Jack shares how Nesta and Kieran have 'trouble with transition always' where this is

'difficult for them' and leads to an 'explosion'. Jack appears to focus on what is occurring behaviourally rather than thinking about his influence on the relationship, which distances himself from the difficulties. He shares that he has 'no idea what it is about' and explains that 'they choose' this, highlighting that he is struggling to understand how to support their emotional experiences. He further seeks my support to help him explore what is going on whilst distancing himself from the difficulties.

> *"But that's really something that's inter-relational, isn't it? That's between them."*

Jack possibly struggles to cope with the negative feelings of parenting, despite wanting to be there for his children. He describes his relationship with Nesta as a 'dance'.

> *"You know, we, we know how we both fit around each other…we change it to make everything…things as peaceful as possible and we know how to speak to each other, to irritate each other (h)."*

Jack shares how they are 'starting to understand each other pretty well' despite sharing how he struggles to understand her behaviours.

> *"There's a distance, there's a physical distance…To get a cuddle, kind of saying basically now I would like some physical contact please. So on her own terms."*

Jack describes the distance as being located in Nesta, believing it to be on her terms, which suggests he is resenting it. Yet he also describes times in which he struggles with Kieran's dependence and need to be 'physically close' to him.

> *"He just needs, he just misses me and needs me. A lot…Like he just wants, he just wants me close at all times…it's a physical dependence. (.) Taxing. Did I say taxing? Testing."*

Jack shows that he wants to be there for Kieran and Nesta but expresses a difficulty in connecting with their emotions, possibly as he needs to distance himself when things get too difficult or too close, as his parents did this with him. He explains how connecting with Kieran is easier, where they 'both…relax each other' and are a 'calming influence when [they] need to be', but struggles when his emotions get too difficult.

> *"He's self-harmed the poor little thing…Twice. And so there's a lot of…like negative self-image, I think is what it is…Which he contradicts by saying he's the best at everything…if he's challenged on any of these things, then he just flips and oof! Loses it. Which is testing (h)."*

Here, Jack uses distanced language to describe a painful event, which possibly suggests he is struggling to mentalise and connect with Kieran's overwhelming feelings. He is aware that there are difficulties and shares that he is 'a little bit avoidant' of the emotional side of parenting as he does 'not want to talk about it' and instead waits for them to bring up those conversations. Towards the end of the interview, he transforms and reflects on the intergenerational influence of his parents' struggle to communicate on his own children, and how he 'is maybe continuing that unspoken stuff' which he 'probably will reflect more on it now'.

He openly shares how he 'needs a bit of help' despite being 'always just there for [them] when [they're] upset'. It is clear that Jack is proud to be their parent and desperately wants to understand and support them but is understandably struggling to do so without additional professional support to help him reflect on their experience of trauma, and how this shows up in their behaviours. He shares how the greatest difficulty for him in parenting is 'seeing them sad about things they've got every right to be sad about and upset about' and recognises that this mostly comes up as a consequence of their experience of adoption. He wishes that he had 'accessed more therapy earlier' as he feels he 'didn't know what [he] was doing' to support them with 'this back story'.

> *"And so they hear shouts where there aren't shouts. I don't think I shout. (h) Maybe I'm shouting when I think I'm not. No they hear shouts when there isn't any, because they know they've done something wrong. So which is nice because it means I don't have to do as much. (.) They can punish themselves, bless them, because they've got enough internal misery [shrugs] going on that they don't need me to justify it for them. They know what's going on."*

When Jack describes how the children punish themselves, he may be taking on a child-led parenting strategy, whereby he may believe they need to rely on themselves as he had to as a child. Jack shows how he is searching for what might have triggered Kieran and Nesta, expressing his worry around finding an explanation, but comes up short. This possibly leads him to feel a sense of failure in parenting, increasing his feelings of overwhelm. Jack also appears to want Nesta and Kieran to behave well in public and worries about 'how they are with other people', possibly as their difficult feelings and behaviours would make them more vulnerable to scrutiny. He likely worries about their safety in society, which possibly

stems from their history of trauma as well as his own experiences of rejection. Jack recognises his own need for support and how 'no one's spoken to [him] about' support, despite 'reach[ing] out'. He further explains his frustration at how 'there are no support groups for gay men adopting' apart from the LGBTQ+ adoption support group he recently accessed, further sharing that 'there's nothing local' to him. Jack clearly shares his need for single gay parent adoption support to develop his sense of belonging as a gay parent, but also to help him in supporting his children.

> *"I think we're a bit, we're a bit hen's toothy. I don't know any gay parents, any gay male parents, certainly not gay male, single parents, near me…when I was going through the adoption process, I was matched with a load of straight couples…So being, just finding appropriate mentors or appropriate similar peer groups is a little bit trickier…So I think support could be, (.) support (.) for gay parents (.) could be better. Especially when it comes to- like I got chucked out of a mum's yoga session where you can take your baby, and I got chucked out because I'm male. But there is no male and babies' yoga. There's only female, but so, it's just like, oh, really!? That's happening in 2025…and that's not support, that's just acknowledgement. That men can look after babies, too. Whether they're gay or not."*

Jack highlights how the systemic oppression of gay parents and limited positive representation and support impacts on his sense of belonging as a single gay parent. He shows great strength in his willingness to seek support to help him and his family 'to develop' despite the difficulties that arise as a result of their histories.

James's story

James (42) is married to his husband Sam. They have adopted Daniel (10).

James' story begins with a description of himself, whereby he shares being 'a gay man…in a relationship with [his] husband for…seventeen years…which [he's] very proud of'. He is keen for me to know that he is also a 'very proud dada' to his son Daniel, and shares that he is 'a parent through adoption'. James explains that he 'has a disability' which 'throws an additional layer into [his] intersectionality'.

James shares that he 'knew he was gay from when [he] was 11' and that being gay 'wasn't really spoken about a lot' where he 'didn't see anything on TV' unless it was 'the negative

side' or 'the negative perception of [his] community'. This led him to learn 'early on to keep quiet and keep it closeted' until he realised that 'actually [he] was ok and that this wasn't [his] fault and that this is part and parcel of who [he] is and [his] identity'. He explains that he felt 'he knew that very early on' but kept his identity hidden for 'self-protection' until he discovered that the 'only way to be authentically [himself] was to' go to 'university and [be] away from [his] surroundings, family and to be able to figure things out more'. James explains that this was met with the challenge of his university not having 'a large LGBT+ scene' or 'bars or nightclubs or places you could go to', impacting the development of his sense of belonging.

James further shares how he 'wanted to be a parent through adoption' from age 'nineteen' despite how 'it wasn't legal to' do so. He explains that he had 'self-belief' and didn't 'care what the world' said 'around [him]', but also questioned himself and his legitimacy, where societal narratives and heteronormativity threatened this this for him.

> *"because um you're not part of the usual familiar life and so you then question your- what is it that um (.), why are you doing this? [smiles] um why are you adding in an additional layer to your child?...what are you bringing to the table? Um, and that takes a little while because the need to be a parent, the wish, the desire, the aspiration is what fuelled us to become a parent [nods]...and that was confusing at times because the society, education system, everything around us, questions and pushes it back…on a day-to-day basis"*

James explains having to deconstruct these threats and narratives and also shares how his 'desire to be a parent' meant that his 'whole life' involved leading up to that, where he secured jobs that would 'give [him] good credentials, experience, knowledge, understanding for when [he] would become a parent'. This included developing his own support space for LGBTQ+ parents, where he thought he would find a sense of belonging as a gay parent, but this 'worked against' him as 'the manager [doesn't] become friends with the clients'.

James further shares how he has been unable to find a sense of belonging as a gay parent, as he experienced an unexpected rejection from the gay parent community he had formed in early parenthood. He explains that there were 'a few [gay] dads' they became 'quite close and would hang out and stuff' until they 'just stopped calling' and stopped 'all forms of connection' with James and Sam. James shares how this 'definitely scarred [his] future

interactions and looking for interactions with [his] community' but wishes he had other friends 'who are similar'.

James explains how being rejected and isolated from his own community meant he is forced to seek support from friends who cannot understand him fully. James also explains that he experiences rejection from the heterosexual community 'like every other day', and narrates a particularly painful experience of rejection when Daniel was 'a baby in arms' and he went to a 'parent and toddler session' 'being the only 'man, gay man and LGBT+ person'.

> *"you know at the end talking to the other mums, one black lady and the reason why I say black is because she had her own intersectionality, turned around to me and said, um. So WE - and pointed at all the mums - we all have each other to go to for support [nods], who do YOU [points] go to? And I said, well, I had hoped it would be you, uh, I had hoped it would be other parents like yourselves [nods]. And her facial expression gave me the view that that wasn't the case and so, therefore, you know, we stepped away from that group because it was like, obviously not going to be a place where I could go to to (.) to sound, you know [shrugging gesture with hands], to sound off about the things which are difficult or hard, you know needing some top tips, guidance, support, advice, you know, peer support and things."*

James explains that they moved to the suburbs from the city, where going to baby groups was 'different', because they became 'something different to talk to' or 'the celebrated oddity' which 'sometimes [could] be okay and sometimes it [could] feel more…of a struggle'.

James also narrates a childhood in which he experienced significant emotional and physical abuse and parentification. James explains how his mother 'experienced childhood trauma' which he feels 'had a significant impact on her ability to form relationships' and was also 'diagnosed with' a chronic illness so 'she'd been ill most of [his] life'. He explains that 'she always tried to be there' but 'didn't quite know how to be there'. James describes his father as 'more there' and was 'the hugger, the kisser' but that 'he also could turn very quickly' and would 'lash out' which could look like 'shouting' that would be 'very shocking' and also 'punched' James in his 'later teens'. James further explains that he 'got bullied a lot at school' and also at home by 'one of [his] oldest brothers' who 'verbally and physically' abused him. James reflects on how this naturally 'really did impact [his] safe spaces', where he felt he could not come out in adolescence as he did not want to 'add this extra mix into it cause then it's just going to be horrific'.

James explains having to take on a parenting role for his mum in childhood and had to 'be the carer' for her and 'being the only one that sort of really tried to understand more about what chronic pain was like'. He further stories a significant memory of his relationship with his father in which he was ridiculed and belittled for expressing not liking the breakfast his father made.

These rejections from his parents, the heterosexual community, his gay community and society led James to feel he could only develop his sense of belonging in parenthood.

> *"because my belonging is being a parent {C: [smiles]} and that is what I am to him…I think therefore that makes our relationship better because that's all life everything has ever been is towards him even before his existence, before he was a star in the sky, he, I was aligned to him…"*

James describes Daniel as 'emotionally intelligent', 'a champion' and 'a very fun character that doesn't really sleep'. James explains that he and Sam 'couldn't do what [they] do in terms of [their] jobs without' Daniel, as he is 'very much attuned and in tune'. Here, James possibly views Daniel as the sensitive 'helper' he once was for his own mum, aligning himself with Daniel. Beyond this description, it is difficult to get a sense of Daniel as there are very few moments where James shares descriptions of Daniel as independent from him. Instead, James focuses on his own feelings about Daniel. This is seen when James shares their adoption story, where he feels this was 'a perfect match' that was 'meant to be' as Daniel was 'such a perfect baby' and 'was always meant to be [theirs]'. When James describes his relationship with Daniel, he expresses this as a love that 'cannot be how everybody else loves their children, because the world wouldn't work'.

James appears to place an immense, infinite pressure on the parent-child relationship to rectify the rejections he has previously faced, which possibly leads him to struggle to explore his child's internal world. James explains how his experience of parentification has led him to parent where his children don't 'have responsibilities or chores or tasks or jobs' and only expects them to 'come home and play', suggesting a focus on creating the experience he longed for. He further shares how he feels he is more 'emotionally aware to be available…because of [his] mum's disconnect and her own mental health', but possibly

struggles to do so despite desperately wanting to. James explains that he feels that 'as a [gay] community, [they] are always like that anyway, because [they're] very emotionally driven', highlighting both the trauma and resilience the gay community can experience. James explains that the 'impact' of 'the relationship breakdown' between him and his parents in his 'twenties and thirties' has also meant that he makes 'decisions and choices' 'to mitigate situations for' Daniel, such as wanting him to have a supportive community.

> *"what I believe, is the love that we have for each other. Because, you know, I'm very much, um, aware of life and mortality and things like that and a love that I have for him cascades, you know, just being here on this planet is forever and always, and I feel very strongly about that [nods]."*

James appears to place an immense pressure on Daniel to repair the systemic rejection he has faced throughout his life, whereby this possibly leads James to deny difficulties in the parent-child relationship, including the impact of his own trauma.

> *"And I was like, you need to like basically told him, shouted at him, told him off…he was obviously frustrated and ran at me and pushed me…But because of my disability, it really really hurt. So I like pushed him [gestures] back…And then that just created, um, obviously, shame and upset from my side, and then I was in physical pain as well…And so once he was dressed and we were out the door, then on the driveway we had like a, you know, a moment where we come together and have a conversation about what happened and hug it out and give each other kisses and tell each other that we love each other…I suppose, then I'm like, oh crap! I done what my dad done (h)…So that's why it's weighing heavy on me. But we'll have another conversation he comes home."*

When asked how Daniel felt in that moment, James shares how he was 'probably confused, because he doesn't get that concept of time and why it's a rush', appearing unable to think about Daniel's difficult feelings. James then also shares that he doesn't 'talk about [his] disability' because it's what his 'mum had' and he doesn't 'want to live that same parallel universe' with Daniel. This leads him to not 'really talk about' his difficulties or '[show] his vulnerabilities' as he believes Daniel won't 'remember and forgets'. Despite trying very hard to be the perfect father, James appears to struggle to reflect on his own impact on others, including in his relationship with Daniel, where there is little room for the frustrations and ruptures of normal parenthood. This was shown in James' need to resolve the 'pushing' incident quickly. This is likely due to James needing the relationship to be perfect as he struggles to tolerate problematic feelings that could lead him to feel aligned with his

parents' style of parenting. He possibly also needs to control the relationship to feel a sense of safety, as his childhood was unpredictable and harmful. This possibly leads Daniel to experience needing to take responsibility for James' need for perfect love, without rupture or rejection. This would in turn help James to feel the relationship is predictable and safe.

Despite these difficulties, James very much wants Daniel to view him and Sam as 'a secure base', and is trying very hard to be the perfect parent who is attentive to any signs of rupture. James also wants to be warm, affectionate, responsive and protective as neither of his parents were.

> *"he could be more free and easy because he knows his dads will defend him from anybody that like ever says anything."*

James also reflects on his parents' context and circumstances of 'the eighties' where a 'man worked, woman stayed at home'. He further describes how his relationship with Sam is very different, in that they both 'do a little bit of everything…because there shouldn't be any specific roles within [their] household'. James feels that they 'bring an immense diversity to [Daniel's] life that allows him to see the beauties and the wonders of the world' where he can 'go play football…one weekend, and the next he can be in a vibrant parade at a pride event, hanging out with drag queens and just loving life and dancing like nobody cares'. James further shares how important it is for him to 'show [their] family together' as 'representing that existence is really important', but that this is difficult when they are 'the oddity and people have free reign of asking various questions'. This initially led them to feel pressured to 'look the best, be the best, not let the baby cry', explaining how James may also feel he needs to be the perfect parent to Daniel to feel legitimacy in parenthood. James further highlights how he has felt vulnerable and isolated in parenthood when sharing how gay parents 'need the specialist services to help and support'.

> *"Thriving is about you know, parents being self-aware…and be reflective and acknowledging, and allowing for a safer space to share, you know their experiences and understanding of of them, um. And also a space where they can share their culture and their, the uniqueness of being a gay dad, and that can't be done within a room of ninety percent cis-heterosexual people and you being the ten percent."*

James further describes how 'for men, gay men, gay dads, there's an element where [they] don't like to acknowledge…speak about how much this actually does mean to be a parent' where they 'minimise it to still keep [a] link with the community'. This highlights the potential difficulties in feeling a sense of belonging as gay in parenthood. In the face of systemic rejection, James reflects on the need for specific peer support alongside specialist services to help gay men in parenthood. It is clear that James is utterly dedicated to being a parent and doing the best he can for Daniel and requires support to help him create a space for the normal relational messiness of parenthood and how his trauma naturally plays a role in this.

David's story

David (57) is married to his husband Aidan. David and Aidan have adopted Sam (8) and Shane (7).

David begins his story with a description of himself as being someone who is 'introverted' but has also 'changed over the years'. He shares around his family being originally a white ethnic minority, where he witnessed 'social deprivation'. David feels this 'built [his] understanding and [his] values' in terms of 'understanding people's inequality and things'.

Despite his parents having 'good jobs' and 'a house [that] they owned', David shares how the impact of homophobia and discrimination of the 1980s meant he had to leave home 'at about sixteen, and would have sort of gone into poverty'. This was due to his parents moving back to a small town in the UK where 'there was only one place' for gay men to meet and he did not feel this would be 'conducive to [his] happy life'. David shares having to make an impossible choice between his safety and security needs being met by staying with his parents or leaving home to develop his sense of belonging as gay. He explains how he knew 'from there…it was going to be difficult', particularly as the community in his location was 'built around alcohol, things and clubs and pubs'. He shares around his 'first time' going out 'on [his] own' and how 'it was very scary', but that 'as soon as people at the door realised it was [his] first time', they 'looks after you'. David shares how developing a community at that time was difficult as 'you didn't have mobile phones' so 'if you met

people, you wouldn't see them again unless you really…made the effort'. He describes how he searched for this community but that the context made this 'very difficult', explaining how there were 'attacks on young gay men' and that this was also around when 'the AIDS epidemic' started. David explains that eventually moving 'back to where [his] parents were' helped, as 'that was a smaller community' where 'older people were interacted better with' and he 'got a lot more help as a young gay man'.

David also narrates how his family generally had 'bad attitudes about homosexuality', viewing it 'as an illness', but that his parents were 'very open about ethnicity and race', 'ahead of their time' and 'forward thinking'. He shares around coming out to his parents where 'they said it was fine' as he believes 'they didn't want to lose a child'. He further describes his mother as 'a feminist' and someone who 'had a reputation for standing up for her family'. David narrates a time when his mother stood up against a teacher who was 'bullying' him in primary school. He explains that this worsened his situation where he 'got bullied for the rest of the year by that teacher' and believes this taught him to 'choose your battles'. David further shares how his grandmother 'probably did know [he] was gay and stood up for [him]' and he 'always visited her', helping his sense of belonging within his family. He explains that when 'she realised' he was gay, she prompted him to 'learn to interact with other gay people', further supporting him and instilling a belief in him to 'stand up for himself'. David describes his father as 'a very hard-working person' who 'was big on family at the weekends' and who instilled 'a very formal structure'. He explains how his father 'left a lot to [his] mother to do' so 'it wasn't totally equal parenting' as 'he was off earning money'. David shares how his father 'did have a difficult relationship with [him]' and explains that his father viewed him as 'quite difficult'. David feels this was linked to 'what was going on at school and things' but does not share how his gay identity influenced this or how he experienced the relationship.

David further stories his transition into the workplace, where he shares how people have referred to him as a 'trailblazer' for being one of few gay men who entered his area of work at a time where the field would have been dominated by cisgender straight men.
He explains how it '[wasn't] that friendly to the LGBT community', and 'was told [he] was gay all the time, so [he] never got to say [he] was gay until probably older'. He equally

shares similar experiences at university, where people picked up on stereotypical gendered traits and explored his gay identity without his consent, removing his sense of control over how he would share this. This likely led David to feel isolated from his peers and colleagues at university and in the workplace, impacting on his sense of belonging in those spaces. These experiences, alongside his childhood experiences of being bullied, have likely led him to feel he needs to 'be careful how you word things…what you say you're doing to people cause you want to make friends'.

David describes his transition to parenthood as a 'longest journey' as he felt 'set back by how [he] viewed what [he] wanted as a younger person' who 'didn't realise…to have families and everything…you were going to have to put a bit more effort'. He explains how parenthood also slightly improved his 'belonging in [his] family' but that 'there's a long way…for people to have…different families and family structures'.

David further shares how he learnt 'the importance of family' from his own relationship with his parents, but from developing his sense of belonging in different places and spaces, this definition of family changed over time to include chosen family.

> *"But I think the importance of family, that's not just making, saying, you know blood family or adopted family, but this family that you form as well, is important [nods]. So LGBT community forms families and so do other communities."*

David explains here how he has recently sought support from the LGB health and well-being older community, and has also gotten involved in 'caring for the old age LGBT community'. This has given him 'a sense of belonging' as an older gay man, where he feels the community 'were very supportive for what [he] was doing'. However, he feels that 'it's different' to developing his sense of belonging as an older gay parent, where he describes 'struggling with that a bit', particularly as he is 'an older person'.

This leads us to talk about his experience of parenting Sam and Shane, where he describes often reflecting often on '[his] parenting style' and how this has been difficult to work out, especially at the start where he received judgements by people in mainstream society.

> *"I think I think it was the first ten weeks. I had the boys…and they kicked off and I'd had this old lady stop me and take over from me, cause they we're going ballistic, and in the end I'd just say look, "they just need to, you know, just get through, you know, just blow and settle down. Yeah. So can you just leave it to me? Yeah. You're not helping."*

This intrusion likely impacted on his sense of legitimacy as an 'older gay parent', which possibly also influenced his feelings about his ability to parent two older children who have experienced significant trauma and who exhibit challenging behaviour. However, it also appears that David is taking on a child-led strategy by letting them do the regulating, possibly as he is struggling to understand how to support them with this. It is also likely that the intrusion impacted on David's own emotional capacity to be able to mentalise his children, as he may have been preoccupied by his own angry feelings and threats to his parental legitimacy.

David shares how he went 'through [his] younger years…not thinking [he] was going to have a family' but that when he first 'met Sam in the park' he was 'quite amazed' at 'how loving' he felt towards him. This highlights how David might feel he needs to work hard to prove he is a good parent, considering the rejection and negative stigma he has faced and having adopted Sam and Shane as older children with additional needs.

> *"when I first adopted, somebody had said, you know, I missed all the early years…and although Sam's temper was extremely high, you could tell when he wanted- he did want to form a relationship…I'm quite amazed. You know, I didn't think I'd build up a relationship like that for, you know, especially in the early years of being gay and things and how people consider things, you know, in the aftermath, you know, because some of that stuff you carry…Also you know, this weird thing to be a parent of two children, it's you know, [does air quotes] "weird" suddenly having a child in your house and then suddenly you've got to do bath time with them and tell them how to wash properly, so it doesn't seem quite appropriate, but you have to do it."*

Here David highlights the complexity of navigating his sense of belonging as an older gay parent of two children who have experienced significant trauma and who both have difficulties with their 'temper' where they can 'lash out'. David shares having a real fear of not being able to support them to develop their skills to regulate their emotions, sharing how 'lots of children of social care get kicked out of schools and things', which leads David and Aidan to put 'pressure on' themselves to support them. Despite David's 'understanding

for what they have been through', he also likely recognises how he has struggled to tolerate their difficult emotions and knowing how to support them.

> *"Um, I've got used to it. That it's not at the levels that it used to be, and he controls his temper a lot more and listens. Whether he can do that once he gets into puberty, and it'll blow again? But (.) yeah, it makes me happier that- I don't like it happening…You know, because I like movie nights and things...And if it is, just to calm it down very quickly. (.) But you know, if it's something you need to learn from, you just have to let it go. But yeah. If, if they're hitting you, which they were in the early stages, (.) I think that was (.) you know, a bit to deal with…But you know, I spoke to the teachers…got a plan in place… they dealt with it, which they're far better at dealing with these things, you know."*

David shows great awareness when describing Sam and Shane's needs and taking action when things become difficult, but struggles to integrate this with his own feelings of parenting, minimising his own capabilities in being able to offer them support. This possibly comes from a threatened sense of legitimacy as an older gay parent. When prompted to reflect on this, he shares a sense of guilt in not being able to help them regulate their emotions, whereby he likely copes by 'switching off' or waiting for it to 'blow and settle down', which he attributes to being an older parent.

> *"He has said that he thought I hadn't been listening at times, which is true. I do- it's a trait I have and it's probably is from my younger days, and it's it's where you tend to switch off. Which is probably what I was doing at school. So he has caught me doing it, which is probably linked to, I must admit, feeling guilty."*

David is aware that he needs to adapt his parenting to 'move away from consequences and focus on 'attachment', but seems to reflect on this in a distanced cognitive way through his 'love of learning'. He is likely at a loss on how to help them without professional support to explore both the children's emotional regulation and his feelings around parenting.

David describes Aidan and him as trying to show 'a fair division' of 'equal parenting'. David also describes how 'therapy's being cut back' and that support groups are often at times that aren't 'great for parents'. David highlights his need for an older gay parent community alongside specific therapeutic support for gay parents to help him develop his sense of belonging as an older gay parent, which would also support his feelings of parental

legitimacy and parenting style. This would in turn help him in supporting Sam and Shane with their emotional regulation as they develop into adolescence.

> *"So that's where my core values come from. That's the sort of person I am. Being gay and a gay man. That, that's unusual because I'm- see I'm older. So the gay community, gay community changes quite a bit, you know, the interaction changes."*