

Creating Affirming Environments: A Toolbox to Help Programs Serve LGBTQ+ Relationships Effectively

Matthew Rivas-Koehl,* Menglin Wei,* Mindy E. Scott, and
Elizabeth Wildsmith

*Equal contributors

Overview

This toolkit provides research-informed recommendations for existing Healthy Marriage and Relationship Education (HMRE) programming to become more inclusive and relevant for LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and other gender- or sexually-minoritized) people. While not exhaustive, we hope this toolkit provides a starting point for practitioners to make their programming more inclusive for people across all LGBTQ+ identities.

These recommendations are informed by key facts about LGBTQ+ relationships, a review of LGBTQ+ inclusive terminology, and research on some of the key stressors and sources of resilience and thriving for LGBTQ+ couples. Importantly, same-gender couples and individuals in LGBTQ+ romantic relationships are similar in many ways to their heterosexual counterparts. However, there are also

Note on terminology. LGBTQ+, the more inclusive acronym for lesbian, gay, bisexual, transgender, queer or questioning, is used throughout this brief to encompass diverse sexual and gender identities. Currently, nationally representative data on the experiences of transgender and gender diverse individuals in romantic relationships is limited. Therefore, much of the information in this toolkit centers the experiences of same-gender/sex and LGB couples. We recognize the diversity in experiences of LGBTQ+ families and strongly encourage future research that supports the well-being of all LGBTQ+ people. If “same-sex,” “same-gender,” “LGB,” or “LGBT” is specified, the use of those terms reflects the language used in the research or data being cited.



MAST CENTER RESEARCH

The Marriage Strengthening Research and Dissemination Center (MAST Center) conducts research on marriage and romantic relationships in the U.S. and healthy marriage and relationship education (HMRE) programs designed to strengthen these relationships. This research aims to identify critical research gaps, generate new knowledge, and help programs more effectively serve the individuals and families they work with. MAST Center research is concentrated in two areas:

- **Relationship Patterns & Trends.** Population-based research to better understand trends, predictors, dynamics, and outcomes of marriage and relationships in the United States.
- **Program Implementation & Evaluation.** Research that helps build knowledge about what works in HMRE programming, for whom, and in what context.

some distinct features and relationship dynamics among LGBTQ+ romantic relationships that may inform program priorities, content, and delivery. We believe this toolkit can help HMRE program providers, project managers, and educators better understand and serve LGBTQ+ couples and families.

Many Americans identify as lesbian, gay, bisexual, or transgender (LGBT), and this identification is increasing across generations as social and political environments have generally trended toward becoming more accepting.¹ According to data collected in 2022, about 7 percent of American adults and as many as 20 percent of young Americans identify as LGBT.² Committed, romantic relationships are an important part of life for LGBT individuals; in 2021, the United States had about 1.2 million same-sex couple households, including about 710,000 married same-sex couples.³ The number of same-sex households has steadily increased since 2005 according to United States Census tracking.

Decades of research documents the effectiveness of HMRE programming in helping individuals and couples develop and maintain healthy relationships. Programs have been linked to improved relationship quality, co-parenting functioning, relationship knowledge and skills, and individual mental health outcomes for adult couple program participants.⁴ Although the populations served by HMRE programs vary widely, most programs are predominantly informed by research on heterosexual couples with limited consideration of potentially different relationship dynamics that occur for LGB couples.^{5,6,7} Although some HMRE programs may not intend to exclude LGBTQ+ couples, the lack of representation in program materials may deter LGBTQ+ couples and families from engaging with HMRE programming or feeling comfortable when they do. The purpose of this toolkit is to help existing HMRE programs become more inclusive of LGBTQ+ audiences by raising attention to pertinent issues for this population and providing accessible, evidence-based tips for program adaptations.

Note on intersectionality. We recognize that not all gender- and sexually-minoritized individuals share the same experiences. Although expanding the discussion to include program considerations for race, ethnicity, socioeconomic status, geographic location, and other factors that inform identity is beyond the scope of the current toolkit, we recognize that people have multiple identities that intersect with their gender identity and sexual orientation in important and meaningful ways.

Recommendations for HMRE Programming

Recent research shows that HMRE programming using heteronormative curriculum *can* benefit the quality of same-gender couples' relationships (e.g., through increased satisfaction, greater emotional support), though data show consistently smaller effect sizes in program outcomes than observed among heterosexual couples.⁸ Thus, HMRE providers do not need to start from the beginning to make programming relevant for LGBTQ+ couples; rather, a few modifications may help improve the inclusiveness and applicability of already successful programs. We highlight the following recommendations as suggestions for HMRE providers to better serve LGBTQ+ program participants based on the strengths, challenges, and unique features of LGBTQ+ romantic relationships that are discussed in later sections of this toolkit.

Implications considering inclusivity, visibility, and diversity in HMRE curriculum:

An existing report on providing HMRE services for LGB populations, funded by the Office of Planning, Research, and Evaluation (OPRE), provides helpful suggestions for funders and technical assistance providers to make relationship education curricula more inclusive⁹ for LGBTQ+ individuals and families. Many of these suggestions also apply at the programmatic and program provider levels.

- First, HMRE providers should review the images, visuals, language, vignettes, and discussion questions used in their programs to assess if LGBTQ+ individuals and families are represented in the existing

material. **Providers should include gender-neutral names in examples and replace some of the different-gender couple images and/or videos with same-gender romantic partners.**

- Second, providers can make some programmatic adaptations. For example, **HMRE providers may consider adding materials covering topics that specifically pertain to LGBTQ+ individuals and families** (e.g., discussing coming out to family). When adapting materials, providers should provide resources and training for the educators and staff members on inclusion and diversity to ensure they can deliver the modified content appropriately.

Implications based on unique features of LGBTQ+ romantic relationships:

To reduce the burden on LGBTQ+ individuals to make space for their experiences in an HMRE program, gender-neutral language should be used in program materials. Though some people may appear heterosexual (e.g., a man and woman in a romantic relationship), this does not necessarily mean they identify this way. People who identify as bisexual, queer, or another identity are sometimes overlooked and assumed to be heterosexual. Instead of making this assumption, allow space for people to identify themselves and share their experiences if they are comfortable. Simple shifts in language use (e.g., using “partner” or “spouse” instead of “husband/wife”) may help LGBTQ+ participants feel more welcomed as it demonstrates intentional efforts to be more inclusive.

Practitioners should not assume monogamy is the norm for all their participants. Practitioners should be aware of the higher prevalence of non-monogamous relationships among LGBTQ+ individuals.¹⁰ It is important to recognize that these relationships can be just as healthy and satisfying as monogamous ones, and practitioners should be mindful of the stigmatization that diverse relationship formations may face. Practitioners should be prepared to address stigmatizing comments that may arise in HMRE classes.

In vignettes or scenarios and in general discussions, practitioners should avoid using examples that impose a gender-based bias or assumption on household labor and decision making. Practitioners should consider the gendered nature of household labor such as cooking, cleaning, caretaking of indoor versus outdoor spaces, etc. This may include recognizing and reflecting on one’s own biases about the division of household labor and how this may impact their teaching.

Implications informed by experiences of minority stress:

HMRE program providers should work with the LGBTQ+ community to ensure that program materials are inclusive and do not inadvertently harm LGBTQ+ participants by portraying gender-based or heteronormative biases, which exist in some of the current relationship education programs.⁵ This can be achieved by working with content experts on LGBTQ+ relationships or with program participants who identify as LGBTQ+ to detect such assumptions or biases in the programs.

Programming should review the effects that minority stressors have on individual and relational outcomes and validate the unique challenges LGBTQ+ couples face. Although LGBTQ+ couples and individuals experience elevated levels of stress on average, stress is not unique to LGBTQ+ individuals and families – it affects the quality of all couples’ relationships.¹¹ Thus, these adaptations are likely to benefit different-gender and same-gender romantic couples.

Implications based on LGBTQ+ individual and families’ resiliency and strengths:

Providers should include activities that allow LGBTQ+ romantic partners to practice their communication and conflict management skills on topics specific to LGBTQ+ couples. Topics may include outness, activism in the LGBTQ+ communities, different options for growing their families, and how to address discrimination or stigma related to their identities or relationship status. Outcomes in these two domains (communication and conflict management) are already a key focus of many HMRE program evaluations,¹² and promoting these skills may be particularly important sources of resilience for LGBTQ+ couples.¹³

HMRE providers should highlight the positive effects of broader social support for LGBTQ+ couples and provide information on relevant resources in their communities. Social support from friends and family and connections with the LGBTQ+ communities are two factors particularly important for LGBTQ+ romantic partners' resiliency and contribute to the satisfaction and longevity of LGBTQ+ romantic relationships.^{13,14} However, few programs explicitly focus on couples' connections with their social support networks as program outcomes.¹²

The remaining sections of this toolkit include:

- ▶ [Key Facts About LGBTQ+ Romantic Relationships in the United States](#)
- ▶ [LGBTQ+ Terminology and Language Use](#)
- ▶ [Unique Stressors Faced by LGBTQ+ Individuals and their Partners](#)
- ▶ [Resilience and Thriving among LGBTQ+ Individuals, Couples, and Families](#)
- ▶ [Additional Resources](#)



Key Facts About LGBTQ+ Romantic Relationships in the United States

LGBTQ+ couples share many similarities with heterosexual couples across many characteristics.

- LGBT Americans **cite love and companionship as primary motives to marry** at rates similar to heterosexual Americans.¹⁵
- Nationally representative data show same-sex couples to be **no more likely to break up** than heterosexual couples in married or marriage-like unions.¹⁶

However, some important demographic differences may shape interpersonal dynamics.

- Same-sex couples are more frequently in interracial marriages (31.6%) than heterosexual couples (18.4%).¹⁷ This underscores the importance of understanding how intersecting identities may affect romantic relationships as LGBTQ+ individuals may be **more likely to represent diversity in multiple aspects of their relationship**.
- Same-sex couples are more likely than different-sex couples to each hold at least a bachelor's degree, and male same-sex couples report higher average incomes than different-sex couples and female same-sex couples.¹⁸ This may reflect that, even among LGBTQ+ populations, gender-based pay inequities may still play a role in shaping the economic trajectories for families.

Children are an important part of LGBTQ+ family life.

- Nationally representative data show that about 15 percent of same-sex couples are currently raising children.¹⁸
- Female same-sex couples are more likely than male same-sex couples to be currently raising children.¹⁹
- Forty-eight percent of LGBTQ millennials (ages 18-35) plan to grow their families by adding children.²⁰
- Extensive research shows that children of same-gender couples have **similar levels of well-being** as children raised in different-gender households in terms of academic outcomes, family relationships, mental health, social skill development, and other outcomes.^{21,22}

LGBTQ+ romantic relationships have more diversity in relationship boundaries and formations.

- Non-monogamy is more prevalent among LGBTQ+ romantic relationships²³ than heterosexual relationships. Research shows that partners in consensually non-monogamous relationships report high quality and satisfying romantic relationships.^{24,25,26}

There tends to be more equitable division of household labor and decision making.

- Studies have found that **household labor and responsibilities are often more equally distributed** among same-sex couples than among heterosexual couples where these responsibilities fall more heavily on women.^{27,28,29}

Some LGB romantic relationships may be “heterosexual-appearing” but contain partners who do not identify as heterosexual.

- For example, bisexual or pansexual people in a romantic relationship may be assumed to be heterosexual, despite their lived experiences in the world as an LGB person. Data from 2020 suggest a slightly higher proportion of LGBT people are married to different-sex partners (11.4%) compared to same-sex partners (9.6%).³⁰



LGBT Americans cite love and companionship as primary motives to marry at rates similar to heterosexual Americans.¹⁵

LGBTQ+ Terminology and Language Use

Though not exhaustive, the following terms are important for understanding and communicating with people who identify as LGB.⁹ Understanding and using the right terminology is an important step toward inclusive programming.³¹ It is important to recognize that language use is dynamic; the meanings and connotations of terminology may change and evolve and may even differ across generations, regions, and cultures. Service providers should be aware of their audiences' context to use the proper language.³² The following terms reflect our understanding of language use and best practices at the time of publication based on the referenced material.



LGBTQIA+

An acronym for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual- and gender-minoritized identities. This acronym is often shortened to LGBTQ or LGB. Each of the letters included in this acronym are explained in this section.

- **Queer:** *The “Q” in LGBTQIA+.* Used as an inclusive/umbrella term for people who do not identify as cisgender and/or heterosexual; may be used broadly to describe LGB people or by an individual to describe their identity. *NOTE:* Although this was historically used as a derogatory slur, many LGB people and allies use this term today. It should still be used mindfully, especially among older LGB individuals.³³

Terms related to gender identities:

- **Cisgender:** A person whose gender expression and gender identity are the same as their sex assigned at birth.
- **Gender binary:** The belief that there are only two gender identities (man/boy and woman/girl) and that everyone belongs to one or the other; it also rejects the idea of any other identities and expressions. Belief in the gender binary also upholds the idea that the two genders are distinct in measurable ways.
- **Gender identity:** One’s internal self-identification of gender, which may or may not be the same as with one’s gender assigned at birth based on sex characteristics.
- **Non-binary:** A person who does not identify with a gender that falls into the binary categories of men and women. Some may identify with characteristics of both men and women; some may not identify with either; and others may fall somewhere in between.

⁹ The Terminology and Language Use section was informed by and adapted from the following existing resources. See these glossaries for more comprehensive lists of terms.

Movement Advancement Project. (2020). *An Ally’s Guide to Terminology: Talking About LGBTQ People & Equality: 2020 edition.* <https://www.lgbtmap.org/allys-guide-to-terminology>

CDC’s Health Equity Guiding Principles for Inclusive Communication. (2022, November 3). Centers for Disease Control and Prevention. https://www.cdc.gov/healthcommunication/Preferred_Terms.html

LGBTQ+ Vocabulary Glossary of Terms » The Safe Zone Project. (n.d.). The Safe Zone Project. Retrieved March 2, 2023, from <https://thesafezoneproject.com/resources/vocabulary/>

Miller S. J. (2016). *Teaching, affirming, and recognizing trans and gender creative youth: A queer literacy framework.* Palgrave Macmillan.

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

National Academies of Sciences, Engineering, and Medicine. (2020). *Understanding the Well-Being of LGBTQI+ Populations.* Washington, DC: The National Academies Press. <https://doi.org/10.17226/25877>

- **Gender nonconforming:** A person whose gender identity/expression do not conform with the culturally or socially expected gender norms (e.g., someone who presents as a masculine woman or a feminine man or someone whose identity is different from or outside of the gender binary).
 - **Genderqueer:** A person who rejects the normative gender categories of men and women. They may identify as neither a man or woman, identify as somewhere between the binary genders, or identify as somewhere outside the gender binary.
 - **Transgender:** *The “T” in LGBTQIA+.* A person whose gender identity and/or gender expression is different from their sex assigned at birth.
-

Terms related to sexual identities:

- **Asexual:** *The “A” in LGBTQIA+.* An umbrella term to describe a person who experiences little or no sexual attraction to others and/or experiences little or no sexual interests in sexual relationships/behaviors. A person who identifies this way may still be physically, emotionally, romantically, or spiritually attracted to others.
 - **Bisexual:** *The “B” in LGBTQIA+.* A person who experiences attraction to people of their own gender and another gender.
 - **Gay:** *The “G” in LGBTQIA+.* A person who is solely or primarily attracted to people of the same gender. Primarily used to describe men who are attracted to other men but is also sometimes used as an umbrella term to describe anyone who identifies with the LGBTQIA+ populations.
 - **Lesbian:** *The “L” in LGBTQIA+.* Historically, this term has been used to describe a woman who is solely or primarily attracted to other women. However, people of all identities (e.g., trans, gender nonconforming) may choose to identify this way as well.
 - **Pansexual:** A person who is attracted to *any* gender identity/expression. Gender does not necessarily play a significant role when it comes to attraction. This identity is similar to identifying as bisexual, but pansexual people may be attracted to someone who identifies outside the gender binary.
-

Terms related to sexual characteristics:

- **Intersex:** *The “I” in LGBTQIA+.* A person who is born with a combination of sex characteristics (hormones, chromosomes, gonads, internal sex organs, external genitals) that typically do not fit in the binary definition of male or female.
-

Words that are helpful for discussing romantic relationships:

- **Consensual non-monogamy**
The practice of consensually being involved romantically and/or sexually with more than one partner. People in consensually non-monogamous relationships reject the idea that exclusivity is required for having healthy relationships and may determine unique boundaries and parameters for their relationship. Examples of consensually non-monogamous relationships include swinging, open relationships, and polyamory. For more information on consensually non-monogamous relationships and these definitions, see Moors et al. (2023).³⁴
- **Heteronormativity**
The cultural belief or assumption that heterosexuality is the normal sexual orientation and is superior to forms of attraction or family formation. It also includes the assumption of gender norms based on one’s sex assigned at birth.

Language tips:

Use people-centered language.

- Use transgender person/men/women, instead of referring to people as transgenders, transgendered, or transsexual.
- Use assigned female/male at birth, instead of biologically female/male, born female/male, or female-bodied/male-bodied. This language is people-centered and gives people more agency over their identification with their bodies.
- Use “a gay person” or “a person who is transgender,” instead of using “a gay” or “a transgender.”

Use gender-inclusive language.

- Use parents-to-be or expectant parents, instead of mom- or dad-to-be.
- Use child or kid, instead of saying daughter/son.
- Use partner, instead of saying husband/wife, boyfriend/girlfriend.

Consider the historical context of the language.

- Instead of saying homosexual, use LGBTQ (or LGB or LGBTQIA)
- For some people, *homosexual* may be the only term they know to address people who identify as LGB. However, this term is considered outdated and has a disrespectful connotation given its history of being associated with pathology and homophobic prejudice.³⁵ Additionally, *queer*, once considered a derogatory term, is now being accepted by some LGB people as an encompassing, appropriate way to address the LGB population. *Queer* may be more appropriate to use with younger individuals or couples. It is most important to let your knowledge of your audience inform your language use.



Unique Stressors Faced by LGBTQ+ Individuals and their Partners

HMRE providers should be aware of the unique stressors that may affect the lives and relationships of LGBTQ+ participants. In the following paragraphs we introduce minority stress theory as a framework for understanding the experiences of marginalized individuals. We highlight how minority stress can affect relationship characteristics that HMRE programs seek to affect, such as quality, satisfaction, and conflict. Far less work has explored the experiences of romantic relationships among transgender and gender diverse individuals, though they are often subject to higher rates of discrimination in general.³⁶

Minority stress theory (MST)³⁷ remains the most used framework to understand the disparities in health and well-being that affect LGBTQ+ people. MST postulates that LGBTQ+ people experience disproportionate levels of stress due to the marginalization of their identities in society.^{37,38} This stress can be caused by external factors—such as discrimination, prejudice, and homophobia—as well as by internal factors—such as internalized shame, internalized homophobia, and fear of rejection resulting from living in environments where one feels their sexual or gender minoritized identity causes others to perceive or treat them differently. LGBTQ+ individuals may internalize others' negative or discriminatory beliefs such that they become shameful or even feel self-hatred toward their own LGBTQ+ identity.

Minority stress has been studied extensively and is shown to increase the risk of mental health problems, including depression, anxiety, and substance abuse.^{38,39} Additionally, as highlighted below, minority stress can affect LGB romantic relationships across a range of outcomes.^{40,41,42}

Internalized stress can infiltrate romantic relationships and negatively affect relationship satisfaction.¹¹ LGBTQ+ individuals experience disproportionate levels of stress, and individual experiences of minority stressors—such as internalized homophobia and discrimination—have been found to negatively affect relationship quality and relationship satisfaction.^{13,43}

LGB couples may experience stressors uniquely related to being in a stigmatized romantic relationship. Couple-level experiences of minority stress—such as experiencing discrimination as a couple in public or feeling shame about one's relationship—can have deleterious effects on romantic relationships.^{41,42} For example, experiences of stigma have been shown to affect how close partners feel to one another.⁴⁰ Additionally, this type of stress can exacerbate conflict between partners¹³ and is linked to worse mental health.⁴¹

Minority stress can create barriers to receiving support from others, including from one's family or community. These barriers can introduce additional stressors and sources of conflict for couples. For example, the rejection (or perceived rejection) of one's romantic partner by one's family of origin may lead to conflict about relationship visibility and commitment and negatively impact the romantic relationship.⁴⁴

Legal or institutional factors that limit where, whether, and how LGBTQ couples can raise children may place additional stress on romantic relationships. For example, it is legal to discriminate against LGB families in 22 states regarding foster care placements. Similarly, 17 states allow discrimination toward LGB families regarding adoption placements and decisions.⁴⁵



Resilience and Thriving among LGBTQ+ Individuals, Couples, and Families

Importantly, LGBTQ+ individuals and families demonstrate great resilience and strength in facing and navigating stigma to build healthy and thriving relationships. While recognizing the barriers and challenges that LGBTQ+ romantic relationships may face, it is essential for programs to recognize and leverage these strengths to effectively support relationship health. In existing couple-based HMRE programs, largely targeted to heterosexual couples, promoting relational resilience and protective factors plays an important role in supporting couples' relationship quality and commitment.⁴⁶ Following are some of the internal and external resilience and promotive factors that research has shown help support healthy relationships among LGBTQ+ people.



Research highlights that acceptance and love for oneself promotes resiliency and serves as an important cornerstone for building strong romantic relationships. Particularly in the face of experiencing discrimination, LGBTQ+ couples' and families' mutual acceptance, respect, and appreciation for each other's individual characteristics also facilitate building healthy relationships.¹³ At the individual level, having higher self-confidence, self-esteem, self-efficacy, and self-care all contribute to the demonstration of resilience.^{47,48} Specific to same-sex couples, mutual acceptance, respect, and appreciation for each other's individual characteristics also facilitate building healthy relationships.¹³

Effective communication and conflict management skills may be especially important for same-sex couples when it comes to navigating challenges presented by minority stress.¹³ Effective conflict management also contributes to same-sex couples' relationship satisfaction, sense of togetherness, and most importantly, relationship resilience.⁴⁹

Emotional openness, intimacy, and responsiveness are factors that can help LGB couples thrive. Emotional openness has been identified as one of the factors that can promote LGB individuals' psychological health.⁵⁰ Being emotionally open and intimate with one's partner also facilitates positive outcomes in same-sex couple relationships such as relational resilience and satisfaction.^{13,49,51}

Social support is vitally important for LGB individuals and their partners. Research shows there is great variability in the levels of support that same-sex couples receive.⁵² For many who identify as LGB, the choice of coming out also comes with the risk of losing ties and kinship with their families of origin. Chosen family usually refers to close friendships and kinships that fill the roles often filled by biological family members in heterosexual relationships. Support from one's family of origin and from one's chosen family are both critical to LGB couples' well-being,^{47,51,53} relationship satisfaction,¹³ and relationship longevity.¹⁴

Connection to LGBTQ+ community is essential. Having access to LGBTQ+-friendly environments, being connected to the LGBTQ+ community, and having access to supportive community resources are all important factors to promote LGBTQ+ families' resilience and increased well-being.^{49,54,55,56}

Additional Resources

- ▶ [American Psychological Association: LGBT Resources for Practitioners](#)

- ▶ [Approaches to Providing Healthy Marriage and Relationship Education Programming for Lesbian, Gay, and Bisexual Populations: An Exploratory Study](#)

- ▶ [John Gottman Institute's Research on Same-Sex Couples](#)

- ▶ [How Do You Support LGBTQ+ Families in Community Work?](#)

- ▶ [Simple Solutions to Create Inclusive and Welcoming Training Material](#)

- ▶ [Understanding the Well-Being of LGBTQI+ Populations](#)

- ▶ [The Williams Institute](#)



References

1. McCarthy, J. M. (2022). *Same-sex marriage support inches up to new high of 71%*. Gallup. <https://news.gallup.com/poll/393197/same-sex-marriage-support-inches-new-high.aspx>
2. Jones, J. M. (2023). *U.S. LGBT identification steady at 7.2%*. Gallup. <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>
3. United States Census Bureau (2021). Key demographic and economic characteristics of same sex and opposite-sex couples differed. <https://www.census.gov/library/stories/2022/11/same-sex-couple-households-exceeded-one-million.html>
4. Hawkins, A. J., Hokanson, S., Loveridge, E., Milius, E., Duncan, M., Booth, M., & Pollard, B. (2022). How effective are ACF-funded couple relationship education programs? A meta-analytic study. *Family Process*, 61(3), 970–985. <https://doi.org/10.1111/famp.12739>
5. Buzzella, B. A., Whitton, S. W., & Tompson, M. C. (2012). A preliminary evaluation of a relationship education program for male same-sex couples. *Couple and Family Psychology: Research and Practice*, 1(4), 306–322. <https://doi.org/10.1037/a0030380>
6. Whitton, S. W., Weitbrecht, E. M., Kuryluk, A. D., & Hutsell, D. W. (2016). A randomized waitlist-controlled trial of culturally sensitive relationship education for male same-sex couples. *Journal of Family Psychology*, 30(6), 763–768. <https://doi.org/10.1037/fam0000199>
7. Whitton, S. W., Scott, S. B., Dyar, C., Weitbrecht, E. M., Hutsell, D. W., & Kuryluk, A. D. (2017). Piloting relationship education for female same-sex couples: Results of a small randomized waitlist-control trial. *Journal of Family Psychology*, 31(7), 878–888. <https://doi.org/10.1037/fam0000337>
8. Hatch, S. G., Rothman, K., Roddy, M. K., Dominguez, R. M., Le, Y., & Doss, B. D. (2021). Heteronormative relationship education for same-gender couples. *Family Process*, 60(1), 119–133. <https://doi.org/10.1111/famp.12548>
9. Peters, H. E., Batten, R., Katz, M., Frei, A., Woods, T., & Aranda, C. (2018). *Approaches to providing healthy marriage and relationship education programming for lesbian, gay, and bisexual populations: An exploratory study*. OPRE Report #2018-85. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/lgb_healthy_marriage_and_relationship_education_programming_508_3.pdf
10. Hauptert, M. L., Gesselman, A. N., Moors, A. C., Fisher, H. E., & Garcia, J. R. (2017b). Prevalence of experiences with consensual nonmonogamous relationships: Findings from two national samples of single Americans. *Journal of Sex & Marital Therapy*, 43(5), 424–440. <https://doi.org/10.1080/0092623X.2016.1178675>
11. Randall, A. K., & Bodenmann, G. (2017). Stress and its associations with relationship satisfaction. *Current Opinion in Psychology*, 13, 96–106. <https://doi.org/10.1016/j.copsyc.2016.05.010>
12. Briggs, S. J., Wilson, A., Scott, M. E., & Logan, D. (2020). *Outcomes and outcome domains examined in HMRE evaluation studies*. Marriage Strengthening Research and Dissemination Center. https://mastresearchcenter.org/wp-content/uploads/2020/08/MAST-Outcomes-brief_August-2020.pdf
13. Rostosky, S. S., & Riggle, E. D. B. (2017). Same-sex couple relationship strengths: A review and synthesis of the empirical literature (2000–2016). *Psychology of Sexual Orientation and Gender Diversity*, 4(1), 1–13. <https://doi.org/10.1037/sgd0000216>
14. Riggle, E. D. B., Rothblum, E. D., Rostosky, S. S., Clark, J. B., & Balsam, K. F. (2016). “The secret of our success”: Long-term same-sex couples’ perceptions of their relationship longevity. *Journal of GLBT Family Studies*, 12(4), 319–334. <https://doi.org/10.1080/1550428X.2015.1095668>
15. Masci, D., Brown, A. & Kiley, J. (2019). *5 facts about same-sex marriage*. Pew Research Center. <https://www.pewresearch.org/short-reads/2019/06/24/same-sex-marriage/>
16. Rosenfeld, M. J. (2014). Couple longevity in the era of same-sex marriage in the United States. *Journal of Marriage and Family*, 76(5), 905–918. <https://doi.org/10.1111/jomf.12141>
17. United States Census Bureau (2021). *Key demographic and economic characteristics of same-sex and opposite-sex couples differed*. <https://www.census.gov/library/stories/2022/11/same-sex-couple-households-exceeded-one-million.html>
18. Taylor, D. (2020). *Same-sex couples are more likely to adopt or foster children*. United States Census Bureau. <https://www.census.gov/library/stories/2020/09/fifteen-percent-of-same-sex-couples-have-children-in-their-household.html>
19. Manning, W., & Payne, K. (2021). *Same-sex married and cohabiting couples raising children*. National Center for Family and Marriage Research. <https://doi.org/10.25035/ncfmr/fp-21-08>
20. Family Equality. (2019). *LGBTQ family building survey*. <https://www.familyequality.org/fbs>
21. Manning, W. D., Fetro, M. N., & Lamidi, E. (2014). Child well-being in same-sex parent families: Review of research prepared for American Sociological Association Amicus Brief. *Population Research and Policy Review*, 33(4), 485–502. <https://doi.org/10.1007/s11113-014-9329-6>
22. Zhang, Y., Huang, H., Wang, M., Zhu, J., Tan, S., Tian, W., Mo, J., Jiang, L., Mo, J., Pan, W., & Ning, C. (2023). Family outcome disparities between sexual minority and heterosexual families: A systematic review and meta-analysis. *BMJ Global Health*, 8(3), e010556. <https://doi.org/10.1136/bmjgh-2022-010556>

23. Hauptert, M. L., Moors, A. C., Gesselman, A. N., & Garcia, J. R. (2017a). Estimates and correlates of engagement in consensually non-monogamous relationships. *Current Sexual Health Reports*, 9(3), 155–165. <https://doi.org/10.1007/s11930-017-0121-6>
24. Parsons, J. T., Starks, T. J., Gamarel, K. E., & Grov, C. (2012). Non-monogamy and sexual relationship quality among same-sex male couples. *Journal of Family Psychology*, 26(5), 669–677. <https://doi.org/10.1037/a0029561>
25. Séguin, L. J., Blais, M., Goyer, M.-F., Adam, B. D., Lavoie, F., Rodrigue, C., & Magontier, C. (2017). Examining relationship quality across three types of relationship agreements. *Sexualities*, 20(1–2), 86–104. <https://doi.org/10.1177/1363460716649337>
26. Whitton, S. W., Weitbrecht, E. M., & Kuryluk, A. D. (2015). Monogamy agreements in male same-sex couples: Associations with relationship quality and individual well-being. *Journal of Couple & Relationship Therapy*, 14(1), 39–63. <https://doi.org/10.1080/15332691.2014.953649>
27. Goldberg, A. E., Smith, J. Z., & Perry-Jenkins, M. (2012). The division of labor in lesbian, gay, and heterosexual new adoptive parents. *Journal of Marriage and Family*, 74(4), 812–828. <https://doi.org/10.1111/j.1741-3737.2012.00992.x>
28. Reczek, C. (2020). Sexual- and gender-minority families: A 2010 to 2020 decade in review. *Journal of Marriage and Family*, 82(1), 300–325. <https://doi.org/10.1111/jomf.12607>
29. Smart, M. J., Brown, A., & Taylor, B. D. (2017). Sex or sexuality? Analyzing the division of labor and travel in gay, lesbian, and straight households. *Travel Behaviour and Society*, 6, 75–82. <https://doi.org/10.1016/j.tbs.2016.07.001>
30. Jones, J. M. (2021). *One in 10 LGBT Americans married to same-sex spouse*. Gallup. <https://news.gallup.com/poll/329975/one-lgbt-americans-married-sex-spouse.aspx>
31. Peters, H. E., Batten, R., Katz, M., Frei, A., Woods, T., & Aranda, C. (2018). *Approaches to providing healthy marriage and relationship education programming for lesbian, gay, and bisexual populations: An exploratory study*. OPRE Report #2018-85. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/lgb_healthy_marriage_and_relationship_education_programming_508_3.pdf
32. National Academies Science Engineering Medicine. (2020). *Understanding the well-being of LGBTQI+ populations*. <https://nap.nationalacademies.org/catalog/25877/understanding-the-well-being-of-lgbtqi-populations->
33. Services & Advocacy for LGBT Elders. (2017). *Age-friendly inclusive services: A practical guide to creating welcoming LGBT organizations*. SAGE National Resource Center on LGBT Aging. <https://www.sageusa.org/resource-posts/age-friendly-inclusive-services-a-practical-guide-to-creating-welcoming-lgbt-organizations/>
34. Moors, A. C., Ramos, A., & Schechinger, H. (2023). Bridging the science communication gap: The development of a fact sheet for clinicians and researchers about consensually nonmonogamous relationships. *Psychology of Sexual Orientation and Gender Diversity*, 10(1), 166–174. <https://doi.org/10.1037/sgd0000487>
35. American Psychological Association. (2020). APA Resolution on opposing discriminatory laws, policies, and practices aimed at LGBTQ+ persons. <https://www.apa.org/about/policy/resolution-opposing-discriminatory-laws.pdf>
36. Gamarel, K. E., Reisner, S. L., Laurenceau, J. P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology*, 28(4), 437–447.
37. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
38. Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 101579. <https://doi.org/10.1016/j.copsyc.2023.101579>
39. Hoy-Ellis, C. P. (2023). Minority Stress and Mental Health: A Review of the Literature. *Journal of Homosexuality*, 70(5), 806–830. <https://doi.org/10.1080/00918369.2021.2004794> <https://news.gallup.com/poll/329975/one-lgbt-americans-married-sex-spouse.aspx>
40. Frost, D. M., & LeBlanc, A. J. (2023). How stigma gets “in between”: Associations between changes in perceived stigma, closeness discrepancies, and relationship satisfaction among same-sex couples. *Journal of Social Issues*, 79(1), 129–146. <https://doi.org/10.1111/josi.12571>
41. LeBlanc, A. J., & Frost, D. M. (2020). Couple-level minority stress and mental health among people in same-sex relationships: Extending minority stress theory. *Society and Mental Health*, 10(3), 276–290. <https://doi.org/10.1177/2156869319884724>
42. LeBlanc, A. J., Frost, D. M., & Wight, R. G. (2015). Minority stress and stress proliferation among same-sex and other marginalized couples. *Family Relationships*, 77, 40–59. <https://doi.org/10.1111/jomf.12160>
43. Song, C., Buysse, A., Zhang, W. et al. Coping with minority stress in romantic relationships among lesbian, gay and bisexual people. *Current Psychology*, 41, 6922–6933. <https://doi.org/10.1007/s12144-020-01188-z>
44. Reczek, C. (2016). Parental disapproval and gay and lesbian relationship quality. *Journal of Family Issues*, 37(15), 2189–2212. <https://doi.org/10.1177/0192513X14566638>
45. Movement Advancement Project. (2023). *Equality maps: Foster and adoption laws*. https://www.lgbtmap.org/equality-maps/foster_and_adoption_laws
46. Stanley, S. M., Carlson, R. G., Rhoades, G. K., Markman, H. J., Ritchie, L. L., & Hawkins, A. J. (2020). Best practices in relationship education focused on intimate relationships. *Family Relations*, 69(3), 497–519. <https://doi.org/10.1111/fare.12419>

47. Colpitts, E., & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International Journal for Equity in Health*, 15(1), 60. <https://doi.org/10.1186/s12939-016-0349-1>
48. de Lira, A. N., & de Morais, N. A. (2018). Resilience in lesbian, gay, and bisexual (LGB) populations: An integrative literature review. *Sexuality Research and Social Policy*, 15(3), 272–282. <https://doi.org/10.1007/s13178-017-0285-x>
49. Haas, S. M., & Lannutti, P. J. (2022). Relationship maintenance behaviors, resilience, and relational quality in romantic relationships of LGBTQ+ people. *Couple and Family Psychology: Research and Practice*, 11(2), 117–131. <https://doi.org/10.1037/cfp0000186>
50. Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review*, 17(4), 371–383. <https://doi.org/10.1177/1088868313490248>
51. Connolly, C. M. (2006). A feminist perspective of resilience in lesbian couples. *Journal of Feminist Family Therapy*, 18(1–2), 137–162. https://doi.org/10.1300/J086v18n01_06
52. Pope, A. L., Murray, C. E., & Mobley, A. K. (2010). Personal, relational, and contextual resources and relationship satisfaction in same-sex couples. *The Family Journal*, 18(2), 163–168. <https://doi.org/10.1177/1066480710364501>
53. Hull, K. E., & Ortyl, T. A. (2019). Conventional and cutting-edge: Definitions of family in LGBT communities. *Sexuality Research and Social Policy*, 16, 31–43. <https://doi.org/10.1007/s13178-018-0324-2>
54. McConnell, E. A., Janulis, P., Phillips II, G., Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of sexual orientation and gender diversity*, 5(1), 1. <https://doi.org/10.1037/sgd0000265>
55. Parmenter, J. G., Galliher, R. V., Wong, E., & Perez, D. (2021). An intersectional approach to understanding LGBTQ+ people of color's access to LGBTQ+ community resilience. *Journal of Counseling Psychology*, 68(6), 629. <https://doi.org/10.1037/cou0000578>
56. Puckett, J. A., Levitt, H. M., Horne, S. G., & Hayes-Skelton, S. A. (2015). Internalized heterosexism and psychological distress: The mediating roles of self-criticism and community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 426–435. <https://doi.org/10.1037/sgd0000123>

Suggested Citation

Rivas-Koehl, M., Wei, M., Scott, M.E., & Wildsmith, E. (2023). *Creating affirming environments: A toolbox to help programs serve LGBTQ+ relationships effectively*. Marriage Strengthening Research and Dissemination Center. <https://mastresearchcenter.org/mast-center-research/creating-affirming-environments-a-toolbox-to-help-programs-serve-lgbtq-relationships-effectively/>

Acknowledgments

The authors thank the steering committee of the Marriage Strengthening Research and Dissemination Center (MAST Center), Catherine Schaefer, and Dr. Allen Barton for their feedback on earlier drafts of this toolkit and thank Ria Shelton for her research support.

Editor: Mark Waits

Designer: Catherine Nichols

About the Authors

Matthew Rivas-Koehl is a PhD student in the Department of Human Development and Family Studies at the University of Illinois Urbana-Champaign. His research focuses on promoting health and satisfaction in romantic relationships, particularly for LGBTQ+ families.

Menglin Wei is a PhD student in the Department of Human Development and Family Science at Auburn University. Her research focuses on couple relationships, their health behaviors, and health co-regulation with a focus on relationship education programming and evaluation.

Mindy E. Scott, PhD, is Co-Principal Investigator of the MAST Center and leads the Program Implementation and Evaluation research area. She is a sociologist and family demographer at Child Trends whose primary research interests relate to family formation, family strengthening, responsible fatherhood, and adolescent sexual and reproductive health. Dr. Scott studies the design and implementation of healthy marriage and relationship education programs through several projects focused on youth, diverse family structures and relationships, and fathers.

Elizabeth Wildsmith, PhD, is Co-Principal Investigator of the MAST Center and oversees the Center's building capacity activities. She is a sociologist and family demographer at Child Trends who studies family formation and reproductive health. Her research examines marriage, cohabitation, and childbearing, as well as how social and family contexts may increase exposure to, or offer protection from, risk factors associated with the negative health and well-being of women, children, and families.

