"Please Just Love Them": Parental Support for LGBTQI+ Adult Children in Conservative Religious Households

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ABSTRACT

Research has established that LGBTQI+ adult children who experience discrimination and rejection face increased risks of adverse health outcomes. While parental support is crucial for youth wellbeing, tensions often arise when LGBTQI+ adult children 'come out' in religious households. This study, conducted in partnership with a local NGO providing support services to LGBTQI+ individuals and their families, examines perceptions of support and belonging among non-matched LGBTQI+ adult children ($n=96$) and parents of LGBTQI+ individuals ($n=64$) across religious contexts in the United Kingdom. Parents reported responding with love (56%) and acceptance (39%) when their children 'came out," while LGBTQI+ adult children respondents more frequently perceived parental reactions as grief/sadness (32%), confusion (30%), and disappointment (26%). Similarly, 52% of parents reported their religious communities were supportive, while only 13% of LGBTQI+ respondents shared this perception. Over time, parents demonstrated a positive shift toward greater acceptance, with love increasing from 56% to 73%. These findings suggest LGBTQI+ individuals may question whether they are truly accepted by both their families and religious communities, highlighting the need for improved communication, educational resources, and affirming practices for both parents and faith communities.

Lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) young people who experience discrimination and rejection in the home and within their communities are more likely to experience adverse health outcomes including homelessness (Castellanos, 2016; DeChants et al., 2022; Durso & Gates, 2012), depression (Marshal et al., 2011; Ryan et al., 2009, 2010), maladaptive substance use (Ryan et al., 2009), suicide attempts (Meyer et al., 2015; Ryan et al., 2009; 2010) and difficulty attaining and maintaining employment (Kinitz et al., 2024). Parents, caregivers, and community members are paramount to providing a supportive environment for young people to feel safe (McConnell et al., 2016); however, there remain many LGBTQI+ youth who report being rejected from their families (Choi et al., 2015; DeChants et al., 2022) and excluded from their religious communities (Choe et al., 2019; Cuthbert & Taylor, 2019). While substantial research exists exploring global LGBTQI+ experiences, a notable gap remains in United Kingdom (UK)-specific research that examines the ongoing process of familial and religious acceptance following identity disclosure from both parental and LGBTQI+ perspectives. Consequently, this research sought to explore the experiences of non-matched LGBTQI+ young people and parents/caregivers of LGBTQI+ young people across religious contexts in the United Kingdom.

Discrimination and stigma

Historically, members of the LGBTQI+ community have endured discrimination from multiple systems of oppression (e.g., individuals and communities, the government, the criminal legal system, and the healthcare system; Casey et al., 2019; Peck, 2022). Such discrimination is deeply rooted in long-standing heteronormative and cisgender-normative expectations that are consistently reinforced within society, both from a historical and contemporary standpoint (Lewis et al., 2023; Shank & Troshynski, 2024). These societal norms may be demonstrated through the use of homophobic speech (Feher & Forjan, 2024), family and community rejection (DeChants et al., 2022), increased barriers to accessing healthcare (Gillani et al., 2024), and workforce discrimination (Seiler-Ramadas et al., 2022). Further, this is exemplified internationally, as sixty-seven countries still criminalize same-sex relationships, and 20 countries currently criminalize gender diversity (i.e., "a wide range of gender identities for people whose gender identity is different from the sex that they were assigned at birth"; UNAIDS, 2021, p. 1, 2023).

Though societal acceptance has continued to increase (Kite & Bryant-Lees, 2016; Lewis et al., 2017), discrimination and stigma have persisted even in countries that do not criminalize LGBTQI+ identities. While the UK has made significant strides in protecting LGBTQI+ rights, including same-sex marriage legalization and improved hate crime protections, discrimination and stigma persist in everyday experiences. A 2017 report found that one in five LGBT people across England, Scotland, and Wales have experienced a hate crime due to their sexual orientation or gender identity in the past year (Bachmann & Gooch, 2017). This report further identified that 81% of LGBT individuals didn't report these crimes to the police. Additionally, LGBT individuals reported experiencing anti-LGBT discrimination in restaurants and nightclubs, when looking for a house or flat to rent or buy, when accessing social services, during live sporting events, and during faith services or in places of worship (Bachmann & Gooch, 2017). This data represented a 78% increase in LGBT-related hate crimes from 2013 to 2017. More recently, the British Crime Survey reported 22,839 offenses related to sexual orientation and 4780 offenses related to transgender identity occurred in England and Wales from April 2023 to March 2024 (GOV.UK, 2024).

In addition to overt forms of discrimination, LGBTQI+ individuals also experience negative health outcomes as a result of perceived stigma. A meta-study conducted in the UK identified that fundamentalist religious ideologies pose a barrier to equitable care for LGBTQI+ individuals in healthcare, social care, and social work contexts (Westwood, 2022). Literature on health disparities related to mental health treatment accessibility and outcomes for LGBTQI+ individuals is well documented (Chan et al., 2024; Lewis et al., 2023; Whaibeh et al., 2020). Notably, LGBTQI+ individuals may be at higher risk for clinically significant levels of psychological distress when compared to the general population (Lewis et al., 2023; Toh et al., 2023). Prior research conducted in the United States has posited that this inequity might be related to the effects of discrimination and stigma, including high rates of psychiatric disorders, increased substance use, suicidal ideation (Whaibeh et al., 2020), and social isolation incited by the fear of losing close relationships following identity disclosure (Chan et al., 2024). Lastly, LGBTQI+ individuals may also experience stigma from mental health professionals, which further restricts their access to necessary services (Whaibeh et al., 2020).

Family support

Family acceptance is one of the strongest predictors of well-being, physical health, and mental health outcomes in LGBTQI+ young people (McCormick & Baldridge, 2019). Previous research from the United States has demonstrated that LGBTQI+ youth with accepting families are eight times less likely to attempt suicide, and six times less likely to experience symptoms of depression (Ryan et al., 2009). Those who experience family acceptance also report increased levels of self-esteem, social support, and positive health outcomes (Ryan et al., 2010). Conversely, LGBTQI+

young adults have reported that family rejection often coincides with increased conflict, hetero-sexist and cisgender rhetoric, abuse and neglect, avoidance of issues associated with identity, isolation, and revoked housing or material support (DeChants et al., 2022). In previous research examining parental response to their child's sexual and gender minority identity and subsequent associations with mental health outcomes, results found that negative parental response was associated with increased odds of depression, anxiety, substance use, and bullying (Clark et al., 2022).

Furthermore, survey data from 1330 LGBTQI+ adults living in the UK indicates that family support has a positive association with both life satisfaction and positive psychological well-being, potentially acting as a buffer against negative mental health outcomes (Stokes et al., 2024). To identify themes related to parental support using a phenomenological qualitative approach, Roe (2017) revealed that (1) LGBTQI+ youth view coming out to their parents as necessary, (2) initial parental reactions are most often unsupportive, (3) religion is often a barrier to parental support, and (4) LGBTQI+ youth prefer explicit support from family. Given the critical role that parents and families play in LGBTQI+ youth well-being, identifying and promoting mechanisms to strengthen family support is paramount to fostering positive physical and mental health outcomes within the LGBTQI+ community.

The effects of parental support, or lack thereof, may be better understood when considered through the lens of optimal matching theory (Cutrona & Russell, 1990) and support gaps (Xu & Burleson, 2001). Optimal matching theory stipulates that support may result in negative outcomes when the type of support one receives is incongruent with the stressors they experience (Cutrona & Russell, 1990). Further, McLaren and High (2019) extend optimal matching theory with their findings that both positive and negative outcomes are associated with support gaps, though outcomes are dependent upon the type of support (i.e., emotional or informational) and whether the support represented an over-benefit or under-benefit (i.e., receiving more or less support than one desires). Additionally, this research demonstrated that an excess of informational support and insufficient emotional and esteem support contribute to hurt feelings (McLaren & High, 2019). Within the context of parental support for LGBTQI+ individuals, the incongruence in the type and amount of expected support versus the support one receives may explain poor relational outcomes.

Parental support and family acceptance can look different depending on the dynamics and culture of the family. Situated within the context of the Circumplex Model of Family Systems, support within a family is impacted by the degree of cohesion, adaptability, and communication within the family system (Olson, 1989). Following a child's identity disclosure, adaptability to change, communication, and family cohesion may impact the degree of support one's family provides. Broadly, family support may include specific behaviors and actions related to affirming LGBTQI+ identity, advocating for youth when they experience discrimination, and avoiding double standards regarding a child's interests and relationships (McCormick & Baldridge, 2019). In a study examining parents' reactions to their children's sexual orientation and gender identity, supportive behaviors that promoted well-being in LGBTQI+ youth included open dialogue about the child's LGBTQI+ identity, displays of affection when learning about their identity, engagement in advocacy when mistreatment occurred, ensuring extended family remained respectful, identifying supportive faith communities, and connecting LGBTQI+ youth with an adult role model who shared their identity (Ryan et al., 2010).

Religious communities

LGBTQI+ individuals have historically faced unique discrimination and stigma from faith-based communities (Choe et al., 2019); however, the relationship between religious communities and LGBTQI+ acceptance varies significantly across different faith traditions, denominations, and cultural contexts. Prior literature indicates that intrinsic religiosity is a significant predictor of prejudicial attitudes toward LGBTQI+ individuals, specifically when paired with political conservatism (Choe et al., 2019). Many religious communities still maintain that homosexuality is

morally wrong and that LGBTQI+ individuals must denounce their sexual orientation to be accepted in their religious community (Buchanan et al., 2001). Christianity and Islam, two of the largest religious denominations globally, are often associated with such anti-LGBTQI+ rhetoric (Golriz, 2021; Nadal & Scharrón-del Río, 2021). In concordance with these negative attitudes, evidence suggests that the lived experiences of LGBTQI+ individuals navigating acceptance within families and religious communities remains complex and varied (Government Equalities Office, 2018).

More specifically, the current sociopolitical and religious contexts of the UK present a complex environment for LGBTQI+ individuals impacted by these institutions. The Church of England, regarded as the predominant religious institution of the UK, represents this complexity well. Only recently has the Church of England began allowing blessing services for same-sex couples, while still maintaining that same-sex marriage remains incompatible with church doctrine (Smith, 2019). Additional religious institutions in the UK demonstrate varying approaches to LGBTQI+ inclusion. Some, including the Apostolic Church in Scotland and the United Free Church of Scotland, have expressed stronger opposition to LGBTQI+ rights, particularly regarding gender-affirming policies (Kettell, 2025). While these findings represent institutional perspectives and may not align with all members of these religious institutions, they illustrate the ongoing discrimination, stigma, and rejection experienced by the LGBTQI+ community from the predominant faith-based communities in the United Kingdom. For example, a 2017 UK report found that 28% of LGBTQI+ individuals experienced discrimination due to their sexual orientation and/or gender identity when attending a faith service or place of worship (Bachmann & Gooch, 2017). These varied institutional policies often create challenging environments for families attempting to reconcile religious commitment with support for LGBTQI+ children or family members. Progressive movements within various faith traditions that acknowledge these issues are developing resources and support systems for LGBTQI+ individuals and their families—including organizations such as the community partner affiliated with the current study, which specifically addresses homophobia triggered by religious ideology to help UK parents accept their children.

The UK's religious diversity adds particular complexity to family dynamics around LGBTQI+ acceptance. With substantial Muslim, Hindu, Sikh, and other religious communities alongside various Christian denominations, families navigate varying theological perspectives and cultural expectations. Research has identified that perceived familial religiosity correlates with perceived familial stigma regarding sexuality, suggesting that religious contexts can significantly impact family acceptance patterns (Macbeth et al., 2022). The long-standing effects of Christian ideology on LGBTQI+ acceptance are evident in regions such as India during the British Raj. Ancient Hindu texts indicate that the existence of homosexuality as well as a third gender was not only recognized but widely accepted before British colonial rule. During the Victorian era, however, perspectives on homosexuality and gender diversity shifted toward viewing them as "unnatural," as evidenced by the criminalization of homosexuality through the Indian Penal Code in 1860 (Sharma, 2021). Although homosexuality is legal in present-day India, the LGBTQI+ community still faces sociopolitical challenges. A qualitative study conducted in Ghaziabad, India, reported that most of these challenges were related to a lack of social acceptance, such as homophobic school environments and public harassment (Bhattacharyya & Rakesh, 2024). This context is especially important for understanding contextual factors of the sample used within this research, as the study's community partner primarily serves South Asian immigrants to the UK.

While family religious affiliation has been positively associated with young adult social support in the UK (i.e., suggesting that accepting religious communities can provide important support networks; Government Equalities Office, 2018), much of the extant literature on the acceptance of LGBTQI+ people in faith-based communities is concerned with the negative outcomes of stigma, discrimination, and rejection. Discrimination within religious contexts harms people's well-being, mental health, and feelings of belonging (Miller et al., 2020). Faith-based stressors for LGBTQI+ individuals, such as interpersonal religious discontent and affiliation with familial religious traditions, have the potential to exacerbate the negative outcomes associated

with family rejection (Heiden-Rootes et al., 2021). This is further demonstrated by past literature detailing the significant impact religious contexts can have on family acceptance patterns, as perceived familial religiosity has been found to directly correlate with perceived familial stigma regarding sexuality (Macbeth et al., 2022). As LGBTQI+ people continue to feel comfortable embracing their identity, parental, religious, and community support is crucial to mitigate the health disparities associated with discrimination and stigma (Ryan et al., 2009; 2010).

The current study

Within the United Kingdom, limited community-based research with direct service providers exists to explore parental support for LGBTQI+ individuals within religious contexts. The current study sought to fill this gap by exploring parental support for LGBTQI+ young adults from religious communities in the United Kingdom. The research goal was two-fold: first, we sought to understand the experiences of parents of LGBTQI+ individuals regarding their reactions to and/or fears of their children's identity. Second, we sought to explore the perspectives and experiences of LGBTQI+ adult children regarding their identity and how it has impacted their relationship with their family and faith community. This research was conducted in collaboration with a community partner who provides direct support services to LGBTQI+ individuals and their families.

Methodology

Participants

Survey responses were collected from 160 participants, including 96 adult children in the LGBTQI+ community and 64 parents/caregivers of LGBTQI+ individuals in the United Kingdom. Notably, responses from parents and adult children *were not matched,* and as such, comparisons between parents and their *own* children could not be evaluated. Participants were recruited *via* online social media platforms and an organizational newsletter. Individuals connected with the community partner through any of these means were invited to participate in the survey. Considering the sensitivity of the survey it is impressive that so many responses were provided for the researchers to analyze. It is understood that those who had persistent hostile or homophobic responses to their children were less likely to admit this in a survey. As the organization primarily serves Christian and a smaller percentage of Muslim families, religious diversity was not possible for the present study.

Measures

The anonymous online survey gathered information on the ongoing process of family and religious community acceptance following an LGBTQI+ young adult's disclosure of their identity. While the survey captured initial reactions to "*coming out*," which refers here to the disclosure of a historically stigmatized sexual or gender minority identity (Sandler, 2022), it also assessed ongoing parental and religious community support. Additionally, the survey was constructed to assess shifts in parental emotions over time following identity disclosure. All survey respondents (i.e. both parents of LGBTQI+ and LGBTQI+ adult children) provided information regarding demographics (i.e. age, gender, sexual orientation, religious affiliation, migration history, and length of time living in the United Kingdom), parental support of their sexual/gender identity, and religious community support of their identity.

Quantitative data was analyzed using descriptive frequencies and cross-tabulation analysis. The institutional review board at [BLINDED FOR REVIEW] deemed this study exempt from ethics board review as it was part of an ongoing program evaluation. Ethical measures were implemented such that the community organization provided support to any participants who sought support following the completion of the survey, as well as adhering to the organization's safeguarding policies.

Parental support

Measures of parental support were administered to both groups of participants (i.e., parents and LGBTQI+ adult children). Parent respondents were asked to report their offspring's LGBTQI+ identity and how they found out about their child's identity. Closed response options included,

"They told me themselves", "Someone else in the family told me", "A neighbour/friend told me", "Someone in my faith community told me", "I noticed something in their behaviour", and "Other - please specify."

Next, parents were prompted to indicate *their* initial emotional response when their children came out. Response options were not mutually exclusive and included: *"Anger/rage," "Confusion," "Guilt," "Admiration," "Annoyance," "Grief/sadness," "Disgust," "Surprise," "Fear," "Love," "Optimism," "No problem/acceptance," "Numb," "I already knew," "Disappointed," "I told them to leave our home," "I disowned/rejected them,"* or *"Other - please specify."*

Parents were then asked to report their current feelings about their child's sexual identity using the same options as above.

To assess parental support from LGBTQI+ adult children, respondents were asked to indicate their identity and how they told their parents. Participants were instructed to choose all that apply with options including;

"I haven't told them yet," "I told them," "Someone else in the family told them," "A neighbour/friend told them," "Someone in my faith community told them," and "My parents knew from my behaviour."

Next, LGBTQI+ young people were prompted to indicate *their perception of their parents'* initial emotional response when they 'came out". Response options were not mutually exclusive and included the following:

"Anger/rage," "Confusion," "Guilt," "Admiration," "Annoyance," "Grief/sadness," "Disgust," "Surprise," "Fear," "Love," "Optimism," "No problem/acceptance," "Numb," "I already knew," "Disappointed," "They told me to leave our home," "I disowned/rejected them," or "Other - please specify."

LGBTQI+ young people were also asked to report their parents' current emotions toward their sexual identity.

Religious support

To assess religious support regarding their children, parent participants were first asked

"Has your LGBTQI+ child or young person (over 18) 'coming out' impacted your experience of your own faith or religion?"

with response options including *"Yes"* or *"No."* For those who responded *"Yes,"* a follow-up question asking *"How has it impacted your faith?"* was included in the survey. Parents endorsed one of the following options:

"I/we are no longer a member of that faith/religion," "I/we continue to worship in my faith/religion but keep quiet about our LGBTQI+ child," "I/we continue to worship in my faith/religion and tell other in our faith/religion that we are positive towards our LGBTQI+ child," and "Other - please specify."

Parent respondents were then asked to report how members of their faith community have acted toward them as parents of an LGBTQI+ adult child, and were able to endorse more than one of the following;

"They are hostile," "They are supportive," "They don't understand my perspective," "They are abusive," "They don't care," "They don't know my child is LGBTQI+," "We don't talk about it," "We can't talk about it," or "Other - please specify."

Similar questions regarding religious support were asked of the LGBTQI+ adult children participants. Respondents were asked, "How has being LGBTQI+ affected your faith/religious experience?" with response options including

"I am no longer a member of that religion," "I continue to worship in my faith but keep quiet about it," "I continue to worship in my faith and tell others in my faith that I am positive about my sexuality," or "Other - please specify."

Additionally, LGBTQI+ adult children were asked to indicate how other members of their faith/religious community have been toward them. Participants were asked to choose an option from the following:

"They are hostile," "They are supportive," "They don't understand my perspective," "They are abusive," "They don't care," "We don't talk about it," "We can't talk about it," or "Other - please specify."

Positionality statement

Before presenting the findings, and in the spirit of reflexivity, the authors of the current study want to acknowledge the positionality they bring to this work. The research team consists of six authors—most residing in the United States and one in the United Kingdom (UK). Of them, we are all white, and five researchers are members of the LGBTQI+ community, including a member who has a child who is a part of the community as well. All researchers also have experience in the field of psychology broadly; however, they offer different perspectives based on their areas of expertise and training (i.e., clinical psychology, community psychology, theology, and childhood studies). Furthermore, the research team is diverse in the ages of researchers, their genders, and the religious exposure and experiences they each have. The authors differ in their lived experiences and identities, which may influence the perspectives taken on this research. Throughout the research process, the authors have continued to foster open conversations about their intersectionality and potential biases.

This research would also not be possible without the continued support and collaboration between the authors and the UK community partner referenced throughout this paper. This organization specifically targets and serves people who have negative views toward LGBTQI+ individuals because of their religious beliefs. In line with this aim, they offer services to increase understanding and connection between religious parents of LGBTQI+ people and their children. Notably, the organization was founded specifically to aid South Asian immigrants as they navigate the "coming out" process due to one of the founders, who struggled with his own sexual identity disclosure to family members, being of South Asian descent. This population of interest for the organization is why the authors thought it important to include information specifically regarding South Asian immigrants to the United Kingdom in their literature review/introduction. With that, care was taken to understand the study's results within the population that was surveyed. The name of the community organization this research partnered with has been purposefully omitted from this article to protect and respect the confidentiality of the individuals they serve, given the current political and social climate. However, the organization, which is selective about research partners, was happy to work with us. Its hope is that this paper will provide increased understanding of the complexity present when parents who love their children navigate the reconceptualization of their long-held religious beliefs.

Results—parents of LGBTQI+ adult children

Demographics

Of the parent participants, 67% were between 46 and 60 years old ($N = 43$) at the time of responding. Ethnically, 94% were White and 5% were Asian, South Asian, or Asian/South Asian British. Most respondents reported their religious affiliation as Christianity ($N = 55$; 86%), followed by no

religious affiliation ($N=4$; 7%), other ($N=3$; 5%), and Islam ($N=2$; 3%). Just over half the parents reported that their child did not identify with any religious affiliation ($N=29$; 51%), followed by Christianity ($N=27$, 47%), Islam ($N=1$; 2%), and Zoroastrianism ($N=1$; 2%). All respondents indicated that they found out about their child's LGBTQI+ identity directly from their child.

Parental support

Parent respondents were asked about their initial and then current emotional responses to their children's "coming out" (see Figure 1). The most frequently reported initial emotional responses were love ($N=36$; 56%), no problem/acceptance ($N=25$, 39%), confusion ($N=18$; 28%), and grief/sadness ($N=17$; 27%). Love was also the most frequently reported current feeling about their child's identity ($N=47$; 73%). When asked about their current emotional responses, the most frequently endorsed responses were love ($N=47$, 73%), no problem/acceptance ($N=33$, 52%), admiration ($N=32$, 50%), and optimism ($N=15$, 23%). All initial and current responses reported by the parental respondent group are presented in Figure 1.

Religion/faith

Parental respondents were also asked how their child's sexual orientation/gender identity has impacted their faith or religion. Of those who answered the question, a majority of 70% ($N=26$) indicated they continued to have a positive experience with their religion/faith, while 22% ($N=8$)
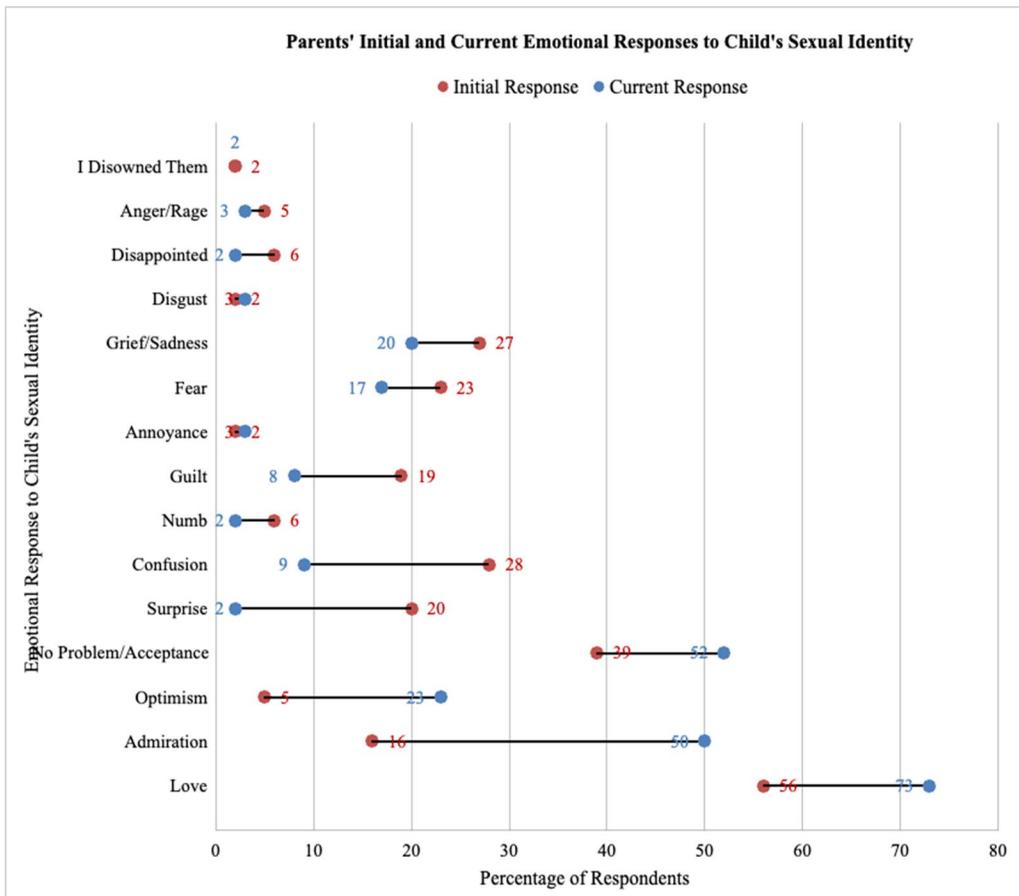

Figure 1. Parents' initial and current emotional responses to child's sexual identity.

reported that they no longer held a religious/faith affiliation, and 8% ($N=3$) continued to practice their faith but chose not to share their child's identity with their religious community. The significant non-response rate to this question is addressed in the Limitations section.

Parents were then asked how other members of their religious/faith community have acted toward them as parents of an LGBTQI+ person and asked to select all options that apply. Over half of respondents reported that members of the religious/faith community were supportive ($N=33$; 52%), and over a quarter said the religious community did not understand their perspective ($N=18$; 28%) or were hostile ($N=12$; 19%).

Results - LGBTQI+ respondents

Demographics

Most LGBTQI+ adult child respondents were 30 years or older ($N=69$; 73%). Ethnically, 52% were White, 34% were Asian, South Asian, or Asian/South Asian British, 6% were Black, African, Black British, or Caribbean, 5% were Mixed or Multiple Races, and 3% identified as "Another ethnicity". A third of LGBTQI+ respondents affiliated with Christianity ($N=34$, 35%), followed by no religious affiliation ($N=27$, 29%), a fifth affiliated with Islam ($N=20$, 21%), "Other" ($N=14$, 15%), and one participant did not respond. LGBTQI+ respondents most frequently reported that nearly half of their parents were affiliated with Christianity ($N=46$, 48%), followed by a quarter with Islam ($N=24$, 25%), "Other" ($N=18$, 19%), and no religious affiliation ($N=7$, 8%). Regarding sexual orientation, the majority of LGBTQI+ respondents identified as gay ($N=41$; 42.7%), followed by lesbian ($N=23$; 24%), queer ($N=16$; 16.7%), bisexual ($N=14$; 14.6%), and pansexual ($N=7$; 7.3%). Six LGBTQI+ respondents identified as transgender ($N=6$; 6.3%) and three individuals identified as nonbinary ($N=3$; 3.1%).

Parental/family support

LGBTQI+ respondents were asked about their family's initial emotional responses to their "coming out" (see Figure 2). The most frequently reported parental initial emotional response was grief and sadness ($N=31$, 32%), followed by confusion ($N=29$, 30%), disappointment ($N=25$, 26%), and disgust ($N=22$, 23%). When asked about their siblings' initial emotional response, respondents most frequently reported they had no problem/accepted their identity ($N=40$, 41%), followed by love ($N=22$, 22%), disgust ($N=13$, 13%), and disappointment ($N=13$, 13%). A full description of LGBTQI+ respondents' perceptions of their parents and siblings' initial responses is presented in Figure 2 and a comparison of these responses to parental respondents is presented in Figure 3.

Religion/faith

LGBTQI+ adult child respondents were also asked about their experiences with religious leaders and faith community members. When asked about how their LGBTQI+ identity has impacted their religious affiliation, 21% ($N=20$) of respondents reported that they have continued to worship in their faith but conceal their LGBTQI+ identity, with less frequent responses including leaving the religion ($N=15$, 16%), and only a few respondents continuing to worship and share their sexuality with members of their religious community ($N=9$, 9%). Next, LGBTQI+ adult child respondents were asked about how other members of their religious community have acted toward them. Of those who answered the question, the most frequent response was that religious community members did not talk about participants' LGBTQI+ identity ($N=13$, 14%). Thirteen per cent ($N=12$) indicated that religious community members were supportive, and 10% ($N=10$) indicated they were hostile.
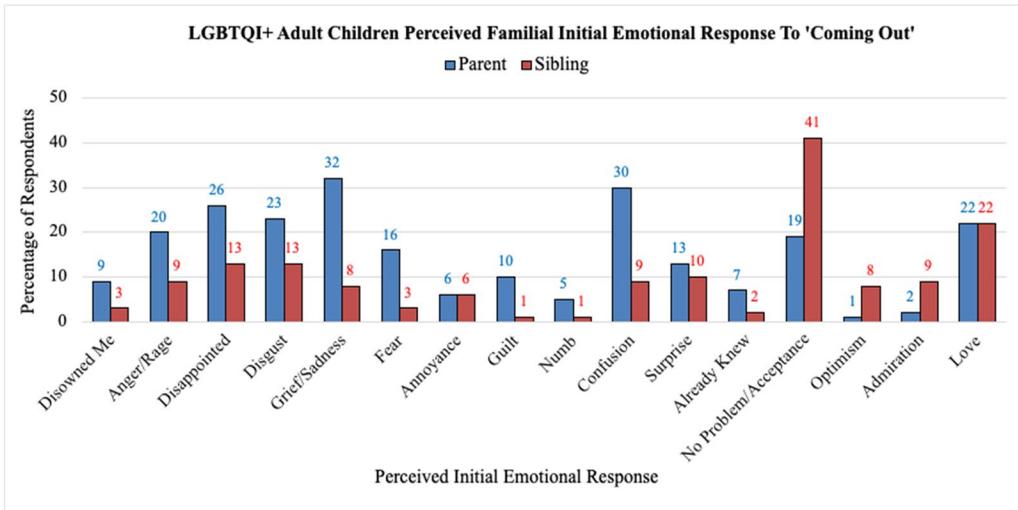
Figure 2. LGBTQI+ adult children perceived familial initial emotional response to 'coming out'.
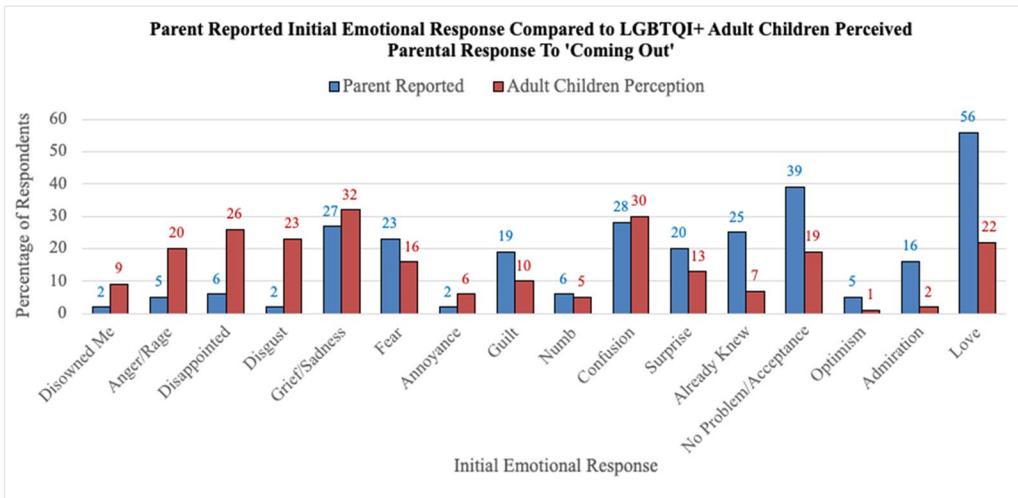

Figure 3. Parent reported initial emotional response compared to LGBTQI+ offspring perceived parental response to 'coming out'.

Discussion

Results from the present study suggest that many LGBTQI+ adult children may question whether their identities are truly accepted and supported within their family and religious communities. Our results also indicate that parents and adult children may have differing perspectives on initial parental/caregiver acceptance. Parent respondents within our sample emphasized the importance of listening, learning, and loving their children as they navigate sharing their identities with family and religious community members. Though participant groups were not matched, LGBTQI+ adult children respondents notably reported less positive experiences of initial emotional responses from their parents. Given the importance of parental support on well-being and mental health outcomes (McCormick & Baldridge, 2019), this finding is particularly relevant to families navigating this process. Considering the challenge and understandable fear that LGBTQI+ adult children may face when "coming out," this disparity between parent and child perceptions of acceptance could have long-term impacts on family relationships. In light of the historical

discrimination, stigma, and rejection the LGBTQI+ community has faced within religious contexts, parents may benefit from considering that this historical trend may influence how their child interprets support. Consequently, parents should consider implementing positive communication and support strategies to communicate a sense of openness and compassion.

The present study also revealed a noteworthy trend in parental emotional responses. The majority of the current parent respondent sample reported a shift toward more positive feelings of love, admiration, optimism, and acceptance toward their children compared to initial responses. This finding suggests that, with time, parents may demonstrate a more supportive and accepting attitude toward their children following identity disclosure. Previous research suggests that this change can occur through interventions aimed at increasing parental LGBTQI+-affirming behaviors (Matsuno & Israel, 2021). These are particularly useful when tailored to the individual and their initial degree of acceptance of their child (Seager van Dyk et al., 2024). This may be accomplished by providing spaces for parents to discuss and process changes in their child, ultimately increasing understanding and acceptance. Overall, while adjusting to potentially unexpected changes in a child's life and identity may be a complex and confusing process for parents, particularly within religious contexts, our findings indicate that parents' emotional reactions to their children's sexual and gender identity may improve with time.

Concerning religious community support, our results found substantial disparities in perceived support from religious communities between both participant groups (i.e., parents and LGBTQI+ individuals). Specifically, the majority of parents reported positive experiences of support with religious communities, while the majority of LGBTQI+ young people reported their religious community does not comment on their identity. Consistent with the discrepancies in perceived support, our findings suggest that many LGBTQI+ young people do not feel supported, are met with hostility, or conceal their identity in religious settings. These results are commensurate with existing literature on religious discrimination and stigma toward the LGBTQI+ community (Buchanan et al., 2001; Choe et al., 2019; Kettell, 2025; Smith, 2019). Considering these findings and paying homage to the mission of our community partner, a variety of practical implications and recommendations to strengthen communication, foster support, and encourage belonging within religious communities are provided below.

Implications and recommendations

The current results have wide-ranging implications for various stakeholders. First, the current study's findings highlight several key insights into how parents can support their LGBTQI+ child even in non-affirming religious contexts. Specifically, it is essential to recognize that parental support is both essential and an ongoing process for parents to understand. A parent participant in the current study stated, *"I have had and still have a lot of unlearning and learning to do."* Extant literature supports that family support significantly predicts positive outcomes for LGBTQI+ adult children (Ryan et al., 2010; Stokes et al., 2024). Therefore, above all else, parents must emphasize the love they still hold for their LGBTQI+ child upon learning about their sexual identity. Within religious contexts this may mean placing a higher emphasis on core spiritual values such as grace and compassion for others, instead of more rigid doctrinal interpretations. This recognition may reduce the disparities found between parental perceived initial emotional responses by LGBTQI+ adult children and the initial reactions of the parent participants.

Service providers working with LGBTQI+ individuals and their families can play a pivotal role in bridging familial communication gaps and offering affirming resources. Workshops on empathy, active listening, and effective communication techniques can teach parents what acceptance looks and sounds like while also offering adult children the tools to navigate the difficult "coming out" conversations (SAMSHA, 2014). Trained mediators and facilitators from these organizations can also guide familial discourse by ensuring all parties feel heard and respected. Furthermore, faith-inclusive programming that addresses religious concerns and the realities of being a member of the LGBTQI+ community can also help members of religious families find

mutual understanding (Family Acceptance Project, n.d.). Overall, continued efforts in bridging the connection between direct service providers and community-based researchers are imperative. This relationship not only acknowledges the importance community organizations hold, but also fosters increased knowledge on how to best support these providers and the families they serve.

Limitations and future directions

While results from the present study elucidated important findings regarding parental and religious community support toward LGBTQI+ young people within the UK, this study is not without limitations. The primary limitations of this study reside in the participant sample. First, all the LGBTQI+ participants were over the age of 18. Although these responses provide valuable insights into the experiences of LGBTQI+ young adults when coming out to their families, our results were unable to identify these trends in LGBTQI+ youth. Given the small sample size and characteristics of our participant sample, our results cannot be generalized across the entire LGBTQ+ community. Future research on the topic should implement a more targeted sampling strategy to assess experiences of family and religious community acceptance and rejection among both LGBTQI+ youth and adults.

Second, there was a lack of religious diversity in both participant samples due to the limited reach of the organization with which this study was conducted. A small subset of respondents in the current study ($N = 27$) noted that they did not have any religious affiliation. These participants were kept in for statistical analyses; however, little is known about how their LGBTQI+ status may have impacted their lack of religious affiliation. Future research efforts may benefit from focusing on parental acceptance in households from non-majority religious denominations. Similarly, the racial demographic of the parent participants hinders the generalizability of the results to non-White parents of LGBTQI+ individuals. Another important area for future inquiry lies in sampling direct service providers who work with LGBTQI+ individuals and their families to gain important insights into their work.

Other limitations of the current study are present in the breadth of information obtained from respondents and the comparisons that can be drawn. Unfortunately, parental and LGBTQI+ adult children respondents were not able to be matched; therefore, comparisons between the perceived reactions of LGBTQI+ adult children and their *own* parents could not be made. Additionally, certain response options, such as members of the respondents' religious/faith community acting "hostile" toward them due to their own (or their adult child's) sexual identity, do not provide much insight into what respondents considered to be "hostile." There was also a 41% non-response rate from parents on how their child's identity impacted their faith, suggesting this was a particularly sensitive question. Earlier, we stated that "It is understood that those who had persistent hostile or homophobic responses to their children were less likely to admit this in a survey." Future research utilizing a longitudinal design with a sample of matched religious parents and their own LGBTQI+ children might reveal information from parents about whether and how their beliefs may have shifted over time and how their children have perceived this. Overall, these limitations indicate a need for qualitative inquiry into these topics in future research. Furthermore, parent respondents were not asked about how long ago their child disclosed their identity to them. While our results suggest that time can elicit positive changes in parental emotional response to their child's sexual identity, it is unclear what specific time interval is needed to elicit such a response. This represents an important area for future inquiry to better delineate the impact of time on feelings of acceptance.

Conclusion

The findings from this study highlight the complex interplay between family acceptance, religious beliefs, and the well-being of LGBTQI+ individuals in the United Kingdom. Notably, there were

significant disparities between parents' and LGBTQI+ adult children's perceptions of initial reactions to coming out, with parents reporting more positive responses than their children experienced. While many LGBTQI+ individuals maintain connections to their faith communities, they often do so while concealing their identities, suggesting an ongoing tension between religious affiliation and authentic self-expression. The study also revealed that responses from the religious community varied considerably, with some offering support while others demonstrated hostility or avoided discussion altogether. These findings underscore the critical need for targeted interventions that address both family dynamics and religious community responses.

Future support initiatives should focus on bridging communication gaps between parents and LGBTQI+ adult children, providing culturally specific resources for different faith communities, and developing strategies to help families navigate religious beliefs while maintaining strong family bonds. Given the well-documented impact of family acceptance on LGBTQI+ individuals' mental health outcomes, continued efforts to promote understanding and support within religious families and communities remain essential for fostering positive health outcomes and social inclusion. Overall, family and community support are paramount to mitigating the discrimination and stigma faced by the LGBTQI+ community, promoting positive mental health outcomes, fostering authentic self-expression, and supporting feelings of belonging within one's community.

Disclosure statement

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