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Parental Burnout, Coparenting, and Internalized Sexual Stigma During COVID-19 in Parents With Minoritized Sexual Identities

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The COVID-19 pandemic acted as a model of stressful situations for parents insofar as it led to unprecedented difficulties in childcare and caregiving, resulting in increased levels of parental burnout, worldwide. To date, research on parental burnout has mainly involved heterosexual parents. However, parents with minoritized sexual identities face partially different stressors, including internalized sexual stigma, and they also have partially different resources, including a more egalitarian division of childcare labor. Between April 2020 and February 2021, 32 lesbian mother families by donor insemination ($n = 64$ lesbian mothers) and 28 gay father families by gestational surrogacy ($n = 56$ gay fathers), all with a child aged 6–10 years and living in Italy, were recruited. In each family, both parents self-rated their parental burnout, coparenting, and internalized sexual stigma. Multilevel modeling indicated that lesbian mothers reported greater parental burnout than gay fathers. Moreover, lower coparenting quality was associated with greater parental burnout. Finally, internalized sexual stigma had a significant both direct and interactive effect on parental burnout, with higher levels of internalized sexual stigma resulting in greater parental burnout, especially in gay fathers. Considering the sexual minority stress theory and the risks and resources balance theory, the results indicate the importance of preventing and treating parental burnout in lesbian and gay parents by focusing on their internalized sexual stigma and coparenting relationship. Also, incorporating the positive psychology framework in future research would help identify in these parents the resources deriving from their minoritized sexual identities to deal with parental burnout.

Keywords: parental burnout, internalized sexual stigma, coparenting, parents with minoritized sexual identities, assisted reproduction

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Family dynamics were among the many facets of human life that were significantly impacted by the COVID-19 pandemic. In particular, virus containment measures, including the closure of schools and daycare facilities, the shift from in-person to remote work, and the necessity of limiting social interactions, generated unprecedented changes in family life management (Brown et al., 2020; Collins et al., 2021; Giannotti, Mazzoni, Facchini, et al., 2022). While most parents experienced temporary parenting-related stress that had little to no lasting effect on their lives, some experienced more severe stress (e.g., Giannotti, Mazzoni, Bentenuto, et al., 2022; Morelli et al., 2020) that led to parental burnout—a condition characterized by intense exhaustion related to

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Data are available upon reasonable request from the corresponding author. This study was not preregistered. There was no prior dissemination of the ideas and data appearing in the article. Informed consent was obtained from all individual participants included in the study.

Nicola Carone and Vittorio Lingiardi share senior authorship.

Gianluca Cruciani played an equal role in formal analysis and writing–original draft. Maria Quintigliano played a supporting role in formal analysis and writing–review and editing and an equal role in writing–original draft. Anna Maria Speranza played a supporting role in data curation and an equal role in supervision and writing–review and editing. Roberto Baiocco played a supporting role in data curation, supervision, and writing–review and editing. Nicola Carone played a lead role in conceptualization, data curation, investigation, methodology, project administration, and writing–review and editing and an equal role in formal analysis and writing–original draft. Vittorio Lingiardi played a lead role in funding acquisition and supervision, a supporting role in conceptualization, and an equal role in writing–review and editing.

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parenting, emotional distancing from one's children, loss of pleasure and efficacy in one's parental role, and a perceived contrast between one's previous and current parental self (Mikolajczak et al., 2019; Roskam et al., 2018).

Although the concept of burnout has been developed in the working context (Maslach et al., 2001), it can also occur in other areas of life, such as parenting. In fact, in both contexts, burnout arises from chronic stressors, leading to emotional exhaustion and a diminished sense of accomplishment (Mikolajczak et al., 2020). According to the *balance between risks and resources* (BR^2) theory, parental burnout is due to a chronic imbalance between perceived parenting demands (i.e., risk factors increasing parenting stress) and resources (i.e., protective factors minimizing parental stress; Mikolajczak & Roskam, 2018). Differently from the transactional model by Lazarus and Folkman (1984), which focuses on the role of individuals' cognitive appraisal of a stressful situation, the BR^2 model shows that parents can make judgments about their actual parenthood without being conditioned by a propensity to generally perceive every parenting circumstance in a good or a negative light (Woine et al., 2023).

The COVID-19 pandemic may have introduced both stressors and family system resources to parents. For some families, the long-term nature of parenting stressors may have provided new opportunities for intrafamily support, such as fewer commutes and extracurricular activities, alongside more family time and coparenting support (He et al., 2022). For other families, increased parental involvement in childcare and education due to home confinement was experienced as one of the most noticeable parenting demands during the pandemic (Goldberg et al., 2021), exposing parents to a greater risk of parental burnout, given the necessity to manage family and professional duties at the same time.

Recent research has found that parental burnout was on the rise during the pandemic, with parents in several cultural contexts reporting increased feelings of stress (e.g., Favez et al., 2022; van Bakel et al., 2022). While a 42-country study found that up to 9.8% of parents experienced parental burnout in the period 2018–2019 (i.e., prior to the COVID-19 pandemic; Roskam et al., 2021), a 20-country study found a prevalence of 0.4%–25.9% in 2020, during the pandemic (van Bakel et al., 2022). To date, parental burnout prior to or during COVID-19 has been examined exclusively in heterosexual parents (Roskam et al., 2021), with the single exception of the Portuguese study by Gato et al. (2022), which found no differences between parents with minoritized sexual identities[1] and heterosexual parents in the prevalence of parental burnout.

Overall, research has shown that lesbian and gay parents experienced heightened levels of stress and anxiety during the pandemic, also related to concerns about their children's well-being and the potential for discrimination or prejudice (Goldberg et al., 2021; Salerno et al., 2020). Further examination of parental burnout in parents with minoritized sexual identities is needed, given that they face partially different stressors (e.g., they tend to experience more stigmatization and less social support; Leal et al., 2021) but also benefit from partially different resources (e.g., they typically demonstrate a more egalitarian division of unpaid household and childcare labor; Carone & Lingiardi, 2022; Farr et al., 2022), relative to heterosexual parents. Therefore, the present study examined some factors associated with parental burnout during the COVID-19 pandemic in lesbian and gay parents with school-age children born through assisted reproduction.

Coparenting and Parental Burnout Prior to and During the COVID-19 Pandemic in Lesbian and Gay Parents Through Assisted Reproduction

Coparenting includes the ways in which each parent shares, supports, and conflicts with their partner in parenting their child (Feinberg et al., 2012; McHale & Irace, 2011). Research conducted prior to the COVID-19 pandemic with diverse families headed by parents with minoritized sexual identities and living in diverse geographical contexts (e.g., Italy, the Netherlands, the United States) consistently found that lesbian and gay couples tended to report a more equal division of childcare compared to their heterosexual counterparts (Bos & Gartrell, 2020; Carone et al., 2017; Farr et al., 2019; Farr & Patterson, 2013). One exception to this tendency toward an egalitarian division of labor, among lesbian couples through donor insemination, was based on the partner's biological relatedness to the child, with some studies in France, the Netherlands, the United Kingdom, and the United States finding that lesbian biological mothers likely performed a greater share of childcare tasks than lesbian nonbiological mothers (e.g., Goldberg & Perry-Jenkins, 2007; van Rijn-van Gelderen et al., 2020) and others reporting an equal distribution of childcare tasks (e.g., the U.S. study by Chan et al., 1998).

Fewer studies focused on the division of unpaid labor among gay fathers through surrogacy. A study conducted in the United States by Tornello et al. (2015) with 52 gay father couples found that these fathers divided both household and childcare labor in an egalitarian manner and that a (non-)biological link with the child was not associated with couples' reports of the division of unpaid labor. However, (non-) biological status emerged as a relevant aspect for some coparenting dimensions in an Italian study, in which nonbiological fathers through surrogacy showed lower levels of conflictual coparenting than biological fathers (Carone et al., 2017).

Coparenting quality has often been shown to play a pivotal role in contributing to parental burnout among heterosexual parents (e.g., Favez et al., 2022; Vaydich & Cheung, 2023). Nevertheless, coparenting and its relation with parental burnout during the COVID-19 pandemic in parents with minoritized sexual identities have not been examined. In this vein, previous results cannot be necessarily extended to this period, given evidence that the COVID-19 pandemic increased coparenting challenges in all families (Monaco, 2022; Vaydich & Cheung, 2023). During this period, some parents experienced a larger burden of caregiving, due to job loss or reduced work hours, and parents also reported difficulties combining work and caregiving responsibilities. However, other parents described a shift toward more egalitarian caregiving roles during the pandemic, with both parents sharing duties more evenly (Goldberg et al., 2021).

Internalized Sexual Stigma as a Further Risk Factor for Parental Burnout

In 2023 Italy, where the present study was conducted, scored on the 34th position among the 49 European countries considering the human

[1] We use the term "parents with minoritized sexual identities" instead of "sexual minority parents" to emphasize the ongoing social construction of subordination. This choice also challenges the idea that parents with non-normative identities should necessarily be considered a separate and distinct category of parents (e.g., Hammack et al., 2013; Wingrove-Haugland & McLeod, 2021). Finally, we use "parents with minoritized sexual identities" and "lesbian and gay parents" interchangeably throughout the article.

rights situation (e.g., equality and nondiscrimination, family, hate crime) of lesbian, gay, bisexual, trans, and intersex people (ILGA, 2023). In this vein, a unique aspect that may characterize parents with minoritized sexual identities compared to heterosexual parents is internalized sexual stigma, which is defined as "a heterosexual or sexual minority individual's personal acceptance of sexual stigma as a part of her or his own value system. Internalizing sexual stigma involves adapting one's self-concept to be congruent with the stigmatizing responses of society" (Herek et al., 2009, p. 33).

The *sexual minority stress model* (Brooks, 1981; Meyer, 2003), which holds that prejudice, vigilance, isolation, and discrimination are unique and chronic stressors among minoritized populations, may be applied to understand the impact of internalized sexual stigma on parental burnout among parental couples with minoritized sexual identities. Previous research with lesbian and gay nonparental couples showed that internalized sexual stigma is associated with a number of negative outcomes, including lower levels of well-being and higher levels of psychological distress (Meyer, 2003). Similarly, an Italian study found that higher levels of internalized sexual stigma were positively associated with higher conflictual coparenting in lesbian mothers and gay fathers (Carone et al., 2017).

Among parents with minoritized sexual identities, it cannot be excluded that stigma is internalized in relation to not only their sexual orientation but also assisted reproduction as a path to parenthood. It follows that gay fathers through surrogacy may report more internalized stigma relative to lesbian mothers through donor insemination, given both the presumption that women are more naturally suited to parenting than men (Biblarz & Stacey, 2010) and the greater opposition stimulated by surrogacy as a path to parenthood, particularly in the case of gay fathers (Ioverno et al., 2018). This may be even more relevant for lesbian mothers and gay fathers living in Italy, in which they are banned from marriage, adoption, and access to domestic assisted reproduction, and societal attitudes toward parenting by couples with minoritized sexual identities still vehiculate the idea that these couples are "against nature" and are unsuitable to parent (Ioverno et al., 2018; Lingiardi & Carone, 2016). Under these circumstances, internalized sexual stigma may be expressed through feelings of inadequacy or guilt about being a parent and concerns about how one's parenting is perceived by others (Meyer, 2003). To the best of our knowledge, the effect of internalized sexual stigma on parental burnout has not been investigated, either prior to or during the COVID-19 pandemic.

The Present Study

The present cross-sectional, questionnaire-based study explored the role of family type (lesbian mother family vs. gay father family), coparenting, and internalized sexual stigma in contributing to parental burnout during the COVID-19 pandemic in families headed by parents with minoritized sexual identities, whose children were school-aged. Specifically, it was hypothesized that higher parental burnout would be associated with lower coparenting quality—as observed in heterosexual parent families (Favez et al., 2022)—and higher levels of internalized sexual stigma—given that conflict may develop within couples with minoritized sexual identities as a result of internalized sexual stigma (Li & Samp, 2021; Pistella et al., 2022). Also, based on previous research on parental burnout in heterosexual parent families showing higher parental burnout in mothers than in fathers (Roskam & Mikolajczak, 2020), parental burnout levels would be higher in lesbian mothers than in gay fathers. Finally, consistent with previous literature showing a tendency to share equally childcare tasks in couples with minoritized sexual identities (Bos & Gartrell, 2020; Carone et al., 2017; Farr et al., 2019; Farr & Patterson, 2013), no family type differences were expected in the association between coparenting and parental burnout, while higher levels of internalized sexual stigma would result in parental burnout especially in gay fathers, in accordance with current research indicating higher level of internalized sexual stigma among gay men than lesbian women (Lingiardi et al., 2012).

Method

Participants

Participants were 32 Italian lesbian mother families formed by donor insemination and 28 Italian gay father families formed by gestational surrogacy. Both parents from each family participated, with the final sample consisting of 64 lesbian mothers and 56 gay fathers ($N = 120$). All parents were cisgender and had a child aged 6–10 years. The two family types were compared for several sociodemographic variables. Table 1 reports the statistics and full sample description.

Procedure

Families were recruited from previous research samples of the research team ($n = 28$, 46.67%; Carone et al., 2017, 2018), the mailing list of "Rainbow Families" (the Italian association of parents with minoritized sexual identities; $n = 19$, 31.67%), and word-of-mouth between participating parents ($n = 13$, 21.67%). Only parenting couples were included. To ensure that members from the same couple could be identified, each participant was asked to create a password using the first letters of the participating child's name and the numbers of the participating child's birth date. This allowed the reports of each parent in each family to be matched. The inclusion criteria for parents were as follows: (a) self-identifying as a lesbian or gay cisgender parent; (b) having a child born through assisted reproduction (i.e., sperm donation for lesbian mothers, surrogacy for gay fathers), aged 6–10 years, who did not suffer from any physical and/or mental illness or disability; (c) having planned the child conception as a couple; (d) being together with the other parent at the time of the study; and (e) residing in Italy.

The questionnaire was administered between April 2020 and February 2021 (i.e., during the first and second lockdowns and consequent homeschooling of children), using the principal researcher's personal email, with the questionnaire included as an attached Word document to be completed and emailed back to the researcher. All participants were informed that their participation was voluntary, and all provided consent to participate. Participants were invited to contact the principal researcher by email, if desired, to receive a more thorough debriefing. Prior to data collection, the study was reviewed and approved by the Ethics Committee of the Department of Dynamic and Clinical Psychology, and Health Studies, Sapienza University of Rome (Prot. No. 212/2020).

Measures

In each family, each parent was asked to complete the following measures individually. All measures presented good internal

Table 1

Sociodemographic Information of Participating Families (N = 120 Parents Nested Within 60 Families)

Family variable ($N = 60$)	All families ($N = 60$)	Lesbian mother families ($n = 32$)	Gay father families ($n = 28$)		
	N (%)	*n* (%)	*n* (%)	χ^2 (*df*)	*p*
Child gender				0.06 (1)	.809
Girl	31 (51.67)	17 (53.13)	14 (50.00)		
Boy	29 (48.33)	15 (46.87)	14 (50.00)		
Parent residence				0.92 (2)	.631
North	26 (43.33)	15 (46.88)	11 (39.29)		
Center	24 (40.00)	11 (34.38)	13 (46.43)		
South	10 (16.67)	6 (18.74)	4 (14.28)		
Marital status				3.20 (2)	.202
Marriage/civil partnership in Italy	33 (55.00)	21 (65.63)	12 (42.86)		
Married/civil partnership abroad	18 (30.00)	7 (21.88)	11 (39.29)		
Unmarried/no civil partnership	9 (15.00)	4 (12.49)	5 (17.85)		
Presence of nonparental caregiver in the house[a]				18.97 (1)	<.001
Yes	13 (21.67)	0 (0.00)	13 (46.43)		
No	47 (78.33)	32 (100.0)	15 (53.57)		

Family variable ($N = 60$)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*F* (*df*)	*p*
Child age (in months)	97.40 (14.38)	100.41 (13.13)	93.96 (15.18)	3.11 (1)	.083
Number of children	1.50 (0.65)	1.44 (0.67)	1.57 (0.63)	0.63 (1)	.431
Length of couple relationship	15.03 (4.25)	15.41 (4.44)	14.61 (4.08)	0.52 (1)	.473

Individual variable ($N = 120$)	All families ($N = 60$)	Lesbian mother families ($n = 32$)	Gay father families ($n = 28$)		
	N (%)	*n* (%)	*n* (%)	χ^2 (*df*)	*p*
Parent ethnicity				0.33 (1)	.567
White	113 (94.17)	61 (95.31)	52 (83.96)		
Hispanic	7 (5.83)	3 (4.69)	4 (7.14)		
Parent educational level				4.83 (2)	.090
Higher degree or less	31 (25.83)	21 (32.81)	10 (17.86)		
Bachelor's or master's degree	61 (50.83)	32 (50.00)	29 (51.79)		
PhD or specialization	28 (23.34)	11 (17.19)	17 (30.35)		
Parent work status				2.04 (2)	.361
Unemployed	4 (3.33)	1 (1.56)	3 (5.36)		
Part-time	26 (21.67)	16 (25.00)	10 (17.86)		
Full-time	90 (75.00)	47 (73.44)	43 (76.78)		
Parent economic status				29.06 (3)	<.001
Unemployed[b]	3 (2.50)	0 (0.00)	3 (5.36)		
Medium[c]	53 (44.17)	42 (65.63)	11 (19.64)		
High[d]	48 (40.00)	19 (29.69)	29 (51.79)		
Very high[e]	16 (13.33)	3 (4.68)	13 (23.21)		
	M (*SD*)	*M* (*SD*)	*M* (*SD*)	*F* (*df*)	
Parent age (in years)	46.01 (5.24)	45.88 (4.48)	46.16 (6.03)	0.09 (1)	0.767

Note. Percentages may not equal to 100 due to rounding. *N* = number of participants; χ^2 = chi-square test statistic; *F* = Fisher's distribution statistic; ARs = adjusted residuals.

[a] Gay father families > lesbian mother families (ARs = 6.2). [b] Gay father families > lesbian mother families (ARs = 1.9). [c] Gay father families < lesbian mother families (ARs = 5.1). [d] Gay father families > lesbian mother families (ARs = 2.5). [e] Gay father families > lesbian mother families (ARs = 3.0).

validity in their original version; however, none has been validated with parents with minoritized sexual identities.

Coparenting

The brief 14-item form of the Coparenting Relationship Scale (Feinberg et al., 2012; Italian version Giannotti, Mazzoni, Bentenuto, et al., 2022) assesses parents' perceptions of seven coparenting dimensions, along 14 items. Five dimensions refer to positive coparenting behaviors: "agreement" (e.g., "My partner and I have the same goals for our child"), "closeness" (e.g., "My relationship with my partner is stronger now than before we had a child"), "support" (e.g., "My partner appreciates how hard I work at being a good parent"), "endorsement of partner's parenting" (e.g., "I believe my partner is a good parent"), and "division of labor" (e.g., "My partner does not carry their fair share of the parenting work"). Two dimensions refer to negative coparenting behaviors: "exposure to conflict" (e.g., "How often in a typical week, when all three of you are together, do you argue about your relationship or marital issues unrelated to your child, in the child's presence?") and "undermining"

(e.g., "My partner tries to show that she or he is better than me at caring for our child."). Each item is assessed on a 7-point scale ranging from 0 (*not true of us*) to 6 (*very true of us*), except for items in the exposure to conflict dimension, for which items are assessed on a 7-point scale ranging from 0 (*never*) to 6 (*very often—several times a day*). A mean score is calculated by summing all items and dividing the result by the total number of items. Cronbach's alphas were .88 for both lesbian mothers and gay fathers.

Internalized Sexual Stigma

The brief five-item version of the *Measure of Internalized Sexual Stigma for Lesbians and Gay Men* (Lingiardi et al., 2012) assesses lesbian and gay parents' negative attitudes towards homosexuality and themselves as sexual minority parents (e.g., "I would prefer to be heterosexual"; "I happen to think that if I were heterosexual I would be happier"). A total score is derived from the 5-point Likert-type scale, ranging from 1 (*I disagree*) to 5 (*I agree*), with higher scores indicating greater internalized sexual stigma. Cronbach's αs were .81 and .84 for lesbian mothers and gay fathers, respectively.

Parental Burnout

The 23-item Parental Burnout Assessment (Roskam et al., 2017; Italian version Roskam et al., 2021) measures parental burnout along four dimensions, representing the three types of symptoms and the change in time induced by burnout (one example item is provided for each dimension): "exhaustion in parental role"; nine items; for example, "I have zero energy for looking after my child(ren)," "contrast in parental self" (six items; e.g., "I'm no longer the parent I used to be"), "feelings of being fed up" (five items; e.g., "I can't stand my role as father/mother any more"), and "emotional distancing"; three items; for example, "I do what I'm supposed to do for my child(ren), but nothing more." Each item is assessed on a 7-point scale ranging from 0 to 6, as follows: 0 = *never*, 1 = *a few times a year or less*, 2 = *once a month or less*, 3 = *a few times a month*, 4 = *once a week*, 5 = *a few times a week*, and 6 = *every day*. Scores are obtained for each dimension by computing the means of the related items. A total score is calculated as the mean of the 23 items, with higher scores indicating higher burnout (Roskam et al., 2018). The present study used the total mean score. For descriptive reasons, a total sum score was also used, with scores of 86.30 indicating the cutoff for the most severe parental burnout levels (Brianda et al., 2023). Cronbach's αs were .85 and .89 for lesbian mothers and gay fathers, respectively.

Data Analysis

All analyses were conducted using R software (R Core Team, 2021). A significance level of .05 was used to determine the significance of any sociodemographic differences. No missing data were present. Adjusted residuals (Ars) ≤ 1.96 or ≥ 1.96 were considered indicative that the number of cases in that cell was significantly lower or higher than would be anticipated if the null hypothesis were true, respectively (Haberman, 1973). Means and standard deviations for each study variable were calculated. For each family type, bivariate correlations were performed to explore the associations among parental burnout, coparenting, internalized sexual stigma, and participants' sociodemographic factors (i.e., child age, parent age, length of couple relationship, number of children, parent education, parent economic status). Also, three preliminary mixed models were run to identify potential child gender differences in parental burnout, coparenting, and internalized sexual stigma, while controlling for shared variance within families (i.e., two parents participating in each family). If significant associations with participants' sociodemographic factors were found, the following analyses controlled for these significant variables. Also, given previous research indicating the relevance of (non-)biological status and caregiving role for family outcomes in families headed by parents with minoritized sexual identities (Carone et al., 2017; Goldberg & Perry-Jenkins, 2007), both variables were included in the analyses.

Finally, to identify the factors that best explained variations in parental burnout, several mixed models were computed and compared, containing additive and interactive variables. All variables were centered in advance to reduce multicollinearity. To overcome the possible limitations of the small sample size while maintaining predictive accuracy, mixed models were compared using the total coefficient of determination (TCD) and Akaike information criterion (AIC). The model with the highest TCD and lowest AIC was assumed to best fit the data. In the event of significant interactions, given the categorical nature of the moderator (i.e., family type), a simple effect analysis was used to inspect the level of the moderator for which the independent (i.e., parental burnout) and dependent (i.e., coparenting, internalized sexual stigma) variables were significantly associated. For mixed models, the required sample size could not be decided before data collection as the covariance structure was unknown (Kenny et al., 2006). However, the present study has a similar sample size to other studies using mixed models with families headed by parents with minoritized sexual identities (e.g., Carone et al., 2018, 2020).

Given that not all gay fathers disclosed their (non-)biological status, mixed models were repeated including only families in which the (non-)biological status was disclosed to the research team. This sensitivity analysis is presented in the Supplemental Material.

Data Transparency and Openness

We report how we determined our sample size, all data exclusions, and all measures in the study. Data were collected, treated, and stored anonymously, according to the current European regulation (European General Data Protection Regulation—UE 2016/67), as disclosed to the participants. The data set analyzed in this article is not publicly available. Requests to access the data set should be directed to the corresponding author. This study was not preregistered.

Results

Preliminary Analyses

The total sum scores for parental burnout among lesbian mothers and gay fathers were 35.12 (SD = 8.78) and 32.50 (SD = 10.76), respectively. Both scores are significantly below under the cutoff

Table 2

Mean Scores and Associations Between Parental Burnout, Coparenting, Internalized Sexual Stigma, and Sociodemographic Factors, by Family Type (N = 120 Parents Nested Within 60 Families)

Variable	1	2	3	4	5	6	7	8	9	*M*	*SD*
1. Child age	—	.40**	.07	−.45***	−.16	−.09	−.28*	.32*	−.33*	93.96	15.045
2. Parent age	.39**	—	.25	−.12	−.13	.02	−.11	.15	−.18	46.16	6.03
3. Length of couple relationship	.50***	.38**	—	−.18	<.01	.16	−.31*	.18	−.29*	14.61	4.04
4. Number of children	−.08	.07	.03	—	.25	.25	.27	−.31*	.19	1.57	0.63
5. Parent education	−.05	.07	−.12	.08	—	.19	.03	.08	.21	/	/
6. Parent economic status	−.10	−.05	−.21	−.12	.11	—	−.08	.06	−.05	/	/
7. Parental burnout	−.41***	−.22	−.07	.29*	.13	−.23	—	−.37**	.54***	1.41	0.47
8. Coparenting	.14	.14	.20	−.16	−.24	.26*	−.45***	—	−.27*	4.32	0.65
9. Internalized sexual stigma	.18	.16	.16	.14	−.04	−.07	.01	−.07	—	2.01	0.61
M	100.41	45.88	15.41	1.44	/	/	1.53	4.48	1.79		
SD	13.03	4.48	4.40	0.66	/	/	0.38	0.57	0.57		

Note. Associations for lesbian mothers are displayed below the diagonal, while associations for gay fathers are displayed above the diagonal. Parent education and parent economic status were ordinal variables; therefore, *M*s and *SD*s were not calculated.
* $p < .05$. ** $p < .01$. *** $p < .001$.

of 86.30 for the most severe parental burnout levels (Brianda et al., 2023). Table 2 presents the complete associations between the study variables and sociodemographic factors. Regarding potential child gender differences, the three preliminary mixed models revealed that parents of girls and boys reported similar levels of burnout, $\beta = -.03$, $SE = .24$, $p = .890$ (girls: $M = 1.48$, $SD = 0.41$; boys: $M = 1.47$, $SD = 0.44$), coparenting, $\beta = -.06$, $SE = 0.24$, $p = .798$ (girls: $M = 4.43$, $SD = 0.61$; boys: $M = 4.39$, $SD = 0.617$), and internalized sexual stigma, $\beta = -0.11$, $SE = .21$, $p = .616$ (girls: $M = 1.92$, $SD = 0.61$; boys: $M = 1.86$, $SD = 0.59$).

Factors Associated With Parental Burnout in Lesbian Mothers and Gay Fathers During COVID-19

For the sake of concision, only the best model will be presented below. Table 3 displays all fit indices and model comparisons. Given that child age, length of couple relationship, and number of children were significantly associated with parental burnout (see Table 2), these variables were entered into the mixed models. Model 4, containing family type, child age, caregiving role, number of children, length of couple relationship, coparenting, internalized sexual stigma, the interaction between family type and coparenting, and the interaction between family type and internalized sexual stigma, best explained parental burnout, with the highest global variance (i.e., TCD = .73) and the lowest AIC (82.32). Specifically, in line with our hypotheses, lesbian mothers reported greater parental burnout than gay fathers, $\beta = .52$, $p = .014$. Similarly, lower coparenting quality, $\beta = -.25$, $p = .005$, and higher levels of internalized sexual stigma, $\beta = .17$, $p = .016$, were associated with greater parental burnout. Finally, the interaction between family type and internalized sexual stigma was significant, $\beta = -.36$, $p = .012$.

The simple slope analysis indicated that, for gay fathers only, higher levels of internalized sexual stigma resulted in greater paternal burnout, $\beta = .35$, $p < .001$ (for lesbian mothers: $\beta = -.01$, $p = .930$). Figure 1 illustrates the significant interaction graphically. Conversely, child age, $\beta = -.18$, $p = .107$, caregiving role, $\beta = -.07$, $p = .507$, number of children, $\beta = .15$, $p = .171$, length of couple relationship, $\beta = -.03$, $p = .783$, and the interaction between family type and coparenting, $\beta = -.13$, $p = .441$, had no significant effect on parental burnout. Overall, the model explained 72.5% of the variance ($R^2_{\text{conditional}} = .73$). When the analysis was repeated including only families in which the (non-)biological status was disclosed to the research team, similar significant and nonsignificant results were found (see Supplemental Material).

Discussion

The present study focused on parental burnout following COVID -19-related home confinement among lesbian and gay parents through assisted reproduction with school-age children living in Italy. Specifically, the study examined the associations between parental burnout and coparenting and internalized sexual stigma in these families. In the context of nonclinical levels of parental burnout (Brianda et al., 2023), and in line with our hypothesis, the results revealed significant differences in parental burnout, with lesbian mothers reporting greater parental burnout than gay fathers. Moreover, lower coparenting was associated with greater parental burnout. Finally, internalized sexual stigma had a significant both direct and interactive effect on parental burnout, with higher levels of internalized sexual stigma resulting in greater parental burnout, especially in gay fathers.

These results should be discussed in relation to a previous 42-country study on parental burnout that found a 0.6% prevalence of parental burnout in Italy prior to the COVID-19 pandemic (Roskam et al., 2021), with an increase of up to 1.9% during the period April–May 2020 and a mean sum score of 20.61 (van Bakel et al., 2022). Although the mean sum scores for parental burnout found in the present study (i.e., lesbian mothers: 35.12; gay fathers: 32.50) exceeded the score reported by van Bakel et al. (2022), they were significantly below the score of 86.30 identified as the cutoff for a severe level of parental burnout (Brianda et al., 2023). In line with the BR^2 theory (Mikolajczak & Roskam, 2018), it can be said that, overall, lesbian and gay parents through assisted reproduction living in Italy were well equipped to deal with potential parental demands that exceeded their resources during COVID-19. In this vein, the present study echoes the results of the only previous study conducted thus far on parental burnout in parents with minoritized sexual identities (Gato et al., 2022), indicating that parental burnout

Table 3

Mixed Model Comparisons and Model Fit Indices Predicting Parental Burnout (N = 120 Parents Nested Within 60 Families)

Outcome: Parental burnout	Estimate (*SE*)	CI [25, 75]	β	*p*	TCD	AIC
Model 0 (null model—intercept only)					.70	100.82
Model 1					.72	95.72
Family type	0.19 (0.10)	[<0.01, 0.38]	0.45	.055		
Child age	−0.01 (<0.01)	[−0.02, <0.01]	−0.26	.039		
Caregiving role[a]	−0.05 (0.04)	[−0.13, 0.04]	−0.11	.296		
Number of children	0.13 (0.07)	[−0.01, 0.28]	0.20	.081		
Length of couple relationship	−0.01 (0.01)	[−0.03, 0.01]	−0.10	.397		
Model 2					.70	88.51
Coparenting	−0.20 (0.06)	[−0.32, −0.09]	−0.29	<.001		
Internalized sexual stigma	0.12 (0.05)	[0.02, 0.22]	0.17	.017		
Model 3					.72	85.98
Family type	0.23 (0.09)	[0.05, 0.40]	0.53	.014		
Child age	−0.01 (<0.01)	[−0.01, <0.01]	−0.22	.063		
Caregiving role	−0.03 (0.04)	[−0.11, 0.06]	−0.07	.515		
Number of children	0.09 (0.07)	[−0.05, 0.23]	0.13	.221		
Length of couple relationship	−0.01 (0.01)	[−0.03, 0.02]	−0.06	.581		
Coparenting	−0.18 (0.06)	[−0.30, −0.06]	−0.25	.004		
Internalized sexual stigma	0.12 (0.05)	[0.02, 0.22]	0.16	.023		
Model 4					.73	82.32
Family type	0.22 (0.09)	[0.05, 0.39]	0.52	.014		
Child age	−0.01 (<0.01)	[−0.01, <0.01]	−0.18	.107		
Caregiving role	−0.03 (0.04)	[−0.11, 0.05]	−0.07	.507		
Number of children	0.10 (0.07)	[−0.04, 0.23]	0.15	.171		
Length of couple relationship	< 0.01 (0.01)	[−0.02, 0.02]	−0.03	.783		
Coparenting	−0.17 (0.06)	[−0.29, −0.06]	−0.25	.005		
Internalized sexual stigma	0.12 (0.05)	[0.02, 0.22]	0.17	.016		
Family Type × Coparenting	−0.09 (0.12)	[−0.32, 0.14]	−0.13	.441		
Family Type × Internalized Sexual Stigma	−0.26 (0.10)	[−0.45, −0.06]	−0.36	.012		

Random effects	*SD*	Variance	ICC	*p*
Model 0				
Within family variance	0.36	.13	.70	<.001
Residual	0.23	.06		
Model 1				
Within family variance	0.32	.11	.66	<.001
Residual	0.23	.05		
Model 2				
Within family variance	0.32	.10	.65	<.001
Residual	0.23	.05		
Model 3				
Within family variance	0.29	.09	.62	<.001
Residual	0.23	.05		
Model 4				
Within family variance	0.28	.08	.61	<.001
Residual	0.23	.05		

Note. Estimate = unstandardized β; *SE* = standardized error; CI = confidence interval; ICC = intraclass coefficient. Model 4 best fits the data, with the highest TCD (total coefficient of determination) and lowest AIC (Akaike information criterion).

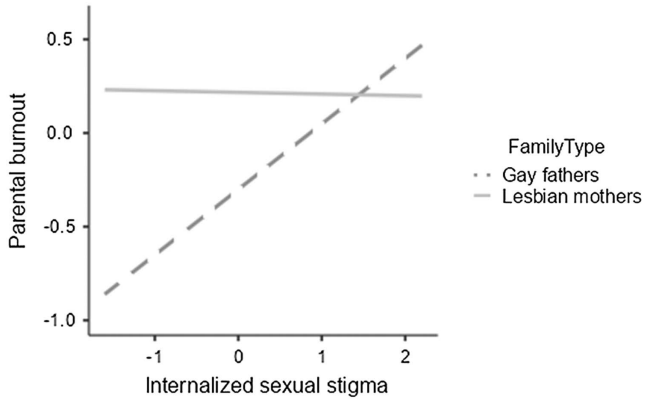
[a] Assigned based on the number of hours the parent spent with the participating child (e.g., helping with homework, playing video games, preparing breakfast) in the absence of the other parent and possible siblings.

more likely results from an imbalance between demands (risk factors) and resources (protective factors) rather than from mere sociodemographic characteristics (e.g., parental gender; Mikolajczak & Roskam, 2018).

In our sample, however, family type was significantly associated with parental burnout, with lesbian mothers reporting higher levels than gay fathers. On a general level, this result aligns with evidence derived from heterosexual parent families, showing that mothers are more likely to present burnout relative to fathers (Roskam & Mikolajczak, 2020). On a more specific level, contrary to lesbian mother families, in almost half of the gay father families, gay fathers reported the presence of nonparental caregivers (i.e., grandparents, au pairs) who lived with them during COVID-19 and, consequently, helped them with parenting tasks, as they continued full-time remote work. On a further related note, while an equal number (i.e., more than 70%) of lesbian and gay parents continued full-time work during the pandemic, only gay fathers were relieved of the burden of managing multiple family and professional duties at the same time. In this vein, parenting support from grandparents or au pairs may be viewed as an articulation of social support, which has been consistently shown to serve as a protective factor against parental burnout (Mikolajczak et al., 2021).

Figure 1

Interaction Between Family Type and Internalized Sexual Stigma Predicting Parental Burnout (N = 120)



It is worth noting that what we have defined as the "family type effect" can be also seen as an effect of the interplay between parents' gender and sexual identity. In other words, it is likely that many of the gay fathers in our sample, who were on average in their mid-40s and mostly came out during the 1980–1990s, have been exposed to discourses that associated heterosexuality with parenthood and homosexuality with childlessness. When then they became parents, they likely had to contend with a further prevailing narrative that, as men, they were less naturally inclined to parenting than women (Biblarz & Stacey, 2010). Considering these master narratives, it is possible that these fathers have developed unique coping resources for dealing with stressors over the years, which may have shielded them from experiencing higher levels of parental burnout during the pandemic.

Although child's age correlated with parental burnout, with parents of younger children reporting higher levels of parental burnout, it did not show any significant contribution when introduced in the full model. In this vein, it may help recall that in Italy, at the age of 6–10 years, all children likely attend elementary school classes. This may suggest that coparenting and internalized sexual stigma mattered most for parental burnout, as well as that in pandemic times, parents in the present study experienced similar caregiving demands due to home confinement and homeschooling, regardless of their children's age.

Rather, given their chronic nature, specific family (i.e., coparenting) and individual (i.e., internalized sexual stigma) factors also contributed to explaining parental burnout during the COVID-19 pandemic in lesbian and gay parent families. Coparenting quality has often been shown to play a pivotal role in contributing to parental burnout among heterosexual parents (e.g., Favez et al., 2022; Vaydich & Cheung, 2023), with reciprocal support and agreement between parents predicting lower levels of parental stress, even during stressful conditions such as the pandemic home confinement (Giannotti, Mazzoni, Bentenuto, et al., 2022). In the present study, the use of the Coparenting Relationship Scale instrument, which explores seven coparenting dimensions (i.e., agreement, closeness, support, endorsement of partner's parenting, division of labor, exposure to conflict, undermining), allowed us to consider different coparenting behaviors and how they might relate to parents' endorsement of the other parent's parenting (i.e., "other-orientation"), the other parent's behavior toward them (i.e., "self-orientation": support, undermining), and the parenting team (i.e., "we-orientation": agreement, closeness, division of labor, exposure to conflict; Favez et al., 2022). In this vein, while previous research has documented that such behaviors impact children's emotional functioning across diverse families (e.g., Farr et al., 2019; Teubert & Pinquart, 2010), the present results also indicate that they constitute a risk factor for parents presumably because they disrupt the support that parents give to one another, particularly on the affective level, in terms of empathy, reciprocal validation, and the exchange of positive emotions (Favez et al., 2022).

From the perspective of the BR^2 model (Mikolajczak & Roskam, 2018), coparenting quality is detrimental for parental burnout not because it represents a contingent adjustment to family life management due to the COVID-19 pandemic but because home confinement may have chronicled preexisting coparenting patterns over and above the "objective" parental burden (e.g., number of tasks assumed, number of hours spent working remotely while caring for children due to home confinement). This is of fundamental importance, since perceiving the other parent as competent, involved, and reliable implies that the parent knows that they can count on the partner's support; this likely alleviates the burden felt when facing parenting tasks, particularly during demanding times (e.g., the COVID-19 pandemic). Like other parents, when parents with minoritized sexual identities experience the contrary, the groundwork for parental burnout may be laid. The present results extend previous research (Favez et al., 2022) indicating that coparenting is also key for understanding the COVID-19-related experiences of families headed by parents with minoritized sexual identities who had children through assisted reproduction and point to the importance of delivering interventions based on coparenting quality to prevent parental burnout.

Another factor that was found to be associated with parental burnout was internalized sexual stigma. To the best of our knowledge, no previous research has addressed internalized sexual stigma in lesbian and gay parents, in relation to parental burnout. Therefore, possible explanations for this result may be intuitively derived from research with lesbian and gay nonparental couples. In this vein, most couples face common stressors, such as work-related stress and the stress of managing family demands, and these may have been exacerbated during the pandemic. Although these stressors originate outside of the relationship (Randall & Bodenmann, 2009), they can influence a couple's relationship functioning in several respects, including their ability to manage conflict and the overall relationship quality (Totenhagen et al., 2017). Additionally, the experience of stress in one partner can translate to a decline in perceived relationship quality in the other (Neff & Karney, 2007).

Therefore, it is reasonable that, under unprecedented stressful circumstances (e.g., those experienced during COVID-19 by families), internalized sexual stigma may make parents with minoritized sexual identities more vulnerable to the detrimental effects of stress (Pistella et al., 2022; Totenhagen et al., 2018), which could translate to higher levels of parental burnout. Also, the present result that internalized sexual stigma was a risk factor for parental burnout, especially in gay fathers, is consistent with previous research indicating that internalized sexual stigma affects gay men to a greater extent than lesbian women (Lingiardi

et al., 2012). Gay fathers hold multiminority status as both gay in the heterosexual parenting community and fathers in the gay community (Armesto, 2002). Although, on the one hand, this may make them and their children more resilient and thriving, as previously discussed and as shown by previous research (e.g., Carone et al., 2018; Farr et al., 2022), on the other hand, the opposite happens when gay fathers report higher levels of internalized sexual stigma, which thus contributes to higher levels of parental burnout. Conversely, higher parental burnout in lesbian mothers may depend more on other risk factors than internalized sexual stigma, such socioeconomic factors and the lower support from grandparents or au pairs they received in their caregiving during the pandemic, as our descriptives suggest.

The present study has several limitations. First, family groups were recruited based on convenience and volunteer sampling, and thus, they may not represent all families headed by parents with minoritized sexual identities living in Italy. Relatedly, it cannot be excluded that parents experiencing higher levels of parental burnout did not feel comfortable participating in the research, which may have represented a further burden. Second, the data may have been susceptible to self-presentation biases, since they relied exclusively on parent self-reports. Third, it was not possible to draw firm causal inferences in terms of the directionality of the results, as the study was based on a correlational design. Fourth, information about working remotely or outside the home was not collected; therefore, it cannot be excluded that variations in parental burnout and coparenting may also depend on these circumstances. This aspect is relevant, particularly for gay fathers, to the extent that previous research reported that people of higher socioeconomic position have been allowed to shift to remote work while others have kept working outside the home during COVID-19 period (e.g., Faramarzi et al., 2022).

As a further limitation, the overall parental burnout score was used over its dimensions. Since previous research with heterosexual parents indicated that specific dimensions of parental burnout increased during the pandemic (e.g., saturation; Le Vigouroux et al., 2022), future studies with parents with minoritized sexual identities may benefit from analyzing the differential effect of individual and family factors on each parental burnout dimension. Such an approach could inform practitioners when designing tailored interventions to treat parental burnout in diverse families. Finally, internalized sexual stigma was not specifically related to parenthood through assisted reproduction by individuals with minoritized sexual identities. Future studies may attempt to fill this gap by using semistructured interviews that specifically focus on whether—and to what extent—parents with minoritized sexual identities internalize stigma in relation to not only their sexual identity but also their experiences of parenthood.

Notwithstanding these limitations, the present study is one of the first to examine parental burnout in families headed by parents with minoritized sexual identities (see also Gato et al., 2022) and, as such, provides unique indications for targeting specific family and individual factors in interventions aimed at preventing parental burnout in these families. Also, the involvement of both parents allowed us to consider a dyadic perspective on each study variable, while controlling for shared variance within couples. Finally, although COVID-19 impacted several domains of family life across diverse family forms, the focus on families with children aged 6–10 years allowed us to consider potential stress derived from the demands of home schooling, which represented a further burden for parents struggling to balance remote work and the division of unpaid labor.

Although at the time of writing the COVID-19 pandemic appears to be subsided and the stressors related to it have consequently decreased, it remains crucial to understand the factors that contribute to parental burnout in lesbian and gay couples for several reasons. First, the COVID-19 pandemic could serve as a model for stressful situations to the extent that the consequences of the pandemic for individuals (e.g., job loss, financial insecurity, realignment of parental responsibilities) may reflect on families in day-to-day life management and have consequences over the long term (Brianda et al., 2020; Mikolajczak et al., 2019). Second, future pandemics cannot be excluded (Naguib et al., 2020). It is, therefore, critical to be prepared about the effects that such events and their related constraints may have on diverse parents and their children.

In terms of clinical implications, efforts to prevent burnout in one parent should consider the relationship with the other parent, even if the latter does not show signs of burnout. In this vein, knowing that one's partner is reliable (or not) may be more strongly related to burnout than the number of tasks assumed by a parent, even under exceptionally stressful life circumstances (e.g., those caused by the COVID-19 pandemic). This confirms to family psychologists the importance of parents' representations of the other parent, in addition to their actual parenting behaviors (Favez et al., 2019; McHale & Irace, 2011). It follows that considering one parent alone in therapeutic work, outside of the coparenting context, may be ineffective for treating parental burnout, as the tensions that the parent faces at home may run counter to the effects of therapy (Favez et al., 2022).

A second clinical implication relates to internalized sexual stigma. It has been argued that internalized sexual stigma should not be seen as inherently internal to the individual. Rather, it stems from society's negative attitudes toward sexual minority people, which they may internalize (Frost & Meyer, 2009). Also, since parenthood is not a common choice for people with minoritized sexual identities—and particularly gay men—becoming a parent might be seen as a sign of elaboration upon potential internalized sexual stigma (Armesto, 2002). However, the present study found that internalized sexual stigma was present in lesbian and gay parents and represented an enduring source of vulnerability that could affect their parenting and, in turn, result in higher levels of parental burnout. In this vein, parenting programs designed to prevent and treat parental burnout in families headed by parents with minoritized sexual identities may benefit from including targets deriving from antistigma interventions (e.g., internalized sexual stigma), particularly when working with gay fathers.

Thirdly, although providing vital information about protective factors, the sexual minority stress framework (Brooks, 1981; Meyer, 2003) alone risks perpetuating a deficit-focused view of minoritized people by emphasizing the negative aspects associated with sexual and gender stigma (Levitt et al., 2023). To overcome these issues, future research and clinical interventions with lesbian and gay parents should incorporate the positive psychology framework (e.g., Horne et al., 2014; Levitt et al., 2023; Scandurra et al., 2023) to emphasize the strengths and the resources resulting from their minoritized sexual identities, including parental

affirmation as a minoritized group and connectedness to the lesbian, gay, bisexual, trans, and queer community (Horne et al., 2014). Such aspects need to be addressed by research and clinic as they may be protective against parental burnout.

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