Sociology Compass

WILEY

REVIEW ARTICLE OPEN ACCESS

Informal Care Work From a Queer Lens: Challenging Heteronormative Paradigms

Laura Wiesböck | Ekat Osipova | Ella O'Connor

Institute for Advanced Studies Vienna, Vienna, Austria

Correspondence: Laura Wiesböck (wiesboeck@ihs.ac.at)

Received: 30 October 2024 | **Revised:** 7 August 2025 | **Accepted:** 12 August 2025

Funding: This research was supported by the project QUEERDEM, funded by the City of Vienna—Cultural Department (MA7).

Keywords: care work | community care | gender | informal care | LGBTQIA+ | queer

ABSTRACT

This paper emphasizes the importance of incorporating queer perspectives and practices into the general academic discourse on the organization of informal care. We refer to queer informal care work as (1) unpaid care arrangements and support systems that are (2) provided by individuals who position themselves in queer contexts and that are (3) tailored to the specific needs and experiences of queer individuals, whose condition or wellbeing would deteriorate or not improve without the assistance of others. Such care modalities may differ from traditional informal care models in various ways, particularly as they are not anchored around heterosexual nuclear families in the domestic sphere. Furthermore, specific informal care needs uniquely arise for queer identities given the challenges related to rejections from families of origin, systemic discrimination, or violence. Thus far, a substantial amount of informal care work carried out by and for queer persons remains largely invisible to society. Consequently, the aim of this article is to provide a critical literature review of concepts of informal care work in queer contexts and to propose methodological research avenues aimed at queering contemporary care discourses.

1 | Introduction

Care is regarded as essential to life, as something that every person requires (Dowling 2021; Klein 2021). The concept however carries multiple meanings, depending on the context and fields referred to. Usually, a distinction between formal and informal—or respectively paid and unpaid—care is drawn. Informal caregivers differ from formal caregivers, insofar as they are neither paid nor trained professionals (Broese van Groenou and De Boer 2016). Like most socio-cultural and historical analyses, unpaid care in the academic and public discourse has been dominated by the "straight mind", that is, the presumption of heterosexuality and the gender binary as fundamental constituents of society (Wittig 1992). This extends to feminist economy models and corresponding policies, that allocate care work as carried out by women in the home within (commonly affectionate) heterosexual nuclear family constellations (Barker 2012; Bergeron 2009). Nevertheless, such notion devalues care as a form of labor, favors specific groups as naturally entitled to care (i.e., heterosexual cis men) and excludes persons who live in and depend on alternative networks of alliances (Barker 2012).

This lacking account for diverse informal care forms remains evident to this day, as reflected for example, in current debates on the care crisis (Dowling 2021) or global care chains (Fraser 2017). The recent COVID19-pandemic has highlighted this once again. Both the scientific debate as well as specific rules and restrictions during lockdowns were centered around unpaid care provided by women, particularly mothers, in private homes (Steinmetz et al. 2022; Bahn et al. 2020). This limited focus has profoundly affected the social and spatial organization of informal care in queer contexts and led to incisive experiences during the pandemic, such as intensifying mental health disparities (Bishop 2020; Salerno et al. 2020). Consequently, it is important to emphasize that unpaid care is also carried out beyond the confines of "the family" or the domestic sphere (Muraco and Fredriksen-Goldsen 2011; Raha 2021), particularly by queer persons. Their informal care needs can vary, depending on experiences with discrimination and the different nature of exclusion, adding complexity to the relationship between heteronormative societal structures and specific care modalities.

Elaborating on that, we understand informal care as work that not only comprises social reproduction activities necessary for the maintenance of a society's labor force (Federici 2019) but also modes of emotional support. We consider the creation and maintenance of affective companionship in queer environments insofar as work, as it serves the need of reparative coping with experiences of systemic violence in everyday life. Thereby, it transcends the idea of friendly exchanges to the extent that it fulfills existential requirements of restoring repercussions from discrimination and sustaining well-being. Proceeding from this, we assume that specific informal care work concepts and practices within queer social constellations are facilitated by either or several of the following three drivers: (1) the mitigation of disparities in institutional care and exclusions from formal care structures, for example, in the health or legal context; (2) the creation of social relatedness and emotional intimacy beyond the nuclear family and traditional care units, such as the home; and (3) lived progressive politics of communal care aiming at societal transformation.

Considering that dominant narratives on unpaid care fail to consider relationship constellations and lived realities of lesbian, gay, bisexual, trans, queer, inter*, asexual/aromantic/agender individuals and those belonging to other orientations, genders, and identities (LGBTQIA+),[1] our paper seeks to redress this lack of recognition and points to existing approaches by conducting a critical literature review. The research questions are: *How are major concepts related to informal care work in queer contexts discussed in contemporarily published scholarly research? Based on this literature review, what methods of operationalization can be drawn from these concepts to facilitate visibility and recognition of queer informal care work?* The article is structured as follows: First, we outline ways in which specific informal care demands among queer individuals are facilitated. We then illustrate our materials and methods. Finally, ten conceptualizations of informal care work in queer contexts are presented. The article ends with a discussion and conclusion.

2 | Queer Care Modalities: The Need for Visibility and Recognition

Up until now, several authors have highlighted that formal state support structures do not sufficiently account for specific care needs of LGBTQIA+ persons (e.g., Carpenter 2021; King 2016; Leyerzapf et al. 2016; FRA 2020). What is missing in the scientific debate, however, is a systematic analysis of specific informal care needs and practices that are related to exclusions from formal care structures as well as the societal assumption of the traditional nuclear family as a given and aspirational model (e.g., Steinmetz et al. 2022; Craig and Churchill 2021; Emslie and Hunt 2009). Neglecting queer relationships and life realities in the dominant care discourse constitutes a major deficiency of the current literature (Seeck 2021), particularly considering that practices of informal care in queer contexts are facilitated by a variety of unique structural circumstances, personal needs, and activist ambitions.

For example, LGBTQIA+ persons frequently face exclusion from institutional health care systems resulting in an inadequate provision of care. Barriers to health care include citizenship status, queerphobic attitudes amongst care workers, missing research on queer health–related needs and a lack of education and training for health care providers (Mehta et al. 2023; Ussher et al. 2022; James et al. 2016; Bass and Nagy 2022). As a consequence, LGBTQIA+ persons may hide their sexual orientation or gender identity to avoid being stigmatized or discriminated against (Fredriksen-Goldsen and Hoy-Ellis 2008). Simultaneously, queer persons may have less trust in health institutions and delay or avoid healthcare appointments altogether. This tendency is especially pronounced among racialized transgender individuals, who encounter significant barriers to accessing support services, underscoring the need for the understanding that (trans)gender is inherently shaped by race and fundamentally entwined with (anti)Blackness (Chaudhry 2020). Such systemic constraints can lead to untreated or poorly managed health conditions, increasing the need for informal care to support activities of daily living or managing chronic illnesses. Similarly, queer persons report negative experiences in seeking mental health care, which fails to include the broad spectrum of queer identities and renders psychotherapy less accessible, in spite of elevated rates of suicidality (Hadjiioannou and Saadi 2022; Worrell et al. 2023). In addition, financial barriers and precarious economic situations are more frequently experienced by queer persons, especially those identifying as trans,[2] inter*[3] and non-binary (FRA 2020; James et al. 2016; Donald et al. 2017). Consequently, there is a higher need for informal care, such as emotional or financial support (e.g., crowdfunding) in connection with gender-affirming surgery (Liashenko 2022; Kimseylove et al. 2020; Muraco and Fredriksen-Goldsen 2011; Seeck 2021; Leal et al. 2021). In this context, the caregiving needs arising from medical procedures and disability-related experiences among transgender individuals highlight the intersection of transness, disability, and care (Malatino 2020).

Similarly, diverse forms of informal care are also required when queer persons are rejected from their family of origin, compromising the biological family as a source of support (Oswald et al. 2009). Getting married and having children itself is accompanied by multiple systemic challenges (Haugland et al. 2023) due to heterosexual and patriarchal family norms inscribed in the laws regulating marriage and reproduction. Especially when it comes to parenthood, queer persons often face restrictions or long bureaucratic processes for legal recognition (Leal et al. 2021; Haugland et al. 2023; Shapiro 2020). LGBTQIA+ persons may therefore rely on peers that accompany and support them for example, through adoption processes (Leal et al. 2021).[4] However, it is not only the exclusion of LGBTQIA+ persons from heteronormatively organized societal structures that evokes specific informal care practices, but there are also proactive motivations for embracing a wider spectrum of care strategies. Such modalities can also be carried out as an activist endeavor for a new politics of relatedness and care, a step towards societal transformation in the direction of a "caring democracy", where care is no longer situated "at home" (Tronto 2013) but put at the center of democratic political agendas. This perspective is supported by the fact that queer people's experience with marginalization can motivate them to contribute to activism for progressive social change (Schnabel 2018; Swank 2018). By challenging the assumption that caregiving is inherently feminine and tied to specific gender roles, certain family constellations and the domestic sphere, queer redefinitions of care open possibilities for more diverse and equitable ways of providing and receiving care. Altogether, given that heteronormative gender norms are formalized through infrastructure and policy and as care unfolds along all kinds of domains we consider political (Fisher and Tronto 1990), it is of great importance to take a closer look at forms, practices and concepts of informal care work in queer contexts.

3 | Materials and Methods: Identifying Relevant Literature

We applied a literature review that is referred to as critical (Grant and Booth 2009) or integrative (Torraco 2016). This method "goes beyond mere description [...] and presents, analyzes, and synthesizes material from diverse sources" (Grant and Booth 2009, 93). Specifically, it "reviews, critiques, and synthesizes representative literature on a topic in an integrated way such that new frameworks and perspectives on the topic are generated" (Torraco 2016, 404). Altogether, critical, or integrative reviews contribute to scientific research by evaluating what has already been accomplished, bringing together ideas and topics within a particular context, as well as addressing various conceptualizations across disciplines and guiding the way for future work. To identify relevant work, we conducted an extensive literature research of the following keywords: "queer care", "informal care", "families of choice", "chosen family", "queer family", "LGBTQIA+ families", "queer kinship", "communities of care", "caring communities" via the scholar databases u:search, Scopus and Google Scholar. We chose these keywords based on the research question as well as an iterative refinement of the literature corpus. Additionally, we drew on the reference lists of journal articles to identify further relevant literature. Each source was analyzed by determining the key concept of informal care negotiated, its origins and contextual framework, as well as its present forms within the queer context and its interrelations with other informal care concepts. We incorporated theoretical and empirical literature including definitions and conceptualizations. The review was conducted both individually as well as over several joint analysis sessions and the corpus was adjusted in accordance with the themes identified.

In total, the review comprises 65 literature sources consisting of monographs, (contributions to) edited volumes and journal articles published between 1991[5] and 2023. This timeframe resulted from our emphasis on contemporary discussions and applications of informal care in queer contexts. While authors may not use "care" in their terminology themselves, all conceptualizations were considered if they complied with our understanding of queer informal care work as (1) unpaid care arrangements and support systems that are (2) provided by individuals who position themselves in queer contexts and that are (3) tailored to the specific needs and experiences of queer individuals, whose condition or wellbeing would deteriorate or not improve without the assistance of others. We outline both concepts of informal care work that explicitly derive from queer frameworks as well as concepts that originated from settings concerned with the lives of marginalized groups at large and intersect with queer contexts. In accordance with the context of the respective discourses, the concepts are subsumed under two analytic categories: informal care work enacted in communities and institutionalized forms of informal care work. Nevertheless, it is important to note that they often overlap, are interrelated and/or build upon one another, which we will indicate through cross-references.

4 | Rethinking Care Beyond Heteronorms: A Review of Concepts

4.1 | Informal Care Work Enacted in Communities

Caring communities, also referred to *communities of care*, are at the center of diverse queer care models. The concept originated during the AIDS-pandemic, where solidarity-networks were formed to care for those in need and offer support to the sick and grieving (Laufenberg 2012). Following Laufenberg (2014), membership in a caring community is not based on descendance or the possession of certain rights or identity-related characteristics—such as citizenship, race, class, gender, sexuality or disability—but is instead established through "doing", through the constant exchange of care and attention. Schaffer (2019, 536) argues that communities of care can be formed in any context involving "people who need to sustain one another with encouragement and sustenance, giving joint care for a shared aim". In their recent work on trans communities of care, Seeck and Sannik Ben (2019) connect these collective care practices with current forms of queer, transition-related care, such as providing accommodation in *trans*-sensitive spaces or offering emotional support during mastectomy. Alongside such practical considerations, some authors have formulated specific normative claims for communities of care. For example, Zängl (2023) understands caring communities as a lived form of civil society utopia, in which decision-making is non-hierarchical and tasks are distributed equally. Their basis thus lies in democratic structures and the sharing of resources and mutual support (The Care Collective 2020). In sum, the concepts of caring communities describe historically established informal care practices that are closely interconnected with other models of informal care, such as *families of choice*.

Constituting a widely employed model of informal care within queer contexts, the concept of *family of choice* is also interchangeably referred to as *chosen family*. Both terms describe lived relationships and emotional ties with significant others that are established by choice rather than by predetermined biological or legal relationships (Jackson Levin et al. 2020). A family of choice can include close friends, (ex-)partners, biological or adoptive children, and comes with various purposes, qualities and expectations (Weston 1997). According to Weeks et al. (2001, 10) these comprise "continuity over time, emotional and material support, ongoing commitment, and intense engagement". However, Allen and Garrison (2022) point out that emphasizing the role of choice in queer family networks obscures the fact that hierarchical structures common to the biological nuclear family may prevail. Therefore, characteristics commonly attributed to families of choice, such as egalitarianism and reciprocity, should not be presumed (Westwood 2016). Furthermore, suggesting that one could simply "choose" one's family members, and thereby subjecting queer relationships to a logic of consumption, may reproduce neoliberal and individualistic ideas (Freeman 2007). Nevertheless, besides aiming to provide social relatedness and emotional intimacy, being part of a chosen family enables LGBTQIA+ persons, who have historically been denied access to family life, to engage in such and term it accordingly (Weston 1997; Weeks et al. 2001; Jackson Levin et al. 2020). Based on this notion, Mizielińska (2022) argues that the self-designations as "family" by queer couples can be understood as a political act aiming to contribute to the normalization of non-heterosexual relationships. In this context, however, it is crucial to recognize that axes of difference, such as race, disability, and citizenship status, shape caregiving practices, relationships and power relations, particularly when care is personal and carried out outside formal institutions.

Related to that, the notion of *queer kinship* centers on the view that kinship relationships are based on social rather than biological ties and provide an essential source of support and resilience against oppressive structures (Hill Collins 2002). The term "kinship" originally derives from the anthropological context (Freeman 2007) and while its meaning remains ambiguous, a variety of specifications have been introduced. These include "fictive kin" and "extended kin", used to describe the incorporation of friends and neighbors in kinship networks of working-class families in the US and Britain (Weeks et al. 2001, 49; Mouzon 2014), and the practice of "othermothering" in African American communities, in which caring responsibilities for children are shared between "bloodmothers" and other women (Hill Collins 2002). Queer kinship was influentially described by Weston (1997) in connection with *families of choice* (see above). The author draws a line between straight kinship, namely biological bonds with the "blood family", and gay kinship, which is based on the *family of choice* (Weston 1997). Referring to this model, Westwood (2016) addresses that queer kinship relationships must not be limited to a family of choice and might also include biological family members, friends, and (ex-)partners. Since kinship networks can vary in size and are influenced by gender, intergenerationality, citizenship or ethnicity, this is particularly relevant for older LGBTQIA+ persons, as well as for transgender women of color (Stryker 2008). While queer kinship networks may exceed the concept of family of choice by including biological family members, both terms are often used synonymously. However, Rifkin (2022, 138) argues that for a queer conceptualization of kinship it must be freed from its "definitional fusion with 'family'", as the term implies heteropatriarchal norms and is subjected to liberal governance. Due to its historic connotation with the term family, "the terms of kinship are constantly defined and regulated by state power, legal and economic systems, religious codes and laws, and traditional and emerging norms" (Butler 2022, 26). In sum, queer kinship plays an important role in current discourses on queer care practices, especially with regards to the question how it can be put into practice.

A concept that is not confined to queer contexts and used differently across academic literature, is *affective communities*. According to Hutchison, affective communities are "constituted—and to an extent unified, at least temporarily—through shared patterns of emotional meaning and understanding" (2018, para. 4). Considering that affects are inseparable from social life, they are profoundly political and serve as a crucial mechanism of (global) communities and political action (Hutchison 2016). Based on this notion, a variety of forms of queer intimacy and care work can be subsumed, such as online spaces, a care site not given enough attention up until now. Hawkins and Oliver (2018), for instance, discuss how trans communities generate communities of care through emotional support and exchange of vital, transition-related information on the microblogging website Tumblr. Similarly, (queer-)feminist sexual assault survivors and advocates employ a range of digital tactics to form feminist affective counter publics, resisting dominant, patriarchal affective dispositions and enacting community care (Schoettler 2023). Engaging in "world-queering" by reinterpreting dominant *cis*-heteronormative media narratives through fanfiction,[6] online fandoms too create affective spaces where users can experiment with queer kinships and identities, find community, and alleviate the distress and violence experienced in the offline world (Floegel 2020; Llewellyn 2021; Yang and Bao 2012). According to Anselmo (2018), this can be understood as an unremunerated and unappreciated form of therapeutic, emotional, and creative care work. Altogether, it must be noted that while some authors refer to "affective communities" without elaborating on its meaning, others do not use the term explicitly, yet describe what conceptually pertains to it. Therewith, considering its applicability to current forms of care work, for example, carried out online, further conceptual research on this subject could contribute to a refined definition.

Another concept that embraces interdependencies as a crucial component of communal life, is *mutual aid* (Holloway, Riley Hostetter, et al. 2023). While communal care practices have existed as long as human life, the radical connotation of mutual aid, as introduced by anarchist philosopher Pyotr Kropotkin, stems from its existence within broader structures of neoliberalism and racial capitalism (Welch 2021). Serving as a direct response to systemic disparities, mutual aid acts aim to build long-lasting alternatives to their root-causes. According to Spade (2020a), mutual aid is characterized as "work to meet survival needs and build a shared understanding about why people do not have what they need" (9), "mobiliz[ing] people, expand[ing] solidarity, and build[ing] movements" (12), and "participatory, solving problems through collective action rather than waiting for saviors" (16). Within queer communities, mutual aid has a long history of challenging hetero-/cissexist structures and prevails in various forms, encompassing aid with financial and legal transition-related matters, protesting police brutality and supporting incarcerated peers, refugee support, or care for material needs, like housing, clothing, or food — coordinated in local communities or online (England 2022; Holloway et al. 2023; Holloway et al. 2023). Notable examples are the "Street Transvestite Action Revolutionaries" founded in 1970 to battle the precarious living conditions of trans People of Color and sex workers, or various mutual aid actions during the HIV/AIDS-pandemic (Holloway, Riley Hostetter, et al. 2023). While mutual aid is ingrained in marginalized persons' everyday lives, literature suggests its proliferation in governmental strategies and the broader public as a short-term crisis response, for example, during the COVID-19 pandemic (Spade 2020a; Littman et al. 2023). As several authors criticize, this proliferation tends to co-opt care practices developed by marginalized groups, for example, queer disabled People of Color, while erasing and excluding them from the newly implemented care measures (Arani 2020; Piepzna-Samarasinha 2021). Another pitfall of mutual aid is the adoption of principles from charity frameworks, for example, dependance on societal hierarchies, moralizing notions of deservingness, or paternalism, and thereby, supplementing and sustaining the capitalist structures it aims to oppose (Spade 2020b). Scholars and mutual aid practitioners suggest, instead of attempting a return to the status quo deemed as "the normal", any crisis should be taken as an opportunity to radically transform the systemic injustices it exposes and collectively build alternative futures (Haritaworn 2020; Spade 2020a).

Focusing on the subversive potential of queer caregiving instead of relational ties, *transgressive caregiving* is less represented in the literature. Coined by Kessler (2005, 2016), the concept refers to the political work inherent to family caregiving. As LGBTQIA+ persons have historically been denied the access to family and reproduction by the state, queer intimacies and family caregiving can be seen as political resistance against heteronormative institutions and have the potential to destabilize juridical regulations. Exemplified by the concept of families of choice, a political effect of queer caregiving lies in disconnecting family and reproduction from heterosexuality (Kessler 2016). The author points out that understanding care work as a political practice stands in opposition with understanding caregiving as a site of gender-based oppression. Disabled queer communities may, for instance, organize care structures that subvert dominant ideals of independence promoted by neoliberal frameworks. Related to that, certain theorists (Case 2001; Schultz 2000) have suggested turning away from couple partnerships or child-raising as a form of resistance against patriarchal family norms. Kessler (2005, 2016), on the other hand, contests this line of argumentation by highlighting that caregiving itself implies resistance against discriminatory institutions, such as the family, when carried out by persons who have historically faced exclusion from these, which she calls transgressive caregiving. Consequently, its political potential lies in undermining heterosexual societal standards (ibid.), and thereby aims at societal transformation.

4.2 | Institutionalized Forms of Informal Care Work

In addition to being enacted in caring communities, informal queer care practices are also carried out in institutional settings. An indispensable example is the *buddy program*, which was initiated in the wake of the AIDS-pandemic by the Gay Men's Health Crisis (GMHC) in the early 1980s. In response to the pandemic and the associated massive institutional disparities in healthcare, psychological care, disease prevention and education, persons with AIDS were assigned to a voluntary "buddy" who took up the role as a caregiver and friend and offered practical support in everyday life (Laufenberg 2014; Andriote 2005, 2017). As Roach (2012) indicates, the AIDS buddy program was modeled after buddy systems from institutions like the military and the Boy Scouts of America. It thereby enabled "the desexualization of AIDS via the quasi-institutionalization of friendship" and contributed to the social acceptance of homosexuality (ibid., 111). Laufenberg (2014, 331) regards buddy programs as an example of how the communitarization of care and caring responsibility produces a "socialization of care", in which caring responsibilities lie neither in the private household nor the public state authority. While buddy programs are still implemented in queer contexts, the term is now used more broadly to describe peer-to-peer support relationships, for example, amongst university students (Nilsson 2019) or in the context of psychological well-being (Laursen et al. 2023). More visible in the current discourse on LGBTQIA+ care practices is the concept of *communities of care* (see above), which was concurrently established during the AIDS-pandemic and can be seen as an extension of the buddy system.

A concept that blurs the lines between formal and informal care work is *peer support*. In academic literature, peer support is closely tied to the (mental) health care context, with roots ascribed to psychiatric survivor movements in Western, anglophone countries during the 1970s (Stratford et al. 2019). Broadly, peer support builds on the reciprocal connection and emphatic understanding stemming from shared experiences and identities (Mead et al. 2001 Hilton, Curtis 2001) and is provided in various forms, from groups to one-on-one settings, on a paid, voluntary, professional, or lay basis (Stamou 2014). Both adult or youth peer groups (L. Müller 2017) can generate a setting in which queer peers can talk without being judged or scrutinized, and thereby render their identities visible and normalized (Johnson and Rogers 2020; Kia et al. 2023; Scott 2022). Correspondingly, it serves as a source of viable information, including "activist counseling"[7] that suggests the strategic use of systemic loopholes to faster attain required resources, for example, transition-related processes (Hamm and Stern 2019, 27). Where institutional (mental) health services fail to provide queer people with the assistance they need, peer support can facilitate mutual emotional care, and potentially play a significant role in suicide prevention (Kia et al. 2023, 2021). Peer support's activist roots are recognizable in some of its queer enactments, for example, its centrality in the fight for queer liberation and legal reform during the 1960s/70s in Britain (Chettiar 2023), or its embeddedness in contemporary human rights activism of inter* persons (Haller et al. 2022). Despite considerably supporting well-being, peer support groups are not always capable of compensating institutional disparities in care provision, which may leave peers feeling helpless and distressed about their limited resources for adequate support (Johnson and Rogers 2020; Kia et al. 2023). Furthermore, from an intersectional perspective the needs, capacities, and risks associated with providing and receiving queer support vary significantly. Conversely, guidelines imposed on groups organized by state-facilitated programs bear the risk of restricting their scope of action and thereby their potential positive effects (Scott 2022). Nevertheless, the various understandings of peer support render it a key mode of care work fostering queer forms of living that, as the only among the reviewed concepts, unfolds along all three care modalities.

In the professional context, *affinity groups* are a well-established concept intended to bring together individuals with shared identities or experiences in the workplace. These voluntary, employee-led groups can be found in a wide range of organizational settings for a variety of societally stigmatized groups based on race, ascribed ethnicity, disablement, or religion. The concept aims at contributing to an inclusive environment by building connections, discussing needs and challenges based on the shared identity as well as providing support, resources, and information (Lesnick 2021). Affinity groups are also referred to as "employee resource groups" (ERG). Brown (2010) notes that the purpose of queer ERGs, however, is typically different in that they can act for, and on behalf of, those who have revealed their gender identity and/or sexual orientation, as well as those who remain "in the closet", due to concerns of repercussions at work. Correspondingly, McNulty et al. (2017) point out that queer ERGs can also comprise allies who support queer rights and may advocate for diversity, equity and inclusion within the workplace. Some authors claim that queer ERGs have brought substantial organizational change within corporations (Githens 2009) and create safer spaces and an informal environment for LGBTQIA+ employees (McNulty et al. 2017). Nevertheless, it is questionable whether implementing separate minority groups fosters inclusive organizational cultures, considering that clear markers of difference are drawn and differences in social groups are homogenized as common affinities. For instance, queer affinity groups that fail to attend to race, gender, disability, class, and citizenship may inadvertently center the experiences of white, cisgender, able-bodied employees, with greater institutional privilege. Related to that, it is worth criticizing that queer employees are expected to invest additional time and informal care work in the workplace, where heteronormativity often still persists. This stands in contrast for example to queer and trans nonprofit organizations, which formalize care work previously carried out within kinship networks (Greene 2021). Yet, the concept provides evidence that increasing the visibility of informal care work in the professional context is of crucial relevance.

This also applies to *queer mentorship*, that is, a mentoring relationship or program specifically designed to support LGBTQIA+ individuals. The concept involves a professionally experienced queer person providing guidance, advice, and support to a less experienced person who identifies as LGBTQIA+ or is exploring their queer identity. Intergenerational queer mentorship aims to address the scarcity of examples of careers and leadership for LGBTQIA+ persons and the lacking support for queer content. Literature in this field particularly centers around academic institutions and higher education (Davies and Neustifter 2023; Hogan et al. 2020). Here, mentorship is described as "a potential queer educational practice of sharing" (Przybyło 2022) carried out through regular personal exchanges. Interrogating what is distinctively queer about academic mentoring, Allison (2022) indicates four aspects: making mentorship accessible to LGBTQIA+ individuals; dismantling the binary of gay-gay or lesbian-lesbian mentorship without eliminating it; offering intentional mentorship to those underrepresented in leadership while also making it available to all who could benefit from it; and addressing the hierarchies inherent in the mentor-mentee relationship. The last aspect is particularly relevant, as the concept has been criticized for its power differences and reliance on a sharing of internalized inadequacy, especially when one is being mentored by those with a higher class status, white and/or male privilege (Przybyło 2022). Overall, mentorship for LGBTQIA+ individuals represents a site of informal care work by providing a space to address unique challenges in a trusting setting, such as mental health matters, experiences with homophobia, coming out in the workplace or questions of safety (Jensen 2023).

5 | Discussion and Conclusion

This article aims at contributing to the representation, (re)valorization and systemization of forms and practices of informal care work in LGBTQIA+ contexts by providing a critical review of central concepts. We propose that queer approaches to unpaid care are facilitated by at least one of the following three interrelated dimensions: (1) mitigation of institutional care disparities, (2) creation of social relatedness and emotional intimacy beyond the nuclear family, and (3) lived progressive politics of communal care aiming at societal transformation. Our review demonstrates that modes of informal care work in queer contexts extend far beyond voluntary choices and are fundamentally rooted in systemic oppression. In essence, most outlined informal care work arrangements in this article are both a survival strategy and a stark reminder of the need to address the underlying structural inequalities that perpetuate cycles of exclusion and disadvantage. Furthermore, the concepts demonstrate the importance of considering intersectional factors like age, gender, class, race, citizenship, or disability, and their influence on practices of care giving and receiving, for example, with regard to health care or care for older persons. Such axes of difference generate asymmetrical relationships of power and vulnerability that are often obscured by idealized notions of queer solidarity. For instance, racialized and undocumented queer individuals may take on disproportionate caregiving roles within their communities—due to societal and cultural expectations or because they are excluded from formal labor markets. In order to ensure a nuanced understanding of diverse informal care practices and experiences, it is essential to adopt intersectional perspectives that include the mutual relationships between the categories embedded in their specific context (Hengelaar et al. 2023).

One particularly relevant aspect that became evident throughout the review is the dimension of space. This applies in several ways. First, the concepts are centered around spaces beyond the household level, including the workplace. This is not only relevant for queer contexts. Literature suggests that a wide range of informal care tasks on the job site are disproportionately brought to and carried out by individuals socialized as female, since caring is stereotypically viewed as a female competence (Lawless 2018; M. Müller 2018). Therewith, informal care in the professional context should be given recognition as work, considering that it takes place in addition to the regular workload and involves important efforts aiming at achieving the institution's objectives. Second, creating queer spaces appears to be a central way of facilitating the provision of informal care. Building queer identity-affirming environments that validate lived experiences and offer a landscape of overlapping needs enable ways for emotional support in the first place. Frequently, such modalities of informal care are established to navigate stigma while developing meaningful relations and lives that are positioned outside of societal conventions (Chandra 2022). Arguably, queer persons increasingly depend on safer spaces given recent attacks on queer institutions and events, restrictions of LGBTQIA+ - rights (FRA 2020) and as queerphobic attitudes of the general population are a cause of psychological stress (Outright International 2022).

Overall, the review of concepts supports the idea that academic debates on the societal organization of care work should account for the complex and contextual dimensions of diverse and/or increased informal care workloads in queer contexts. Consequently, it is important that research on informal caregiving and receiving comprises practices in a variety of spaces beyond the domestic sphere, including the virtual space. Such caring networks emerging through the affordances of digital landscapes enable socially transgressive relations of support. Digital queer communities that cultivate kin and carry out informal care can be explored by a variety of methods, including conducting virtual ethnography (Gray 2017), examining textual online content, for example, by means of topic-guided thematic analysis (Gauthier et al. 2022), or designing surveys that inclusively capture diverse demographics while remaining sensitive to online community cultures (Jaroszewski et al. 2018). Despite their public accessibility, online spaces are material extensions of people's everyday lives, and, especially when studying vulnerable groups, must be approached with the same ethical practices and attention to power relations as offline research (Morrow et al. 2015). In this field, further implementations of new measures and specific analytic methods that are attentive to power relations and implement care and reciprocity into the study design are required as well. This can be realized through participatory approaches, specifically participatory action research, that facilitate collaboration with queer communities in the knowledge-production about themselves, generate collective identification of the focus and desired outcomes of a study, and combine research and action directed at advocacy and social change (Singh et al. 2013). In terms of quantitative research, longitudinal studies tracking caregiving relationships and support networks beyond the household level can shed light on how informal care workloads evolve and adapt to changing circumstances within LGBTQIA+ contexts. In that regard, times use surveys (Grosse et al. 2019; Chari et al. 2015) can offer insight into how much effort is spent for informal care activities among queer individuals, for example, when it comes to providing emotional support and/or informal spaces in the workplace or accompanying friends to medical appointments.

It is noteworthy that this study comes with several limitations. First, while the article considers practices from activist contexts, only concepts accessible in academic publications are included. To gain a deeper understanding of current informal care work modalities from communities themselves, additional empirical research is required. Second, due to language constraints of the research team, the literature available could not be studied comprehensively but is centered around scientific articles published in English or German. Furthermore, concepts drawn from English literature are focused on the US American context, which is generally not uncommon, considering the cultural hegemony in the academic system. Despite these constraints, the article provides a useful overview of queer forms of informal care work and supports the idea of measuring and assigning value to such practices by its integration into the general academic care discourse. In sum, acknowledging the variety of spatial contexts, social connections, and gendered dimensions in which informal care work is performed constitutes a key step to better understand the social and economic costs of queer individuals and communities to sustain themselves and maintain capacity to engage in productive activities in heteronormatively organized societies. Accordingly, research on how queer care work materializes and what types of knowledges and practices queer care settings bring forth, is required. Additionally, future studies could investigate whether informal care responsibilities in queer communities are more evenly distributed compared to heterosexual settings, or if there remains a tendency for them to fall predominantly on individuals perceived as "feminine".

Acknowledgments

This paper is part of the research project QUEERDEM, funded by the City of Vienna—Cultural Department (MA7). We would like to thank Karin Schönpflug, Julia Radlherr, Xava Mikosch and Katharina Mückstein for providing useful comments on earlier versions of the manuscript. Open Access for this article was provided by the IHS Open Access Fund.

Conflicts of Interest

The authors declare no conflicts of interest.

Endnotes

[1] In the following, we will refer to this abbreviation throughout the article, even if the terms or abbreviations used by the referenced authors may differ.

[2] Regarding the critical discourses on the term "trans*", we refer to it without asterisk, as it per se is meant to be inclusive of a diverse range of identities (Appenroth and do Mar Castro Varela 2019).

[3] We use the asterisk as it indicates the diversity of identities and self-chosen labels of people with variations in sex traits (Haller et al. 2022).

[4] Notably, heteronormatively oriented forms of family are not necessarily aspirational for queer individuals. Amongst others, the term "homonormativity" has been used to criticize the incorporation of certain expressions of homosexuality into institutions and neoliberal systems, for instance via marriage (Bernini 2020; Nash and Browne 2016).

[5] Although we refer to the 1997 edition of Kath Westons work, originally it was first published in 1991.

[6] Fan fictions "are online-published, most often pseudonymously authored stories which take a pre-existing fiction [...] as a starting point [and transform it] through switched narrative perspectives, altered

romantic combinations of characters, [...] or a play with the temporal boundaries in prequels and sequels" (Leavenworth 2015, 40).

[7] "Aktivistische Beratung" (Hamm and Stern 2019, 27).

References

Allen, L. C., J. S. Garrison. 2022. "Against Friendship." In *Queer Kinship: Race, Sex, Belonging, Form*, edited by T. Bradway and E. Freeman. Duke University Press.

Allison, T. L. 2022. "Mentorship." In *LGBTQ Leadership in Higher Education*, edited by R. E. Crossman, 113–117. Johns Hopkins University Press.

Andriote, J.-M. 2005. "How HIV/AIDS Changed Gay Life in America – and What Others Can Learn From Our Experience." In *The AIDS Pandemic*, 398–423. Academic Press.

Andriote, J.-M. 2017. *Stonewall Stro: Gay Men's Heroic Fight for Resilience, Good Health, and a Strong Community*. Rowman & Littlefield Publishers.

Anselmo, D. W. 2018. "Gender and Queer Fan Labor on Tumblr: The Case of Bbc's Sherlock." *Feminist Media Histories* 4, no. 1: 84–114. https://doi.org/10.1525/fmh.2018.4.1.84.

Appenroth, M. N., M. do Mar Castro Varela. 2019. "Einleitung - Trans & Care: Das Recht Auf Eine Gute Gesundheitsversorgung." In *Trans & Care - Trans Personen Zwischen Selbstsorge, Fürsorge Und Versorgung*, edited by M. N. Appenroth and M. do Mar Castro Varela, 19–31. Bielefeld: transcript Verlag.

Arani, A. 2020. "Mutual Aid and Its Ambivalences: Lessons From Sick and Disabled Trans and Queer People of Color." *Feminist Studies* 46, no. 3: 653–662. https://doi.org/10.1353/fem.2020.0033.

Bahn, K., J. Cohen, and Y. van der Meulen Rodgers. 2020. "A Feminist Perspective on COVID-19 and the Value of Care Work Globally." *Gender, Work and Organization* 27, no. 5: 695–699. https://doi.org/10.1111/gwao.12459.

Barker, D. K. 2012. "Querying the Paradox of Caring Labor." *Rethinking Marxism* 24, no. 4: 574–591. https://doi.org/10.1080/08935696.2012.711065.

Bass, B., and H. Nagy. 2022. *Cultural Competence in the Care of LGBTQ Patients*. StatPearls Publishing.

Bergeron, S. 2009. "An Interpretive Analytics to Move Caring Labor off the Straight Path." *Frontiers: A Journal of Women Studies* 30, no. 1: 55–64. https://doi.org/10.1353/fro.0.0025.

Bernini, L. 2020. *Queer Theories: An Introduction*. Routledge.

Bishop, A. 2020. *Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People*. Outright International.

Broese van Groenou, M. I., and A. De Boer. 2016. "Providing Informal Care in a Changing Society." *European Journal of Ageing* 13, no. 3: 271–279. https://doi.org/10.1007/s10433-016-0370-7.

Brown, J. 2010. *Employee Resource Groups that Drive Business*. Jennifer Brown Consulting and Cisco.

Butler, J. 2022. "Kinship Beyond the Bloodline." In *Queer Kinship: Race, Sex, Belonging, Form*, edited by T. Bradway and E. Freeman. Duke University Press.

Carpenter, E. 2021. "The Health System Just Wasn't Built for Us": Queer Cisgender Women and Gender Expansive Individuals' Strategies for Navigating Reproductive Health Care." *Women's Health Issues* 31, no. 5: 478–484. https://doi.org/10.1016/j.whi.2021.06.004.

Case, M. A. 2001. "How High the Apple Pie? A Few Troubling Questions About Where, Why, and How the Burden of Care for Children Should Be Shifted." *Chicago Kent Law Review* 76, no. 3: 1753–1786.

Chandra, S. 2022. "The Persistence and Endurance of Blood Family." *Sexualities* 27, no. 3: 438–456. https://doi.org/10.1177/13634607221092395.

Chari, A. V., J. Engberg, K. N. Ray, and A. Mehrotra. 2015. "The Opportunity Costs of Informal Elder-Care in the United States: New Estimates From the American Time Use Survey." *Health Research and Educational Trust* 50, no. 3: 871–882. https://doi.org/10.1111/1475-6773.12238.

Chaudhry, V. V. 2020. "On Trans Dissemblance: Or, Why Trans Studies Needs Black Feminism." *Signs: Journal of Women in Culture and Society* 45, no. 3: 529–535. https://doi.org/10.1086/706466.

Chettiar, T. 2023. "Counselling for Connection: Making Queer Relationships During Britain's Sexual Revolution." *Medical Humanities* 49, no. 2: 182–192. https://doi.org/10.1136/medhum-2021-012347.

Craig, L., and B. Churchill. 2021. "Dual-Earner Parent Couples' Work and Care During COVID-19." Supplement, *Gender, Work and Organization* 28, no. S1: 66–79. https://doi.org/10.1111/gwao.12497.

Davies, A. W. J., and R. Neustifter. 2023. "Heteroprofessionalism in the Academy: The Surveillance and Regulation of Queer Faculty in Higher Education." *Journal of Homosexuality* 70, no. 6: 1030–1054. https://doi.org/10.1080/00918369.2021.2013036.

Donald, C. A., S. DasGupta, J. M. Metzl, and K. L. Eckstrand. 2017. "Queer Frontiers in Medicine: A Structural Competency Approach." *Academic Medicine* 92, no. 3: 345–350. https://doi.org/10.1097/ACM.0000000000001533.

Dowling, E. 2021. *The Care Crisis: What Caused it and How Can We End it?*. Verso.

Emslie, C., and K. Hunt. 2009. "'Live to Work' or 'Work to Live'? A Qualitative Study of Gender and Work-Life Balance Among Men and Women in Mid-life." *Gender, Work and Organization* 16, no. 1: 151–172. https://doi.org/10.1111/j.1468-0432.2008.00434.x.

England, E. 2022. "'Homelessness is a Queer Experience': Utopianism and Mutual Aid as Survival Strategies for Homeless Trans People." *Housing Studies* 40, no. 7: 1545–1562. https://doi.org/10.1080/02673037.2022.2108381.

Federici, S. 2019. "Social Reproduction Theory: History, Issues and Present Challenges." *Radical Philosophy* 2, no. 4: 55–57.

Fisher, B., J. C. Tronto. 1990. "Toward a Feminist Theory of Caring." In *Circles of Care: Work and Identity in Women's Lives*, edited by E. K. Abel and M. K. Nelson, 36–54. SUNY Press.

Floegel, D. 2020. ""Write the Story You Want to Read": World-Queering Through Slash Fanfiction Creation." *Journal of Documentation* 76, no. 4: 785–805. https://doi.org/10.1108/JD-11-2019-0217.

FRA. 2020. "A Long Way to Go for LGBTI Equality." *European Union Agency for Fundamental Rights*. Publications Office of the European Union.

Fraser, N. 2017. "Crisis of Care? on the Social-Reproductive Contradictions of Contemporary Capitalism." In *Social Reproduction Theory: Remapping Class, Recentering Oppression*, edited by T. Bhattacharya and L. Vogel. Pluto Press.

Fredriksen-Goldsen, K. I., and C. P. Hoy-Ellis. 2008. "Caregiving With Pride." *Journal of Gay & Lesbian Social Services* 18, no. 3–4: 1–13. https://doi.org/10.1300/J041v18n03_01.

Freeman, E. 2007. "Queer Belongings: Kinship Theory and Queer Theory." In *A Companion to Lesbian, Gay, Bisexual, Transgender, and Queer Studies*, edited by G. E. Haggerty and M. McGarry, 293–314. Blackwell Publishing.

Gauthier, R. P., C. Mary Jean, and J. R. Wallace. 2022. ""I Will Not Drink With You Today": A Topic-Guided Thematic Analysis of Addiction Recovery on Reddit." *CHI Conference on Human Factors in Computing Systems*, 1–17. https://doi.org/10.1145/3491102.3502076

Githens, R. P. 2009. "Capitalism, Identity Politics, and Queerness Converge: LGBT Employee Resource Groups." *New Horizons in Adult Education and Human Resource Development* 23, no. 3: 18–31. https://doi.org/10.1002/nha3.10347.

Grant, M. J., and A. Booth. 2009. "A Typology of Reviews: An Analysis of 14 Review Types and Associated Methodologies." *Health Information and Libraries Journal* 26, no. 2: 91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x.

Gray, K. L. 2017. "Gaming out Online: Black Lesbian Identity Development and Community Building in Xbox Live." *Journal of Lesbian Studies* 22, no. 3: 282–296. https://doi.org/10.1080/10894160.2018.1384293.

Greene, J. 2021. "Labor of Love: The Formalization of Care in Transgender Kinship Organizations." *Organization* 28, no. 6: 930–948. https://doi.org/10.1177/1350508421995763.

Grosse, S. D., J. Pike, R. Soelaeman, and J. M. Tilford. 2019. "Quantifying Family Spillover Effects in Economic Evaluations: Measurement and Valuation of Informal Care Time." *PharmacoEconomics* 37, no. 4: 461–473. https://doi.org/10.1007/s40273-019-00782-9.

Hadjiioannou, E., and J.-P. Saadi. 2022. "Queer Minds, Queer Needs." *European Journal of Psychotherapy & Counselling* 25, no. 1–2: 12–28. https://doi.org/10.1080/13642537.2022.2156134.

Haller, P., P. Luan, and T. Ponzer, and dir. 2022. "Inter* Pride. Perspektiven Aus Einer Weltweiten Menschenrechtsbewegung." w_orten & meer.

Hamm, J., K. * Stern. 2019. "Einblicke in Die Trans*-Beratung. Praxis, Haltung, Reflexion." In *Empowerment Und Selbstwirksamkeit Von Trans* Und Intergeschlechtlichen Menschen* edited by A. Naß, S. Rentzsch, J. Rödenbeck, M. Deinbeck and M. Hartmann, 15–32. Psychosozial-Verlag.

Haritaworn, J. 2020. "#Nogoingback: Queer Leaps at the Intersection of Protest and COVID-19." *Journal of Environmental Media* 1, no. 1: 12.1–12.7. https://doi.org/10.1386/jem_00033_1.

Haugland, C., B. Kristin Høgmo, and T. Elisabet Bondas. 2023. "LGBTQ+ Persons' Experiences of Parenthood in the Context of Maternal and Child Health Care: A Meta-Ethnography." *Global Qualitative Nursing Research* 10: 23333936231181176. https://doi.org/10.1177/23333936231181176.

Hawkins, B. W., and H. Oliver. 2018. "Building an Online Community of Care: Tumblr Use by Transgender Individuals." *4th Gender & IT conference (GenderIT'18)*

Hengelaar, A. H., W. Yvette, K. Rick, V. H. Margo, and V. Petra. 2023. "Intersectionality in Informal Care Research: A Scoping Review." *Scandinavian Journal of Public Health* 51, no. 1: 106–124. https://doi.org/10.1177/14034948211027816.

Hill Collins, P. 2002. *Black Feminist Thought*. Routledge.

Hogan, L., G. R. Lemus, Z. Lynn, M. Brennan, and S. Rachel. 2020. "Queer Students Navigating the Academy: LGBTQ+ Mentoring Practices at IUPUI." *Journal of the Student Personnel Association at Indiana University*: 9–25.

Holloway, B. T., J. Kynn, H. Boyke. 2023. "For Us, by Us. Mutual Aid Efforts in Disabled Queer and Trans Communities." In *Exploring Sexuality and Disability. A Guide for Human Service Professionals* edited by S. Katz Kattari, 47–61. Routledge.

Holloway, B. T., C. Riley Hostetter, K. Morris, J. Kynn, and M. Kilby. 2023. "We're All We Have": Envisioning the Future of Mutual Aid From Queer and Trans Perspectives." *Journal of Sociology & Social Welfare* 50, no. 1: 155–180. https://doi.org/10.15453/0191-5096.4693.

Hutchison, E. 2016. *Affective Communities in World Politics. Collective Emotions After Trauma*. Cambridge University Press.

Jackson Levin, N., S. K. Kattari, E. K. Piellusch, and E. Watson. 2020. "We Just Take Care of Each Other": Navigating 'Chosen Family' in the Context of Health, Illness, and the Mutual Provision of Care amAngst Queer and Transgender Young Adults." *International Journal of Environmental Research and Public Health* 17, no. 19: 7346. https://doi.org/10.3390/ijerph17197346.

James, S., J. L. Herman, S. Rankin, M. Keisling, L. Mottet, and M. Anafi. 2016. *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality.

Jaroszewski, S., D. Lottridge, O. Haimson, and K. Quehl. 2018. "Genderfluid" or "Attack Helicopter": Responsible HCI Research Practice With Non-binary Gender Variation in Online Communities." In *CHI Conference on Human Factors in Computing Systems*. Montreal QC.

Jensen, M. A. 2023. "Queering Learning and Leadership in Higher Education." *Higher Education* 87, no. 4: 1177–1184. https://doi.org/10.1007/s10734-023-01044-6.

Johnson, A. H., and B. A. Rogers. 2020. ""We're the Normal Ones Here": Community Involvement, Peer Support, and Transgender Mental Health." *Sociological Inquiry* 90, no. 2: 271–292. https://doi.org/10.1111/soin.12347.

Kessler, L. T. 2005. *Transgressive Caregiving* 33. Florida State University Law Review.

Kessler, L. T. 2016. "Transgressive Caregiving." In *Feminist and Queer Legal Theory: Intimate Encounters, Uncomfortable Conversations*, edited by M. Albertson Fineman, J. E. Jackson and A. P. Romero. Routledge.

Kia, H., K. Kenney, K. Ross MacKinnon, et al. 2023. ""It Saves Lives": Peer Support and Resilience in Transgender and Gender Diverse Communities." *SSM - Qualitative Research in Health* 3: 1–9. https://doi.org/10.1016/j.ssmqr.2023.100264.

Kia, H., K. R. MacKinnon, A. Abramovich, and S. Bonato. 2021. "Peer Support as a Protective Factor Against Suicide in Trans Populations: A Scoping Review." *Social Science & Medicine* 279: 1–14. https://doi.org/10.1016/j.socscimed.2021.114026.

Kimseylove, C., E. Todd, and D. Inwards-Breland. 2020. "Effect of Medicaid Expansion on the Crowdfunding Behavior of Transgender Adolescents." *Sexuality Research and Social Policy* 18, no. 3: 564–574. https://doi.org/10.1007/s13178-020-00481-7.

King, A. 2016. "Queering Care. Institutional Frameworks and Lived Experiences." In *Older Lesbian, Gay and Bisexual Adults*, edited by A. King. Routledge.

Klein, E. 2021. "Unpaid Care, Welfare Conditionality and Expropriation." *Gender, Work and Organization* 28, no. 4: 1475–1489. https://doi.org/10.1111/gwao.12679.

Laufenberg, M. 2012. "Communities of Care: Queere Politiken Der Reproduktion." *LUXEMBURG — Gesellschaftsanalyse Und Linke Praxis*.

Laufenberg, M. 2014. *Sexualität Und Biomacht.Gender Studies*. transcript Verlag.

Laursen, S. H., K. Brix Nissen, F. Witt Udsen, and H. Haslund-Thomsen. 2023. "The Impact of a Respite Volunteer 'Buddy' Programme on Behavioural and Psychological Well-Being in Young Carers." *Child & Family Social Work* 28, no. 3: 734–752. https://doi.org/10.1111/cfs.13000.

Lawless, B. 2018. "Documenting a Labor of Love: Emotional Labor as Academic Labor." *Review of Communication* 18, no. 2: 85–97. https://doi.org/10.1080/15358593.2018.1438644.

Leal, D., J. Gato, S. Coimbra, D. Freitas, and F. Tasker. 2021. "Social Support in the Transition to Parenthood Among Lesbian, Gay, and Bisexual Persons: A Systematic Review." *Sexuality Research and Social Policy* 18, no. 4: 1165–1179. https://doi.org/10.1007/s13178-020-00517-y.

Leavenworth, M. L. 2015. "The Paratext of Fan Fiction." *Narrative* 23, no. 1: 40–60. https://doi.org/10.1353/nar.2015.0004.

Lesnick, A. S. 2021. "Exploring the Need for and Benefits of LGBTQA: Faculty and Staff Groups in Higher Education." *LGBTQ Policy Journal* 11: 80–89.

Leyerzapf, H., M. Visse, A. De Beer, and T. A. Abma. 2016. "Gay-Friendly Elderly Care: Creating Space for Sexual Diversity in Residential Care by Challenging the Hetero Norm." *Ageing and Society* 38, no. 2: 352–377. https://doi.org/10.1017/s0144686x16001045.

Liashenko, J. P. 2022. *Queering Care: Community Advocacy Among Trans Health Professionals*. University of California.

Littman, D. M., K. Morris, C. Riley Hostetter, et al. 2023. "How Was Mutual Aid Being Conceptualized During Its Proliferation in the Early Months of the COVID-19 Pandemic? A Critical Phenomenological Analysis." *Journal of Community Practice* 31, no. 2: 193–214. https://doi.org/10.1080/10705422.2023.2210136.

Llewellyn, A. 2021. ""A Space Where Queer is Normalized": The Online World and Fanfictions as Heterotopias for WLW." *Journal of Homosexuality* 69, no. 13: 2348–2369. https://doi.org/10.1080/00918369.2021.1940012.

Malatino, H. 2020. *Trans Care*. University of Minnesota Press.

McNulty, Y., R. McPhail, C. Inversi, T. Dundon, and E. Nechanska. 2017. "Employee Voice Mechanisms for Lesbian, Gay, Bisexual and Transgender Expatriation: The Role of Employee-Resource Groups (Ergs) and Allies." *International Journal of Human Resource Management* 29, no. 5: 829–856. https://doi.org/10.1080/09585192.2017.1376221.

Mead, S., D. Hilton, and L. Curtis. 2001. "Peer Support: A Theoretical Perspective." *Psychiatric Rehabilitation Journal* 25, no. 2: 134–141. https://doi.org/10.1037/h0095032.

Mehta, T. S., J. Thompson, J. M. Applegate, and R. A. Wahab. 2023. "Cultural Competence in the Care of LGBTQ+ Patients: A Primer for Breast/Chest Centers." *Journal of Breast Imaging* 5, no. 4: 473–479. https://doi.org/10.1093/jbi/wbad012.

Mizielińska, J. 2022. *Queer Kinship on the Edge? Families of Choice in Poland.Transforming LGBTQ Lives*. Routledge.

Morrow, O., R. Hawkins, and L. Kern. 2015. "Feminist Research in Online Spaces." *Gender, Place & Culture* 22, no. 4: 526–543. https://doi.org/10.1080/0966369X.2013.879108.

Mouzon, D. M. 2014. "Relationships of Choice: Can Friendships or Fictive Kinships Explain the Race Paradox in Mental Health?" *Social Science Research* 44: 32–43. https://doi.org/10.1016/j.ssresearch.2013.10.007.

Müller, L. 2017. "In&Out – Die Peer-to-Peer Beratung Des Jugendnetzwerks Lambda." *Diskurs Kindheits-Und Jugendforschung* 12, no. 2: 225–229. https://doi.org/10.3224/diskurs.v12i2.07.

Müller, M. 2018. "Emotional Labour: A Case of Gender-specific Exploitation." *Critical Review of International Social and Political Philosophy* 22, no. 7: 841–862. https://doi.org/10.1080/13698230.2018.1438332.

Muraco, A., and K. Fredriksen-Goldsen. 2011. ""That's What Fiends D": Informal Caregiving for Chronically Ill Midlife and Older Lesbian, Gay, and Bisexual Adults." *Journal of Social and Personal Relationships* 28, no. 8: 1073–1092. https://doi.org/10.1177/0265407511402419.

Nash, C. J., and K. Browne. 2016. *Queer Methods and Methodologies*. Wiley Blackwell Encyclopedia of Gender and Sexuality Studies: 1–5. https://doi.org/10.1002/9781118663219.wbegss229.

Nilsson, P. A. 2019. "The Buddy Programme - Integration and Social Support for International Students." *Journal of Comparative & International Higher Education* 11, no. Winter: 36–43. https://doi.org/10.32674/jcihe.v11iWinter.1095.

Oswald, R. F., K. A. Kuvalanka, L. Balter Blume, D. Berkowitz. 2009. "Queering "The Family"." In *Handbook of Feminist Family Studies*, edited by S. A. Lloyd, A. L. Few and K. R. Allen, 43–55. Sage.

Piepzna-Samarasinha, L. L. 2021. "How Disabled Mutual Aid is Different than Abled Mutual Aid." *Disability Visibility Project*. https://disabilityvisibilityproject.com/2021/10/03/how-disabled-mutual-aid-is-different-than-abled-mutual-aid/.

Przybyło, E. 2022. "Mentorship Phenomenology: Queer Sharing, Opposition, and Generosity." In *Queer Sharing in the Marketized University*, edited by C. Mahn, M. Brim and Yvette Taylor. Routledge.

Raha, N. 2021. "A Queer Marxist [Trans]Feminism: Queer and Trans Social Reproduction." In *Transgender Marxism*, edited by J. J. Gleeson and E. O'Rourke, 85–115. Pluto Press.

Rifkin, M. 2022. "Beyond Family Kinship's Past, Queer World Making, and the Question of Governance." In *Queer Kinship: Race, Sex, Belonging, Form*, edited by T. Bradway and E. Freeman. Duke University Press.

Roach, T. 2012. *Friendship as a Way of Life : Foucault, AIDS, and the Politics of Shared Estrangement. Book*. SUNY Press.

Salerno, J. P., N. D. Williams, and K. A. Gattamorta. 2020. "LGBTQ Populations: Psychologically Vulnerable Communities in the COVID-19 Pandemic." Supplement, *Psychological Trauma* 12, no. S1: S239–S242. https://doi.org/10.1037/tra0000837.

Schaffer, T. 2019. "Care Communities." *South Atlantic Quarterly* 118, no. 3: 521–542. https://doi.org/10.1215/00382876-7616139.

Schnabel, L. 2018. "Sexual Orientation and Social Attitudes." *Socius* 4: 2378023118769550. https://doi.org/10.1177/2378023118769550.

Schoettler, M. 2023. ""Make Your Feed Work for You": Tactics of Feminist Affective Resistance on Social Media." *Computers and Composition* 67: 1–17. https://doi.org/10.1016/j.compcom.2023.102762.

Schultz, V. 2000. "Life's Work." *Columbia Law Review* 100, no. 7: 1881–1964. https://doi.org/10.2307/1123593.

Scott, D. 2022. "Uncaring Landscapes and HIV Peer Support in the Rural Southern United States." *Social Science & Medicine* 292: 1–8. https://doi.org/10.1016/j.socscimed.2021.114628.

Seeck, F. 2021. *Care Trans_Formieren: Eine Ethnographische Studie Zu Trans Und nicht-binärer Sorgearbeit. Queer Studies*. 1st éd. transcript Verlag.

Seeck, F., D. Sannik Ben 2019. "Trans Communities of Care - Eine Kollaborative Reflektion Von Kollektiven Trans Care-Praktiken." In *Trans & Care*, edited by M. do Mar Castro Varela and M. N. Appenroth, 255–270. Bielefeld: transcript.

Shapiro, J. 2020. "The Law Governing LGBTQ-Parent Families in the United States." *Dans LGBTQ-Parent Families*: 365–382. https://doi.org/10.1007/978-3-030-35610-1_23.

Singh, A. A., K. Richmond, and T. R. Burnes. 2013. "Feminist Participatory Action Research With Transgender Communities: Fostering the Practice of Ethical and Empowering Research Designs." *International Journal of Transgenderism* 14, no. 3: 93–104. https://doi.org/10.1080/15532739.2013.818516.

Spade, D. 2020a. *Mutual Aid. Building Solidarity During This Crisis (And the Next)*. Verso.

Spade, D. 2020b. "Solidarity Not Charity: Mutual Aid for Mobilization and Survival." *Social Text* 38, no. 1: 131–151. https://doi.org/10.1215/01642472-7971139.

Stamou, E. 2014. "Reclaiming User Leadership in Peer Support Practice." *Journal of Mental Health Training, Education and Practice* 9, no. 3: 167–176. https://doi.org/10.1108/JMHTEP-02-2014-0003.

Steinmetz, S., L. Vandecasteele, F. Lebert, M. Voorpostel, and L. Oliver. 2022. "The Gendered Consequences of the COVID-19 Lockdown on Unpaid Work in Swiss Dual Earner Couples With Children." *Gender, Work and Organization* 29, no. 6: 2034–2051. https://doi.org/10.1111/gwao.12875.

Stratford, A. C., H. Matt, P. Keely, et al. 2019. "The Growth of Peer Support: An International Charter." *Journal of Mental Health* 28, no. 6: 627–632. https://doi.org/10.1080/09638237.2017.1340593.

Stryker, S. 2008. *Transgender History: The Roots of Today's Revolution*. Seal Press.

Swank, E. 2018. "Sexual Identities and Participation in Liberal and Conservative Social Movements." *Social Science Research* 74: 176–186. https://doi.org/10.1016/j.ssresearch.2018.04.002.

The Care Collective. 2020. The Care Manifesto: The Politics of Interdependence.

Torraco, R. J. 2016. "Writing Integrative Literature Reviews." *Human Resource Development Review* 15, no. 4: 404–428. https://doi.org/10.1177/1534484316671606.

Tronto, J. C. 2013. *Caring Democracy : Markets, Equality, and Justice*. New York University Press.

Ussher, J. M., J. Perz, K. Allison, et al. 2022. "Attitudes, Knowledge and Practice Behaviours of Oncology Health Care Professionals Towards Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) Patients and Their Carers: A Mixed-Methods Study." *Patient Education and Counseling* 105, no. 7: 2512–2523. https://doi.org/10.1016/j.pec.2021.12.008.

Weeks, J., B. Heaphy, and C. Donovan. 2001. *Same Sex Intimacies: Families of Choice and Other Life Experiments*. Routledge.

Welch, A. 2021. "Root Networks of Radical Care: Mutual Aid in Minneapolis'Root Networks of Radical Care: Mutual Aid in Minneapolis' Abolitionist Movementabolitionist Movement." *Tapestries: Interwoven Voices of Lcal and Global Identities* 10, no. 1.

Weston, K. 1997. *Families We Choose: Lesbians, Gays, Kinship*. Columbia University Press.

Westwood, S. 2016. *Ageing, Gender and Sexuality*. Routledge.

Wittig, M. 1992. *The Straight Mind and Other Essays*. Beacon Press.

Worrell, S., A. Waling, J. Anderson, A. Lyons, C. A. Pepping, and A. Bourne. 2023. "'It Feels Meaningful': How Informal Mental Health Caregivers in an LGBTQ Community Interpret Their Work and Their Role." *Culture, Health and Sexuality* 26, no. 6: 1–16. https://doi.org/10.1080/13691058.2023.2256833.

Yang, L., and H. Bao. 2012. "QUEERLY INTIMATE: Friends, Fans and Affective Communication in a Super Girl Fan Fiction Community." *Cultural Studies* 26, no. 6: 842–871. https://doi.org/10.1080/09502386.2012.679286.

Zängl, P. 2023. "Was Ist Eine Caring Community?" In *Care Schafft Community – Community Braucht Care*, edited by R. Sempach, C. Steinebach and P. Zängl, 3–23. Springer.