

**21st Century Adoptive Families: A Longitudinal Study of Children Raised  
in Gay Father, Lesbian Mother and Heterosexual Parent Families**



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December 2019

This dissertation is submitted for the degree of Doctor of Philosophy

## **Preface**

This dissertation is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the Preface and specified in the text. It is not substantially the same as any that I have submitted, or, is being concurrently submitted for a degree of diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the Preface and specified in the text. I further state that no substantial part of my dissertation has already been submitted, or, is being concurrently submitted for any such degree, diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the Preface and specified in the text. This dissertation does not exceed 60,000 words.

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**Abstract**

Findings are presented of a UK longitudinal study of adoptive families. At Phase 1, 41 gay father families, 40 lesbian mother families and 49 heterosexual parent families were visited when the children were aged between 3 and 9 years. At Phase 2, the response rate was 85%, with 33 gay father families, 35 lesbian mother families and 43 heterosexual parent families participating when the children were aged between 10 and 14 years. Standardized interview, observational, and questionnaire measures of parental mental health, parent-child relationships, and child psychological functioning were administered to parents, children, and teachers. Few differences were observed in parent mental health, the quality of parent-child relationships or in child psychological functioning. Where differences were identified, these reflected more positive functioning in gay father families compared to heterosexual parent families. In all family types, child adjustment problems significantly increased from Phase 1 (when the mean age of the children was 6 years) to Phase 2 (when the mean age of the children was 12 years). Moreover, a high proportion of children displayed adjustment problems at Phase 2: 31.6% scored above the cut-off for psychiatric disorder on the Strengths and Difficulties Questionnaire, a standardised questionnaire of children's externalising and internalising problems, and 74.5% were rated by a psychiatrist as having some level of psychiatric concern. Though it is important to note that children generally displayed mixed attachment patterns (i.e. a combination of secure and insecure strategies), the dominant strategy for the majority of the sample (40.2%) was insecure-dismissing. Despite the high levels of adjustment problems and attachment insecurity, the children reported high levels of happiness and connectedness. Family processes, including parent mental health and parenting quality, and perceived

heterosexism were associated with child psychological functioning. There was no evidence that children in gender matched families (i.e. boys in gay father families and girls in lesbian mother families) had better psychological functioning than children in gender mismatched families (i.e. girls in gay father families and boys in lesbian mother families). The findings contribute to adoption policy and practice, and to theoretical understanding of the role of parental gender in child development.

*Keywords:* adoption, adjustment, same-sex parenting, parent-child relationships, attachment

## **Publications**

The following findings from this thesis have been published or prepared for publication:

McConnachie, A. L., Ayed, N., Jadv, V., Lamb, M., Tasker, F., & Golombok, S. (2019). Father-child attachment in adoptive gay father families. *Attachment & human development*, 1-14.

McConnachie, A. L., Ayed, N., Foley, S., Jadv, V., Lamb, M., Tasker, F., & Golombok, S. (2019). Adoptive Gay Father Families: A longitudinal study of children's adjustment at early adolescence. In preparation.

## **Acknowledgements**

First of all, I would like to thank my supervisor Susan Golombok, for always believing in me, supporting me and encouraging me to produce my best work.

I would like to thank Nadia Ayed for her hard work on the project, including her help with data collection and coding of the data. Thank you to Vasanti Jadva for all of the advice and assistance you have given me, as well as your warm encouragement. I would like to give Sarah Foley a big thank you for helping me to learn multi-level modelling and how to use MPlus, for proofreading my work and for her encouragement.

To my fantastic friend and fellow PhD student Kitty, thank you so much for all of your support and kindness – I am very lucky to have shared the PhD journey with you. I am also incredibly lucky to have shared the PhD journey with Gabby, who has always been there for me.

I would like to thank Pamela, Nishtha, Nicola, Jo, Kate, Jess, Niamh, Georgie, Sooz, Gail, Susanna, Sophie, Tatiana, Hannah and Abby for making the Centre for Family Research such an enjoyable and supportive place to work.

Finally, I cannot thank my wonderful partner Susie enough, for all of her love, support, encouragement and understanding, as well as her valuable help and thoughtful suggestions with my work.



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## **1. Introduction and Literature Review**

In the United Kingdom, most adoptions are from care and the majority of adopted children have some degree of special need, often due to a physical disability, learning disability, or behavioural disorder (O'Halloran, 2009). Though adoptees are a vastly heterogeneous group (Haugaard, 1998), compared to their non-adopted peers, adopted children are more likely to have elevated rates of both internalising and externalising problems (Juffer & van IJzendoorn, 2005) and to display insecure attachment patterns (Van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). Therefore, adopted children, particularly those adopted from care, have a high level of need and require new homes with parents who are especially sensitive and possess a good awareness of child development (Feugé, Cyr, Cossette, & Julien, 2018). In the UK, the number of looked after children increases each year (Department for Education, 2017, 2018), yet the number who cease to be looked after due to being adopted has steadily declined in recent years.

Despite the overall drop in UK adoptions, data indicates that the number of adoptions by same-sex couples increased from just under 10% in March 2017 (Department for Education, 2017) to 12% in March 2018 (Department for Education, 2018). Moreover, data from the 2016 American Community Survey, conducted annually by the US Census Bureau, has shown that more than 20% of families with same-sex parents are raising adopted children, compared to only 3% of families with heterosexual parents (Goldberg & Conron, 2018). It is not only the case that same-sex couples are more likely to adopt, but they have been found to be more open to adopting a wider range of children, including those with special needs (Brodzinsky & Pertman, 2011). Considering the large number of children waiting to be adopted; the greater likelihood of same-sex couples to adopt; and the reticence of some adoption agencies to place children with same-sex couples (Farr & Goldberg, 2018; Goldberg, Frost, Miranda, & Kahn,

2019; Harris, 2017), it is imperative to understand the consequences of being raised by gay fathers and lesbian mothers for adopted children's psychological functioning.

The first aim of the thesis was to compare the functioning of adoptive gay father families to adoptive lesbian mother families and adoptive heterosexual parent families in terms of: 1) parent psychological functioning 2) parent-child relationships, and 3) child psychological functioning. The second aim was to compare experiences of stigmatisation in the three family types. The third aim was to explore the predictors of child psychological functioning. This was done both in the full sample of adoptive families and then in the sample of same-sex parent families only. The fourth aim was to investigate the consequences of parent-child gender matching within same-sex parent families and, specifically, whether parental concerns and child outcomes differed between "gender matched" families (i.e. lesbian mother families with daughters and gay father families with sons) compared to "gender mismatched" families (i.e. lesbian mother families with sons and gay father families with daughters).

The present study is the first UK study of adoptive gay father, lesbian mother and heterosexual parent families. The thesis contributes to several areas of research, across the fields of adoption, same-sex parenting, child adjustment, attachment and positive psychological functioning.

This chapter begins by describing Family Systems Theory (Cox & Paley, 1997), then discusses factors (i.e. family processes) known to influence child psychological functioning, which have mostly been established through research on traditional, non-adoptive families. This is followed by a discussion of Brodzinsky's (1987) psychosocial theory of adjustment to adoption and a discussion of the psychological functioning of adopted children, including the range of factors that influence adoptee development. Following this, research on the functioning of same-sex adoptive families will be outlined, as well as the unique factors that

influence the functioning of children raised by gay or lesbian parents. Finally, the study research questions, rationale and hypotheses are presented.

### ***1.1.1 Child Development in Traditional Non-Adoptive Families***

Prior to discussing the literature on the development of adoptees, research regarding child development in traditional families will be examined. Whilst there are several processes and experiences unique to adoption (which will be discussed in the coming sections) adoptees are influenced by many of the same factors as non-adopted children. Therefore, the present thesis is guided by family systems theory, which describes how family processes have a key influence on the development of all children, and by Brodzinsky's psychosocial theory of adjustment to adoption, which asserts that to understand that development of adopted children we must consider the specific, additional challenges that adopted children and their families face at different developmental stages.

### ***1.1.2 Family Systems Framework***

According to Sroufe, "any understanding of individual behaviour divorced from relationship aspects will be seriously incomplete" (Sroufe, 1989, p. 104). This statement encapsulates the key premise of Family Systems Theory (FST), that in order to understand the development of an individual, the family context in which that individual has been reared must be considered (Cox & Paley, 1997). Thus, a family systems approach emphasizes the salient influence of family processes, such as the quality of parent-child relationships and relationships between parents, on child development. From this perspective, the family unit is a complex social system in which family members interact to influence one another's behaviour (Kerr & Bowen, 1988). In this way, family members are interconnected, highlighting the importance of viewing the family system as a whole rather than as individual entities. A change in the behaviour of one individual within a family is likely to have an influence on the whole family

system and could even evoke change in other family members (Gilbertson & Graves, 2018). For example, if a child's behaviour becomes more challenging, this may lead to parenting stress. Additionally, parents may disagree about how best to deal with such behaviour, consequently straining the relationship between the parents. This could, in turn, have a negative impact on the wellbeing of both individual parents, which may then make negative parenting (such as overly harsh or critical discipline) practices more likely. Finally, the negative change in parenting practices may exacerbate the child's adjustment problems.

The above example not only encapsulates the inherent interdependence of family subsystems (Cox & Paley, 1997; Minuchin, 1985), but also highlights that FST assumes reciprocal as opposed to linear explanations for behaviour. "Circular causality assumes that any behaviour in an interaction is simultaneously influenced by and influential on other behaviours in the interaction" (Robbins, Szapocznik, Alexander, & Miller, 1998, p. 149). In contrast, linear casual explanations fail to capture the interdependence of individuals in any system, by reducing behaviour to the traditional stimulus-response view whereby one event "A" causes the response "B" (Robbins et al., 1998).

As systems, families are capable of both self-regulation and self-reorganisation (Cox & Paley, 1997). Self-regulation is characterised by stabilising interaction patterns; for example, a surge in family conflict can be followed by self-regulation, returning back to more typical levels of family conflict. Self-reorganisation captures adaptation to the environment. For example, after adopting a child with special needs, the family may re-organise and members may take on new roles, such as both parents taking on part-time jobs in order to devote more time to childrearing.

It is clear that one of the most influential environments to any child, adopted or not, is the overarching family context in which they are raised (Farr & Patterson, 2013). Of course, adoptees are somewhat unique in that they are influenced by two family contexts: the birth

family and the adoptive family. Brodzinsky's psychosocial theory of adjustment to adoption, which is outlined below, illustrates that adoptive families face specific challenges at each stage of development, based on these two family contexts.

### ***1.1.3 Parental Mental Health***

It is well documented that parental mental health influences child adjustment (Cummings & Davies, 1994; Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004; Goodman et al., 2011; Ramchandani, Stein, Evans, & O'Connor, 2005). Much of this work has focused on the adjustment of children of depressed parents who display elevated rates of behavioural, interpersonal and emotional problems and are more likely to be depressed themselves (Golombok, 2015; Goodman et al., 2011; Weissman et al., 2006). As well as the heightened risk of depression, children of depressed parents are more likely to suffer from other types of mental health issues including, phobias, panic disorder and alcohol dependence (Weissman et al., 2006). Studies have also found that the offspring of anxious parents are significantly more likely to suffer from anxiety (Beidel & Turner, 1997; Burstein & Ginsburg, 2010; Moore, Whaley, & Sigman, 2004; Turner, Beidel, Roberson-Nay, & Tervo, 2003). One possible explanation for the relationship between depression and child adjustment is that depression reduces the parent's ability to parent effectively (Cummings, Keller, & Davies, 2005). It is thought that depression interferes with multiple aspects of parenting, including discipline, control and emotional availability (Golombok, 2015). When monitoring and disciplining their children, depressed parents tend to be either especially lenient or very authoritarian and often alternate between these two strategies (Kochanska, Kuczynski, Radke-Yarrow, & Welsh, 1987). Similarly, Webster-Stratton (1990) noted that stressed parents are often more irritable, critical and harsh towards their children, and are more likely to induce problematic behaviour in their children, which consequently increases parental stress. In this way, parent mental health

can be both a cause and consequence of child adjustment difficulties (i.e. the relationship is bidirectional). Analyses of mother-infant interactions have also found that depressed mothers show lower levels of warmth and responsiveness and greater levels of criticism towards their children, than mothers without depression (Gordon et al., 1989; Hops et al., 1987; Shaw et al., 2006). As parental warmth and responsiveness are important to the development of secure attachment relationships, it is perhaps unsurprising that children of depressed mothers are more likely to be insecurely attached (Dante Cicchetti, Rogosch, & Toth, 1998; Radke-Yarrow, Cummings, Kuczynski, & Chapman, 1985).

#### ***1.1.4 Parent-child relationships***

High quality parent-child relationships are characterised by high parental warmth, sensitivity, reliability, consistency and limit-setting, as well as by parents' ability to "read" children and adolescents effectively (Lamb, 2012). Associations between parental warmth and adjustment are well established and have been observed consistently regardless of the age of the children being studied (Chen, Liu, & Li, 2000; Fine, Voydanoff, & Donnelly, 1993; A Khaleque & Rohner, 2002; Khaleque, 2013; Lansford et al., 2014; Rohner, Khaleque, & Cournoyer, 2018; Suchman, Rounsaville, DeCoste, & Luthar, 2007). Baumrind's seminal research in the 1960s showed that parents who were warm and engaged, set clear limits for their children and effectively explained their disciplinary decisions, had children who were socially competent in interactions with both parents and peers (Baumrind, 1966, 1971). This parenting pattern was labelled as authoritative. In addition to being socially competent, children with authoritative parents score higher than their peers in non-authoritative homes on an array of measures including wellbeing, self-perceptions and achievement (Maccoby & Martin, 1983). For example, irrespective of socioeconomic status, ethnicity or parental marital status, adolescents whose parents were authoritative achieved better grades, were more self-reliant,

reported less anxiety and depression and were less likely to engage in delinquent behaviour (Steinberg, Mounts, Lamborn, & Dornbusch, 1991).

In addition to the authoritative parenting style, three other styles (i.e. authoritarian, uninvolved and indulgent) have been observed. These styles vary in the extent to which they are characterised by high or low responsiveness (also referred to as warmth and supportiveness) and demandingness (behavioural control). Generally, parental demandingness is linked to instrumental competence and behavioural control (i.e. academic achievement and deviance) whereas parental responsiveness is associated with social competence and psychosocial functioning (Darling, 1999; Steinberg, Blatt-Eisengart, & Cauffman, 2006). Authoritative parents show high levels of demandingness and responsiveness, whereas uninvolved parents are neither demanding nor responsive. At the extreme, parents who show an uninvolved style can be neglectful, though most parents of this style will fall in the typical range (Darling, 1999). Indulgent parents are high in responsiveness, but low in demandingness. They have a non-traditional, laid back approach to parenting; they do not have high expectations regarding their children's maturity and generally avoid confrontation. Children of indulgent parents typically have high self-esteem, good social skills and low levels of depression. However, these children perform less well in school and show higher rates of problem behaviour. Authoritarian parents show the opposite parenting style to that of indulgent parents; they are highly demanding and directive, but not responsive or warm. Authoritarian parents expect their children to be obedient and achieve highly. They provide highly structured environments with clearly stated rules and expect these rules to be obeyed without explanation. Children of authoritarian parents perform quite well academically and show low levels of problem behaviour. However, they are less socially apt, have lower self-esteem and experience more depression. In addition to parental responsiveness and demandingness, parenting styles can also vary in another dimension: psychological control. Psychological control is the extent to which parents' control attempts

intrude into the psychological and emotional development of the child (Barber, 2004; Mahan, Kors, Simmons, & Macfie, 2018) either through shaming, guilt induction, manipulation, or withdrawal of love. While both authoritative and authoritarian parenting styles are characterised by high demandingness (or behavioural control), only the latter style is marked by high levels of psychological control.

### ***1.1.5 Quality of relationship between parents***

Parent relationship dissatisfaction appears to have little effect on children, but it is clear that parental conflict does have an impact (Kelly, 2000). Children whose parents are in conflict are at increased risk for an array of negative outcomes including behavioural problems, anxiety and depression, sleep disruption, peer problems and insecure attachments (Davies & Cummings, 1994; El-Sheikh, Buckhalt, Mize, & Acebo, 2006; El-Sheikh & Elmore-Staton, 2004; Harold & Conger, 1997; Harold, Shelton, Goeke-morey, & Cummings, 2004; Owen & Cox, 1997). Most children see their parents argue at some point, and indeed, witnessing low level conflict has little impact on children's wellbeing, particularly if conflict is handled constructively (Kopystynska, Paschall, Barnett, & Curran, 2017). Constructive conflicts are characterised by calmness and respect towards one another, a focus on one topic, and making progress towards a resolution. However, conflict becomes problematic when: parents fight frequently; when fighting involves severe anger, resentment or hostility, especially physical violence; when parents show an inability to make-up; when children are the subject of parental rows; when children blame themselves for their parents' arguing and when children believe their parents' fighting will lead to separation (Cummings, El-Sheikh, Kouros, & Buckhalt, 2009; Grych & Fincham, 1990; Grych, Seid, & Fincham, 1992; Katz & Woodin, 2002; Kim, Jackson, Hunter, & Conrad, 2009; Waldron, Cummings, & Davies, 1995). Harold and Conger's (1997) longitudinal study of young adolescents (mean age 12 years) indicated that conflict

between parents impacts children both directly and indirectly. The direct effect was displayed through the relationship between the frequency of marital conflict and the degree of child distress. The indirect effect was evidenced by the finding that parents who were more hostile to one another were also more hostile towards their children.

The bulk of research in this area has focused on the harmful effects of hostile relationships, as opposed to the benefits of harmonious ones. Nevertheless, the favourable consequences of harmonious parental relationships do not appear to arise merely from the absence of conflict; children appear to directly benefit from positive aspects of the relationship such as parents' support and communication with one another (Goldberg & Carlson, 2014). Further, indirect benefits of harmonious relationships between parents can arise by affecting parental wellbeing which, in turn, influences the ability to parent effectively (Lamb, 2012). Indeed, mothers and fathers with high levels of relationship satisfaction demonstrate greater parental engagement than mothers and fathers with lower levels of relationship satisfaction (Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011; Ratcliffe, Norton, & Durtschi, 2016).

#### ***1.1.6 Co-parenting***

Co-parenting refers to the extent to which adults are coordinated with one another and support each other in their roles as parents. It has been found to be more strongly linked to child adjustment than any other aspect of the couple relationship (Feinberg, 2003). Co-parenting is influenced by other aspects of the family system, including the quality of the relationship between the couple (Morrill, Hines, Mahmood, & Cordova, 2010). However, co-parenting refers to the way in which parents handle childrearing tasks together, and not to other aspects of the relationship such as romantic, sexual or financial aspects of the parents' relationship. Similarly, not all parents who have a strained romantic relationship will display

negative co-parenting behaviours, just as not all parents who have a fulfilling romantic relationship will display positive co-parenting.

Feinberg, (2003) proposed that co-parenting is a multi-dimensional construct and that four inter-related dimensions underlie co-parenting: 1) agreement/disagreement on childrearing issues, 2) division of childrearing labour, 3) support/undermining between co-parents, and 4) co-management of family interactions. Co-parenting agreement is the extent to which parents' views regarding how to raise a child are similar: if parents have different views on how to raise their child, the likelihood of conflict will increase and co-parenting effectively will require a greater degree of compromise and negotiation (Feinberg, Brown, & Kan, 2012). Co-parenting disagreement has been linked to child behaviour problems (Block, Block, & Morrison, 1981). Division of childrearing labour refers to how equally parents share parenting tasks and responsibilities between them. The available evidence suggests that parents' satisfaction with the division of childrearing responsibilities may be more important than the actual division of parenting labour (Cowan & Cowan, 1988). Co-parenting support covers the degree to which parents affirm one another's competency as parents, appreciate each other's contributions, and maintain each other's childrearing decisions and authority (Feinberg, 2003). On the other hand, parents can also undermine one another through criticism, blame, disparagement and behaving competitively. A great deal of intervention work has focused on the domains of co-parenting support and undermining as research indicates that these behaviours are associated with both parenting quality and child outcomes (Brown, Schoppe-Sullivan, Mangelsdorf, & Neff, 2010; Feinberg & Kan, 2008; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004). The final domain of co-parenting is the way in which parents co-manage their family relations. Issues that parents manage together include: the standards set concerning how family members should treat one another, the degree of cohesiveness and structure in family relations, and the extent to which parents expose children to their conflicts.

As described above, numerous studies have highlighted the negative outcomes that exposing children to interparental conflict has for both parents and children (Jones, Shaffer, Forehand, Brody, & Armistead, 2003; McHale & Rasmussen, 1998)

### ***1.2 Psychosocial Model of Adjustment to Adoption***

In addition to the family systems perspective, the present thesis is informed by Brodzinsky's (1987) psychosocial model of adjustment, which is an adaptation of Erikson's (1963) psychosocial model with respect to adoptive families. According to this framework, adoption exposes adoptive parents and children to a unique set of psychosocial tasks which interact with, and add to, the universal tasks which all families undertake. This perspective contends that families move on to more advanced levels of adoption adjustment only when there is adequate resolution of the earlier crises linked to adoption-related tasks. Moreover, the way in which adoptive family members acknowledge the unique challenges in their lives, and the way they try to deal with them, will have a strong influence on their adjustment.

The children in the present study are transitioning from middle childhood to early adolescence. For completeness, development from infancy to adolescence according to this model will be described, but since the children in the current study range from middle childhood to early adolescence, greater attention will be afforded to these two stages.

#### ***Infancy***

In infancy, Erikson (1963) contends that the key psychosocial task is developing a basic sense of trust. Trust develops through the infant's experiences with primary caregivers and enables the infant to predict and depend upon his or her own behaviour, as well as that of others. Generally speaking, caregivers are more likely to meet the infant's needs to promote a basic sense of trust or security when their relationship with the infant is characterised by low anxiety and high warmth, when they are secure in their caregiving role, and when they have realistic

expectations regarding the infant's behaviour and development. Conversely, a sense of mistrust, or insecurity, is more likely to be fostered when parents are highly anxious, or there is a mismatch between the expectations of the parent and the child's behaviour or development. These factors – among others – are likely to prompt inadequate caretaking, such that the infants' needs are not satisfactorily met, or are met in an inconsistent manner (Erikson, 1963).

For adopted children, the development of a basic sense of trust may be hampered by factors relating to the transition from the birth family to the adoptive family. Whilst it is well established that the transition to parenthood is a stressful experience for all (Condon, Boyce, & Corkindale, 2004; Miller & Sollie, 1980), Kirk (1964) highlighted that the transition to adoptive parenthood is more complicated, as adoptive parents are met with additional issues such as resolving feelings regarding infertility, coping with anxiety and uncertainty related to the placement process, developing realistic expectations regarding adoptive parenthood, procuring appropriate role models, and developing secure attachment relationships. The infant's development of trust and a secure parent-child relationship is contingent upon adoptive parents confronting these psychosocial tasks and resolving them (Brodzinsky, 1987).

### ***Toddlerhood and early childhood***

Erikson (1963) proposes that as children enter toddlerhood and the preschool years, the key psychosocial task is to develop a sense of autonomy and initiative. That is, toddlers work towards being able to separate themselves from parents physically and, to some extent, psychologically. It is also important that children in this stage learn to do things for themselves in ways which bring about self-satisfaction as well as approval from others. Positive social-emotional functioning is likely to ensue when the child's attempts for independence are met with parental understanding, self-confidence and patience. However, if the child's attempts for

autonomy are met with parental insecurity, anxiety and insensitivity, difficulties with social-emotional adjustment are more likely to arise (Brodzinsky, 1987).

It is usual that the child's development of autonomy and initiative is met with some ambivalence by the parents and the child. As a child, leaving the secure parental base can be daunting; it is well evidenced that when young children are stressed they use their parents to regain security, before being able to explore their environment independently once more (Bowlby, 1973). Indeed, the ability to use caregivers as a secure base, to alleviate stress and regain confidence, is a marker of secure attachment (Kerns, Mathews, Koehn, Williams, & Siener-Ciesla, 2015; Zeanah, 1990). As parents possess a much greater awareness of the potential risks and hazards present in the surrounding world, they may show some hesitation in allowing their child to explore their environment independently. Moreover, it has been argued that psychological separation may be of even greater importance than physical separation, as it is healthy for parents to recognise that their children are individuals with their own needs, desires, thoughts and fantasies. It is clear that the psychosocial task of developing autonomy and initiative is one which is critical and sensitive for both children and parents (Brodzinsky, 1987).

In adoptive families, the process of fostering autonomy and initiative is further complicated by the fact that adoptive parents have the additional task of disclosing information about the adoption to the child (Brodzinsky, 2011; Brodzinsky, Radice, Huffman, & Merkle, 1987). For children who are adopted at a very young age, this will mean their parents telling them, for the first time, that they are adopted – usually when they are between the ages of two and three years old (Mech, 1973). The telling process can be stressful for adoptive parents – even when the adoption is going well. When children are told they are adopted and lack a biological link to their adoptive parents, a psychological gap may be created between them and

their adoptive parents. According to Brodzinsky (1987) the child's strivings for independence and autonomy may be even more stressful for adoptive parents, than for non-adoptive parents.

### ***Middle childhood***

At middle childhood, children seek the satisfaction of completing work and want recognition for their efforts (Erikson, 1963). Children, typically, develop a positive sense of self when significant figures, such as parents and teachers, provide them with tasks which they view as interesting and worthwhile and when their efforts for completing these tasks are positively rewarded. On the other hand, a negative sense of self (i.e. a sense of inferiority or inadequacy) is more likely to develop when children are made to feel that their work and efforts are insignificant, or when their thoughts, feelings, fantasies and actions are undervalued or discouraged (Erikson, 1963).

For adoptees, the school years are an important time for gaining an understanding of what it means to be adopted. Though the majority of adopted children are told of their adoptive status during the preschool period, research indicates that children of this age have a limited understanding of what adoption means (Brodzinsky, Singer, & Braff, 1984). At around 6 years old, most children can distinguish between adoption and birth as different ways of entering a family, yet the majority of six-year-olds understand little more than the fact that adoptees are born to one set of parents and are raised by another. However, when children are between the ages of 7 and 11, their understanding of adoption increases considerably (Brodzinsky et al., 1984; Brodzinsky, 2011). For instance, adoptees may learn that being adopted not only involves being "chosen" by adoptive parents, but also involves being "given up" by birth parents. This awareness of being relinquished means that, for the first time, adoptees have the ability to consider the possible reasons for their relinquishment and alternatives to adoption that their birth parents could have chosen. Such considerations can evoke difficult emotions

including feelings of anger and resentment toward the birth parents (Brodzinsky, 1987). For adoptive parents, watching their children come to terms with what it means to be adopted can be confusing and concerning, especially if parents compare their child's level of emotional and behavioural difficulties to those displayed in their preschool years. Preschool age children typically have a positive attitude towards adoption (Brodzinsky et al., 1984; Brodzinsky, 2011); they have been reassured by their parents that they are wanted and loved, and without any further knowledge of adoption, there is no reason for them to question their parents. However, their increased understanding of the complexities relating to their adoptive status may lead to confusion and uncertainty. Although this confusion is usually a normal response, adoptive parents may find it quite disconcerting, and may respond by either denying that the child is actually confused, or believing that their child is disturbed (Brodzinsky, 1987). Adopted children's confusion at this stage can be understood when we consider the loss that is inherent to adoption: adoptees lose birth parents, siblings and extended family members; adoptive parents lose their fertility and the biological child they had imagined; birth parents lose their child (Ward, 1984). As loss is typically followed by grief (Bowlby, 1969; Shear & Shair, 2005), Brodzinsky (1987) posits that children's confusion represents the beginning of the normal process of adaptive grieving. Typical behavioural and emotional patterns associated with loss include shock, denial, protest, despair, and eventually recovery and reintegration. Therefore, Brodzinsky suggests that the behaviour adopted school aged children often display, which is labelled as troublesome, is often a reflection of the normal process of adaptive grieving.

### *Adolescence*

In adolescence, remarkable psychological and physical changes occur, which can lead the young person to feel confused and disconnected from themselves. As the key psychosocial task at this stage is identity development (Erikson, 1968; Erikson, 1963), the young person asks

“Who am I?”. According to Erikson, adolescents become confident in their identity when they are able to maintain a sense of continuity of the self across many settings, and they are able to integrate their self-perception with both the feedback they receive from others and their known biological heritage. In contrast, adolescents can experience difficulty in identity development when they perceive themselves as being markedly different across different settings, at different times or with different people. Difficulties in identity development can also arise when the adolescent has a lack of appropriate role models and, consequently, overidentifies with heroes, cliques, crowds or causes. When this occurs, Erikson (1968; 1963) argued that a temporary loss of individuality occurs. That is, the young person believes that in the absence of the crowd, cause or hero, they have no unique identity.

Brodzinsky (1987) suggests that adopted adolescents are at a disadvantage in the pursuit of a secure identity. Adoptees often lack knowledge about their birth family and the reasons for their relinquishment which can make it more difficult to form a complete sense of self. This may lead to feelings of confusion and uncertainty, and a general sense that vital information regarding their origins is missing. Such feelings represent an extension of the adaptive grieving process; adolescents not only feel loss regarding their birth parents, but must also come to grieve the part of themselves they feel is lost (Brodzinsky, 1987; Brodzinsky, 2011).

Another complication which may arise is that adoptees may struggle to deal with their increased curiosity and desire to search for information about their birth family, if they believe that doing so would be disloyal to, or elicit disappointment from, their adoptive parents. Brodzinsky (1987) contends that adopted adolescents need to feel free to explore their identity and may require emotional and practical support from parents, relatives and friends in doing so. If adoptees are not afforded this sense of freedom to explore identity issues, they are less likely to develop a stable identity and to strike a healthy balance between their own autonomy and connectedness to family members. Additionally, for adoptees with adverse early life

experiences, such as maltreatment and neglect, making sense of this information can be painful and difficult to integrate into their sense of self (Neil, 2000). Moreover, children adopted after infancy may have some memories of life with their birth family. However, their early age at removal and the traumatic nature of their early lives may mean that such memories are suppressed, distorted or inaccurate (Courtney, 2000).

### ***1.3 Child Psychological Functioning in Adoptive Families***

#### ***Early Adoption Studies***

The value of adoption as an intervention, in terms of children's social, emotional and behavioural adjustment, has been highlighted in several studies of children adopted from institutions (Gunnar & Van Dulmen, 2007; Jiménez-Morago, León, & Román, 2015; Merz & McCall, 2010; Rutter et al., 1998; van Ijzendoorn & Juffer, 2006). A study of children reared in severely deprived Romanian orphanages, who were then adopted into UK families, documented considerable catch-up in language, cognitive, physical, socio-emotional and behavioural development (Rutter et al., 2007). However, some children showed persistent psychological problems, including impaired cognitive development, autistic-like behaviour, hyperactivity and indiscriminate friendly behaviour with strangers. Similar findings were also found in study of children from Romanian orphanages adopted by Canadian parents (Chisholm, 1998; Morison, Ames, & Chisholm, 1995). Thus, this research reveals the value of adoption for children who have experienced early adversity, but also underscores the long-lasting impact of adverse early experiences on development. Notably, adoptees not only do better on a range of outcomes when compared to children raised in institutions (Palacios, Román, Moreno, León, & Peñarrubia, 2014), but they also do better than those reared by biological parents who do not want them or are ambivalent about them (Bohman, 1972).

### ***Adjustment of Adoptees***

It is well established that adopted children are more likely to have elevated rates of both internalizing (e.g., depression) and externalizing (e.g., aggression) problems and are more likely to be referred to mental health services than non-adopted children (Palacios & Brodzinsky, 2010). However, meta-analyses have shown that differences in psychological problems between adopted and non-adopted children are generally small, with the large majority of children functioning within the normal range (Juffer & van IJzendoorn, 2005). Adopted children tend to differ most from non-adopted children at the tails of the distribution. In a study of 4682 adopted adolescents, Sharma, McGue, and Benson (1996) found a 1:1 ratio in the incidence of psychological problems in adopted and non-adopted adolescents at the midrange of the distribution, yet at the upper range, this ratio increased to 3:1, indicating a higher proportion of adopted than non-adopted adolescents with severe adjustment difficulties. Miller, Fan, Christensen, Grotevant, and Dulmen (2000) similarly reported a higher proportion of adopted to non-adopted adolescents at the upper end of the continuum for behavioral problems. Adopted children are a heterogeneous group, and the developmental trajectories of adopted children may be markedly different depending on an array of factors, including experiences both pre- and post-adoption.

### ***Attachment of Adoptees***

Adopted children are influenced by multiple and intersecting contexts. Early experiences of maltreatment, deprivation and neglect within the birth family can have long-term consequences for attachment organisation in the adoptive family. The meta-analysis of observational studies of attachment security conducted by van Den Dries, Juffer, van IJzendoorn, and Bakermans-Kranenburg (2009) found that children adopted after their first birthday were more likely to show insecure attachment relationships than their non-adopted

peers. The authors suggested two possible explanations for these findings. Firstly, it may have been that children adopted before their first birthday experienced a shorter duration of adversity. Secondly, it may have been easier for younger children to form secure attachments to their adoptive parents given that they received sensitive parenting in infancy. However, the results also indicated that regardless of age at adoption, adopted children were more likely to show disorganised attachment. Such findings underscore children's vulnerability to caregiving experiences in their first year of life (Dozier, & Rutter, 2008) as well as the long-lasting impact of harmful pre-adoption experiences.

### ***Positive Wellbeing of Adoptees***

In contrast to the wealth of research focusing on the adjustment problems and psychopathology of adopted children, there is a dearth of research on the strengths or positive outcomes of adoptees (Grotevant & McDermott, 2014). Good functioning is more than the absence of mental illness (Kern, Benson, Steinberg, & Steinberg, 2016; Seligman & Csikszentmihalyi, 2000) and it is also important to consider aspects of positive psychological functioning, such as the happiness of adopted children. Indeed, positive psychologists have outlined five positive adolescent characteristics believed to support adult flourishing, specifically: engagement, perseverance, optimism, connectedness and happiness (Kern et al., 2016).

### ***Type of Adoption: Domestic vs International***

The findings of Juffer and van IJzendoorn's (2005) meta-analysis highlight the role of type of adoption (domestic vs international) in shaping adoptee adjustment. Contrary to expectations, international adoptees exhibited significantly better behavioural and mental health outcomes than did domestic adoptees. Importantly, however, the authors noted that the better outcomes for international adoptees could not be explained by lower rates of pre-

adoption adversity, as pre-adoption neglect, abuse or malnutrition was more common in the studies of international adoption. Instead, it was suggested that the apparent physical differences in transracial adoptions meant that adoption was never a secret, which may have led to greater communication and trust in the family. It is also possible that the characteristics of parents choosing international adoption may be somewhat different to the characteristics of parents who choose domestic adoption. This issue warrants further investigation, however. It was also theorised that genetics may play a role: international adoptees are typically adopted due to poverty, whereas domestic adoptees may be relinquished due to parental mental health problem. As such, international adoptees may be less likely to be genetically predisposed to mental health problems.

#### ***Type of Adoption: Domestic Private vs Domestic Public Welfare***

There are not only important differences between domestic adoption and international adoption, but also between domestic private adoption and domestic public welfare adoption. It has been found that children adopted via the child welfare system are more often in the clinical range for externalising and internalising problems than their privately adopted peers (Simmel, 2007). This is perhaps unsurprising, given the adverse early experiences that the majority of these children have endured. Before entering the care system, most children have suffered neglect and/or maltreatment, with neglect most frequently reported (Selwyn, 2017). A large body of research has documented the long-lasting harmful effects of maltreatment in childhood; children with such experiences are at an increased risk of developing both externalizing and internalizing problems (Cicchetti & Toth, 2015) and adults who were maltreated as children are at an increased risk of mental health problems, alcohol and drug abuse, obesity, risky sexual behavior, and criminal behaviour (Gilbert et al., 2009).

Additionally, parents who adopt children with special needs via the child welfare system report lower adoption satisfaction, greater stress and also report requiring more support services compared with other adoptive parents (Nalavany, Glidden, & Ryan, 2009; Rosenthal & Groze, 1994). There is some evidence to suggest that the stress experienced by parents adopting via the child welfare system may be linked to parents' unmet expectations. Moyer and Goldberg (2017) found that parents adopting via the child welfare system were more likely to describe unmet expectations with regards to age and special needs status of their children, whereas those who adopted privately were more likely to express unmet expectations concerning child gender. All parents who reported unexpected special needs in their adopted children reported experiencing considerable or manageable stress. On the other hand, no parents who had unfulfilled expectations in relation to gender or race experienced considerable stress, though some reported manageable stress.

#### ***1.4 Risk Factors for Adopted children***

A multitude of factors can account for the elevated prevalence of behavioural, emotional and attachment problems experienced by adoptees. Risk factors for adopted children can be split into those occurring before the adoption (pre-natal risks and adverse experiences in the birth family), those occurring in the period between living in the birth family and being placed for adoption (number of foster placements, quality of foster care, length of time in care, adoptive parents preparation and expectations regarding adoption), and those occurring during or after the process of adoption (age at adoption, relationships with adoptive parents, number of siblings, education of adoptive parents, wellbeing of adoptive parents, support received – both formal and informal, adoptive identity integration, birth family contact and communication about adoption).

#### ***1.4.1 Pre-adoption Risk Factors***

There are several ways in which the birth family environment can impact the child before she or he is even born. Research suggests that approximately 40-60% of adopted children are born to mothers who abused drugs and/or alcohol during pregnancy (Selwyn, 2017). A review of prospective studies on the impact of prenatal drug exposure on infant and toddler outcomes found that opioids may produce neonatal abstinence syndrome and infant neurobehavioural deficits, whilst pre-natal cocaine exposure was associated with statistically significant but small reductions in neurobehavioural, cognitive, and language function (Bandstra, Morrow, Mansoor, & Accornero, 2010). It is important to consider that several factors may moderate or mediate the effects of prenatal substance exposure on the parent-child relationship and, subsequently, infant development. It is not uncommon for mothers who use cocaine or opioids to abuse other substances and reside in environments characterised by poverty, family instability, homelessness and low social support (Brandon, Bailey, & Belderson, 2010). The combination of substance abuse during pregnancy and these environmental risk factors may contribute towards elevated parenting stress, negatively impacting parenting quality and, consequently, infant development (Bandstra et al., 2010). Most children exposed to alcohol in the womb do not develop foetal alcohol syndrome. However, excessive alcohol consumption is associated with abnormal facial features, growth impediments and central nervous system abnormalities (Kuehn et al., 2012). Substance misuse during pregnancy has been linked to the development of Attention Deficit Hyperactivity Disorder (ADHD), externalising problems and memory problems (Huizink, 2012; Huizink & Mulder, 2006). ADHD and anxiety, as well as lower IQ, are also associated with chronic maternal stress during pregnancy (Talge, Neal, & Glover, 2007).

### ***Experiences within the Birth Family***

In comparison to children who remain in care, those who go on to be adopted are more likely to have entered care due to experiences of abuse and neglect (Selwyn 2015). In fact, the majority (71%) of adopted children are abused and/or neglected before they enter care, with neglect most commonly reported (Selwyn, 2017). There is evidence to suggest that children experience higher levels of maltreatment when they have been exposed to drugs or alcohol in the womb, when one or both of their birth parents has a learning disability, and when they have stayed longer in the birth family environment (Neil, Young, & Hartley, 2018). Prenatal drug exposure may influence the likelihood of maltreatment in two ways. Firstly, exposure in-utero may affect child behaviour and functioning, such that caregiving becomes challenging. Secondly, maternal drug abuse may interfere with parenting capabilities (Oehlberg, Regan, Rudrauff, & Finnegan, 1981). According to Blaustein and Kiniburgh (2010), four domains of functioning may be affected by experiences of maltreatment, trauma and loss: (i) intrapersonal competencies, such as the adoptee's sense of self; (ii) interpersonal competencies, including the ability to form and maintain healthy relationships; (iii) regulatory competencies, or the capacity to regulate emotional and physiological experience; and (iv) neuro-cognitive competencies, such as the ability to focus attention or inhibit impulsive behaviours.

### ***Foster Care Experience: Number of Placements and Quality of Care***

When children have been removed from a harmful birth family environment, good quality foster care that provides a safe, supportive and nurturing environment can be protective (Schofield & Beek, 2005). However, the advantages of foster care are not only contingent upon the quality of care that children receive, but also on the number of foster homes children live in (Dozier, Zeanah, & Bernard, 2013). Before coming to live in the adoptive family, children may have already experienced multiple changes of caregiver within the birth family context as

well as several foster care placements. The principle of continuity of care, or keeping the number of placement moves to a minimum, is important for healthy child development (DiGiuseppe & Christakis, 2003).

### ***Transition to Adoption***

Despite the maltreatment that many adoptees experience in their birth families, the separation from birth family members can be traumatising (Selwyn, 2017). At the time of adoption, children often go from living with foster parents to whom they may have developed an attachment, to living with unfamiliar adoptive parents (Neil et al., 2018). It is imperative that the separation from foster parents is handled sensitively, as separation from attachment figures is stressful, especially for young children (Selwyn et al., 2015). Indeed, Selwyn et al (2015) found that badly handled transitions were often a feature of adoption disruptions. Additionally, Neil et al. (2018) identified a link between adoptive parents' perceptions of the transition from foster to adoptive family and how well the adoption was going. Specifically, parents who reported that their child experienced a difficult transition were more likely to report greater challenges in the adoption currently.

### ***Age at Adoption***

Children adopted at older ages often experience multiple risk factors which cluster together and for this reason, the adoption literature utilises "age at adoption" as a proxy for the risk factors which occur prior to adoption. These can include: prenatal substance exposure, premature birth, low birth weight, abuse and/or neglectful parenting, and multiple foster care placements (Rushton & Dance, 2006). To examine the impact of age of adoption on emotional and behavioural adjustment, Sharma, McGue and Benson (1996) studied a sample of 4682 adolescent adoptees, split into four groups: those adopted before their first birthday (infants),

those between 2 and 5 years, those between 6 and 10 years, and those adopted after their tenth birthday. Comparisons were made between the four groups of adoptees and a matched control group of non-adopted children. The results indicated that as age at adoption increased, level of adjustment decreased. Infant adoptees were most similar to the control group, those adopted over age ten were the most different from controls, and the other two age groups (2-5 and 6-10) were generally intermediate between the other two groups. In line with attachment theory, the findings of Sharma, McGue and Benson (1996) highlight the importance of finding children suitable adoptive homes as early as possible, ideally in infancy. Attachment theorists argue that the most crucial stage for bonding with the primary caregiver(s) is the first 12 to 24 months of life (Bowlby, 1969; Sroufe, Carlson, Levy, & Egeland, 1999). They also emphasise that breaking such attachment bonds after their initial formation (i.e. after the first 24 months) can have negative consequences for children, which is consistent with the finding of a lack of difference between the middle two age groups in Sharma, McGue and Benson's (1996) study. In a similar vein, there is some evidence to suggest that older children may find the move from their foster family to their adoptive family more difficult than do younger children (Neil et al., 2018). Nonetheless, it may also be the case that it is easier to identify a child's difficulties when they are older; whereas a 3 year old may be able to verbally express their distress regarding the move, a baby may express their difficulty with the transition through changes in their daily functioning (e.g. sleeping habits) which may be more difficult to attribute to the move. Additionally, qualitative research has demonstrated that an older age at adoption can leave adoptive parents feeling unable to 'mould' the child. That is, when adoptive parents were placed with children who were older than their initial preference, they experienced stress and disappointment because they could not have as much of an influence on their child's development and early memories as they would have liked (Moyer & Goldberg, 2017).

### ***1.4.2 Post-adoption Risk Factors***

#### ***The Adoptive Family Environment***

Although it is well established that adoptees have an increased risk for a variety of negative outcomes, it is also evident that many adoptees with pre-adoptive risk factors can and do exhibit healthy psychological functioning (Palacios, Román, Moreno, León, & Peñarrubia, 2014). This raises the questions of why some adopted children do better than others, and what factors, beyond pre-adoption adversity, can account for this difference. Numerous postadoption factors have also been found to impact adoptee adjustment, which can include familial, interpersonal and societal factors (Brodzinsky, 1993). Brodzinsky (1993) argues that whilst the birth family may be influential for children with early adverse experiences, the adoptive family environment is also important to adoptee adjustment.

#### ***Mental Health of Adoptive Parents***

The majority of adoption research focuses on the development of adoptees, with much less work focusing on the experiences and mental health of adoptive parents (despite the fact that adoptive parents' wellbeing is linked to adoptee wellbeing (Selwyn, Wijedasa, & Meakings, 2014)). There is also much less research on the adjustment of adoptive parents as compared to the adjustment of biological parents. For example, in contrast to the plethora of research on the adjustment of biological parents over the transition to parenthood, very little is known about the adjustment of adoptive parents during the transition to parenthood. A systematic literature review of 11 studies on adaptation to parenthood during the post-adoption period (i.e. the immediate post-adoption period until 3 years post-placement) highlighted that adoption could have important implications for adoptive parents' mental health. Rates of distress in adoptive parents were lower than those reported in biological parents (Mckay, Ross, Goldberg, 2010). Rates of post-adoption depression, however, were found to be relatively

common, with estimates ranging from 8% (Dean, Dean, White, & Liu, 1995) to 32% (Gair, 1999) depending on the assessment tool. A study investigating factors associated with post-adoption depression (Gair, 1999) found similar predictors to those identified in biological mothers over the transition to parenthood (e.g. child behaviour problems, infant temperament and sleep deprivation).

According to Brodzinky's (1987) theory of adjustment to adoption, (in addition to the day-to-day stressors that all parents face), adoptive parents face an additional layer of adoption-related stressors, referred to by Bird et al. (2002) as "adoptive strains". Amongst these strains are unresolved feelings about infertility, managing the financial issues related to adoption, forming an attachment and making the new adoptee feel like part of the family, mental health issues, fears over birthparents wishing to reclaim the adopted child, and considerations about how and when to disclose the adoption to the child (Sánchez-Sandoval & Palacios, 2012). Despite such strains, several studies have found that adoptive parents report lower levels of parenting stress than biological parents (Brodzinsky & Pinderhughes, 2002; Ceballo, Lansford, Abbey, & Stewart, 2004). However, research on the parenting stress of adoptive parents with adolescents is scarce. A study by Sánchez-Sandoval & Palacios, (2012) found that parenting stress related to the characteristics of their adolescent children was higher among adoptive mothers, than non-adoptive mothers. This may be explained by the fact that just under half of the sample of adoptive families involved special needs adoptions. However, the same group of mothers appeared to experience lower levels of stress regarding perceptions of their own parenting; scoring similarly to a Spanish non-adoptive comparison group and lower than US normative data. This finding indicates that, alongside the additional stressors, these adoptive mothers also possess certain protective factors, either through their own personal resources (such as their partner and social support from family and friends) or through professionals involved in the process.

Selwyn et al. (2014) studied wellbeing among three groups of adoptive parents: those whose placement had broken down (the “left home” group), those who described major difficulties parenting a child still living at home (the “at home” group), and those who felt the adoption was going well and described no or few problems (the “going well” group). Parents in the “going well” group reported both higher efficacy and greater satisfaction with parenting than those in the other two groups, whereas parents in the “left home” group reported higher satisfaction than those in the “at home” group. This could be explained by the fact that parents in the latter group were in the midst of struggling with their child’s challenging behaviour. In terms of parental mental health, some interesting differences between the “at home” and “left home” groups were also observed. Whereas a third of parents in the “at home” group had moderate or severe symptoms of anxiety, three-quarters of the parents in the “left home” group had normal or mild levels of anxiety. The authors speculated that the lower levels of anxiety in the “left home” group could be because the source of anxiety was no longer present. However, in the “left home” group, symptoms of trauma were measured and thirteen parents had scores indicating post-traumatic stress disorder, 11 had some symptoms and just 9 were symptom free. The findings of this study highlight the importance of measuring other aspects of adoptive parent mental health in addition to anxiety and depression.

### *Infertility and Adoptive Parent Mental Health*

For the majority of heterosexual adoptive couples, adoption is not the first choice route to parenthood: most decide to adopt after experiencing infertility and after having tried to conceive a genetically-related child via assisted reproductive technologies, such as IVF (Goldberg, Downing, & Richardson, 2009; Jennings, Mellish, Tasker, Lamb, & Golombok, 2014). For these adopters, the decision to adopt generally involves coming to terms with the loss of their imagined genetically-related child.

Some research has indicated that infertility may influence mothers and fathers differently. One study examined the influence of infertility on mothers' and fathers' interactions with young infants by comparing 30 couples who achieved pregnancy after infertility, 21 adoptive couples, and 19 fertile couples (Holditch-Davis, Sandelowski, & Harris, 1999). Adoptive mothers and fathers spent a more equal amount of time interacting with their infant than biological parents did. It was also found that adoptive mothers showed the least holding, body contact, touching, looking and feeding of all mothers, while fertile mothers showed the most. Notably, the opposite pattern was observed for fathers: adoptive fathers showed the greatest amounts of these behaviours and fertile fathers the least. The findings indicate that fathers with a history of infertility, particularly adoptive fathers, appear to be more involved with their infant. This finding may be attributed to the older age of the adoptive fathers compared to fertile fathers, as men who become fathers after 35 have been found to spend greater time with their children and be more nurturing (Heath, 1994). Another possible explanation of this finding is that men with infertility issues experience large amounts of stress throughout the process of trying to conceive and deciding to become adoptive parents. Therefore, those men who persevere through this process and become fathers through adoption may be more committed than those without fertility issues.

### ***Managing differences between the Adoptive Family and the Birth Family***

Kirk (1964) proposed that the way in which adoptive families deal with the differences inherent in adoptive family life is of primary importance to family adjustment. Kirk (1964) distinguished between two types of coping mechanism employed by adoptive parents to deal with these differences. Firstly, the "rejection-of-difference" coping pattern is one in which parents minimise or completely deny differences between adoptive and biological family forms. Historically, such parents would have been unlikely to tell their child about his or her

adoptive status; today, most would disclose information to their child, but would encourage them to forget about their adoptive status and try to replicate non-adoptive family life as much as possible. On the other hand, the “acceptance-of-difference” coping pattern involves parents openly discussing the differences inherent in adoptive family life. These parents permit their children, and themselves, to explore any feelings of difference which may arise. While Kirk proposes that these two patterns are not mutually exclusive (as parents may acknowledge differences in certain situations and deny them in others), he argued that, overall, the rejection-of-difference pattern poses greater risk to the adjustment of adoptive family members. However, more recently Brodzinsky (1987) contested that the nature of this relationship is more complicated. He suggested that adjustment difficulties arise when parents hold extreme views at either end of the continuum. For instance, many families seen in clinical settings appear to have an insistence-of-difference coping pattern. In these families, differences are not only acknowledged but are emphasised to the extent that they become a major family focus. In such cases, differences are often used to explain difficulties in child adjustment and in parent-child relationships. When attempting to explain the child’s emotional or behavioural difficulties, for example, adoptive parents may identify the child with the biological parents, and use “bad blood” or genetic accounts to explain these difficulties.

Brodzinsky (1987) notes that an additional problem with Kirk’s model of adoptive family coping is that it is essentially static; changes that occur in coping patterns at different stages of the family life-cycle are only mentioned briefly. As the key tasks of the adoptive family are constantly changing, Brodzinsky (1987) argues that the way families cope with these challenges may also change. For example, for young children, or for those who are new to the adoptive family, the focus of socialisation is on establishing family relationships and, therefore, it is logical that many parents will minimise differences between adoptive and non-adoptive families. However, as children develop and explore what it means to be adopted, it may become

more useful for parents to gradually acknowledge the differences between adoptive and non-adoptive families. Thus, the rejection-of-difference pattern may be more prominent early on in adoptive family life, with the acceptance-of-difference pattern becoming more salient as the child grows up (i.e. at school age or adolescence).

A study which provides useful insight into how children navigate the task of differentiation, between birth and adoptive families, is Neil's (2012) qualitative investigation of domestic adoptees in the United Kingdom. Forty three children, who were all adopted before their fourth birthday, were interviewed when they were aged between 5 and 13 years of age. With respect to managing differentiation between their adoptive and birth families, qualitative analysis revealed that one quarter of the children had not yet begun exploring the meaning of adoption, one quarter found differentiation issues to be unproblematic, and half of the sample described complicated emotions including feelings of rejection, sadness or loss in relation to their birth family. The group of children who had not yet begun exploring adoption were all under 8 years of age and showed the lowest understanding of adoption. It is possible that this group of children did not yet have the cognitive capacity to begin to appreciate the implications of adoption (Brodzinsky, Singer, et al., 1984). The group who found differentiation unproblematic, typically expressed positive feelings toward both the birth family and the adoptive family. Some of the children in this group were young and, therefore, it is possible that their feelings about adoption may become more complex over time. However, other children in this group were older. Neil (2012) noted that in some of these cases, the positive views may be explained by less difficult backgrounds (e.g. the absence of abuse) or comprehensible reasons for adoption (e.g. a young birth mother). The largest group of children were those who found adoption to be complicated. For this group, adoption was a relevant topic that invoked a mixture of emotions, and differentiation was particularly stressful. Compared to the other groups of children, this group were older at the time of interview, were older at

placement, and showed the greatest understanding of adoption. The findings of this qualitative study highlight the importance of openness of information in adoption, as well as the value of preparing and supporting adoptive parents to help their children make sense of their adoptive status.

#### ***1.4.3 Research on both pre-adoptive and post-adoptive risk factors***

A limited body of research has investigated the influence of both pre-adoptive and post-adoptive family factors on the psychological adjustment of adopted children in the same study. Levy-Shiff (2001), for example, compared the psychological adjustment of a non-clinical, community based sample of 100 Israeli adult adoptees to a matched control group of 100 non-adopted Israeli adults. Adopted adults were more likely than non-adopted adults to have adjustment problems. Within the adopted group, an older age at placement was associated with greater adjustment problems whilst greater adoption openness was associated with fewer adjustment problems. Notably, environmental variables were more strongly predictive of adjustment than were pre-adoptive child characteristics.

Ji, Brooks, Barth and Kim's (2010) study of adopted adolescents builds on the limited research regarding the combined impact of pre- and post-adoptive factors on adoptee development. Specifically, in their sample of 385 adoptive families (obtained from the California Long Range Adoption Study), the researchers focused on the influence of adoptive families' sense of coherence (FSOC) on adoptee's psychosocial adjustment, beyond the impact of pre-adoption risk factors. The family's sense of coherence refers to the family's cognitive orientation and includes: the degree to which family members experience family life as predictable and comprehensible, the degree to which family resources are available to meet the demands imposed by family stressors, and the extent to which the family perceives the demands as worthy of investment (Ji, Brooks, Barth, & Kim, 2010). Structural equation

modelling revealed a strong influence of FSOC on adoptees' psychological adjustment and a less significant role of pre-adoptive risks. The findings suggest that a positive family environment can promote resilience in adopted children with pre-adoptive risks and that adoptees without any pre-adoptive risks may become at increased risk for adjustment problems when they reside in dysfunctional adoptive families. Though the data used in this study were from a longitudinal study, the design was partially cross-sectional as information regarding post-adoptive FSOC was only available in the final wave. Thus, the cross-sectional nature of the study means that adoptee outcomes cannot be firmly attributed to family sense of coherence; to do this longitudinal studies are required, as well as research with adoptees who possess only post-adoptive risks.

#### ***1.4.4 Adoption Stigma***

Adoption stigma may be defined as biased, judgemental attitudes toward adoption and adoption-related issues (Baden, 2016) may affect adoptive parents, adopted children and birth parents (i.e. all members of the adoptive triad, or adoption kin network). Kirk's (1964) seminal work highlighted that social stigma surrounding adoption is linked to the early adjustment of the adoptive family. As society considers adoption as a "second best route to parenthood", adoptive parents are less likely to receive full support from extended family members, friends and neighbours. Additionally, unlike non-adoptive parents, adopters are often asked to justify their decision to adopt, which only serves to exacerbate feelings of difference (Brodzinsky, 1987).

The construct of microaggression was originally coined to describe the subtle types of racism that occur in modern life (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977). Baden (2016) applied the construct of microaggression to adoption and described the manifestation of adoption stigma through four types of microaggression (microassault, microinvalidations,

microinsults and microfictions). An adoption microassault is typically a conscious verbal or non-verbal attack which is intended to hurt, such as teasing a peer at school for being adopted. Microinvalidations are more subtle type of microaggression, but are perhaps the most common. Microinvalidations occur through (verbal and non-verbal) communications which exclude, undermine or deny the thoughts, feelings, or experiences of the adoption kin network. For instance, questions about adoptees' "real parents" convey the message that adoption is inferior and biological relationships are of primary importance. Microinsults include attitudes and messages which contain subtle, rude or insensitive beliefs about adoption and adoption practices. For example, Baden (2016) highlights that adoptees are frequently considered to be "bad seeds", as adoptees are often described as "rejected" or "unwanted", problems are ascribed to deficits of the adoptees themselves. Microfictions arise in the process of adoption and relinquishment whereby histories are altered accidentally or purposefully, resulting in adoption stories which conceal or withhold information from adoptees (e.g. adoptees who are told their parents died).

Studies of adopted children's experiences have revealed that teasing and other negative reactions from their peers are quite common (Thomas, Beckford, Lowe, & Murch, 1999). For example, Neil (2012) interviewed 43 domestic adoptees, aged between 5 and 13 years, in the United Kingdom, and over half of the sample reported difficult experiences in relation to other people knowing they were adopted. Some children had been asked difficult questions about their families by their peers, and felt that such questions were either embarrassing, personal, or upsetting. A few children reported being teased or bullied because they were adopted. Difficult experiences reported by this group of children included other children spreading the news that they were adopted, others not believing that they are adopted, or others feeling sorry for them because they were adopted. In light of these negative experiences, Neil (2012) pointed to the

importance of professionals supporting adoptive parents to help their children manage the disclosure or nondisclosure of adoption in social situations.

Given that perceived discrimination can be a major stressor, the association with maladjustment is perhaps unsurprising. Lee (2010) investigated perceived discrimination as a risk factor in their U.S. sample of 1,579 internationally adopted children between 5 and 18 years. As compared to adoptive parents with an Eastern European child, adoptive parents with Asian and Latin American children reported greater discrimination. For adopted children from Asia and Latin America, perceived discrimination was uniquely associated with greater problem behaviours. Notably, it was also found that perceived discrimination was as influential to the development of problem behaviours as pre-adoption adversity.

Goldberg and Smith (2014) studied preschool selection considerations and experiences of mistreatment amongst heterosexual and same-sex adoptive parents. Heterosexual parents were more likely to perceive school mistreatment due to their adoptive status than same-sex parents. One possible explanation is that same-sex adoptive parents may be more attuned to other possible reasons for mistreatment, such as their sexual orientation. For heterosexual parents, adoption may be considered as an alternative route to parenthood, whereas for same-sex parents adoption is an expected or typical route to parenthood (Goldberg, 2010). For this reason, same-sex parents may anticipate and perceive less mistreatment due to adoption, as they do not consider this to be the most distinguishable aspect of their family. Conversely, as adoption is the key aspect which differentiates heterosexual adoptive families from the heterosexual, nuclear, biologically-related family norm, heterosexual adoptive parents may be more sensitive to how school staff respond to their adoptive status. Indeed, previous research indicates that heterosexual adopters are more worried about not appearing physically different from the heterosexual nuclear family model (Goldberg, 2009). Additionally, heterosexual adopters have been found to have higher levels of internalised stigma regarding their adoptive

status, compared to same-sex adopters, (Goldberg, Kinkler, & Hines, 2011) which may predispose them to greater sensitivity concerning how their family is treated.

#### ***1.4.5 Birth Family Contact and Family Communication***

When it comes to contact with the birth family, several anxieties have been expressed. Questions have been raised regarding whether contact will confuse the child and prevent them from settling in their new family and whether contact will undermine adoptive parents' sense of entitlement. For adoptees who have suffered abuse or neglect within their birth families, there are anxieties about continuing to expose the child to damaging influences or additional harm. It has also been suggested that the mere prospect of contact may act as a "deterrent"; putting off potential prospective adopters (Jolly, 1994).

Overall, findings regarding the impact of birth family contact are mixed but it is clear that that when it comes to contact no "one size fits all" (Grotevant, Perry, & McRoy, 2005). Brodzinsky (2006) highlights the key consideration is not structural openness (i.e. the presence/absence or amount of contact) but rather "communicative openness" – the attitude and behaviour of adoptive parents pertaining to talking and thinking about adoption. Communicative openness includes the readiness of individuals to contemplate the meaning of adoption in their lives, to share that meaning with others, to explore adoption issues in the family environment and to support the child's connection to both birth and adoptive families. The hypothesis that communicative openness will be more influential to adoptee development, than structural openness is in line with the broader research on parenting which highlights family process variables are more influential than are family structure variables (Golombok & Tasker, 2015). Brodzinsky (2006) tested this hypothesis in a sample of 67 children (between the ages of 8 and 13) with a mean placement age of 3.65 months. A new fourteen-item child self-report questionnaire was designed to measure adoptive communicative openness and covered the extent to which adoptees experienced their parents as open and sensitive, as well

as the child's comfort when discussing adoption with their parents. The results showed that higher levels of communicative openness were related to lower levels of child behaviour problems and higher self-esteem. Family structural openness was measured using the Family Structure Openness Inventory, which was administered to adoptive parents. It was found that family structural openness did not correlate with child outcomes independent of communicative openness. Notably, a modest association was found between structural and communicative openness; Brodzinsky postulated that structurally open placements could prompt greater adoption communication. However, the findings of Brodzinsky's study may not be generalisable to older placed children or to those with a history of maltreatment.

In the second wave of the UK "Contact After Adoption" study, openness in adoption was explored on two levels: structural openness and communicative openness (Neil, 2009). Sixty-two adoptive families with a child placed for adoption before their fourth birthday (mostly through the public welfare system) participated. The families were followed up at an average of six years post-placement when the children were aged 8.5 years on average (range 5 to 13 years). Children with face-to-face contact with (adult) birth family members were compared to children who had letterbox contact with their birth families. A qualitative coding system was utilised to assess levels of adoptive parents' communicative openness. It was found that children's emotional and behavioural problems, as measured using the CBCL, were not related either to the type of contact they had (face-to-face vs letterbox) or to the communicative openness of their adoptive parents. There are several differences between Neil's (2009) study and that of Brodzinsky's (2006) investigation which may account for the different finding regarding the relationship between communicative openness and child outcomes. For instance, communicative openness was measured using child self-report in Brodzinsky's study, whereas Neil utilised parent self-report. Another possible explanation may relate to the age of the children studied; children in Brodzinsky's study were on average three years older than those

in Neil's study. Given the developmental stage of the children in Brodzinsky's study it is likely that adoption may have been of greater interest; Neil reported the children in her study were only asking basic questions about adoption and that parents expected more serious identity questions to arise in the teenage years. Another key difference between the samples is that Neil's sample was mostly comprised of children adopted from care after experiences of abuse and neglect. The dynamics of adoption openness may be somewhat more complicated, or work differently, in an adoptive families with a child with a background of trauma.

### ***1.5 Family functioning in adoptive families with same-sex parents***

In addition to the risk factors which all adopted children may face, there may be additional risk factors for those adopted by gay fathers or lesbian mothers. It has been suggested that being raised by gay or lesbian parents will be harmful to children in a number of ways (Clarke, 2001). Arguments against same-sex parenting are often rooted in ideas of the "gold standard" traditional family environment and in the notion that children require a parent of each gender. The following section will review the literature on same-sex parent families and will include research on the quality of parenting, child adjustment and child attachment, as well as the potential risk factors of homophobic stigmatisation and not having a same-gender parent.

#### ***1.5.1 Research on Same-Sex Parenting***

Research on lesbian mother families was initiated in the 1970s in response to a number of custody disputes involving women who conceived children in a heterosexual relationship but had separated from their male partner and came out as lesbian. At this time, concerns were raised about the mental health of lesbian women, their ability to be nurturing parents and the psychological adjustment of their children. While such concerns were initially raised with respect to lesbian mothers who conceived children in a previous heterosexual relationship,

similar concerns have been voiced regarding lesbian mother families formed through donor insemination and through adoption (Golombok, 2017).

Since the 1970s a wealth of research on lesbian mother families has been conducted, including meta-analyses (Crowl, Ahn, Baker, & Baker, 2008; Fedewa et al., 2014), studies with representative samples (Wainright & Patterson, 2008; Wainright, Russell, & Patterson, 2004) and longitudinal studies (Bos, Gartrell, Peyser, & van Balen, 2008; Bos & Gartrell, 2011; Gartrell, Bos, & Koh, 2018; Gartrell, Rodas, & Deck, 2000; Gartrell, Bos, & Goldberg, 2011). Regardless of the route to parenthood (donor insemination, adoption etc.) the findings have consistently demonstrated that lesbian mothers are just as likely to have good mental health as heterosexual mothers, and that children of lesbian mothers do not differ from the children of heterosexual parents in terms of their psychological adjustment or in the quality of their relationships with their parents (Crowl et al., 2008; Fedewa et al., 2014; Goldberg & Gartrell, 2014; Patterson, 2009). Further, longitudinal research has demonstrated that the children of lesbian mothers continue to show comparable adjustment to children of heterosexual parents in adolescence (Bos & Gartrell, 2010; MacCallum & Golombok, 2004) and adulthood (Gartrell, Bos, & Koh, 2018; Golombok & Badger, 2010; Tasker & Golombok, 1997). This invalidates claims that the harmful effects of being raised by lesbian mothers surface later in life.

Research on gay father families is more recent, and fewer studies have been conducted: it is only since the millennium that a substantial number of gay couples have begun to raise children together. The findings from research on parenting and child adjustment in lesbian mother families cannot be generalized to gay father families as it is often presumed that women are more naturally suited to parenting than men (Biblarz & Stacey, 2010). This belief prevails despite the large body of research indicating that the dimensions of parenting that are important for children's adjustment, such as warmth and sensitivity, are the same for mothers and fathers

(Fagan, Day, Lamb, & Cabrera, 2014). A further difference between gay father and lesbian mother families is that, due to the absence of a mother from the family, children in gay father families - and gay fathers themselves - may experience greater stigmatization, a factor that may have a negative effect on parent wellbeing, parent-child relationships, and child adjustment (Rostosky & Riggle, 2017).

While a small number of gay father families have been created through surrogacy, and children in these families have been shown to function well (Carone, Lingiardi, Chirumbolo, & Baiocco, 2018; Golombok, Blake, et al., 2017), many planned gay father families have been formed through adoption (Brodzinsky & Pertman, 2011). Studies examining child adjustment in adoptive families headed by gay, lesbian and heterosexual couples began to emerge in 2005 (Averett, Nalavany, & Ryan, 2009; Erich, Hall, Kanenberg, & Case, 2009; Erich, Leung, Kindle, & Carter, 2005; Farr, Forssell, & Patterson, 2010b; Goldberg & Smith, 2013a; Golombok et al., 2014; Leung, Erich, & Kanenberg, 2005). For example, Leung, Erich, and Kanenberg (2005) examined family functioning using self-report measures to compare adoptive families headed by same-sex parents, adoptive families headed by heterosexual parents, and adoptive families who had children with special needs. The results suggested no negative impact of parent sexual orientation on family functioning. In fact, gay and lesbian parent families who had adopted older children were functioning particularly well. However, the generalizability of these early studies (Erich et al., 2009, 2005; Leung et al., 2005) has been questioned, due to methodological limitations including convenience sampling, the use of self-report measures, and the absence of information from sources outside the adoptive family. More recently, controlled studies have been carried out which have utilised systematic recruitment methods (Farr et al., 2010b; Golombok et al., 2014).

The first systematic study of adoptive gay father families was carried out by Farr, Forssell, and Patterson, (2010a, 2010b) in the United States. Based on parent and teacher

questionnaires, preschool children adopted in infancy by gay fathers were as well-adjusted as those adopted by lesbian or heterosexual parents, with no differences in parenting stress, parental discipline, or parental relationship satisfaction according to family type. In an observational assessment of family play, the gay fathers were rated as less supportive, but also as less undermining, of each other than were the heterosexual parents (Farr & Patterson, 2013). When the children were followed up in middle childhood, there were again no differences in child adjustment (Farr, 2017). At both phases of the study, family processes were more important to child adjustment than was family type. At preschool age, child adjustment was predicted by parenting stress. At middle childhood, adjustment was again predicted by parenting stress, and also by earlier adjustment problems, indicating stability in adjustment problems over time. Similarly, Goldberg and Smith's (2013) study of early-placed adopted children in gay, lesbian, and heterosexual parent families found that child adjustment did not differ by family type, but was associated with low levels of parental preparation for the adoption, high levels of parental depression, and high levels of parental relationship conflict.

In the first phase of the present study, conducted in the United Kingdom, the quality of parent-child relationships and children's adjustment were assessed using standardized interviews, observational measures of parent-child interaction, and questionnaires in 41 adoptive gay father families and comparison groups of 40 adoptive lesbian mother families and 49 adoptive heterosexual parent families, all with two parents and children aged between 3 and 9 years (Golombok et al., 2014). Where differences between family types were identified, the findings indicated more positive family functioning in gay father than in heterosexual parent families. Specifically, the gay fathers had higher levels of psychological wellbeing and were more responsive to their children; displayed higher levels of interaction with them and lower levels of disciplinary aggression; and showed greater warmth than did the heterosexual parents. In all family types, as expected with children adopted from the child welfare system, the

children showed elevated rates of psychological disorder. However, the children of gay fathers exhibited lower levels of externalizing problems than those in heterosexual parent families.

Because adoption by gay men is quite a recent phenomenon, the more positive findings for gay fathers may have resulted from more stringent screening of prospective gay adopters, and a tendency not to place the most troubled children with them. However, compared to the children adopted by heterosexual parents, the children in gay father families were older at the time of adoption and had experienced greater levels of neglect, both of which are established risk factors for adjustment difficulties (Palacios & Brodzinsky, 2010). Alternatively, perhaps only the most motivated and most well-adjusted gay couples passed the rigorous adoption screening process. Certainly, the positive adjustment of the gay fathers, in terms of low parental stress and depression, would attest to this. Irrespective of the explanation for the lower levels of externalizing problems shown by the children in gay father families, the findings indicated that the gay fathers provided a highly positive parenting environment for their children. In line with the results reported by Farr and colleagues (2017, 2010), parenting stress was predictive of child externalizing problems, regardless of family type.

Although existing studies are indicative of positive outcomes for young children in adoptive gay father families, limited research has examined the psychological adjustment of older children and adolescents. According to Brodzinsky's (1987) model of adjustment to adoption, adoptive families face specific challenges at different stages of development. In middle childhood, from around 6 to 12 years, the key developmental task is understanding what it means to be adopted; children need to understand not only that they have gained a family, but also that they have lost a family. This experience of loss can lead to feelings of ambivalence about being adopted and, consequently, adjustment difficulties (Pinderhughes & Brodzinsky, 2019).

### ***1.5.2 Research on Attachment in Same-Sex Parent Families***

Although a wealth of research on lesbian mother families, and a growing body on gay father families, has consistently demonstrated that children in same-sex parent families are just as likely as children in heterosexual parent families to have positive relationships with their parents and to be well adjusted, (Anderssen, Amlie, & Ytterøy, 2002; Averett et al., 2009; Carneiro, Tasker, Salinas-Quiroz, Leal, & Costa, 2017; Farr, 2017; Fedewa et al., 2014; Goldberg, Gartrell, & Gates, 2014; Golombok, Blake, et al., 2017; Golombok et al., 2014; Miller, Kors, & Macfie, 2017; Tasker, 2005), there is a lack of research investigating the attachment security of children in same-sex parent families (for exceptions see: Carone, Baiocco, Lingiardi, & Kerns, 2019; Erich et al., 2009; Feugé et al., 2018; Golombok & Badger, 2010; Golombok, Tasker, & Murray, 1997). Since child attachment security has a key influence on current and later adjustment (Brumariu & Kerns, 2010; Fearon et al., 2010; van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999), it is important to study the attachment security of children in same-sex parent families. Further, given the historical emphasis on mothers as primary attachment figures (Bowlby, 1969) and the presumption that women are more sensitive and naturally suited to parenting (Silverstein & Auerbach, 1999), research on the attachment security of children in gay father families is especially important.

To date, just two studies have focused on child attachment in adoptive gay father families specifically (Erich et al., 2009; Feugé et al., 2018). Erich, et al. (2009) administered the Inventory of Parent and Peer Attachment to 11- to 19-year-olds with either same-sex or heterosexual parents. There were no differences in adolescents' self-reported attachment security between those with same-sex parents and those with heterosexual parents. However, just nine of the 27 same-sex parent families were gay father families. Additionally, lesbian mother families and gay father families were grouped together in the analysis, limiting the

conclusions that could be made regarding the impact of motherless parenting on attachment formation.

Feugé, Cyr, Cossette, and Julien (2018) were the first to investigate the association between gay fathers' sensitivity and their adopted children's attachment security and behaviour problems. The Canadian sample comprised 68 gay fathers with 34 children aged between 1 and 6 years, the majority of whom were adopted in their first year of life. The sensitivity of both fathers in each family, and the child's attachment security to each father, were measured during parent-child interactions using Q-sort methods (Pederson & Moran, 1995; Pierrehumbert, Mühlemann, Antonietti, Sieye, & Halfon, 1995) at home, which were assessed by independent coders, and child adjustment was measured using a standardised questionnaire completed by fathers. The analyses found that few children were low in attachment security, or were in the clinical range for behaviour problems. Within couples, the level of parenting sensitivity shown was similarly high and the level of attachment security to each father was also similar. There was a significant moderate association between gay fathers parenting sensitivity and child attachment security, which is noteworthy given that research on heterosexual fathers has only identified weak associations between parenting sensitivity and child attachment security (De Wolff, & van IJzendoorn, 1997; Lucassen et al., 2013). The level of sensitivity displayed by gay fathers was also compared to other studies using the same methodology, and it was found that gay fathers showed a similar level of sensitivity to foster-to-adopt mothers, highlighting that fathers can be just as sensitive as mothers. As expected, it was also found that children who were higher in attachment security had lower levels of behaviour problems.

The finding that over 75% of the children in Feugé et al.'s (2018) sample scored above average on the Attachment Q-Sort (AQS) is encouraging, however the AQS does not measure attachment disorganisation. As it is well evidenced that adoptees exhibit elevated levels of

disorganisation (Van den Dries et al., 2009), it is important for future research to examine levels of disorganised attachment in gay father families.

The first study to investigate child attachment in gay father families formed through surrogacy also found that children perceived high levels of attachment security to their fathers (Carone et al., 2019). There were no significant differences in the perceived attachment security, as measured by the SS questionnaire (Kerns, Mathews, Koehn, Williams, & Siener-Ciesla, 2015a), between the sample of children in gay father surrogacy families and a sample of children from lesbian mother donor insemination families, or between normative scores of children raised in heterosexual parent families. Further, children reported greater attachment security when their parents showed greater warmth and responsiveness toward them, when their parents reported greater willingness to serve as an attachment figure using Q-sort methods, and when parents displayed low levels of rejection and negative control.

As well as perceived attachment security, Carone et al.'s (2019) study investigated children's utilization of parents as safe havens (i.e. as emotional support) and as secure bases (i.e. as instrumental support) using the SS questionnaire (Kerns et al., 2015a). Previous research on heterosexual parent families has shown that although children rely on both parents for both types of support, there is a tendency for children to use their mothers more for emotional support and their fathers more for instrumental support. However, one unanswered question is whether children's preference for their mothers as safe havens and fathers as secure bases is a consequence of parental gender, or of their parental role as a primary or secondary caregiver. The findings of Carone et al.'s (2019) study showed that while children reported high levels of both emotional and instrumental support from both parents, they used the primary attachment figure more as a safe haven and the secondary attachment figure more as a secure base, suggesting that parental role may be more important than parental gender in determining the primary type of support provided by a parent. This finding also shows that

both attachment needs (secure base and safe haven) can be adequately met irrespective of whether a child has two fathers, two mothers or a mother and a father.

This study is limited by the use of a self-report measure of attachment security, as self-report measures limit the ability to consciously assess internal working models of attachment and heighten the risks of social desirability and response biases (Bosmans & Kerns, 2015). Indeed, attachment measures differ in the extent to which they can tap conscious and unconscious processes. Therefore, research using different types of attachment measure, or one attachment measure capable of assessing both conscious and unconscious processes, is needed. Moreover, the self-report questionnaire utilised by Carone et al. (2019) does not distinguish between insecure-preoccupied and insecure-dismissing types of attachment, which is concerning as some evidence indicates dismissing individuals rate their parents as significantly warmer and more caring than secure children, regardless of the measurement tool employed (Borelli, David, Crowley, Snavely, & Mayes, 2013; Borelli et al., 2016). Nevertheless, this study is a valuable addition to the few existing investigations of attachment in gay father families and suggests that gay fathers make suitable primary attachment figures.

### ***1.5.3 Child Positive Wellbeing in Same-Sex Parent Families***

One of the key criticisms of research on same-sex parent families is that studies investigating child psychological functioning have almost exclusively focused on adjustment problems (Goldberg et al., 2014), with very little attention afforded to the potential strengths or adaptive attributes of children with gay and lesbian parents. A study of 17-year-olds raised in lesbian mother families formed through donor insemination found that adolescents were rated significantly higher in social competence, as compared to an age and gender matched group of adolescents with heterosexual parents (Gartrell & Bos, 2010). Additionally, young adults raised by lesbian and gay parents have reported strengths of being raised in a same-sex

parent family, such as resilience and empathy towards marginalised groups (Goldberg, 2007; Saffron, 1998). A longitudinal study of the adult offspring of lesbian parents with a 92% of retention rate from pregnancy (Gartrell et al., 2018) measured several adaptive outcomes including relationships with partners, family members and friends, as well as education and job performance. The analyses revealed no differences on any adaptive outcome between the adult offspring of lesbian mothers and a matched normative sample.

Further research investigating positive outcomes in same-sex parent families is clearly required. Indeed, positive psychologists emphasise that good functioning is more than the absence of mental illness (Kern et al., 2016) and that is important to attend to what is going right, as well as what is going wrong, when considering psychological functioning (Seligman & Csikszentmihalyi, 2000). This perspective does not dispute the importance of addressing problems, but maintains that cultivating personal strengths may also be beneficial. It is also worth noting that, in contrast to the large body of research focusing on adoptee behaviour problems and psychopathology (Grotevant & McDermott, 2014), there is a distinct lack of research on the strengths or positive outcomes of adopted children.

#### ***1.5.4 Sexual Orientation Stigma***

Whilst the evidence consistently demonstrates no differences between children raised by same-sex parents and children in heterosexual parent families, one factor that can account for differences in child adjustment within same-sex parent families is homophobic stigmatisation and heterosexism. Indeed, studies which have examined Canadian university students' attitudes toward same-sex adoption through presenting participants with a range of scenarios that differed only in parental gender, found that students rated gay and lesbian couples less favourably than heterosexual couples (McCutcheon & Morrison, 2015). Rye and Meaney (2010) investigated the influence of sexism on attitudes toward adoption and found

that heterosexual men exhibited greater sexism and were more negative about adoption by same-sex couples than women. It was also found that men and women had more negative attitudes towards same-sex couples who were the same gender as themselves; women rated lesbian couples more negatively than gay couples, and men judged gay couples more negatively than lesbian couples.

In addition to the stigma that adoptees face relating to their adoptive status, children adopted by same-sex parents face the additional risk of stigma/discrimination due to their parents' sexual orientation. There is conflicting evidence on whether children of same-sex parents experience higher rates of teasing (Kosciw & Diaz, 2008b) or similar rates of teasing (MacCallum & Golombok, 2004) to children of heterosexual parents. Regardless of whether rates of teasing are similar or different, it appears that the content of teasing is somewhat different for children in same-sex parent families. In a Belgian study (Vanfraussen, Ponjaert-Kristoffersen, & Brewaeys, 2002), 37 children in lesbian donor insemination families were interviewed and compared to 37 children in heterosexual parent families; both groups of children had an average age of ten-and-a-half years. It was found that children in lesbian mother families were no more likely to be teased than their peers in heterosexual parent families. Children in both groups had been called names, been laughed at and excluded for reasons including intelligence, physical appearance and clothing. However, only the children from lesbian mother families reported family-related reasons for teasing. A quarter of children in lesbian mother families had been teased due to not having a father, having two mothers, having a lesbian mother or being gay themselves.

Children of same-sex parents may be more likely to experience teasing at certain developmental stages. At pre-school age, teasing and discrimination related to parents' sexual orientation is rare (Gartrell, Banks, et al., 2000), yet as children reach school age and enter adolescence, these experiences become more common (Gartrell, Deck, Rodas, Peyser, &

Banks, 2005; Kosciw & Diaz, 2008b; van Gelderen, Gartrell, Bos, & Hermanns, 2012). However, peer stigma and teasing appears to decline from early adolescence to late adolescence (Goldberg & Frost, 2016; Ray & Gregory, 2001), and by young adulthood, some individuals report that their parents' sexuality is met with positive reactions (e.g. peers express that it's "cool") rather than being a source of stigma (Leddy, Gartrell, & Bos, 2012).

There is also evidence that children may cope with teasing differently depending on their developmental stage. In an Australian study, parent questionnaires, child interviews and focus groups were employed to investigate school experiences and feelings of discrimination among children of gay and lesbian parents (Ray & Gregory, 2001). Young children coped with bullying by talking with older siblings or parents, asking their peers to help, or by telling a teacher. However, when the children reached secondary school they were more likely to try and protect themselves from unwanted attention and teasing by concealing their parents' sexuality and carefully selecting who they told about their family. Qualitative studies have also indicated that because of the stigma surrounding homosexuality, adolescents may try to hide their parents' sexual orientation from their peers (Bigner & Bozett, 1989; Lynch & Murray, 2000). The effort invoked in trying to keep this secret can have a negative influence on adjustment, as hiding core aspects of one's family can lead to stress, anxiety and isolation (Goldberg & Frost, 2016). However, more recent research suggests that when children and adolescents of lesbian and gay parents encounter teasing, they are more likely to respond by directly confronting the perpetrator by seeking support from teachers and peers, than by avoiding the issue through concealing their parents sexuality (Goldberg, 2007; van Gelderen, Gartrell, Bos, van Rooij, & Hermanns, 2012).

In addition to the developmental stage children are at, the geographical location or community they reside in appears to have implications for the level of stigma children are exposed to (Leddy et al., 2012). Goldberg and Smith (2014) found that same-sex parents who

perceived their communities as less gay-friendly were more likely to perceive school mistreatment due to their sexual orientation. Moreover, a comparison between the experiences of 10-11 year olds with lesbian mothers residing in the US and Netherlands highlighted the ways in which geographical location, laws and policies impact the wellbeing of same-sex parent families and their children (Bos, Gartrell, van Balen, Peyser, & Sandfort, 2008). Compared to American children, Dutch children were more likely to have told their peers about their mothers' sexuality and were less likely to have experienced prejudice and discrimination. The findings are perhaps unsurprising given the Netherlands' reputation for liberal policies and LGBT issues.

As previously discussed, children in same-sex parent families are no more likely to display adjustment difficulties, yet research has begun to explore factors associated with differences in child adjustment *within* same-sex parent families. Several studies have found that experiences of stigma and discrimination due to parents' sexual orientation is associated with emotional and behavioural problems in children (Bos & Gartrell, 2010; Bos, Gartrell, Peyser, & van Balen, 2008; Golombok et al., 2017; van Gelderen et al., 2013). Additionally, perceived stigma has been linked to higher rates of school absenteeism (Kosciw & Diaz, 2008b). Although very few studies have investigated positive child outcomes (as opposed to adjustment problems) in same-sex parent families, there is some evidence that adolescents' experiences of stigmatisation are associated with lower life satisfaction as well as increased psychological problems (van Gelderen, Gartrell, Bos, & Hermanns, 2012).

From a family systems perspective, child psychological functioning may be impacted by stigmatisation and heterosexism both directly (i.e. through experiencing teasing and bullying) and indirectly (i.e. parental experiences of stigma can have a negative impact on parental mental health and parenting quality). Indeed, there is evidence that parental perceptions and experiences of heterosexism in same-sex parent families can have a negative

influence on child adjustment. For example, a Canadian study examining the impact of heterosexism on the wellbeing of adolescents raised by lesbian mothers found that both mothers' experienced heterosexism and adolescents' perceived heterosexism were negatively associated with adolescents' adjustment (Vyncke, Julien, Jouvin, & Jodoin, 2014). Additionally, Bos, van Balen, van den Boom, and Sandfort (2004) found that lesbian mothers who reported greater rejection, were also more likely to report behaviour problems in their children. Further, Golombok, Blake, et al., (2017) found that children in gay father surrogacy families and lesbian mother donor insemination families had higher levels of externalising problems when their parents perceived greater stigmatisation.

The fact that children in same-sex parent families show comparable adjustment, to their peers in heterosexual parent families, despite the stigma surrounding their parents' sexual orientation suggests that some children are resilient to the effects of stigmatisation and raises the question of what factors protect children against the negative impacts of stigma? Factors such as attending schools with LGBT curricula and having strong relationships with parents and peers appear to buffer children against the negative effects of stigma (Bos & Gartrell, 2010; Bos & van Balen, 2008; van Gelderen et al., 2013).

Although children raised by same-sex parents may be exposed to stigma regarding their parents' sexual orientation, it is also important to note that having same-sex parents may also be protective in some respects. Due to same-sex parents sexual minority status, they may be more attuned to difference. For example, same-sex adoptive parents have been found to be more likely to consider the presence of other adoptive families when choosing a school for their child and therefore may be more aware of the many ways in which their child could be seen to be different from their peers (Goldberg & Smith, 2014). These authors also found that same-sex parents were more likely to consider the racial diversity of schools, regardless of their child's race, which may indicate that they place greater value on diversity generally.

### ***1.5.5 Not having a same gender parent***

The literature on children raised in same-sex parent families has consistently demonstrated that children in these families are just as likely to be well-adjusted as children in heterosexual parent families. However, for the vast majority of these studies girls and boys have been grouped together in the analyses, limiting the conclusions that can be drawn regarding the impact of motherless parenting on girls and fatherless parenting on boys. Although arguments against same-sex parenting often stem from religious convictions that homosexuality is morally wrong (Wardle, 1997), a popular line of criticism reflects the esteemed “gold-standard” of the traditional family, consisting of one man, one woman and their biological children. This viewpoint deems male and female role models as necessary for the development of children who are comfortable with both sexes and are psychologically healthy (Brodzinsky & Pertman, 2011). This essentialist view purports that the existence of biologically different reproductive functions will lead men and women to parent differently and, as a consequence, mothering and fathering are viewed as distinct roles, which are not interchangeable (Silverstein & Auerbach, 1999).

Studies have identified some differences as to how mothers and fathers interact with their children; on average, men tend to interact in a more playful, boisterous, unpredictable manner, whereas women are generally more soothing, containing and restrictive (Lamb & Lewis, 2010). However, it is important to recognise that such differences do not apply to all women nor to all men. In fact, across cultures there are well-evidenced differences in the degree to which men and women conform to these patterns of behaviour (Lamb, 2012). Crucially, just because there are average differences in how men and women interact with their children does not mean that that these differences will influence their children’s behaviour. The available evidence suggests that the dimensions of parenting that affect children’s adjustment – such as warmth, monitoring and sensitivity – are the same for mothers and fathers (Fagan et al., 2014).

It has also been suggested that mothers and fathers have different influences on their sons and daughters. This notion is reflected in the same-sex hypothesis, which argues – all other factors being equal - that children with a parent of the same-sex fare better than those who do not have a parent of the same sex (Powell & Downey, 1997). The same-sex hypothesis stems from, and is in accordance with psychoanalytic and social-learning theories of child development. For example, the psychoanalytic perspective (without denying the value of the opposite sex parent) contends that a same-gender parent is vital (Santrock & Warshak, 1979), particularly for oedipal resolution and superego development (Levy, 1995). Additionally, from a social-learning perspective, whilst opposite-sex parents are deemed to play an important role in their children’s gender development, same-sex role models are considered more immediate and influential (Bozett, 1985). It is argued that children residing with a parent of the same sex as themselves have a readily available illustration of how “to become male or female” (Watson, 1969 in Powell & Downey, 1997) whereas children living with opposite-sex parents do not.

The same-sex argument gained popularity due to research highlighting the poor outcomes for boys in single parent homes (Demo & Acock, 2016; Hetherington, Cox, and Cox, 1985), which were predominantly single mother homes. Proponents of the same-sex argument suggest that the adverse effects for boys of growing up in a single mother family can be attributed to the lack of a same-sex role model (Kelly, 1988). Indeed, Hetherington (1981) argued that because boys are less compliant than girls, they may require a masculine authority figure. On the other hand, it has been suggested that a girl needs a mother with whom to identify, in order to become a well-adjusted woman (Chodorow, 1999).

Downey and Powell (1993) utilised data from the National Educational Longitudinal Study of 1988, including 3483 single mother families and 409 single father families. The researchers studied 35 social psychological and educational outcomes and did not find one outcome in which both males and females benefit significantly from living with their same-sex

parent. The only hint of a same-sex benefit that the study detected was that girls in single mother homes smoked less than did girls in single father homes. There was also no instance in which both boys and girls benefitted from living with an opposite sex parent. However, there were several cases in which half of the opposite-sex pattern emerges. For example, girls in father-only homes were found to have higher educational expectations. Further, Powell and Downey's (1997) study extended the previous research on the same-sex hypothesis by analysing three data sets (National Education Longitudinal Study of 1988, High School and Beyond, and the General Social Survey) and assessing a wider array of outcomes including socioemotional, academic, and personality variables. The results revealed virtually no evidence that children residing in single-parent families benefit from living with a parent of the same-sex as themselves. In fact, advantages of living with an opposite sex parent emerged just as often.

The question of whether children benefit from having a same-gender parent is particularly pertinent to same-sex parent families as only one gender is represented in the parenting dyad; two males in the case of gay father families and two females in the case of lesbian mother families. Moreover, same-sex parent families provide an opportunity to test the "same-sex hypothesis" in two-parent families, thus removing any confounding effects of single parenthood. For prospective lesbian and gay adoptive parents, whether or not a child fares better with parents of the same gender may have implications for the placement of boys and girls in adoptive families. Indeed, several studies have highlighted an unequal gender distribution of children in same-sex parent families (particularly adoptive same-sex parent families) with a preponderance of boys in gay father families and a preponderance of girls in lesbian mother families (Brodzinsky & Pertman, 2011; Farr et al., 2010b; Golombok et al., 2014) though it is unclear whether this gender imbalance is due to parental preference, or the bias of adoption agencies.

Goldberg (2009) studied the gender preferences of prospective adopters and found that many participants (45% of gay men, 50% of lesbians, 50% of heterosexual women and 68% of heterosexual men) had no preference regarding the gender of the child. However, when prospective lesbian and gay adopters did express a preference, the majority preferred a child of the same gender as themselves (i.e. gay men preferred sons and lesbians preferred daughters). The preference of lesbian women for daughters is consistent with research on lesbians who became parents via donor insemination (Gartrell et al., 1996; Herrmann-Green & Gehring, 2007). Such findings exemplify the key roles of parent gender and sexual orientation in dictating parents' gender preferences (Goldberg, 2009).

Of further interest is how participants explained their gender preferences. Unlike heterosexual men, gay men who preferred boys frequently mentioned concerns regarding girls' gender socialization. Additionally, unlike heterosexual women, lesbians who preferred girls often invoked gender socialisation concerns in relation to boys. What such a result signifies is the awareness amongst lesbians and gay men of their unique status as a parental unit in which only one gender is represented (Goldberg, 2009). Particular concerns - of both lesbians and gay men - regarding raising opposite-gender children included worries about finding opposite-gender role models, as well as uncertainties about how to handle delicate subjects such as pubertal changes. In addition, both lesbians and gay men voiced concerns that boys would face greater stigma and resistance in society as a consequence of having same-sex parents and, consequently, preferred girls. Such concerns are consistent with the data showing that sons of lesbians may be more likely to be teased about their sexuality than are daughters of lesbians (Tasker, & Golombok, 1997). Interestingly, there were also some gay fathers who felt that daughters would be more accepting of their fathers' homosexuality, due to females' greater freedom to embrace a variety of gender and sexual expressions (D'Angelo, McGuire, Abbott, & Sheridan, 1998). Of the lesbian women who had a preference for boys, many stated

their preferences with regard to their own opposite-gender interests and orientations. These findings highlight the unique set of gender and sexuality related concerns which lesbian and gay prospective adopters consider when they contemplate adopting a child of the same or opposite gender. Furthermore, the variety of reasons lesbian and gay prospective adoptive parents give for their gender preferences, reflects the lack of consensus on whether a child fares better with parents of the same or opposite gender as themselves.

Though ostensibly an outdated view, the same-sex hypothesis still appears to be contributing to concerns for some same-sex parents about parenting an opposite gender child, and influencing adoption placement decisions. Therefore, it is important to study the consequences for children's psychological functioning of being placed in an adoptive family without a same gender parent (i.e. girls placed in gay father families and boys placed in lesbian mother families).

For clarity, the present thesis will refer to families where there is a match between the gender of the child and their parents as "gender matched" families and families where the child's gender does not match that of their parents as "gender mismatched" families.

### ***1.6 The Present Study***

The present study is a follow-up investigation of family functioning in adoptive gay father, lesbian mother and heterosexual parent families, who were first visited when their children were aged between 3 and 9 years old. At Phase 1 of the study, where differences were identified between family types, these pointed towards more positive functioning in the gay father families compared to heterosexual parent families; the gay fathers had higher levels of psychological wellbeing, and were more responsive to their children, displayed higher levels of interaction with them, lower levels of disciplinary aggression, and showed greater warmth than did the heterosexual parents. There were no significant differences between gay father

families and lesbian mother families. In all family types, as expected with children adopted from the child welfare system, the children showed elevated rates of psychological disorder. However, the children of gay fathers exhibited lower levels of externalizing problems than those in heterosexual parent families.

The focus of the present follow-up (Phase 2) was on the psychological functioning of adoptive gay father, lesbian mother and heterosexual parent families when the children reached early adolescence (between 10 and 14 years of age). Developmental changes in middle childhood and adolescence mean that children gain a greater level of understanding regarding their adoptive status. The loss inherent to adoption (i.e. loss of birth family, loss of identity) can lead to feelings of ambivalence about being adopted and, consequently, adjustment difficulties (Pinderhughes & Brodzinsky, 2019). Further, previous research has documented greater levels of conflict between adopted adolescents and their parents, compared to non-adopted adolescents and their parents (Rueter, Keyes, Iacono, & McGue, 2009). The aim of the present study is, therefore, to investigate the psychological functioning of adoptive gay father, lesbian mother and heterosexual parent families with early adolescent children.

The present thesis has four parts. In the first two parts, the focus was on the newest type of adoptive family – adoptive gay father families. Part I investigated whether adoptive gay father families differed in psychological functioning from either adoptive lesbian mother families or adoptive heterosexual parent families. Changes in parental mental health and child adjustment between Phase 1 and Phase 2 were also examined. Part II focused on whether gay father families perceived different levels of stigmatisation to lesbian mother families and heterosexual parent families. Part III of the thesis focused on predictors of child psychological functioning in terms of adjustment, attachment and positive psychological wellbeing. Predictors of child psychological functioning were first explored across the full sample of adoptive families, followed by an examination of predictors of child psychological functioning

in same-sex parent families only. Part IV investigated the consequences of parent-child gender matching within same-sex parent families. That is, whether parental concerns and child outcomes differed between “gender matched” families (i.e. lesbian mother families with daughters and gay father families with sons) compared to “gender mismatched” families (i.e. lesbian mother families with sons and gay father families with daughters).

### ***1.7 Research Questions, Rationale and Hypotheses***

The thesis addressed the following research questions:

#### **Part I**

- 1. Are there differences in the psychological functioning of gay father families compared to either lesbian mother or heterosexual parent families at early adolescence?**

Considering the more positive family functioning in gay father families compared to heterosexual parent families at Phase 1, when the children were aged 3 to 9 years (Golombok et al., 2014), it was expected that gay father families would show more positive family functioning at Phase 2 than heterosexual parents in terms of parental mental health, parent-child relationships and children’s psychological functioning. In line with the Phase 1 findings, it was hypothesised that there would be no differences in the functioning of gay father and lesbian mother families.

- 2. Have levels of parent mental health problems and child adjustment problems changed from Phase 1 to Phase 2?**

In light of Brodzinsky’s (1987) psychosocial theory of adjustment to adoption, and the research literature showing that adopted children begin to show greater adjustment difficulties than non-adopted children in middle childhood (Gunnar & van Dulmen, 2007), it was

predicted that adjustment difficulties would increase from Phase 1 to Phase 2 for all family types. Further, in accordance with a family systems perspective (Cox & Paley, 1997), and the research highlighting that parents and children exert reciprocal influences on one another (Pardini, Fite, & Burke, 2008) it was expected that parent mental health problems would also increase from Phase 1 to Phase 2.

## Part II

### **3. Are there differences in perceptions of adoption stigma between adoptive gay father, lesbian mother and heterosexual parent families?**

In accordance with previous research in the United States that has found heterosexual parents to experience greater internalised stigma about adoption (Goldberg et al., 2011), to be more worried about appearing different from the nuclear family (Goldberg, 2009), and to perceive greater mistreatment due to their adoptive status (Goldberg & Smith, 2014b), compared to same-sex parents, it was hypothesised that gay fathers would perceive lower levels of adoption stigma than heterosexual parents and similar levels of adoption stigma to lesbian mothers.

### **4. Are there differences in perceptions of homophobia and heterosexism between adoptive gay father and lesbian mother families?**

As gay father families possess the additional non-traditional feature of being headed by men (Biblarz & Stacey, 2010), it was expected that gay father families would experience greater levels of homophobia and heterosexism than lesbian mother families.

### Part III

#### **5. What factors predict the psychological functioning of adopted adolescents?**

In line with family systems theory, which emphasises that individual family members cannot be understood in isolation from one another, and the growing body of research showing that family processes are more predictive of child adjustment than family structure (Golombok, 2015; Lamb, 2012; Patterson, 2009), it was hypothesised that better parent mental health and parent-child relationships would be associated with more positive adolescent psychological functioning.

#### **6. Does stigmatisation predict the psychological functioning of adopted adolescents with same-sex parents?**

Based on research showing that homophobic stigmatisation and heterosexism are associated with greater child adjustment problems within same-sex parent families (Bos & van Balen, 2008; Vyncke et al., 2014), it was hypothesised that greater perceptions of homophobia and heterosexism would be associated with poorer child psychological functioning (i.e. adjustment, attachment and psychological wellbeing).

### Part IV

#### **7. Are parents in gender mismatched families more concerned about the lack of parent of another gender in their family than parents in gender matched families?**

Due to societal presumptions that boys need fathers and girls need mothers (Powell & Downey, 1997), it was hypothesised that parents in gender mismatched families would express greater concern about the lack of a parent of the other gender in their family compared to gender matched families.

## **8. Do children in gender matched families show more positive psychological functioning than those in gender mismatched families?**

Despite the same-sex hypothesis, which argues that children with a parent of the same-sex fare better than those who do not have a parent of the same sex (Powell & Downey, 1997), research on the outcomes of girls and boys raised in single parent families (Downey & Powell, 1993; Powell & Downey, 1997) and the wider literature showing that family processes have a greater influence on child outcomes than family structure (Lamb, 2012), suggest that children in gender matched and gender mismatched families would not differ in psychological functioning.

## **2. Methods**

This chapter outlines the methodology of the study. Section 2.1 describes the sample of participants, including the demographic characteristics of the parents and children. Section 2.2 outlines the data collection procedure. Section 2.3 describes the questionnaire, interview and observational measures employed in the study.

### ***2.1 Participants***

#### ***Phase 1***

With the help of the British Association of Adoption and Fostering, adoption agencies that had placed children with same-sex parents assisted with recruitment by contacting gay, lesbian and heterosexual parents who had adopted children through their agency. Information about the study was also disseminated to 2 support groups for gay and lesbian adoptive families. The inclusion criteria stipulated that the child was aged between 4 and 8 years and that they had been placed with the adoptive family for at least 1 year. However, to maximise sample size, two children within 1 month of reaching age 4 and two children who had just

passed their 9<sup>th</sup> birthday were included. Due to service pressures, not all of the adoption agencies involved in recruitment kept systematic records of the families they had contacted. Yet, for those that did, the participation rate was 71%. The sample consisted of 41 two-parent gay father families, 40 two-parent lesbian mother families and 49 two-parent heterosexual parent families, all with an adopted child aged between three and nine years ( $M= 73.53$  months,  $SD= 18.39$ ).

There was no difference between family types in the age of the target child, with the average age being 6 years. However, there was a significant difference regarding child gender; although heterosexual families had an equal number of boys and girls, there was a preponderance of boys adopted by gay fathers and a preponderance of girls adopted by lesbian mothers. Further, significant differences were found with respect to the age of the child at adoption, as well as the length of placement with the adopted family; children in gay father families were older at the time of adoption and had been placed with their adoptive families for a shorter period of time. At Phase 1 participants gave consent to being re-contacted in the future regarding the possibility of taking part in a follow-up study.

## ***Phase 2***

The families were re-contacted when their child reached the target age range of 10-14 years, between March 2016 and March 2018, and were asked if they would like to participate in the follow-up study. Most families were contacted using the details they provided at Phase 1 - including telephone numbers, email addresses and home addresses. However, given the length of time between Phase 1 (2010-2012) and Phase 2 (2016-2018), some information was no longer accurate. Where the original contact details were no longer in use, participants were contacted using social media (i.e. Facebook and LinkedIn). Families were informed that their participation would involve individual audio-recorded interviews with all family members, a video-recorded family game and a booklet of

paper questionnaires. In circumstances where parents did not wish to have a home visit, they were asked to complete skype/telephone interviews and/or questionnaires. The response rate was 85%, with 33 gay father families, 35 lesbian mother families and 43 heterosexual parent families participating in Phase 2 of the study. Of the 19 families who were lost to follow up (8 gay father families, 5 lesbian mother families and 6 heterosexual parent families), 11 could not be traced, 5 actively withdrew, and the remaining 3 families were unable to participate due to other commitments. Excluding those families who could not be traced, the participation rate at Phase 2 was 93%. There was no significant difference between family types in the proportion of families from Phase 1 who participated at Phase 2.

### ***Demographic Characteristics of Children and Parents at Phase 2***

As shown in Table 1, there were no differences between family types at Phase 2 in the age of the child, with all children aged between 10 and 14 years ( $M = 11.85$ ,  $SD = 1.2$ ). Neither were there differences between family types in the length of the child's placement in the adoptive family, the number of pre-adoptive placements the child had experienced, and the number of siblings in the family. However, there was a significant difference between family types in the children's age at adoption,  $F(2, 106) = 5.25$ ,  $p = .01$ , reflecting an older age at adoption among the children of gay fathers ( $M = 41.13$  months,  $SD = 19.25$ ) compared to the children of heterosexual parents ( $M = 26.37$  months,  $SD = 18.34$ ). There was also a significant difference in child gender between family types,  $\chi^2(2) = 12.67$ ,  $p = .01$ , with the greatest proportion of boys in gay father families (81.8% boys) and the lowest in lesbian mother families (40.0% boys). In the heterosexual parent families, there was a similar proportion of boys and girls (53.5% boys).

In all family types, the parent who was most involved with the child on a day-to-day basis according to parent reports at Phase 1, and agreed by two interviewers, was labelled Parent A and the co-parent was labelled Parent B. In the small number of families where parents shared child care

evenly, designations as Parent A and Parent B were assigned randomly. There was no difference between family types in the age of Parent A, but there was a significant difference in the age of Parent B,  $F(2, 107) = 3.43, p = .04$ , reflecting the younger age of Parent B in gay father ( $M = 46.22$  years,  $SD = 4.44$ ) compared to heterosexual parent ( $M = 49.78$  years,  $SD = 5.62$ ) families. For both Parent A and Parent B, there were no significant differences between family types in working status (e.g. full time, part time, or not working), or highest qualification (e.g. high school, vocational, or a degree). There was a significant difference regarding Parent A's ethnic identity ( $p=.03$ ), with significantly more white heterosexual parents than white lesbian mothers, but no difference between family types in the ethnic identity of Parent B.

There was a significant difference in family structure, as significantly fewer children in lesbian mother families were living with both of their adoptive parents compared to children in either gay father or heterosexual parent families, Fisher's Exact Test;  $p = .01$ . Specifically, children in six lesbian mother families were no longer living with both of their adoptive parents. In four of these families, the parents were separated and sharing childcare. The remaining two lesbian mother families suffered parental bereavement – one lesbian mother was now a single parent and the other was now raising her child with her new partner. One heterosexual couple had separated and were sharing childcare. All of the children in gay father families continued to live with both of their adoptive parents.

Table 1. *Sociodemographic Information by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		<i>F</i>	<i>p</i>	G vs.	G vs.
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			L	H
								<i>p</i>	<i>p</i>	
Age of child	11.77	1.10	12.23	1.40	11.60	1.05	2.83	.06	.11	.54
Age of child at adoption	41.13	19.25	36.85	23.9	26.37	18.34	5.25	.01	.40	.01
Length of placement	8.15	1.60	8.97	1.81	8.97	1.88	2.45	.09	.06	.05
Age of Parent A	46.85	6.23	48.59	7.12	49.21	5.50	1.38	.26	.25	.11
Age of Parent B	46.22	4.44	48.13	6.99	49.78	5.62	3.42	.04	.18	.01
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	$\chi^2$	<i>p</i>		
<i>Child gender</i>							12.67	.01		
Male	27	81.8	14	40	23	53.5				
Female	6	18.2	21	60	20	46.5				
							<i>Fisher's Exact Test</i>		<i>p</i>	
<i>No. of pre-adoptive placements</i>										.38
0	1	3.1	1	2.9	1	2.3				
1	20	62.5	16	47.1	29	67.4				
2+	11	34.4	17	50	13	30.2				
<i>Siblings</i>										.20
0	8	24.2	9	26.5	7	16.7				
1	13	39.4	20	58.8	27	64.3				
2+	12	36.3	5	14.7	8	19.1				
<i>Parent A qualification</i>										1
High school	7	21.9	8	24.2	9	22				
Vocational	4	12.5	4	30.8	5	12.2				
Degree	21	65.6	21	63.6	27	65.9				
<i>Parent B qualification</i>										.12
High school	6	18.2	3	9.1	11	28.2				
Vocational	1	3	2	6.1	5	12.8				
Higher education (e.g., degree)	26	78.8	28	84.8	23	59				
<i>Parent A employment</i>										.21
Not working	4	12.1	3	9.1	9	21.4				
Part time	10	30.3	16	48.5	19	45.2				
Full time	19	57.6	14	42.4	14	33.3				
<i>Parent B employment</i>										.61
Not working	4	12.1	2	5.9	2	4.8				
Part time	7	21.2	10	29.4	8	19				
Full time	22	66.7	22	64.7	32	76.2				
<i>Parent A ethnicity</i>										.03
White	32	97	31	88.5	43	100				
Other	1	3	4	11.5	0	0				
<i>Parent B ethnicity</i>										.24
White	31	93.9	32	97	38	92.7				
Other	2	6.1	1	3	3	7.3				
<i>Family Structure</i>										
Original adoptive family	33	100.0	29	82.9	42	97.7				
Other	0	0.0	6	17.1	1	2.3				.01

### *Pre-adoption history*

Information regarding the children's pre-adoption history was obtained from the parent interview at Phase 1 of the study. Parents were asked whether their child had experienced physical abuse, emotional abuse, neglect, sexual abuse or domestic violence. They were also asked whether the child's birth parents had mental health problems, had misused alcohol or had been convicted of criminal behaviour. Parents were required to indicate "yes", "suspected", "no" or "unknown" regarding whether each item was true for their child according to the information they had been given. Information on the children's pre-adoption history was obtained where available. Although most parents had some information about their child's background, few parents had comprehensive information. Responses to these questions were aggregated into binary variables as follows: yes/suspected and no/unknown.

Where information was available, the proportion of birth mothers known or suspected to have mental health problems was 50% in gay father families, 44.1% in lesbian mother families and 53.5% in heterosexual parent families. The proportion of birth fathers with mental health problems was 28.1% in gay father families, 20.6% in lesbian mother families and 25.6% in heterosexual parent families. The proportion of birth mothers known or suspected to have abused alcohol was 50%, 61.8% and 48.8% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of birth fathers known or suspected to have abused alcohol was 43.8%, 55.9% and 41.9% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of birth mothers to have perpetrated domestic violence was 46.9%, 55.9% and 53.5% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of birth fathers to have perpetrated domestic abuse was 50.0%, 64.7% and 37.2% in gay father, lesbian mother and heterosexual parent families respectively. In terms of criminal behaviour, the proportion of birth mothers who were perpetrators was 40.6%, 32.4% and 27.9% in gay father, lesbian mother and heterosexual parent families

respectively; the proportion of birth fathers whom were perpetrators was 53.1%, 44.1% and 39.5% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of children to have experienced neglect was 87.5%, 67.6% and 58.1% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of children to have experienced emotional abuse was 53.1% in gay father families, 47.1% in lesbian mother families and 37.2% in heterosexual parent families. The proportion of children known/suspected to have experienced physical abuse was 37.5%, 29.2% and 33.3% in gay father, lesbian mother and heterosexual parent families respectively. The proportion of children to have experienced sexual abuse was 15.6% in gay father families, 17.6% in lesbian mother families and 4.7% in heterosexual parent families. With the exception of child neglect, there were no significant differences between family types in the proportion of children who had experienced each type of adversity. A significantly greater proportion of children in gay father families had experienced neglect compared to children in heterosexual parent families,  $\chi^2(2)=7.59, p=.02$ .

### ***Contact with the birth family***

Regarding the full sample of adopted children, just under half (37.8%) had some type of contact (i.e. letterbox, phone calls, face-to-face) with their birth mother (40.0% in gay father families, 31.0% in lesbian mother families, 41% in heterosexual parent families), just under a quarter (23.4%) were in contact with their birth father (27.6% in gay father families, 34.5% in lesbian mother families and 11.1% in heterosexual parent families) and just over half (51.2%) were in contact with a birth sibling or siblings (50% in gay father families, 61.5% in lesbian mother families and 43.7% in heterosexual parent families). Of those who had some type of contact, this tended to be once or twice a year for birth mothers, for birth fathers and for birth siblings. The type of contact (i.e. letterbox, phone calls, face-to-face) that adopted children had

ever had with each birth family member was also measured. Regarding contact with birth mothers and fathers, the type of contact that most children had was letterbox (80% and 77.8% respectively), whereas for birth siblings the highest level of contact that the majority of children had was face-to-face contact (59.3%). There were no differences between family types in terms of the frequency or highest level of contact with birth mothers, birth fathers or birth siblings.

## ***2.2 Procedure***

Ethical approval for the study was granted by the University of Cambridge Psychology Research Ethics Committee.

Assessments were conducted by two trained researchers who visited family homes located all over the United Kingdom, including England, Scotland and Wales. The research visits to family homes were conducted over a period of two years, between 2016 and 2018, and each research visit lasted approximately three hours. The author (AM) conducted 90.1% ( $n = 101$ ) of the research visits, with the remainder conducted by the second trained researcher (NCA) independently, or with the help of an undergraduate student, trained in the study methods. To reduce the duration of each visit and, thus, participant fatigue, questionnaire booklets were mailed to participants in advance and parents and children were instructed to complete the questionnaires individually. At the beginning of each research visit, parents were given time to read over the study information sheet (see Appendix 1) and ask questions before informed written consent was obtained (see Appendix 2). For the child's participation, parents provided written consent (Appendix 2), and each child was given their own study information and written assent forms (see Appendix 3). The researchers explained clearly to the children that taking part in the study would involve a video recorded game with their parents, an audio recorded interview with them on their own, as well as some paper questionnaires. The children were informed that they did not have to take part if they did not wish to, and that they could stop the interview at any time. The researchers also explained confidentiality to the children by letting them

know that what they said during the interview would not be shared with their parents, or anyone else, and that this agreement would only be broken in the very rare circumstance that something was said to suggest that they, the child, or another member of their family, may be in danger.

Each parent completed a 5-minute, video-recorded observational task with their child. Then, to maximise the efficiency of the research visit, one researcher interviewed Parent A, whilst the other researcher interviewed Parent B and then the child. All interviews were audio-recorded. The Parent A interview lasted an average of 1.5 hours, whilst the Parent B interview lasted approximately 1 hour, and the child interview was around 45 minutes. The Parent A interview was longer than the Parent B interview as it contained some additional questions, including a detailed section on the development, emotions and behaviour of the child (which was sent to a child psychiatrist to code the severity and type of the child's psychiatric difficulties). Most families completed their questionnaires in advance of the research visit, but when families did not have time to do so – questionnaire booklets were completed after interviewing. During the research visit, families were also asked for permission to contact the child's teacher. Written informed consent was obtained from teachers (see Appendix 4), who also completed a questionnaire to give an independent assessment of the children's adjustment. As data were obtained by interview on issues relating to the children's families, it was not possible for interviewers to be "blind" to family type. However, a section of the interview on the child's psychological adjustment was rated by a child psychiatrist who was unaware of the child's family background.

### **2.3 Measures**

The measures used at Phase 2 are described below. Where measures from Phase 1 were used for the longitudinal analyses these are also described.

## ***Parent Psychological Functioning***

### ***Edinburgh Depression Scale***

At both phases of the study, parental depression was assessed using the Edinburgh Depression scale (EDS; Thorpe, 1993). The EDS is a 10-item self-report scale with each item scored on a 4-point scale (0-3). The minimum score is zero and the maximum is thirty, with higher scores indicating higher levels of depression. The cut-off of 13 has been suggested for major depressive disorder, yet a lower cut-off of 10 has been recommended for community screening to prevent cases of possible depression from being missed (Cox, Holden, & Sagovsky, 1987). For fathers, it has been suggested that the optimal cut-off for depression is 10 (Matthey, Barnett, Kavanagh, & Howie, 2001). Thus, the cut-off of 10 was used for all parents in the current study. The EDS was first developed to screen for symptoms of postnatal depression in women (Cox et al., 1987), but has since been validated with fathers (Matthey et al., 2001), with samples outside the postnatal period (Thorpe, 1993) and with the general population (Matijasevich et al., 2014). The measure is sensitive to changes in depression over time and possesses satisfactory validity and split-half reliability (Cox et al., 1987). Cronbach's alpha for the present sample was .84 for parent A and .83 for parent B.

### ***Trait Anxiety Inventory***

At both phases, the Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) was used to assess parental anxiety. The 20-item scale produces scores which range from 20 to 80, and higher scores represent higher levels of anxiety. Spielberger et al., (1983) reported norms on the TAI to be 34.79 for working women and 34.89 for working men respectively; the mean trait anxiety scores did not differ between the sexes for working adults. Studies have regarded scores above 45 to represent the clinical cut-off (Fisher & Durham, 1999) as scores below this threshold are considered to be within the normal range. A meta-

analytic review of 816 research articles conducted between 1990 and 2000 found the average reliability coefficients for both test-retest reliability and internal consistency to be acceptable (Barnes, Harp, & Jung, 2002). Cronbach's alpha for the present sample was .92 for parent A and .92 for parent B.

#### Parent Psychiatric Support and Medication

At Phase 2, a section of the Parent Interview focused on parent's mental health. Parents were asked "Have you ever had to see your family doctor for worrying, depression, nervous troubles or any other psychological problems?" and "Have you ever had any kind of regular prescription for worrying, depression, nervous troubles or any other psychological problems?". Responses to both of these questions were coded as either 0 (no) or 1 (yes).

#### Golombok Rust Inventory of Marital State

Parents were administered the 28-item Golombok Rust Inventory of Marital State (GRIMS; Rust, Bennun, Crowe, & Golombok, 1990) to assess the quality of the relationship with their partner. Each item is answered on a 5-point scale from 0 (*strongly disagree*) to 4 (*strongly agree*). On the GRIMS, total scores below 30 suggest that the couple relationship is better than average and scores above 30 indicate that the quality of relationship is below average. Scores above 42 reflect severe problems in the relationship. Content validity of the GRIMS is high, and split-half reliability is .91 for men and .87 for women. The questionnaire has been shown to distinguish significantly between couples who are going to separate and those who are not (Rust et al., 1990). Cronbach's alpha was .82 for Parent A and .77 for Parent B.

### Co-parenting Relationship Scale

At Phase 2, both parents were administered the Co-Parenting Relationship Scale (CRS; Feinberg, Brown, & Kan, 2012) to assess the quality of co-parenting in each family. The 35-item measure consists of seven subscales: co-parenting agreement (4 items), co-parenting closeness (5 items), exposure to conflict (5 items), co-parenting support (6 items), co-parenting undermining (6 items), endorse partner parenting (7 items), and division of labour (2 items). Items 1-30 are rated on a 7-point scale from 0 (*not true of us*) to 6 (*very true of us*) and the final five items are answered from 0 (*never*) to 6 (*several times a day*). Feinberg et al. (2012) reported that the CRS possesses good reliability, stability, construct validity, and inter-rater agreement. In the present study, Cronbach's alphas for Parent A were .67 for agreement, .77 for closeness, .78 for exposure to conflict, .81 for support, .68 for undermining, and .80 for endorsement. For parent B, Cronbach's alphas were .69 for agreement, .70 for closeness, .85 for exposure to conflict, .79 for support, .65 for undermining, and .59 for endorsement. As the division of labour scale comprised just 2 questionnaire items, Cronbach's alpha could not be calculated.

### ***Quality of Parenting***

#### Parent Interview

At both phases of the study, each parent was interviewed separately using an adaptation of a semi-structured standardised interview designed to assess quality of parenting which has been validated against observational ratings of mother-child relationships (Quinton & Rutter, 1988) and has been used successfully in previous studies with same-sex parent families (Golombok, Blake, et al., 2017; Golombok et al., 2014). This interview lasted approximately 1.5 hours and covered an array of developmentally salient topics including the child's behaviour, their school life and their relationships with parents, siblings and peers. A section

of the interview addressed the child's contact and relationships with birth family members. Detailed descriptions of the child's behaviour and the parent's response are obtained, with particular attention to interactions involving warmth and control. The interview procedure was designed to minimise the effects of social desirability by utilising lengthy and detailed questioning and assessing non-verbal cues such as body language, tone of voice and willingness to expand. A flexible questioning style is used to generate sufficient information for the researcher to rate each variable using a standardised coding scheme. Thus, ratings are produced by researchers based on in-depth information provided by parents. Participants provided consent for the interviews to be voice-recorded in order to facilitate coding and the calculation of inter-rater reliability.

Although the parent interview also obtained information regarding the psychiatric state of the child, parent mental health, experiences of homophobia and parental concerns about the lack of mother or father, these codes are described in the relevant sections below. The codes used to capture the quality of parenting were as follows:

### *Expressed Warmth*

The global code of *expressed warmth* rated warm behaviour from the parent to the child including the tone of voice, expression and gestures of the parent when talking about their child. Spontaneous expressions of warmth throughout the interview were also taken into consideration and failure to express warmth where direct opportunities were presented (e.g. when asked if it is easy to be affectionate with the child) typically lowered the rating. The level of sympathy and concern about the child's difficulties were also considered, as was the level of enthusiasm and interest shown in relation to the child's achievements. Irrelevant factors included the warmth of the parent's personality, stereotyped endearments (e.g. darling), and

parental depression. *Expressed warmth* was coded on a 7-point scale from 0 (*none*) to 6 (*especially high*).

### *Sensitive Responding*

The global code of *sensitive responding* captured the extent of the parent's recognition of the child's anxieties and fears, as well as the degree of sensitivity shown in response. Parents who scored high in sensitive responding showed an ability to recognise anxieties from non-verbal cues, and to anticipate anxiety provoking circumstances. The highest scores were afforded to parents who were not only able to differentiate their response according to the appraisal of the problem, but who also showed a keen awareness of the child as an individual, and actively assisted them with confronting their fears to maximise the chance of the child learning positively from the experience. *Sensitive responding* was coded on a 5-point scale from 0 (*none*) to 4 (*very sensitive responding*).

### *Quality of Interaction*

This global code measured the *quality of interaction* between the parent and the child and was based on the degree to which the child and parent enjoyed spending time together, wanted to be with each other, showed affection to one another and enjoyed playing together. The extent of the involvement of the parent in taking responsibility for the child was also considered when making this rating. *Quality of interaction* was coded from 0 (*very poor*) to 4 (*very good*).

### *Criticism*

This global code captured the extent to which the parent expressed *criticism* of the child's behaviour or character. When making this code, any criticism shown throughout the

interview was considered, but particular attention was afforded to the question asking the parent to describe what their child is like and what they are like to live with. This rating captured both the frequency and severity of criticisms. *Criticism* was coded on a 5-point scale from 0 (*none*) to 4 (*considerable*).

#### *Frequency of Battles*

This code measured the frequency of confrontations that had occurred between the parent and the child over the last 3 months and *frequency of battles* was coded on a 6-point scale from 0 (*never/rarely*) to 5 (*a few times per day*).

#### *Level of Battles*

The *level of battles* code assessed the severity of conflict between the parent and child. Confrontations were rated as minor when the incidents lasted less than 5 minutes. The highest rating was given to confrontational incidents that lasted half an hour or longer and involved the loss of temper on one or both sides. *Level of battle* was coded on a 4-point scale from 0 (*no confrontations*) to 3 (*major battles*).

Before beginning data collection, interviewers were trained on the interview coding scheme by a senior researcher with considerable experience of administering the interview to parents. The two trained researchers held coding meetings after each research visit and any coding discrepancies were discussed in depth to ensure coding was consistent across the two year data collection process. To assess inter-rater reliability, 14 of the interviews were recoded. The inter-rater reliabilities (intra-class correlation coefficients) were as follows: *expressed warmth* (Phase 1 = .75; Phase 2 = .68), *sensitive responding* (Phase 1 = .71; Phase 2 = .82), *quality of interaction* (Phase 1 = .77; Phase 2 = .85), *criticism* (Phase 1 = .69; Phase 2 = .78),

*frequency of battles* (Phase 1 = .95 ; Phase 2 = 1.00) and *level of battles* (Phase 1 = .85 ; Phase 2 = .81).

### ***Parent-child Interaction Quality***

At Phase 2, the Fictional Vacation Task (Grotevant, & Cooper, 1985, 1986) was utilised to obtain an observational assessment of the quality of interaction between the child and each of her/his parents separately. The child and parent were asked to imagine they had unlimited funds to plan a two-week holiday together and were given 5 minutes to plan each week. The child and one parent planned the first week, and the child and the other parent planned the second week. The order of Parent A and Parent B was counter-balanced to avoid order effects. Each parent-child dyad was given the following instructions: “*We’d like you to plan a two-week holiday. Imagine that we gave you unlimited money and you could go anywhere you want and do anything you’d like to do. Each week of the holiday should be planned by two family members only. Plan out every day, thinking about the entire family. We’ll give you about five minutes to plan each week.*” The parent and child were given an A4 sized sheet of paper with an empty timetable for them to complete with their chosen activities. The sessions were video recorded and coded using the Parent-Child Interaction System (Deater-Deckard & Petrill, 2004) which assessed the construct of Mutuality, i.e. the extent to which the parent and child engage in positive dyadic interaction characterized by warmth, mutual responsiveness and cooperation. The following variables were rated from 1 (*no instances*) to 7 (*constant, throughout interaction*): (a) *child responsiveness* captured the extent to which the child responded immediately and contingently to the parent’s suggestions, questions, or behaviours; (b) *parent’s responsiveness* measured the degree to which the parent responded immediately and contingently to the child’s suggestions, questions, or behaviours; (c) *dyadic reciprocity* assessed how much shared positive affect and eye contact the dyad showed; (d) *dyadic*

*cooperation* assessed the extent to which the child and parent agreed about how to proceed with the task. The PARCHISY coding system has demonstrated good interobserver reliability (Deater-Deckard, 2000), predictive validity (Ensor & Hughes, 2010) and discriminant validity (Deater-Deckard & Petrill, 2004). The inter-rater reliabilities (intra-class correlation coefficients) were as follows: child responsiveness (.73), parent responsiveness (.61), dyadic reciprocity (.81), and dyadic cooperation (.61).

### ***Child Adjustment***

#### **Strengths and Difficulties Questionnaire**

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) was used to assess the presence of child psychological problems; total scores were calculated as well as internalising scores and externalising scores (Goodman, Lamping, & Ploubidis, 2010). At Phase 1, the SDQ was administered to the primary caregiver (Parent A) as well as the child's teacher. At Phase 2, the SDQ was administered to both parents (Parent A and Parent B), the teacher and the child. Higher total scores on the SDQ indicate a greater level of problems, and the cut-off scores for psychiatric disorder are as follows: 17 or above on the parent questionnaire, 16 on the teacher questionnaire, and 20 on the child questionnaire. The number of children with scores exceeding the clinical cut-off was calculated for parent, teacher and child reports separately. The SDQ has demonstrated good internal consistency, concurrent and discriminative validity, and inter-rater and test-retest reliability (Goodman, 1994, 1997). Stone, Otten, Engels, Vermulst, and Janssens' (2010) review of 48 studies involving over 130,000 children, found the psychometric properties of the SDQ to be strong. The externalising and internalising subscales have been shown to possess good construct validity, and convergent and discriminant validity (Goodman et al., 2010). Although the five SDQ subscales of emotional problems, peer problems, behavioural problems, hyperactivity and prosocial

behaviour have been recommended for use in high risk samples, an advantage of using the broader externalising and internalising subscales is that the greater number of items that contribute to these scales may reduce measurement error, which is particularly important in small samples (Goodman et al., 2010). Cronbach's alpha for the present sample was .83 for Parent A's score of externalising problems, .80 for Parent A's score of internalising problems, .86 for Parent A's total SDQ score, .86 for Parent B's score of externalising problems, .81 for Parent B's score of internalising problems, .89 for Parent B's total SDQ score, .78 for the child's report of their own externalising problems, .76 for the child's report of their own internalising problems, .82 for the child's total SDQ score, .91 for the teacher's score of externalising problems, .76 for the teacher's score of internalising problems and .89 for the teacher's total SDQ score.

#### Ratings of psychiatric disorder

The presence of child psychiatric disorder was assessed during the interview with Parent A at Phase 2 of the study using a standardized procedure (Rutter, Cox, Tupling, Berger, & Yule, 1975). Detailed descriptions of any emotional or behavioural problems shown by the child were obtained. The descriptions included details about where the behaviour was shown, the severity of the behaviour, the frequency with which it occurred, the precipitants, and the course of the behaviour over time. These descriptions of actual behaviour were transcribed verbatim and rated by a child psychiatrist who was unaware of the nature of the study and the child's family background. This procedure has demonstrated a high level of reliability ( $r = .85$ ) between ratings made by researchers and those made "blindly" by a child psychiatrist (Rutter et al., 1975). Validity has been established through a high level of agreement between interview ratings of children's psychological problems and mothers' assessments of whether their children had behavioural or emotional difficulties (Rutter et al., 1975). The psychiatrist rated

any psychiatric problem identified according to the type, i.e. *emotional, conduct, developmental, hyperkinetic, psychosis, and other*. Where more than one than one type of psychiatric problem was identified, the child was rated as having *mixed* problems. The psychiatrist also rated the severity of the psychiatric problem on a 4-point scale ranging from 0 (*no abnormality*), 1 (*dubious or trivial*), 2 (*slight but definite*) to 3 (*definite or marked*).

### ***Child Attachment***

#### The Friends and Family Interview

Children were interviewed using the Friends and Family Interview (FFI; Steele & Steele, 2005), a semi-structured interview designed to assess attachment security in middle childhood and adolescence. Questions focus on the child's relationship with each parent, as well as other important relationships at this developmental stage such as peers and teachers. The interviews were audio-recorded and transcribed verbatim before being coded using the FFI Rating and Classification System (Kriss, Steele, & Steele, 2012). Several dimensions were coded on a four-point scale from 1 (*no evidence*) to 4 (*marked evidence*). These dimensions included: coherence, reflective functioning, perception of parents as available for emotional and instrumental support, self-esteem, peer and sibling relations, anxieties and defence mechanisms (i.e. role reversal, idealisation, anger and derogation), differentiation of parental representations, and adaptive response. Ratings on each of these dimensions informed the coding of the overall attachment patterns (*secure-autonomous, insecure-dismissing, insecure-preoccupied and disorientated-disorganised*). Coherence is key to coding the FFI; typically, coherent narratives score high in security while less coherent narratives score higher in one of the insecure attachment dimensions. Secure-autonomous ratings are associated with good developmental perspective, i.e. the ability to recognise how the parent-child relationship has changed as the child has grown older and become more mature, and adaptive responding, i.e.

the consistent use of positive coping mechanisms (e.g. talking to a parent or friend) to alleviate distress. A high rating on the secure-autonomous attachment dimension was given when the respondent showed the ability to cope on their own at times, but also the capacity to turn to others for support. Insecure-dismissing respondents, typically, provide insufficient information to back up their claims, show limited reflexive functioning and are highly idealising or derogating when describing their parents. Respondents who scored high the insecure-dismissing dimension typically showed a restriction around acknowledging and expressing distressing feelings, or put others down whilst elevating themselves defensively. The narrative of an insecure- preoccupied respondent is marked by too much information or tangential responses, as well as a low developmental perspective. Children received a high rating on the insecure-preoccupied dimension when anger or passivity predominated, and when responses were persistently tied to parents. Disoriented-disorganised ratings are associated with low adaptive responding, low self-regard and high derogation of the self. Respondents with high scores on this attachment pattern typically presented contradictory or incompatible strategies, and non-verbal distress and fearfulness were often evident.

In addition, the child's perception of both parents (Parent A and Parent B) as available for instrumental support (*secure base*) and emotional support (*safe haven*) were scored according to the following criteria. *Safe-haven* was rated highly when the child's response indicated their parent was consistently available to support them emotionally (e.g. when upset), and when they provided sufficient evidence to support this appraisal. *Secure-base* was rated highly when the child's response indicated their parent was consistently available to support them instrumentally (e.g. with homework or hobbies), and when they provided sufficient evidence to support this appraisal.

Each attachment pattern (*secure-autonomous*, *insecure-dismissing*, *insecure-preoccupied* and *disorientated-disorganised*) was coded individually, in accordance with the

view that attachment patterns are dimensional, and that children may display a range of strategies when the attachment system is activated, some of which may be more adaptive than others (Kriss et al., 2012). Therefore, each child is given a score between 1 (*no evidence*) and 4 (*marked evidence*) for each of the four attachment patterns (*secure, dismissing, preoccupied, disorganised*). After dimensional scoring (i.e. scoring each attachment pattern independently on a scale of 1-4), children's transcripts were given a categorical classification which reflected their *dominant strategy* (i.e. the attachment pattern they scored highest on).

The FFI has demonstrated good construct validity and inter-rater reliability (Kriss et al., 2012) and has been used successfully with adopted samples (Abrines et al., 2012; Barcons et al., 2014; Pace, Zavattini, & D'Alessio, 2012; Stievenart, Casonato, Muntean, & van de Schoot, 2012). All interview transcripts were coded by the first author (AM) who had attended the two-day FFI training course and had passed the FFI reliability test. Forty-five of the interviews were coded by a second, independent, trained researcher. Inter-rater reliabilities were calculated using Intraclass Correlation Coefficients for the dimensions included in the analyses. Regarding children's perceptions of their parents as available for emotional support (*safe haven*) and instrumental support (*secure base*), inter-rater agreement was .77 for safe haven Parent A, .71 for safe haven Parent B, .56 for secure base Parent A and .73 for secure base Parent B. For the overall attachment dimensions, inter-rater agreement was .71 for *secure-autonomous*, .74 for *insecure-dismissing*, .73 for *insecure-preoccupied* and .75 for *disoriented-disorganised*.

### ***Child Positive Wellbeing***

#### **Engagement Perseverance Optimism Connectedness and Happiness**

At Phase 2, the well-being of the children was assessed using the EPOCH questionnaire of Adolescent Wellbeing (Kern et al., 2016). The EPOCH assesses 5 positive psychological

characteristics (Engagement, Perseverance, Optimism, Connectedness, and Happiness) which are theorised to foster well-being and physical health in adulthood. The 20-item scale consists of 5 subscales (one for each of the positive psychological characteristics above), with four items per subscale. Each item is scored on a 5-point scale from 1 (*not at all like me*) to 5 (*very much like me*) and overall wellbeing is calculated by taking the average score of the five domains. Example items include: “There are people in my life who really care about me” (Connectedness), and “I believe that things will work out, no matter how difficult they seem” (Optimism). The EPOCH was standardised on 4,480 adolescents, aged 10 to 18 years, over 10 studies conducted in the United States and Australia. Although the EPOCH is a new measure, and further research is required to determine its predictive validity, the measure has face validity and offers a holistic approach of assessing adolescent positive psychological functioning. The EPOCH has acceptable test-retest reliability and internal consistency is high (Kern et al., 2016). EPOCH scores are negatively associated with measures of behavioural and emotional problems, suggesting that it is a valid measure of positive well-being (Kern et al., 2016). Cronbach’s alpha for the present sample was .77 for engagement, .78 for perseverance, .77 for optimism, .68 for connectedness and .84 for happiness.

### ***Stigmatisation***

#### **Mistreatment due to Adoptive Status**

At Phase 2, an eight-item questionnaire (Goldberg & Smith, 2014) was utilised to assess the level mistreatment and exclusion parents faced in the school environment related to their child’s adoptive status, including exclusion and mistreatment by teachers, school personnel and other parents. The development of the measure was informed by prior research and relevant popular press (Kosciw & Diaz, 2008b) and the items were revised in response to feedback from several adoption scholars. The first six items of the questionnaire relate to mistreatment and

are scored on a 5-point scale from 1 (*not at all true*) to 5 (*very true*). Example items include “I have felt my parenting skills were questioned because I am an adoptive parent” and “I have felt that staff members treat my child differently because he/she is adopted”. The final two items of the questionnaire pertain to exclusion and are scored on a 5-point scale from 1 (*not at all excluded*) to 5 (*very excluded*); for example “To what degree do you feel excluded from your child’s school on the basis of your status as an adoptive family”. The questionnaire is scored to produce a total score, with higher scores reflecting greater levels of mistreatment. Although this measure was developed relatively recently and, thus, further studies are required to fully establish its psychometric properties, Goldberg and Smith (2014) found that the questionnaire possessed good reliability and demonstrated concurrent validity. Cronbach’s alpha for the present sample was .77 for Parent A and .79 for Parent B.

#### Child Experienced Homophobia

A section of the Parent Interview (described above) focused on experiences of homophobia. Parents were asked whether their child had ever experienced homophobia and responses were coded as 1 (*no*) or 2 (*yes*).

#### Mistreatment due to Parental Sexual Orientation

At Phase 2, an 8-item questionnaire (Goldberg & Smith, 2014) was administered to parents to assess their perceived exclusion and mistreatment by teachers, school staff and other parents due to their sexual orientation. The questionnaire items were almost identical to the Mistreatment due to Adoptive Status questionnaire, but were worded in relation to being a lesbian/gay parent, rather than an adoptive parent. The measure was developed in response to research on the experiences of LGBT parent families in schools (Casper & Schultz, 1999; Kosciw & Diaz, 2008b) and questionnaire items were modified in response to feedback from

several scholars of sexual-minority parent families. The first six items of the questionnaire focused on mistreatment and were scored on a 5-point scale from 1 (*not at all true*) to 5 (*very true*) and the last two items assessed exclusion and were rated from 1 (*not at all excluded*) to 5 (*very excluded*). Example items include: “I have felt mistreated by school staff because I am a lesbian/gay parent” and “To what degree do you feel excluded by the parents of your children’s peers on the basis of your sexual orientation”. The questionnaire produces a total score, with higher scores reflecting greater mistreatment. This measure was developed relatively recently and, therefore, further research is required to fully establish its psychometric properties. However, existing research suggests that the measure shows good reliability and concurrent validity (Goldberg & Smith, 2014b, 2014a). Cronbach’s alpha for the present sample was .68 for Parent A and .73 for Parent B.

#### Preoccupation with Disclosing Parent’s Sexual Orientation Scale.

At Phase 2, children of gay fathers and children of lesbian mothers were administered the nine-item Preoccupation with Disclosing Parent’s Sexual Orientation Scale (PDPSOS; Vyncke, Julien, Jodoin, & Jouvin, 2011). The scale assessed the extent to which adolescents were preoccupied and worried about the disclosure of their family structure in environments that are not always accepting of homosexuality. Example items include: “I worry that people will find out that my mother is a lesbian” and “When my friends come to my house, I make sure to hide things that are too lesbian or gay”. The children responded to each item on a 4-point scale ranging from 1 (*very much like me*) to 4 (*not at all like me*). The scale has been shown to be unidimensional and to possess good reliability. Construct validity was better for boys than for girls, as the PDPSOS accounted for variance in boys’ externalising and internalising symptoms, but was not significantly associated with variance in girls’

externalising or internalising symptoms (Vyncke et al., 2011). Cronbach's alpha for the present sample was .72.

### Perceived Heterosexism Scale

At Phase 2, children were administered the eight-item Perceived Heterosexism Scale (PHS; Vyncke et al., 2011). The scale assessed adolescents' perceptions of their peers' negative biases towards same-sex parents and their families. The PHS asked adolescents to indicate, on a 5-point scale from 1 (*strongly disagree*) to 4 (*strongly agree*), "what most kids in their school would think about the following items", where each item described a negative bias against same-sex parents (e.g. "Children of lesbian mothers will turn out to have emotional problems"). Higher scores on the scale represent greater levels of perceived heterosexism. In terms of the psychometric properties, the scale was found to be unidimensional, and to have a high degree of reliability. The PHS has also demonstrated good construct validity, as PHS scores have been found to significantly account for variance in both externalising and internalising symptoms, (Vyncke et al., 2011). Cronbach's alpha for the current sample was .84.

### ***Same-sex parents feelings about a lack of parent of the other gender in their family***

A section of the Parent Interview for same-sex parents focused on concerns about the lack of mother in gay father families or lack of father in lesbian mother families. These questions were coded according to a section of the Parent Interview coding manual which was created to classify participants' responses on this topic. Parent A in same-sex parent families was asked: 1. How do you feel about your child growing up without a mother/father in the home?, 2. How do you think your child feels about not having a mother/father?, and 3. Do you think it is important for (child) to have a female/male role model(s) in their lives or is this not important?. Further details on how these three questions were coded are outlined below. The

inter-rater reliabilities were 1.00 for *parental concern about a lack of parent of the other gender*, .85 for *importance of male/female role model*, and .77 for *parental perceptions of child's feelings about a lack of parent of the other gender*.

#### Parental concern about a lack of parent of the other gender

This rating captured the extent to which the parent was concerned about the child growing up without a male or female parent. Parental concern about lack of mother/father was rated from 0 (*no concerns*) to 3 (*major concerns*). A rating of *no concerns* was made when the parent expressed no concerns about the lack of a male/female parent and generally considered parental gender to be unimportant. Parents were rated as having *major concerns* when they expressed serious concerns that the lack of male/female parent would negatively impact the wellbeing of their child.

#### Parental perceptions of child's feelings about a lack of parent of the other gender

This is a rating of how the parent thinks their child feels about growing up without a male/female parent. Responses to this question were coded as 0 (*negative*), 1 (*neutral*), 2 (*positive*), 3 (*mixed*), or 4 (*not sure*). A rating of *negative* feelings was made when the parent thought that their child may be worried or feel they are missing out on something due to not having a male/female parent, or if it they thought that their child would ideally like to have a mother/father. *Neutral* feelings was rated when the child did not seem that concerned about not having a mother/father. When the child seemed happy about having two mothers/fathers, had expressed certain benefits about having two mothers/fathers and had not expressed concerns about not having a mother/father, a rating of *positive* feelings was afforded. *Mixed* or ambivalent feelings was rated when the parent perceived that the child had a mixture of both

positive and negative feelings regarding the lack of mother/father in their family. When the parent didn't know how the child felt, the response was coded as parent *not sure*.

#### Importance of male/female role model

This rating captured the degree to which the parent believed male/female role model(s) (outside of the family home) to be important. The importance of a male/female role model was coded from 0 (*not important*) to 4 (*extremely important*). A rating of *not important* was given when the parent suggested that the gender of role model(s) was irrelevant, or that nothing special/unique could be gained from the presence of male/female role model(s). A rating of *extremely important* was made when the parent expressed that having male/female role model(s) is fundamental to healthy child development, or that male/female role model(s) provide something unique/special that role models of the other gender cannot. When this rating was made, the overarching message was that a lack of male/female role model would negatively impact their child.

### **3. Analysis Plan**

#### ***3.1 Analysis Plan***

This section outlines the statistical methods utilised to analyse data from parents and children. Data were analysed using IBM SPSS Statistics version 25 and *Mplus* version 8. The analysis was structured in accordance with the specific research questions of the present study.

#### Statistical Power

For the analyses comparing family functioning in adoptive gay father, lesbian mother and heterosexual parent families, that relied on data from parent reports, sample sizes were adequate to detect moderate differences (Cohen, 1992). As fewer teachers and children participated, statistical power was lower for the analyses that relied on child and teacher reports (e.g. group comparisons of the proportion of children scoring above the SDQ clinical cut-off).

However, these sample sizes were adequate to detect large effects at  $\alpha = .05$ . For the analyses comparing child psychological functioning in gender matched and gender mismatched families, sample sizes were adequate to detect moderate differences (Cohen, 1992). Statistical power was lower for the comparisons between gender mismatched and gender matched families on parental concerns about a lack of opposite gender parent. For these analyses, sample sizes were adequate to detect large group differences at  $\alpha = .05$ .

#### Data preparation

Firstly, missing data were imputed to maximise sample sizes. For questionnaires with under 5% of responses missing, data was imputed by substituting the missing value for the mean value of the participant's responses on that specific subscale. For example, when a participant had one missing value on the hyperactivity subscale of the Strengths and Difficulties questionnaire, the mean of that participant's responses to the other hyperactivity items was substituted for the missing value.

The data were explored to assess whether the independent and dependent variables met the assumptions of normal distribution and homogeneity of variance. The distribution of the data was examined visually, by inspecting histograms, and numerically, by calculating the  $z$ -score for skew and kurtosis for each variable, whereby values greater than 1.96 or less than -1.96 were considered problematic (Field, 2013). Levene's test was used to investigate the assumption of homogeneity of variance (Levene, 1960). When either the assumption of normality or the assumption of homogeneity of variance have been violated, the outcome of parametric tests may be distorted, and could increase the likelihood of Type I and Type II errors. In the case of a Type I error, the null hypothesis is falsely rejected and in the case of a Type II error the null hypothesis is falsely accepted. As some variables were not normally distributed, non-parametric tests (e.g. Mann-Whitney U) were used for group comparisons on

these variables and a maximum likelihood robust estimator was used for multilevel modelling on MPlus, as MLR accounts for skewness and kurtosis (Kline, 2012).

### Part I – Family Functioning

To examine differences in psychological functioning between gay father, lesbian mother and heterosexual parent families, multilevel modelling (MLM), multivariate analyses of covariance (MANCOVAs) and univariate analyses of covariance (ANCOVAs) were utilised. MLMs were used to compare the three family types where both parents reported on the same outcomes (e.g. depression, child adjustment etc.) due to the lack of independence of the data. MANCOVAs were used to compare the mean scores of the three family types on conceptually related variables (e.g. secure-autonomous attachment, insecure-dismissing attachment etc). Where MANCOVAs showed significant overall differences between family types, these were followed up with ANCOVAs with planned contrasts to identify where the differences lay. The planned contrasts were (1) gay father versus lesbian mother families in order to examine whether families headed by male same-sex parents differed from families headed by female same-sex parents, and (2) gay father versus heterosexual parents to examine whether families headed by male same-sex parents differed from traditional families.

The covariate included in the MANCOVAs was child gender, as this was the only demographic variable that differed significantly by family type and showed a significant association with the outcome variables (i.e. attachment and positive wellbeing). Demographic variables which differed by family type but were not associated with the outcome variables, such as age at adoption and parental age, were not included as covariates.

Chi-square tests and Fisher's exact tests were used to assess differences in categorical outcomes such as psychiatrist ratings of the type of psychiatric problem. Fisher's exact tests were employed in cases where contingency tables contained an expected cell count value which

was lower than five (Freeman & Campbell, 2007). To investigate whether child adjustment problems and parental mental health problems changed over time, repeated measures ANOVAs were carried out.

### Part II – Experiences of Stigmatisation

To examine differences in perceptions of adoption stigma between gay fathers, lesbian mothers and heterosexual parents, MLM was used as reports were obtained from both parents. Similarly, multilevel modelling was used to examine differences in perceptions of homophobic stigmatisation between gay fathers and lesbian mothers, as reports from Parent A and Parent B were obtained.

A Chi-square test was used to compare the proportion of lesbian and gay parents who reported that their child had experienced homophobia, as the data were categorical. An independent samples t-test was utilised to assess whether there was a difference in the perceived heterosexism between children in gay father families and children in lesbian mother families. A Mann-Whitney U test was used to compare the means of children in gay father and lesbian mother families on preoccupation with disclosing their parents' sexual orientation, as the data were not normally distributed.

### Part III – Predictors of Child Psychological Functioning

Predictors of child adjustment were investigated using MLM for both the full sample of adoptive children and the sample of children in same-sex parent families only. As data were obtained for both parents in each family (i.e. parents nested within couples), it was necessary to use a method which would account for the within-couple correlations in the outcome scores. MLMs are useful for examining data obtained from indistinguishable dyads, such as same-sex parents, as MLM permits the inclusion of multiple reports on the same outcomes and produces

less biased standard errors by modifying the error variance for the interdependence of partner outcomes, (Goldberg & Smith, 2013; Smith, Sayer, & Goldberg, 2013).

Two-level random intercept models were tested to investigate the variance in outcomes occurring both within families (level 1) and between families (level 2). The variance occurring within families reflects the differences between the reports of the two parents in a couple within the same family unit (Parent A and Parent B), while the variance occurring between families represents the differences in outcomes between different family units. At Level 1, the intercept reflects the average of the two parents' reports and the slope represents the discrepancy in the reports of Parent A and Parent B (Grant-Marsney, Grotevant, & Sayer, 2015). The intercept is then utilised as an outcome variable at Level 2 (Geiser, 2013). Level 1 predictor variables included parent mental health, the parenting quality variables, perceived mistreatment due to adoption and perceived mistreatment due to sexual orientation, and the Level 2 predictor variables included Phase 1 externalising and internalising problems (rated by Parent A), the child's perceived heterosexism and the child's preoccupation with disclosure of the parents' sexual orientation.

Analyses were conducted in *Mplus* version 8, which utilises different methods to estimate models depending on the data collected. The default estimator in *Mplus* is a maximum likelihood (ML) function, which is suitable for data which is continuous, and normally distributed, and data that is missing at random. However, since some of the variables were not normally distributed (e.g. parent responsiveness), a maximum likelihood robust (MLR) estimator was used as the default as MLR accounts for skewness and kurtosis (Kline, 2012).

To facilitate interpretation, grand mean centring was employed to centre all continuous variables in the models. Additionally, Snijders and Bosker's (1999) measure, which is analogous to  $R^2$ , was employed to estimate the proportion of variance explained by the predictor variables at the within family and between family levels for externalising and

internalising problems. To assess the similarity in parents' reports of child externalising and internalising problems, intraclass correlation coefficients (ICCs) were calculated. To examine model fit, Brown's (2015) recommended criteria were utilised: Root Mean Square Error of Approximation (RMSEA) < .08, Comparative Fit Index (CFI) > .90 and Tucker-Lewis Index (TLI) > .90. RMSEA values range from 0 to 1, with lower values reflecting better fit (Browne, Maccallum, Kim, Andersen, & Glaser, 2010). RMSEA values are sensitive to small sample sizes and low degrees of freedom and as such RMSEA values of .08 or lower are considered to reflect adequate fit (Brown, 2015). These values are, however, guidelines and models may still be considered acceptable if they meet some, but not all, fit indices (Brown, 2006).

Predictors of child attachment security were investigated using stepwise multiple regression, for both the full sample of adoptive children and the sample of children in same-sex parent families only.

To examine the predictors of child positive wellbeing, stepwise multiple regression, or single linear regression was used, for both the full sample of adoptive children and then the sample of children in same-sex parent families only. When multiple predictor variables were associated with the outcome, multiple regression was utilised and when only one predictor variable was associated with the outcome, single linear regression was employed.

The presence of a very strong correlation between two predictor variables, that is multicollinearity, can cause issues in multiple regression, as it means that both of these variables account for little unique variance in the model, making it difficult to identify the importance of each specific variable to the model. For each multiple regression carried out, the variance inflation factor (VIF) was examined to assess the presence of multicollinearity, where values greater than 10 are considered problematic (Myers, 1990). No multicollinearity was found.

## Part IV – Gender Mismatched vs Gender Matched Families

Data regarding parents' concerns about the lack of a parent of the other gender were coded categorically. Thus, Fisher's exact tests were used to compare gender matched and gender mismatched families on the following variables: 1) the level of parental concern about a lack of parent of the other gender in their family, 2) parental perceptions of their child's feelings about the lack of parent of the other gender in their family, and 3) parents' opinions on the importance of an opposite-gender role model for their child. Although the data presented here are analysed quantitatively, excerpts from the interview data are presented for illustrative purposes.

To address the question of whether children in gender matched families showed better psychological functioning than those in gender mismatched families, MLM was employed to compare the two groups on child adjustment and MANCOVAs were utilised to compare the two groups on attachment and positive psychological wellbeing. MLM was used to compare gender mismatched and gender matched families on child adjustment as data was obtained from both parents. MANCOVAs were used to compare the two groups on attachment and positive wellbeing as, for these outcome variables, data was obtained from the child only. Group differences in child adjustment were analysed using multi-level modelling as data were dyadic (i.e. based on the reports of parent A and parent B).

## **4. Data Reduction**

### ***4.1 Data Reduction***

#### ***Quality Of Parent-Child Relationships***

Taken together, the parenting interview and parent-child interaction task yielded a large number of variables relating to the quality of the parent-child relationship. Firstly, associations between the parenting interview codes (i.e. expressed warmth, quality of

interaction, criticism, sensitive responding, frequency of battles and level of battles) were explored. Four interview codes were consistently associated with one another for both Parent A and Parent B, and at both Phase 1 and Phase 2. These four global codes were: expressed warmth, quality of interaction, sensitivity and criticism. Secondly, associations between these four interview measures and the four observational measures were explored to ascertain whether the parenting dimensions measured by the interview and observational measures were reflective of a global underlying construct of parenting, or whether these measures reflected separate constructs. Although the four interview measures (i.e. *warmth*, *quality of interaction*, *sensitivity* and *criticism*) were associated with each other, the associations between the observational measures (i.e. parent responsiveness, child responsiveness, dyadic reciprocity and dyadic cooperation) were weak. Due to these weak correlations, parent responsiveness, child responsiveness, dyadic reciprocity and dyadic co-operation were treated as four separate indicators of parent-child interaction quality in all analyses. To investigate whether the four interview measures were reflective of the same construct, and to avoid potential multicollinearity issues, confirmatory factor analysis was employed.

Factor analysis reduces the number of a variables to a smaller set of composite variables which describe underlying factors, or latent variables, with greater reliability. Factor analysis enables the identification of factors which account for variation and covariation between measured variables, or indicators (Brown, 2006). Therefore, factor analysis can effectively reduce data by organising indicators into groups based on a smaller number of shared latent variables. Two methods of factor analysis can be used to reduce data: exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). EFA is a data-driven approach, whereas CFA is theory or hypothesis driven. As previous research using the same parenting interview has found the individual parenting measures to reflect a latent construct of parenting

quality (Golombok, Blake, et al., 2017; Golombok, Zadeh, Imrie, Smith, & Freeman, 2016), CFA was pursued.

A further advantage of CFA is that it permits researchers to measure the equivalence of models across groups, or time, to establish whether an instrument measures the same construct in different groups, or at different times, and whether differences between groups, or at different times, are due to measurement error (Brown, 2015; Brown, 2006). To determine whether models reflect strict measurement invariance, several assumptions must be tested. The first assumption of equal form is met when the number of factors and the pattern of relationships between factors and indicators are equal across time (i.e., configural invariance). The second assumption is equal loadings, which is met when the factor loadings are equal across time (i.e., metric invariance). The third assumption is equal intercepts, which is upheld when the indicator intercepts are equal across time. The fourth assumption of equal error variance is met when the indicator error variances are equal across time (Brown, 2015). Partial measurement invariance is exhibited when some, but not all, of these assumptions are met. Models which display partial measurement invariance may be used as predictors, as strong factorial invariance is not necessary when using latent factors as predictors (Brown, 2006).

Since the indicators of parenting quality (warmth, sensitivity, quality of interaction and criticism) assessed by the interview were correlated with one another, Confirmatory Factor Analysis was conducted to test whether these four indicators loaded onto a single factor at each time point. A one-factor model was specified, in which total scores for warmth, quality of interaction, sensitivity and (low) criticism loaded onto a single latent factor of “parenting quality” at Phase 1 and a single latent factor of “parenting quality” at Phase 2. For this baseline model, the same factor structure was constant over time suggesting configural invariance, RMSEA = 0.08, CFI = 0.94, TLI = 0.92. The average factor loading for individual items was 0.71 and ranged between 0.55 and 0.89, with higher scores reflecting more positive parenting.

Following this, nested model comparisons were utilised to assess whether the latent factors had equal factor loadings across time (i.e. metric invariance). A model parameter is considered non-invariant (i.e. does not have an equivalent relationship to the latent factor) if a Chi-square difference indicates a significant decrease in model fit. Nested model comparisons of the models suggested support for configural and metric invariance (i.e., equal factor loadings). However, the indicator intercepts were non-invariant across time, indicating partial invariance. As strong factorial invariance is not necessary when using latent factors as predictors (Brown, 2006), the latent factor of parenting quality at Phase 1 and Phase 2 was utilized in subsequent analyses.

### ***Parental Anxiety and Depression***

For the group comparisons, parental anxiety and depression were treated separately to explore differences between gay fathers, lesbian mothers and heterosexual parents, in both of these aspects of mental health. However, for assessing predictors of child externalizing and internalizing problems, an aggregate variable of “Parental Mental Health” was computed. Specifically, aggregates of the depression and anxiety scores were used to represent parental mental health for each parent at Phase 1 and Phase 2 (i.e. Phase 1 Parent A Mental Health, Phase 1 Parent B Mental Health, Phase 2 Parent A Mental Health, and Phase 2 Parent B Mental Health) with higher scores indicating higher levels of mental health problems. This was considered to be acceptable due to the strong associations between the depression and anxiety scores (Phase 1 Parent A  $r = .77$ ; Phase 1 Parent B  $r = .75$ ; Phase 2 Parent A,  $r = .79$ ; Phase 2 Parent B,  $r = .69$ ).

Table 2. *Parental Mental Health at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Depression	5.34	3.33	6.44	4.80	6.29	4.92	1.10	.81	.17	.27	.95	.75	.21	.23
Anxiety	35.76	6.89	36.61	9.95	37.03	10.82	.85	1.68	.61	.10	1.27	1.65	.44	.14

## 5. Results

### Part I – Family Functioning

#### *5.1 Parental Mental Health*

As illustrated in Table 2, MLM indicated that there were no significant differences in depression between gay fathers, lesbian mothers and heterosexual parents at Phase 2. There were also no significant differences in anxiety between gay fathers, lesbian mothers and heterosexual parents.

The proportion of parents in each family type who scored above the clinical cut-off on the Edinburgh Depression Scale and the Trait Anxiety Inventory were also calculated. There were no differences between family types in the proportion of parents scoring above clinical cut off for depression for either parent A (Fisher's Exact Test;  $p = .52$ ) or parent B,  $\chi^2(2) = 2.70$ ,  $p = .89$ . For parent A, 14.8% of gay fathers, 20.0% of lesbian mothers and 26.8% of heterosexual parents obtained scores above the cut-off point. For parent B, 17.2% of gay fathers, 22.2% of lesbian mothers and 17.9% of heterosexual parents were above the cut off for depression. Similarly, there were no differences between family types in the proportion of parents scoring above clinical cut-off for anxiety for either parent A,  $\chi^2(2) = .34$ ,  $p = .87$ , or parent B (Fisher's Exact Test;  $p = .48$ ). For parent A, 10.3% of gay fathers, 16.1% of lesbian mothers and 17.9% of heterosexual parents were above the cut-off point. For parent B, 14.3% of gay fathers, 10.7% of lesbian mothers and 22.5% of heterosexual parents were above the cut off for anxiety.

#### *Depression at Phase 1 and 2*

To examine whether there was a change in levels of parental depression from Phase 1 to Phase 2, a Repeated Measures ANOVA was conducted: time (Phase 1 or Phase 2) and parent (Parent A or Parent B) were within subjects factors, and family type (gay father, lesbian

mother or heterosexual parent family) was the between subjects factor. Depression (as measured by the Edinburgh Depression Scale) was the dependent variable. The effect of time was not significant, indicating that there was no significant change in parental depression scores between Phases 1 and 2. The effect of parent was also not significant, indicating that Parent A and Parent B reported similar levels of depression. The interaction between time and family type was not significant, reflecting no differences in the change in depression scores (from Phase 1 to Phase 2) between gay fathers, lesbian mothers and heterosexual parents. The interaction between parent and family type was not significant, reflecting that the depression scores of Parent A and Parent B were similar in gay father, lesbian mother and heterosexual parent families. The interaction between time, parent and family type was not significant, reflecting the similarity of Parent A and Parent B depression scores at phase 1 and phase 2 across gay father, lesbian mother and heterosexual parent families.

### ***Anxiety at Phase 1 and 2***

A Repeated Measures ANOVA was conducted to assess change in parental anxiety between Phase 1 and Phase 2. The within subjects factors were time (Phase 1 or Phase 2) and parent (Parent A or Parent B), and family type (gay father, lesbian mother or heterosexual parent family) was the between subjects factor. The dependent variable was anxiety (as measured by the Trait Anxiety Inventory). There was no significant change in parent anxiety between Phase 1 and Phase 2. There was a significant difference in anxiety between Parent A and Parent B,  $F(1, 80) = 5.01, p = .03$ , with Parent A reporting greater levels of anxiety (Parent A Phase 1:  $M = 38.31, SD = 9.0$ , Parent A Phase 2:  $M = 37.57, SD = 8.80$ ) than Parent B (Parent B Phase 1:  $M = 34.60, SD = 8.07$ , Parent B Phase 2:  $M = 36.10, SD = 8.60$ ). The interaction between time and family type was not significant, indicating no differences in the change in anxiety scores (from Phase 1 to Phase 2) between gay fathers, lesbian mothers and

heterosexual parents. The interaction between parent and family type was not significant, reflecting no differences in the anxiety levels of Parent A and Parent B between gay father, lesbian mother and heterosexual parent families. The interaction between time and parent was not significant, suggesting no difference in the change in anxiety scores (from Phase 1 to Phase 2) between Parent A and Parent B. The interaction between time, parent and family type was not significant, indicating that the change in anxiety levels (from Phase 1 to Phase) was similar between Parent A and Parent B in gay father, lesbian mother and heterosexual parent families.

### ***Parental Mental Health: Professional Support***

The proportion of parents in each family type who reported ever having accessed professional support for their mental health (during the parent interview) was assessed using a Chi-square test. For parent A, there was a non-significant trend toward fewer gay fathers having accessed support for mental health,  $\chi^2(2) = 5.83, p = .06$ , as 23.5% of gay fathers, 48.5% of lesbian mothers and 47.6% of heterosexual parents had accessed support. For parent B, there was no significant difference in the proportion of gay fathers, lesbian mothers and heterosexual parents who had accessed mental health support,  $\chi^2(2) = 4.17, p = .13$ ; 21.9% of gay fathers, 37.9% of lesbian mothers and 17.1% of heterosexual parents had accessed support.

The proportion of parents who had ever had a regular prescription for medication related to their mental health was also investigated. There were no differences in the proportion of parents who had regularly used medication for mental health problems, for either parent A,  $\chi^2(2) = 1.91, p = .40$  or parent B,  $\chi^2(2) = 4.44, p = .16$ . For parent A, 17.6% of gay fathers, 30.3% of lesbian mothers and 19% of heterosexual parents used medication regularly. For parent B, 12.5% of gay fathers, 27.6% of lesbian mothers and 9.8% of heterosexual parents had used medication regularly.

### ***Parental Relationship Satisfaction***

With respect to parental relationship satisfaction, as assessed by the GRIMS (Rust, Bennun, Crowe, & Golombok, 1988), there were no significant differences between gay fathers, lesbian mothers and heterosexual parent families as assessed by MLM (see Table 3). The majority of parents had scores on the GRIMS that reflected above average levels of relationship satisfaction. For Parent A, 78.1% ( $n = 25$ ) of gay fathers, 82.4% ( $n = 28$ ) of lesbian mothers and 76.7% ( $n = 33$ ) of heterosexual parents scored above average in relationship satisfaction. For Parent B, 75.8% ( $n = 25$ ) of gay fathers, 79.3% ( $n = 23$ ) of lesbian mothers and 73.2% ( $n = 30$ ) of heterosexual parents scored above average in relationship satisfaction. Just 2.8% (one lesbian mother and two heterosexual parents) of Parent As, and 1% (one lesbian mother) of Parent Bs, scored above the cut off for severe relationship problems.

### ***Co-parenting***

Multilevel modelling was used to compare levels of co-parenting agreement, closeness, conflict, support, undermining, endorsement and division of labour, between gay father, lesbian mother and heterosexual parent families. There were no significant differences between gay father, lesbian mother and heterosexual parent families in terms of co-parenting closeness, conflict, undermining, division of labour, or in the extent to which they endorsed their partner's parenting (see Table 4). There was, however, a significant difference in co-parenting support, with gay fathers reporting greater levels of co-parenting support than heterosexual parents ( $b = -.39, p = .024, d = .40$ ). In general, gay fathers ( $M = 5.17, SD = .74$  for Parent A and  $M = 4.93, SD = .78$  for Parent B) and lesbian mothers ( $M = 5.17, SD = .66$  for Parent A and  $M = 5.15, SD = .68$  for Parent B) reported high levels of co-parenting support and heterosexual parents ( $M = 4.71, SD = .97$  for Parent A and  $M = 4.73, SD = .85$  for Parent B) reported moderately high levels of co-parenting support.

Table 3. *Couple Relationship Satisfaction at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Couple Relationship Satisfaction	17.02	9.69	18.41	13.90	19.98	14.30	1.39	2.35	.55	.12	2.97	2.18	.17	.24

Table 4. *Co-parenting at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Agreement	19.75	3.33	20.07	4.08	20.19	4.40	.33	.69	.63	.09	.44	.67	.51	.11
Closeness	23.80	4.68	23.02	6.87	22.24	7.34	-.78	1.16	.50	.13	-1.56	1.12	.16	.25
Conflict	3.70	2.46	5.08	4.38	4.45	4.54	1.38	.74	.06	.39	.74	.69	.28	.21
Support	30.32	3.90	30.91	5.27	28.21	6.36	.59	.89	.51	.13	-2.11	.97	.03	.40
Undermining	3.86	3.24	4.70	4.62	4.13	5.05	.85	.78	.28	.21	.27	.77	.72	.06
Endorsement	37.05	3.32	36.30	4.80	35.72	5.58	-.75	.81	.36	.18	-1.33	.85	.12	.29
Division	10.86	1.17	11.12	1.60	10.63	2.03	.26	.27	.33	.19	-.24	.31	.44	.14

## ***5.2 Quality of Parent-Child Relationships***

### ***Interview Assessment of Parenting Quality***

Comparisons between gay father, lesbian mother and heterosexual parent families on the interview variables of parenting quality (warmth, quality of interaction, sensitivity and criticism) were carried out using multilevel modelling. As shown in Table 6, there were no differences between family types for either expressed warmth, quality of interaction, sensitivity or criticism.

### ***Observational Assessment of Parent-Child Interaction***

Regarding the observational measure of parent-child interaction quality, multilevel modelling indicated no differences in parent responsiveness, child responsiveness or in dyadic cooperation between gay father, lesbian mother and heterosexual parent families (see Table 6). However, there was a significant difference in dyadic reciprocity between family types; greater levels of reciprocity were observed between gay fathers and their children than between heterosexual parents and their children ( $b = -.43$ ,  $p = .033$ ,  $d = -.38$ ).

Table 6.  
*Parenting Quality and Parent-Child Interaction at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
<i>Parent Interview</i>														
Sensitivity <sup>a</sup>	2.74	.69	2.82	1.07	2.58	1.05	.08	.18	.64	.09	-.16	.16	.34	-.18
Warmth <sup>a</sup>	3.99	.92	4.05	1.46	4.09	1.38	.06	.23	.78	.05	.10	.21	.63	.08
Interaction Quality <sup>a</sup>	2.86	.86	2.88	.95	2.72	.98	.02	.16	.90	.02	-.14	.15	.37	.15
Criticism <sup>a</sup>	1.88	.69	1.94	1.01	1.91	1.05	.07	.17	.70	.07	.03	.16	.87	.03
<i>Parent-Child Interaction</i>														
Parent Responsiveness <sup>b</sup>	6.17	.63	6.39	.95	6.07	.92	.22	.16	.16	.27	-.10	.14	.49	-.12
Child Responsiveness <sup>b</sup>	6.00	.86	6.14	1.30	5.97	1.31	.14	.22	.52	.13	-.03	.20	.87	-.03
Dyadic Reciprocity <sup>b</sup>	3.91	.86	3.91	1.30	3.48	1.31	.00	.22	.99	0	-.43	.20	.03	-.38
Dyadic Co-operation <sup>b</sup>	5.88	1.15	5.90	1.72	5.88	1.77	.02	.29	.94	.01	.00	.27	.99	0

*Note.* <sup>a</sup>Interview ratings; <sup>b</sup>Observation ratings;

### ***5.3 Child Psychological Functioning in the full sample***

#### ***Child Positive Wellbeing (EPOCH) in the full sample***

A multivariate analysis of covariance (MANCOVA) was conducted to examine whether differences existed between the three family types in child engagement, perseverance, optimism, connectedness and happiness. As child gender differed significantly between family types and was significantly associated with perseverance and connectedness (girls were higher in both outcomes), child gender was entered into the analysis as a covariate. Wilks' Lambda was not significant,  $F(10, 164) = .93, p = .51$ , indicating no overall difference in positive wellbeing between children in gay father, lesbian mother and heterosexual parent families (see Table 7).

In general, children reported high levels of connectedness ( $M = 4.58, SD = .58$ ) and happiness ( $M = 4.39, SD = .58$ ) and moderate levels of optimism ( $M = 3.73, SD = .94$ ), engagement ( $M = 3.57, SD = 1.05$ ) and perseverance ( $M = 3.43, SD = .98$ ). For the total EPOCH score,  $M = 3.94, SD = .62$ .

*Table 7. Child Positive Psychological Functioning by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		F	p	G vs	G vs
	M	SD	M	SD	M	SD			L	H
Engagement	3.43	1.00	3.69	1.10	3.59	1.06	1.00	.37	.17	.34
Perseverance	3.38	.77	3.66	1.06	3.34	1.03	.50	.61	.76	.54
Optimism	3.50	.84	3.97	1.00	3.74	.95	1.15	.32	.13	.42
Connectedness	4.56	.64	4.60	.47	4.58	.62	.30	.74	.45	.58
Happiness	4.33	.71	4.34	.86	4.46	.67	.30	.75	.89	.49

### ***Child Attachment in the full sample***

A multivariate analysis of covariance (MANCOVA) was conducted to compare the three family types on the secure-autonomous, insecure-dismissive, insecure-preoccupied and insecure-disorganised FFI subscales. As child gender differed significantly between family types and was significantly associated with children's attachment scores, child gender was entered into the analysis as a covariate. Wilks' Lambda was significant,  $F(8, 180) = 2.33, p = .02$ , indicating a significant difference in attachment patterns between family types.

One-way analyses of covariance (AVCOVAs) showed a significant difference between family types for secure-autonomous attachment,  $F(2, 93) = 3.24, p = .04$ . Planned contrasts revealed that children in gay father families had significantly higher levels of secure-autonomous attachment than children in heterosexual parent families,  $p = .045$ , 95% CI [-.61, -.01],  $d = .35$ . There was no significant difference in secure-autonomous attachment between children in gay father families and children in lesbian mother families,  $p = .87$ , 95% CI [-.30, .35] (see Table 8).

With respect to insecure attachment patterns, there was no significant difference between groups for insecure-dismissive attachment,  $F(2, 93) = 2.14, p = .13$ . There was a significant difference between groups for insecure-preoccupied attachment,  $F(2, 93) = 3.67, p = .03$ , with children in gay father families having lower scores than children in both lesbian mother families,  $p = .02$ , 95% CI [.08, .88],  $d = .86$ , and heterosexual parent families,  $p = .02$ , 95% CI [.08, .81],  $d = .72$ , indicating lower levels of insecure-preoccupied attachment in the gay father families. There was also a significant difference between family types for insecure-disorganised attachment,  $F(2, 93) = 4.7, p = .01$ , reflecting lower insecure-disorganised attachment scores among children in gay father families than among children in heterosexual parent families,  $p < .01$ , 95% CI [.21, 1.07],  $d = .71$ . No significant difference was found

between children in gay father families and children in lesbian mother families for insecure-disorganised attachment,  $p = .32$ , 95% CI [-.23, .70].

Table 8. *Child Attachment Patterns by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		F	$p$	G vs	G vs
	M	SD	M	SD	M	SD			L	H
Secure-Autonomous	1.85	.68	2.02	.6	1.63	.59	3.24	.04	.87	.045
Insecure-Dismissive	2.57	.82	2.05	.76	2.05	.85	2.14	.12	.14	.05
Insecure-Preoccupied	1.35	.62	1.95	.77	1.87	.82	3.67	.03	.02	.02
Insecure-Disorganised	1.53	.84	1.72	.81	2.15	.91	4.7	.01	.32	.01

#### *Dominant strategy*

Analyses of children's attachment patterns also assessed their dominant strategy (see Table 9). That is, children's attachment patterns were categorised according to the attachment pattern they scored highest on, and this was compared across groups. There were no significant differences in the proportion of children with a secure vs insecure dominant attachment strategy in gay father, lesbian mother and heterosexual parent families, Fisher's exact = 3.70,  $p = .14$ . Table 9 shows that the dominant strategy for the majority of the sample (40.2%) was insecure-dismissing, followed by insecure-disorganised (23.7%), secure-autonomous (17.5%) and insecure-preoccupied (18.6%).

Table 9. *Dominant Attachment Strategy by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Secure	6	20.0	8	27.6	3	7.9	17	17.5
Dismissive	19	63.3	8	27.6	12	31.6	39	40.2
Preoccupied	2	6.7	7	24.1	9	23.7	18	18.6
Disorganised	3	10	6	20.7	14	36.8	23	23.7

*Safe haven and Secure Base*

A two way 2 x 3 (parent x family type) MANCOVA was conducted with safe haven and secure base as dependent variables, and child gender included as a covariate due to significant positive associations between female child gender and parent A safe haven and parent A secure base. The effect of family type was not significant, indicating no significant difference between gay father, lesbian mother or heterosexual parent families on secure base and safe haven scores. However, there was a significant main effect of parent: Wilks' Lambda was significant,  $F(2, 183) = 4.04, p = .02$ . Planned contrasts revealed that Parent A obtained significantly higher safe haven scores than Parent B,  $p = .01, 95\% \text{ CI} [-.71, -.12]$ , but there was no significant difference secure base scores between parent A and parent B. The interaction between family type and parent was not significant, indicating no difference in safe haven and secure base scores of parent A and parent B between gay father, lesbian mother and heterosexual parent families.

### *Child Adjustment in the full sample*

As illustrated in Table 10, MLM found no significant differences between gay father, lesbian mother and heterosexual parent families in levels of child externalising problems as assessed by the Strengths and Difficulties Questionnaire (SDQ). Additionally, MLM showed no significant differences in levels of internalising problems between children in gay father, lesbian mother and heterosexual parent families, as measured by the SDQ.

The proportion of children with a total SDQ score above cut-off for psychiatric disorder was calculated separately for the reports of parent A, the teacher, and the child. There were no significant differences between family types in the proportion of children with psychiatric disorder according to parents,  $\chi^2(2) = .12, p = .94$ ; teachers,  $\chi^2(2) = 1.36, p = .51$ ; or children, (Fisher's exact = 4.85,  $p = .09$ ), although the non-significant trend for children's scores reflected a higher proportion of children in heterosexual parent families with scores above cut-off. The proportions of children in gay father, lesbian mother and heterosexual parent families, respectively, with SDQ scores above cut-off were: 32.3%, 30.3% and 34.1% for parents' ratings; 22.7%, 24% and 35.5% for teachers' ratings; and 12.5%, 13.8% and 32.4% for children's ratings.

With respect to the child psychiatrist's ratings (see Table 11), there was no difference in the severity of psychiatric problems between family types (Fisher's exact = 4.27,  $p = .65$ ). For the entire sample, 44.3% ( $n = 47$ ) of the children were rated as having a marked problem, 9.4% ( $n = 10$ ) were rated as having a slight but definite problem, 20.8% were rated as having a dubious or trivial problem ( $n = 22$ ) and 25.5% ( $n = 27$ ) were rated as no concern. As displayed in Table 13, of the 74.5% ( $n = 79$ ) of the sample who were rated as having a psychiatric problem (i.e. dubious, slight or marked; see Table 13), 14.2% ( $n = 15$ ) showed emotional problems, 8.5% ( $n = 9$ ) showed conduct problems, 6.6% ( $n = 7$ ) had a developmental problem, 6.6% ( $n = 7$ ) had a developmental problem, 6.6% ( $n = 7$ ) had a developmental problem, 6.6% ( $n = 7$ ) had a developmental problem.

= 7) displayed a hyperkinetic problem, 2.8% ( $n = 3$ ) showed other problems and 35.8% ( $n = 38$ ) exhibited mixed problems (indicating more than one type of psychiatric problem).

Table 10.  
*Child Adjustment Problems at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Externalizing	8.22	4.40	8.18	6.34	8.96	6.68	-.04	1.07	.97	.01	.75	1.02	.46	.13
Internalizing	5.16	3.85	6.68	5.56	5.40	1.56	1.52	.94	.11	.32	.24	.89	.79	.09

Table 11. *Phase 2 Severity of Psychiatric Disorder by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		<i>Fisher's exact</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
No concern	11	34.4	8	25	8	19		
Dubious	7	21.9	8	25	7	16.7		
Slight	3	9.4	3	9.4	4	9.5		
Marked	11	34.4	13	40.6	23	54.8	4.27	.65

Table 12. Severity of Psychiatric Disorder at Phase 1 and Phase 2 by Family Type

	No concern			Dubious or trivial			Slight but definite			Marked		
	G	L	H	G	L	H	G	L	H	G	L	H
Phase 1	31 (75.6%)	32 (80.0%)	32 (65.3%)	N/A	N/A	N/A	6 (14.6%)	5 (12.5%)	9 (18.4%)	4 (9.8%)	3 (7.5%)	8 (16.3%)
Phase 2	11 (34.4%)	8 (25.0%)	8 (19%)	7 (21.9%)	8 (25.0%)	7 (16.7%)	3 (9.4%)	3 (9.4%)	4 (9.5%)	11 (34.4%)	13 (40.6%)	23 (54.8%)

Table 13. Psychiatric Type by Family Type

	Gay (G)		Lesbian (L)		Heterosexual (H)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No concern	11	34.4	8	25	8	19
Emotional	6	18.8	4	12.5	5	11.9
Conduct	3	9.4	2	6.3	4	9.5
Developmental	0	0	4	12.5	3	7.1
Hyperkinetic	2	6.3	2	6.3	3	7.1
Mixed	9	28.1	11	34.4	18	42.9
Other	1	3.1	1	3.1	1	2.4

#### *Change in child adjustment problems between early childhood and early adolescence*

A Repeated Measures ANOVA was conducted with time (Phase 1 or Phase 2) as a within-subjects factor, and family type (gay father, lesbian mother or heterosexual parent family) as the between subjects factor. The dependent variables were externalising and internalising problems at Phase 2. There was a significant main effect of time,  $F(1, 97) = 32.19$ ,  $p < .001$ , such that children's psychological problems increased from Phase 1 (externalising problems  $M = 7.27$ ,  $SD = 3.74$ ; internalising problems  $M = 3.54$ ,  $SD = 3.23$ ) to Phase 2 (externalising problems  $M=8.46$ ,  $SD = 4.57$ ; internalising problems  $M = 5.74$ ,  $SD = 4.04$ ). There was also a significant main effect of type of problem,  $F(1, 97) = 82.36$ ,  $p < .000$ , such that children showed higher levels of externalising problems than internalising problems. In addition, there was a significant interaction between time and type of psychological problem,  $F(1, 97)= 7.00$ ,  $p = .009$ , such that children showed a greater increase in internalising problems than externalising problems from Phase 1 to Phase 2. The interaction between family type and

time was not significant,  $F(2, 97) = .29, p = .75$ , indicating that the change in adjustment problems from Phase 1 to Phase 2 was similar across family types. The interaction between time, type of psychological problem and family type was not significant,  $F(2, 97) = .79, p = .46$ , suggesting that the change in externalising and internalising problems from Phase 1 to Phase 2 was similar between gay father, lesbian mother and heterosexual parent families

As displayed in Table 12, with respect to the child psychiatrist's ratings, the proportion of children with psychiatric problems increased from Phase 1 to 2.

## Part II – Experiences of Stigmatisation

### ***5.4 Stigmatisation***

#### ***Mistreatment due to Adoptive Status***

As shown in Table 5, Multilevel modelling indicated a non-significant trend ( $p = .05$ ) toward gay fathers ( $M = 1.97, SD = .62$ ) perceiving lower levels of adoption mistreatment than lesbian mothers ( $M = 2.26, SD = .70$ ) and a non-significant trend ( $p = .05$ ) toward gay fathers perceiving lower levels of adoption mistreatment than heterosexual parents ( $M = 2.24, SD = .75$ ). Levels of perceived mistreatment due to adoptive status were relatively low, with an overall mean of 2.15 ( $SD = .62$ ).

#### ***Mistreatment due to Parental Sexual Orientation***

Multilevel modelling showed there was no significant difference in the level of perceived mistreatment due to parental sexual orientation (see Table 5) between gay fathers ( $M = 2.05, SD = .53$ ) and lesbian mothers ( $M = 2.04, SD = .77$ ). Levels of perceived mistreatment due to parental sexual orientation were relatively low, with an overall mean of 2.05 ( $SD = .61$ ).

### ***Homophobia***

According to the report of Parent A, in the interview, 40.6% ( $n = 13$ ) of gay fathers reported their child had experienced homophobia and 48.1% ( $n = 13$ ) of lesbian mothers reported their child had experienced homophobia. A chi-square test showed this difference was not significant:  $\chi^2(1) = .34, p = .61$ .

### ***Heterosexism and Preoccupation with Disclosing Parent Sexual Orientation***

An independent samples  $t$ -test found there were no significant differences in perceived heterosexism between children of lesbian mothers ( $M = 2.00, SD = .72$ ) and children of gay fathers ( $M = 1.97, SD = .51$ ),  $t(51) = -.17, p = .87$ . There were also no differences between children of gay fathers ( $Mdn = 3.50$ ) and children of lesbian mothers ( $Mdn = 3.56$ ) in their preoccupation with disclosing their parents sexual orientation, as assessed by a Mann-Whitney U test ( $U = 289.50, p = .27$ ). Across the sample, children showed low levels of perceived heterosexism ( $M = 1.99, SD = .62$ ) and low levels of preoccupation with disclosing their parents sexual orientation ( $M = 3.45, SD = .47$ ).

Table 5. *Parent Perceived Mistreatment at Phase 2 by Family Type*

	Gay (G)		Lesbian (L)		Heterosexual (H)		G v L				G v H			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Mistreatment due to Adoptive Status	1.97	.62	2.26	.70	2.24	.75	.29	.15	.05	.44	.27	.14	.05	.39
Mistreatment due to Sexual Orientation	2.05	.53	2.04	.77	N/A		-.01	.13	.94	.02	N/A			

### ***5.5 Predictors of Child Psychological functioning in the full sample***

#### ***Predictors of Child Adjustment in the full sample***

Firstly, correlations between all the predictors (i.e. parental mental health, co-parenting support, couple relationship satisfaction, adoption stigma, the quality of parenting factor, parental responsiveness, child responsiveness, dyadic reciprocity and dyadic co-operation) and outcome variables (externalising and internalising scores) for both parent A and parent B were explored. Although examining these associations separately for parent A and parent B was an important step in informing further analyses, it is important to note that these correlations do not account for the interdependent nature of data from parent A and B. In light of this, some predictor variables that were not significantly associated (for either parent A or B) with the outcome variables were included in further analyses if there was a strong theoretical or empirical reason (as discussed in Chapter 1) to do so, for example, the expected association between poor parent mental health and child externalising problems.

#### **Externalizing problems**

In order to examine predictors of children's externalizing problems at Phase 2, at the within-family level (Level 1), Phase 2 externalizing problems were regressed onto: parent mental health at Phase 1 and Phase 2, the quality of parenting latent factor at Phase 1 and Phase 2, parent responsiveness, Phase 2 child responsiveness, Phase 2 dyadic reciprocity and Phase 2 dyadic cooperation, Phase 2 co-parenting support, Phase 2 couple relationship satisfaction and Phase 2 parental mistreatment due to adoption. At the between-family level (Level 2),

Phase 2 externalizing problems were regressed onto Phase 1 externalizing and internalizing problems. This permitted the exploration of unique predictors of externalizing problems at Phase 2 whilst controlling for prior adjustment problems. Parent mental health at Phase 1 and Phase 2, the parenting quality factor at Phase 1 and Phase 2, the observational scores, co-parenting support and couple relationship satisfaction, and Phase 1 externalizing and internalizing problems were permitted to covary. The model showed good fit, RMSEA = 0.05, CFI = 0.92, TLI = 0.90.

At the within-couple level, poor parent mental health at Phase 2 was positively related to child externalizing problems at Phase 2, (Standardized Estimate [95%CI] = .24 [.11, .37]) and higher quality parenting at Phase 2 was negatively related to child externalizing problems at Phase 2 (Standardized Estimate [95%CI] = -.26 [-.42, -.09]). These variables at the within-couple level explained approximately 19% of the variance in child externalizing problems. At the between-family level, child externalizing problems at Phase 1 significantly predicted child externalizing problems at Phase 2, Standardized Estimate [95% CI], = .59 [.39, .78]. The variables at the between-family level explained approximately 41% of the variance in externalizing problems.

In brief, in addition to the stability in externalizing problems from Phase 1 to Phase 2, better parental mental health and better parenting quality were associated with fewer externalizing problems at Phase 2 (see Table 14).

### Internalizing problems

To investigate the predictors of children's internalizing problems at Phase 2, Phase 2 internalizing problems were regressed onto the same within-family predictors: parent mental health at Phase 1 and Phase 2, the quality of parenting latent factor at Phase 1 and Phase 2, Phase 2 parent responsiveness, Phase 2 child responsiveness, Phase 2 dyadic reciprocity and

Phase 2 dyadic cooperation, Phase 2 co-parenting support, Phase 2 couple relationship satisfaction and Phase 2 parent-reported mistreatment due to adoption. At the between-family level, phase 2 internalizing problems were regressed onto Phase 1 externalizing and internalizing problems. Parent mental health at Phase 1 and Phase 2, parental mistreatment due to adoption and parent mental health at Phase 2, the parenting quality factor at Phase 1 and Phase 2, the observational scores, parental relationship satisfaction and parental co-parenting support, and Phase 1 externalizing and internalizing problems, were permitted to covary. The model showed acceptable fit, RMSEA = 0.05, CFI = 0.90, TLI = 0.88.

At the within-family level, higher parenting quality at Phase 2 was negatively related to child internalizing problems, Standardized Estimate [95%CI] = -.20 [-.36, -.04]. Additionally, poor parent mental health at Phase 2 showed a marginal association with child internalizing problems at Phase 2, Standardized Estimate [95%CI] = .20 [.03, .37]. The variables at the within-family level explained around 19% of the variance in child internalizing problems.

At the between-family level, internalizing problems at Phase 1 significantly predicted internalizing problems at Phase 2, Standardized Estimate [95% CI], = .60 [.46, .75]. Approximately 37% of the variance in child internalizing problems, was explained by the inclusion of variables at the between-family level.

Thus, in addition to the stability in internalizing problems from Phase 1 to Phase 2, better parental mental health and better parenting quality were associated with fewer internalizing problems at Phase 2 (see Table 14).

Table 14. *Predictors of Adolescent Adjustment: Full Sample*

	Phase 2 Externalizing Problems			Phase 2 Internalizing Problems		
	Est.	S.E.	Std. Est.	Est.	S.E.	Std. Est.
<b>Within-Couple</b>						
Phase 1 Mental Health	.00	.03	.00	.02	.04	.05
Phase 2 Mental Health	.08	.03	.24**	.06	.03	.20
Phase 1 Positive Parenting	.22	.30	.07	-.02	.33	-.00
Phase 2 Positive Parenting	-.56	.24	-.26*	-.42	.21	-.20*
Parent Responsiveness	-.36	.26	-.13	-.10	.25	-.04
Child Responsiveness	.31	.23	.14	-.35	.25	-.16
Dyadic Reciprocity	-.22	.23	-.11	.08	.19	.04
Dyadic Cooperation	-.18	.18	-.10	.02	.18	.01
Co-Parenting Support	-.02	.05	-.05	.05	.04	.13
Relationship Satisfaction	-.03	.02	-.16	-.03	.03	-.12
Adoption Mistreatment	-.01	.05	-.02	.05	.04	.13
<b>Between-Couple</b>						
Phase 1 Externalizing	.62	.12	.59***	.00	.11	.00
Phase 1 Internalizing	.12	.12	.10	.66	.10	.60***

*Note.* Mental health = aggregate of anxiety and depression scores.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### *Predictors of Attachment Security in the full sample*

In order to investigate the predictors of child attachment security, correlations between child attachment security and the following variables were first explored: parent mental health at Phases 1 and 2, Phase 2 parental couple relationship satisfaction, Phase 2 co-parenting support, the quality of parenting latent factor at Phase 1 and Phase 2, Phase 2 parent responsiveness, Phase 2 child responsiveness, Phase 2 dyadic reciprocity, Phase 2 dyadic cooperation and Phase 2 adoption stigma. Attachment security was not significantly associated with parental mental health, parental relationship satisfaction or co-parenting support. Attachment security was significantly positively associated with the Phase 2 latent variable of parenting quality of parent A ( $r = .33, p < .01$ ) and parent B ( $r = .27, p = .01$ ) as assessed from the parent interview. That is, greater attachment security was associated with more positive parenting from both parents. Attachment security was also significantly positively associated with Phase 2 reciprocity in the interaction task with parent A ( $r = .26, p = .02$ ) and with parent B ( $r = .33, p < .01$ ), as well as greater child responsiveness to parent B ( $r = .34, p < .01$ ). These correlations show that greater attachment security was associated with more positive parent-child interactions. Attachment security was not significantly associated with parent perceived mistreatment due to adoptive status.

A stepwise multiple regression was conducted to explore the relative influence of family processes and family type in predicting secure-autonomous attachment scores. As there were significant group differences in child gender, and child gender was associated with attachment security, child gender was entered in the first step of the regression. Step 1 of the regression (comprising solely child gender) was significant,  $F(1, 73) = 9.81, p < .01$ , revealing that child female gender significantly predicted attachment security ( $\beta = .34, p < .01$ ) and explained 11.8% of the variance in children's security. Family process variables were entered

at step 2 of the regression – specifically, Parent A Parenting Quality, Parent B Parenting Quality, Parent A dyadic reciprocity, Parent B dyadic reciprocity, and Child responsiveness to Parent B. Step 2 of the regression was significant,  $F(6, 68) = 6.80, p < .001$ , indicating that family processes significantly predicted attachment security. Specifically, Parent A Parenting Quality ( $\beta = .28, p = .01$ ), and Parent B Parenting Quality ( $\beta = .22, p = .03$ ) were significantly associated with child attachment security. The variables included at step 2 accounted for 37.5% of the variance in child attachment. Family type was entered at step 3 of the regression. Although the model itself was significant at step 3,  $F(8, 66) = 5.71, p < .001$ , neither lesbian mother or heterosexual parent family membership (as compared to gay father family membership) emerged as significant predictors, yet Parent A Parenting Quality ( $\beta = .29, p = .01$ ) and Parent B Parenting Quality ( $\beta = .23, p = .02$ ) remained significant predictors of attachment security. Step 3 of the regression indicated that family processes have greater influence on attachment security than does family structure. The variables included at step 3 of the regression accounted for 40.9% of the variance in children’s attachment scores.

### ***Predictors of Child Positive Wellbeing in the full sample***

Associations were explored between the five domains of positive wellbeing (Engagement, Perseverance, Optimism, Connectedness and Happiness) and the following variables: parent mental health at Phase 1 and Phase 2, Phase 2 parental couple relationship satisfaction, Phase 2 co-parenting support, the quality of parenting latent factor at Phase 1 and Phase 2, Phase 2 parent responsiveness, Phase 2 child responsiveness, Phase 2 dyadic reciprocity and Phase 2 dyadic cooperation and Phase 2 perceived adoption stigma.

No significant associations emerged between the five domains of positive wellbeing and parental mental health, parental relationship satisfaction or co-parenting support. Engagement was negatively associated with Child Responsiveness to Parent B ( $r = -.23, p =$

.048), reflecting that greater child engagement was associated with lower responsiveness to Parent B. Perseverance was positively associated with Phase 2 Parent A Parenting Quality ( $r = .25, p = .02$ ) and Phase 2 Parent B Parenting Quality ( $r = .23, p = .03$ ), indicating that greater child perseverance was associated with more positive parenting from both parents. Connectedness was positively associated with Phase 1 Parent A Parenting Quality ( $r = .21, p = .04$ ), reflecting that greater child connectedness was associated with more positive parenting at Phase 1.

#### Predictors of Engagement in the full sample

A linear regression indicated that child responsiveness ( $\beta = -.23, p = .048$ ) to parent B predicted child engagement,  $F(1, 76) = 4.04, p = .048$ . Specifically, lower levels of child responsiveness to parent B predicted greater levels of child engagement.

#### Predictors of Perseverance in the full sample

Stepwise multiple regression was conducted to investigate the influence of family process variables on child perseverance. As there were significant differences in child gender and child gender was associated with perseverance, child gender was entered at step 1 of the regression. Step 1 was significant,  $F(1, 89) = 4.41, p = .04$ , indicating that female child gender ( $\beta = .22, p = .04$ ) significantly predicted perseverance. Step 1 of the regression accounted for 4.7% of the variance in child perseverance. The family process variables (Phase 2 Parent A Parenting Quality and Parent B Parenting Quality) were entered at step 2 of the regression. Although the step 2 model was significant,  $F(3, 87) = 4.5, p = .01$ , neither Parent A Parenting Quality nor Parent B Parenting Quality were significant after controlling for the effect of child gender. Child gender remained a significant predictor of perseverance ( $\beta = .21, p = .04$ ). The variables included at step 2 accounted for 13.5% of the variance in child perseverance.

### Predictors of Connectedness in the full sample

Stepwise multiple regression was conducted to investigate the influence of family process variables on child connectedness. As there were significant differences in child gender and child gender was associated with connectedness (i.e. girls were significantly higher in connectedness), child gender was entered at step 1 of the regression. Step 1 was significant,  $F(1, 89) = 5.27, p = .02$ , indicating that female child gender ( $\beta = .24, p = .02$ ) significantly predicted connectedness. Step 1 variables accounted for 5.6% of the variance in connectedness. Phase 1 Parent A Parenting Quality was entered as a predictor at step 2. The model was significant,  $F(2, 88) = 4.99, p = .01$ , and Phase 1 Parenting Quality significantly predicted connectedness ( $\beta = .22, p = .04$ ) after controlling for child gender ( $\beta = .24, p = .02$ ). The variables included at step 2 accounted for 10.2% of the variance in child connectedness.

### ***5.6 Predictors of Child Psychological Functioning in same-sex parent families***

#### ***Predictors of child adjustment in same-sex parent families***

To investigate whether the adjustment of children of gay fathers and lesbian mothers was influenced by factors related to being raised in a same-sex parent family, two further models were tested. Specifically, the models explored the extent to which perceived mistreatment due to sexual orientation, and perceived heterosexism, influenced externalizing and internalizing problems, whilst accounting for parent mental health, quality of parenting and prior externalizing and internalizing problems (i.e. the variables associated with externalizing and internalizing problems in the full sample). Due to the inevitable reduction in sample size, to conserve statistical power, factor scores derived from the latent factor of parenting quality were utilized in the model.

### Externalizing problems

At the within-family level (i.e., Level 1), Phase 2 externalizing problems were regressed onto: parent mental health at Phase 2, Phase 2 parent perceived mistreatment due to sexual orientation and the latent factor of parenting quality at Phase 2. At the between-family level, Phase 2 externalizing problems were regressed onto adolescent perceived heterosexism, adolescent preoccupation with disclosure of parent sexual orientation, and Phase 1 externalizing and internalizing problems. This enabled the exploration of unique predictors of Phase 2 externalizing problems within same-sex parent families whilst controlling for prior adjustment problems. Phase 1 externalizing problems and internalizing problems were permitted to covary. The model showed good fit, RMSEA = 0.02, CFI = .99, TL1 = .98.

Similar to the sample overall, at the within-family level, poor parent mental health at Phase 2 was positively related to externalizing problems at Phase 2, Standardized Estimate [95%CI] = .21 [.02, .13], and more positive parenting was negatively associated with externalizing problems at Phase 2, Standardized Estimate [95%CI] = -.34 [-1.08, -.25]. The variables at the within-family level accounted for approximately 16% of the variance in adolescent externalizing problems within same-sex parent families. At the between-family level, adolescent perceived heterosexism was positively related to externalizing problems at Phase 2, Standardized Estimate [95% CI], = .25 [.04, .37]. Additionally, prior externalizing problems, Standardized Estimate [95% CI], = .44 [.17, .80], and internalizing problems, Standardized Estimate [95% CI], = .24 [.04, .52], significantly predicted externalizing problems at Phase 2. The variables at the between-family level explained approximately 42% of the variance in externalizing problems.

Therefore, within same-sex parent families fewer externalizing problems in adolescence (at Phase 2) were associated with lower levels of perceived heterosexism from their peers, better parent mental health and more positive parenting (as assessed by the

parenting interview) toward them, and fewer externalizing and internalizing problems at Phase 1 (see table 15).

### Internalizing problems

At the within family level (i.e., Level 1), Phase 2 internalizing problems were regressed onto parent mental health at Phase 2, parenting quality at Phase 2 and parent perceived mistreatment due to sexual orientation at Phase 2. At the between-family level, Phase 2 internalizing problems were regressed onto adolescent perceived heterosexism, adolescent preoccupation with disclosure of parent sexual orientation, and Phase 1 externalizing and internalizing problems. This permitted the exploration of unique predictors of Phase 2 internalizing problems within same-sex parent families whilst controlling for prior adjustment problems. Externalizing problems and internalizing problems at Phase 1 were permitted to covary. The model showed good fit, RMSEA = 0.03, CFI = 0.98, TL1 = 0.97.

At the within-family level, more positive parenting was negatively associated with internalizing problems at Phase 2, Standardized Estimate [95% CI] = -.28 [-.75, -.15]. The variables at the within-family level accounted for approximately 11% of the variance in adolescent internalizing problems within same-sex parent families.

At the between-family level, internalizing problems at Phase 1 significantly predicted internalizing problems at Phase 2, Standardized Estimate [95% CI], = .53 [.40, .87]. The variables at the between-family level explained approximately 32% of the variance in adolescent internalizing problems within same-sex parent families.

Thus, children with same-sex parents had fewer internalizing problems in adolescence (at Phase 2) when their parents reported more positive parenting toward them (as assessed by the parenting interview), and when they had fewer internalizing problems at Phase 1 (see Table 15).

Table 15. *Predictors of Adolescent Adjustment: Same-Sex Parent Families*

	Phase 2 Externalizing Problems			Phase 2 Internalizing Problems		
	Est.	S.E.	Std. Est.	Est.	S.E.	Std. Est.
<b>Within-Couple</b>						
Phase 2 Mental Health	.07	.08	.21*	.05	.09	.17
Phase 2 Positive Parenting <sup>a</sup>	-.66	.11	-.34**	-.45	.10	-.28**
Parental SO Mistreatment	-.04	.16	-.09	-.03	.13	-.08
<b>Between-Couple</b>						
Perceived Heterosexism	.20	.12	.25*	.10	.15	.12
Preoccupation	-.01	.13	-.00	.05	.14	.05
Phase 1 Externalizing	.48	.20	.44*	.03	.16	.03
Phase 1 Internalizing	.28	.12	.24*	.64	.11	.54***

Note. Mental health = aggregate of anxiety and depression scores.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

### ***Predictors of Attachment Security in same-sex parent families***

Firstly, correlations between attachment security and the following stigma measures were explored: parent perceived mistreatment due to sexual orientation, child perceived heterosexism, and child preoccupation with disclosing parental sexual orientation. Attachment security was positively correlated with Phase 2 Parent A perceived mistreatment due to sexual orientation ( $r = .36, p = .01$ ), showing that greater child attachment security was associated with higher levels of stigma perceived by Parent A. Attachment security was not significantly associated with either child perceived heterosexism or child preoccupation with disclosing parental sexual orientation.

A stepwise multiple regression was conducted to ascertain whether factors related to being raised in a same-sex parent family, specifically perceived stigma, had a significant influence on child attachment security, over and above the influence of family processes.

Step 1 of the regression (comprising solely child gender) was significant,  $F(1, 35) = 4.48, p = .04$ , revealing that female child gender significantly predicted attachment security ( $\beta$

= .34,  $p = .02$ ), and explained 11.4% of the variance in children's security. Family process variables were entered at step 2 of the regression, specifically, Parent A Parenting Quality, Parent B Parenting Quality, Parent A dyadic reciprocity, Parent B dyadic reciprocity, and Child responsiveness to Parent B. Step 2 of the regression was significant,  $F(6, 30) = 3.85$ ,  $p = .01$ , indicating that family processes significantly predicted attachment security. Specifically, Parent B Parenting Quality ( $\beta = .43$ ,  $p < .01$ ) was significantly positively associated with child attachment security. The variables included at step 2 accounted for 43.5% of the variance in child attachment. Parent A perceived mistreatment due to sexual orientation was entered at step 3 of the regression. Although the model at step 3 was significant,  $F(7, 29) = 4.01$ ,  $p < .01$ , parental perceived mistreatment was not a significant predictor. Parent B Parenting Quality ( $\beta = .38$ ,  $p = .01$ ) significantly predicted children's attachment security. Step 3 of the regression indicated that parental perceived mistreatment was not a significant predictor of child attachment security after controlling for family processes. The variables included at step 3 of the regression accounted for 49.2% of the variance in child attachment security.

### ***Predictors of Child Positive Wellbeing in same-sex parent families***

Firstly, correlations between the child positive wellbeing variables (engagement, perseverance, optimism, connectedness and happiness) and the following stigma variables were explored: parental perceived mistreatment due to sexual orientation, child perceived heterosexism, and child preoccupation with disclosing parent sexual orientation. Child perceived heterosexism was negatively associated with perseverance ( $r = -.47$ ,  $p < .001$ ), optimism ( $r = -.52$ ,  $p < .001$ ), and happiness ( $r = -.41$ ,  $p < .01$ ). These correlations show that greater child positive wellbeing (specifically perseverance, optimism and happiness) were associated with lower levels of perceived heterosexism. Connectedness was positively associated with Parent B perceived mistreatment due to sexual orientation ( $r = .30$ ,  $p = .04$ ),

reflecting that greater levels of parent perceived mistreatment due to sexual orientation was associated with greater child connectedness. Child preoccupation with disclosing parent sexual orientation was not associated with any of the positive psychological functioning variables.

Stepwise multiple regression was conducted to examine whether factors related to being raised in a same-sex parent family had a significant influence on child positive wellbeing, over and above the influence of family processes. Specifically, it was explored whether parental perceived mistreatment, and child perceived heterosexism, predicted child positive wellbeing. Child preoccupation with disclosing parent sexual orientation was not included as it was not associated with any of the five positive wellbeing domains. The predictors of connectedness, perseverance, optimism and happiness were explored in turn (engagement was not associated with any of the predictor variables and, thus, was not included).

#### Predictors of Connectedness in same-sex parent families

Step 1 of the regression (comprising only child gender) was not significant,  $F(1, 45) = 1.90$ ,  $p = .18$ , indicating that child gender did not significantly predict child connectedness in same-sex parent families. Phase 1 Parenting Quality was entered at step 2. The step 2 model was significant,  $F(2, 44) = 4.24$ ,  $p = .02$ . Phase 1 Parenting Quality significantly predicted connectedness after controlling for child gender ( $\beta = .32$ ,  $p = .02$ ). At step 3, perceived mistreatment due to sexual orientation was entered, and the model was not significant,  $F(3, 43) = 2.76$ ,  $p = .05$ , indicating that perceived mistreatment due to sexual orientation does not explain any unique variance in child connectedness over and above family processes.

#### Predictors of Perseverance in same-sex parent families

Step 1 of the regression (comprising only child gender) was significant,  $F(1, 51) = 4.79$ ,  $p = .03$ , indicating that child gender ( $\beta = .29$ ,  $p = .03$ ) significantly predicts perseverance

within same-sex parent families. Step 1 accounted for 8.6% of variance in child perseverance. At step 2 the family process variables were entered – Phase 2 Parent A Parenting Quality and Parent B Parenting Quality. The model was significant,  $F(3, 49) = 4.24, p = .01$ , and Parent A Parenting Quality predicted perseverance ( $\beta = .26, p = .049$ ) after controlling for child gender ( $\beta = .29, p = .02$ ). The variables at step 2 accounted for 20.6% of the variance in child perseverance. Child perceived heterosexism was entered at step 3 of the regression. The model was significant,  $F(4, 48) = 6.74, p < .001$ , and child gender ( $\beta = .29, p = .02$ ) and child perceived heterosexism predicted perseverance ( $\beta = -.41, p < .01$ ), while Parent A Parenting Quality was no longer significant. Step 3 of the regression indicated that (low) child perceived heterosexism significantly predicted perseverance over and above the influence of family processes. The variables at step 3 accounted for 36.0% of the variance in child perseverance.

#### Predictors of Optimism in same-sex parent families

A single linear regression found that child perceived heterosexism ( $\beta = -.51, p < .001$ ) predicted child optimism,  $F(1, 51) = 18.96, p < .001$ . Specifically, low levels of perceived heterosexism were associated with greater optimism.

#### Predictors of Happiness in same-sex parent families

A linear regression showed that child perceived heterosexism ( $\beta = -.41, p < .01$ ) predicted child happiness  $F(1, 51) = 10.19, p < .01$ . That is, low levels of perceived heterosexism were associated with greater happiness.

***5.7 Same-sex parents feelings about a lack of a parent of the other gender in their family***

As the data analysed below were coded categorically, Fisher's exact tests were utilised to compare gender matched and gender mismatched families on 1) the level of parental concern about a lack of a parent of the other gender in their family, 2) parental perceptions of their child's feelings about the lack of a parent of the other gender in their family, and 3) parental opinion concerning the importance of an opposite gender role model for their child. Although the data presented here are analysed quantitatively, excerpts from the interview data are presented for illustrative purposes.

***Parental concern about a lack of a parent of the other gender***

Fisher's Exact Test indicated no significant difference in the level of parental concern about the lack of an opposite gender parent between gender matched and gender mismatched families (see Table 16). The majority of parents in both gender-mismatched ( $n = 16$ , 84.2%) and gender matched ( $n = 40$ , 90.9%) families expressed no concerns about the lack of an opposite gender parent. For example, one parent in a gender mismatched family responded:

“I don't think he needs someone in the house, as long as he has got reliable consistent male role models that he can access, that he feels safe with, that he can model bits of himself on”. (no concerns, gender mismatched).

Similarly, one parent in a gender matched family stated:

“I'm okay with it because she's got enough men in her life. Umm, and I absolutely, you know, it's, it's, it's nature not nurture as far as sexuality is concerned. . . Having two mums has got nothing to do with, just like me having a mum and a dad and I turned out gay” (gender matched, no concerns).

None of the parents in gender mismatched families ( $n = 0, 0\%$ ) expressed minor concerns, but 6.8% ( $n = 3$ ) in gender matched families had minor concerns. A couple ( $n = 2, 10.5\%$ ) of parents in gender mismatched families and one parent ( $n = 1, 2.3\%$ ) in a gender matched family had a moderate level of concern. Although no parents in gender matched families expressed major concerns ( $n = 0, 0.0\%$ ), one parent ( $n = 1, 5.3\%$ ) in a gender mismatched family expressed major concerns:

“I think in terms of biological things as he’s growing up he’s probably missing out like obviously, well what happens when he has to have a shave, his first shave, his first shave, or his first beer, well we’ll take him for the first beer but the shave I think about that and obviously other things.. boy things that go on. Umm, we often talk about it, [child] and I can talk about it and he’s quite open with me how his body’s changing and things but I worry about that thing more, the sort of physical things that he can’t compare himself to than anything else; and well like I’m growing hairs on my chest like my dad or ... my Adam’s apple... Growing. I think that’s more concern than anything else. Erm, and maybe he’ll become really curious in someone’s dad when he gets to that age and that’s fine. In the beginning I think I felt quite threatened when some of the dads would bond with him because I thought how does this work because I’m feeling like that part of my life is not in our house but now I’m not. Umm, and I think I just worry about physical... physiological changes that he notices” (gender mismatched, major concerns).

Table 16. *Parental concern about lack of opposite gender parent in gender mismatched and gender matched families*

	Gender mismatched		Gender matched		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
No concerns	16	84.2	40	90.9	56	88.9
Minor concerns	0	0.0	3	6.8	3	4.8
Moderate concerns	2	10.5	1	2.3	3	4.8
Major concerns	1	5.3	0	0.0	1	1.6

***Parental perception of child’s feelings about a lack of parent of the other gender***

There was no significant difference between gender mismatched families and gender matched families in terms of parental perceptions of their child’s feelings about the lack of parent of the other gender in their family. Many parents in gender mismatched families ( $n = 9$ , 47.4%) and the majority of parents in gender matched families ( $n = 23$ , 52.3%) perceived that their child was neutral or indifferent about the lack of parent of the other gender in their family (see table 17). Examples are shown below:

“Um, I think he’s fine. I think he knows that he’s got a good life here. He knows that he’s supported. He knows that he’s loved. He knows that he gets really whatever he wants, really ...” (neutral feelings, gender mismatched).

“I don’t think she has a thought about it to be honest” (neutral feelings, gender matched).

Twenty-one percent of parents in gender-mismatched families ( $n = 4$ ) and 9.1% ( $n = 4$ ) of parents in gender matched families perceived that their child had negative feelings:

“I think he misses having a dad. And he has a fantasy of what dad would be like. And we’ve talked about that really.” (negative feelings, gender mismatched)

“ [He] hates being different in any way. . . I suppose if you asked him he would say ' oh, I prefer a mom and a dad'. If he had a choice, but that is about his wanting to be conventional, which is fair enough.” (negative feelings, gender matched).

None of the parents in gender mismatched families ( $n = 0$ , 0%) perceived that their child had positive feelings about a lack of an opposite gender parent, but 11.4% ( $n = 5$ ) of parents in gender matched families perceived positive feelings.

“Yeah, he thinks he’s very lucky to have two dads, is what he says” (positive feelings, gender matched).

One parent in a gender mismatched family ( $n = 1$ , 5.3%) perceived their child had mixed feelings, while three parents ( $n = 3$ , 6.8%) in gender matched families perceived mixed feelings, for example:

“I think today, he is very proud of us as two dads. . . But um, on, um I think also, um, he also maybe would say that he was, he, if he asked the question he may be able to say that I wish I had a mummy in addition to my two daddies . . . because lots of other female friends when they are here babysitting, or grandmas, there is, very much so they treating them more than, ordinary. Bringing more hot chocolates and more biscuits, and they love that.” (gender matched, mixed).

The remainder of parents in gender matched ( $n = 5$ , 26.3%) and gender mismatched ( $n = 5$ , 20.5%) families were unsure how their child felt about the lack of mother or father in their family. For example:

“I don’t know. I think to some extent it sticks [it] to the status quo, his experience with mothers has not necessarily been good, he has said this before and, you know, his birth mother was abusive and neglectful and didn’t protect him. He was also placed for adoption with a heterosexual family before he came to us and that placement was disruptive and she was emotionally unavailable, and there were lots of issues for her and basically the place was disruptive, but his relationship with her was very difficult. His relationship with female foster carers has been much more positive . . . he’s had very mixed female role models and I think, I don’t know how he would view it to be honest, I think he just views it this is the way it is. He’s never thrown anything out about it to us, we have talked about it sometimes but nothing, nothing sort of definitive has come from him so...” (gender matched, unsure).

Table 17. *Parental perception of child’s feelings about no mother/father in gender mismatched and gender matched families*

	Gender mismatched		Gender matched		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Negative	4	21.1	4	9.1	8	12.7
Neutral	9	47.4	23	52.3	32	50.8
Positive	0	0.0	5	11.4	5	7.9
Mixed	1	5.3	3	6.8	4	6.3
Not sure	5	26.3	9	20.5	14	22.2

### ***Importance of male/female role model***

Fisher’s exact test showed no significant difference in the perceived level of importance of an opposite gender role model between parents in gender mismatched and gender matched

families. The majority of parents in gender mismatched families said that an opposite gender role model was extremely important ( $n = 10, 52.6\%$ ) while 28.9% ( $n = 13$ ) of parents in gender matched families believed that an opposite gender role model was extremely important.

Examples are shown below:

“I think having good role models is essential, [pause] I think having good role models of both genders is essential, erm, I think it is important to have good male role models for boys. Erm, because, [pause] if they went by just the media [pause] I don’t like that idea and I don’t like the idea of them going by the media representation of women or men, so I think for them to have real people around is the most important thing.”  
(extremely important, gender mismatched).

“[it] seems likely that they’re going to be forming relationships with men of a, you know, emotional, sexual, whatever, at, you know, whatever time. And I think it’s important for them to have some understanding that, you know, men are slightly different from women, and that it’s important that whoever you are with treats you well and has respect for girls. And, you know, I don’t want men to be kind of an alien species that they encounter at some stage in life having been in some sort of closeted bubble here” (extremely important, gender matched).

One parent in a gender mismatched family expressed that an opposite gender role model was not important (“I think it’s less about the gender and more about the chemistry there, isn’t there? Can that person fulfil their role as a carer?” (gender mismatched, not important)).

Eight parents in gender matched families felt that an opposite gender role model was not important, for example:

“I think any role models are important to children as long as they are good ones. . . So I don’t think the sex of a person has a great deal of difference, how they contribute to somebody’s life is important” (gender matched, not important).

Table 18. *Perceived importance of male/female role model in gender mismatched and gender matched families*

	Gender mismatched		Gender matched		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Not important	1	5.3	8	17.8	9	14.1
A little important	1	5.3	4	8.9	5	7.8
Moderately important	3	15.8	12	26.7	15	23.4
Important but not essential	4	21.1	8	17.8	12	18.8
Extremely important/crucial	10	52.6	13	28.9	23	35.9

Table 19. *Child Adjustment Problems at Phase 2 – gender matched vs gender mismatched families*

	Gender Matched		Gender Mismatched		Matched v Mismatched			
	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>b</i>	<i>SE</i>	<i>p</i>	<i>d</i>
Externalising	8.01	4.90	8.53	5.00	-.48	1.24	.70	.11
Internalising	5.62	4.24	6.70	5.05	-1.07	1.16	.35	.23

## ***5.8 Child Psychological Functioning in Gender Mismatched and Gender Matched Families***

### ***Child Adjustment in gender mismatched and gender matched families***

Multilevel modelling was conducted to answer the question of whether children in gender matched families had higher levels of externalising and internalising problems, as rated by parents, compared to children in gender mismatched families. There were no differences in levels of either externalising or internalising problems between children in gender matched vs gender-mismatched families (see Table 19).

### ***Child Positive Wellbeing in gender mismatched and gender matched families***

In order to examine whether children in gender matched families had higher levels of positive wellbeing compared to children in gender mismatched families, a multivariate analysis of covariance (MANCOVA) was carried out with family type as the between subjects factor and engagement, perseverance, optimism, connectedness and happiness as dependent variables. As child gender differed significantly between family types and was significantly associated with perseverance and connectedness child gender was entered into the analysis as a covariate. Wilks' Lambda was not significant,  $F(5, 47) = .90, p = .49$ , indicating no difference in positive wellbeing between children in gender matched vs gender-mismatched families.

### ***Child Attachment in gender mismatched and gender matched families***

To answer the question of whether there were differences between children in gender-matched and gender-mismatched families on the secure-autonomous, insecure-dismissive, insecure-preoccupied and insecure-disorganised attachment dimensions, a multivariate analysis of covariance (MANCOVA) was conducted. As child gender differed significantly between family types and was significantly associated with children's attachment scores, child gender was entered into the analysis as a covariate. Wilks' Lambda was not significant,  $F(4,$

51) = 1.27,  $p = .29$ , indicating no differences in attachment security between children in gender matched vs gender mismatched families.

## 6. Discussion

The present study, which followed up children adopted by gay fathers, lesbian mothers, and heterosexual parents to early adolescence, showed that, there were few differences in parent psychological functioning, the quality of parent-child relationships or in child psychological functioning. Where differences were identified, these reflected more positive functioning in gay father families compared to heterosexual parent families. However, in all family types, child adjustment problems significantly increased from early childhood to early adolescence. Moreover, a high proportion of children displayed adjustment problems at early adolescence: around a third scored above the cut-off for psychiatric disorder on the Strengths and Difficulties Questionnaire, a standardised questionnaire of children's externalising and internalising problems, and approximately three-quarters of the sample were rated by a psychiatrist as having some level of psychiatric concern. Although it is important to note that children generally displayed mixed attachment patterns (i.e. a combination of secure and insecure strategies), the dominant strategy for the majority of the sample (40.2%) was insecure-dismissing. Despite the high levels of adjustment problems and attachment insecurity, the children also reported high levels of happiness and connectedness. Family processes, specifically parental mental health and parenting quality, were associated with child psychological functioning. In same-sex parent adoptive families, perceived heterosexism was associated with child psychological functioning. The vast majority of same-sex parents were not concerned that a lack of parent of the other gender would negatively impact their child, and there was no evidence that children in gender matched families (i.e. boys in gay father families and girls in lesbian mother families) had better psychological functioning than children in gender mismatched families (i.e. girls in gay father families and boys in lesbian mother

families). The following chapter discusses these findings in depth, as well as the study's strengths and limitations, and directions for future research.

## Part I – Family Functioning

### ***6.1.1 Parental Mental Health***

As much of the research on adjustment within adoptive families has focused on the adjustment of adopted children, rather than adoptive parents, the current study provides insight into the psychological functioning of adoptive parents. The prediction that gay fathers would show more positive mental health than heterosexual parents, as was found in Phase 1, was not supported by the findings, as there were no significant differences in either anxiety or depression. There were also no differences between gay fathers and lesbian mothers in either depression or anxiety. Thus, by the time their children reached early adolescence, gay fathers and heterosexual parents showed similar levels of mental health. It is possible that the better mental health of gay fathers at Phase 1 was related to the rigorous screening in the adoption process; as relatively little was known about the functioning of gay father families at the time the parents in the present study adopted, it is possible that only the most well-adjusted gay couples realised their dreams of becoming parents. It seems from the findings of the follow up study that parents became more similar in terms of mental health the longer they had been an adoptive family, which may be related to the characteristics of their children. Indeed, in line with Brodzinsky's (1987) psychosocial theory of adjustment to adoption, children across all family types showed an increase in adjustment problems. Therefore, all adoptive families (gay father, lesbian mother and heterosexual parent families) were dealing with the key challenge of their children's adjustment difficulties, at this developmental stage. It is likely that the similarity in the adoptive families' experiences during this challenging developmental period is linked to the similarity in adoptive parents' mental health.

The change in parental mental health between phases 1 and 2 was also examined. There was no significant change in parents' anxiety or depression symptoms from Phase 1 to Phase 2. Although parental mental health problems did not significantly increase between Phases 1 and 2, the levels of depression and anxiety reported at Phase 2 are higher than has been reported in the general population (Matijasevich et al., 2014; Spielberger et al., 1983) and in samples of same-sex parent families formed through assisted reproductive technologies (Van Gelderen et al., 2018). Matijasevich et al. (2014) validated the use of the Edinburgh Postnatal Depression Questionnaire with adults in the general population, and in their sample of 447 adults, approximately 13% scored positive for depression when the cut-off of 10 was utilized. The proportion of adoptive parents who scored above the cut-off of 10 in the current study was greater than that found by Matijasevich et al. (2014) across all family types (gay father, lesbian mother or heterosexual parent families), and the proportion of Parent A's in heterosexual parent families scoring above cut-off was considerably higher, at 26%. It is possible that the higher levels of depression symptoms in this group of parents is related to the less equal division of labour in heterosexual parent families, compared to same-sex parent families (Goldberg, 2013), as sharing child rearing duties unequally may place greater strain on parents who have adopted children with a high level of difficulties (as is the case in the present sample). Although no differences in division of labour were identified between the gay father, lesbian mother and heterosexual parent families, the division of labour subscale of the Co-parenting Relationship Scale (Feinberg et al., 2012) was comprised of only two items. Thus, differences in division of labour may not have been identified due to the low validity of the measure. Future studies should investigate the link between division of labour and adoptive parent mental health using a reliable and well-validated measure of division of labour.

While adoptive parents in the current study showed relatively high levels of depression and anxiety compared to general population samples, it is perhaps somewhat

surprising that levels of parent mental health problems weren't higher considering the marked level of adjustment problems their children were exhibiting. This finding points toward the resilience of the adoptive parents, which may be partly attributed to the rigorous screening process that prospective adopters must overcome before a child is placed with them.

Most research focusing on the adjustment of adoptive parents has investigated parenting stress, depression or anxiety. An exception to this is the study by Selwyn (2014), who measured symptoms of Post-Traumatic Stress Disorder (PTSD) in adoptive parents. Although PTSD was only measured in a group of adoptive parents whose children had prematurely left home, the author noted that in hindsight, it would have been useful to assess PTSD in other groups of adopters (i.e. families where the adoption was going well and families where the children were still in the adoptive family, but were experiencing considerable difficulties). This highlights the need for research on the adjustment of adoptive parents to move beyond anxiety and depression.

The non-significant trend toward fewer gay fathers having accessed psychological support for mental health problems is noteworthy, particularly considering that there were no significant differences between family types in self-reported levels of anxiety or depression. This is likely related to gender, as an abundance of research indicates that men are less likely to seek support for psychological problems compared to women (Oliver, Pearson, Coe, & Gunnell, 2005; Padesky & Hammen, 1981; Weissman, Klerman, 1977). As gay fathers families are, inherently, composed of two male parents it is therefore possible that gay fathers may be less likely to seek and access support for their own mental health should they need it. This points to the importance of interventions aimed at normalizing psychological support for men.

In terms of the parental couple relationship, there were no significant differences between gay fathers, lesbian mothers and heterosexual parent families, with the vast majority of parents reporting above average levels of relationship satisfaction, and very few parents ( $n= 3$ )

reporting severe relationship problems. However, couple relationship satisfaction in the current sample of adoptive parents was lower than that reported by a sample of families formed through assisted reproductive technologies (i.e. surrogacy and donor insemination) (Golombok, Ilioi, Blake, Roman, & Jadva, 2017) which suggests that the challenges of raising adopted children with adjustment problems places some level of strain on the couple relationship, as has been found in other studies (Selwyn et al., 2014).

In terms of co-parenting, gay, lesbian and heterosexual couples reported no significant differences in agreement, closeness, conflict, undermining, division of labour, or in the endorsement of their partner's parenting. However, there was a significant difference in co-parenting support, with gay fathers reporting more supportive co-parenting than heterosexual parents. The fact that this finding was based on dyadic data (i.e. the reports of both parents) suggests that this is a genuine finding. Given the stigma toward, and lack of research on, gay father families at the time these parents adopted, it is possible that gay couples who overcame the rigorous adoption screening process were those with the highest levels of motivation, increasing the likelihood that these couples had discussed how best to co-parent supportively. Further, the low levels of mental health problems reported by these fathers at Phase 1 of the study (Golombok et al., 2014), may have facilitated the development of supportive co-parenting at Phase 2. However, as support was assessed using a self-report questionnaire, it is possible that this finding is due to reporter bias as gay fathers may be especially motivated to portray their relationship in a positive light due the stigma and negative stereotypes surrounding relationships between gay men (Hicks, 2006).

The finding regarding co-parenting support is noteworthy as it contrasts with the findings of Farr and Patterson (2013), who found gay fathers to be less supportive of one another, than either lesbian mothers or heterosexual parents in an observational assessment, when their children were infants. However, the differences Farr and Patterson (2013) observed between

family types in supportive and undermining co-parenting at Wave 1 (W1) of their study, were not found at Wave 2 (W2) when the children reached middle childhood (Farr, Bruun, & Patterson, 2019). It was suggested that the differences in findings between W1 and W2 may be explained by the different developmental stages of the children, as middle childhood typically demands less hands-on parenting when the children start attending school. It is also possible that parents become more similar in their co-parenting behaviours over the course of their child's development due to the greater experience of working as a co-parenting team (Riina and Fienberg, 2018). Alternatively, the difference in findings may have been a consequence of the different family interaction tasks at W1 and W2; different interaction tasks may elicit different co-parenting behaviours and, thus, some co-parenting behaviours (e.g. support) may be more readily observable than others depending on the task requirements. However, at W2 co-parenting was also assessed using a self-report questionnaire and the analyses identified no differences between family types, supporting the findings of the observational assessment at W2. Nonetheless, further longitudinal investigations (ideally with multi-method and multi-informant designs) of co-parenting behaviours in gay father, lesbian mother and heterosexual parent families are required to fully understand the trajectories of these dynamics in diverse family structures.

### ***6.1.2 Quality of Parent-Child Relationships***

The findings lend minimal support to the prediction, based on the findings at Phase 1, that the quality of parenting in gay father families would be higher than in heterosexual parent families. Reciprocal interaction on the observational measure differed between gay father families and heterosexual parent families, with greater levels of reciprocity observed between gay fathers and their children than between heterosexual parents and their children. However, there were no differences between the gay father and heterosexual parent families for the other

variables derived from the observational assessment, or the latent factor of parenting quality derived from the parent interview. It seems, therefore, that gay fathers show a similar quality of parenting to both lesbian mothers and heterosexual parents when their adopted children reach adolescence. This finding is consistent with other studies of adoptive gay father families with younger children (Farr, 2017; Farr et al., 2010a, 2010b; Farr & Patterson, 2013; Goldberg & Smith, 2013). Contrary to the view that fathers are less suited to child rearing than are mothers, the only difference in parenting that emerged reflected more positive parenting by gay fathers than by heterosexual parents. Thus, the findings suggest that gay father families continue to provide a positive family environment for their adopted children as they reach early adolescence.

The adoptive parents in the present sample continued to show positive parenting when their children reached early adolescence. Indeed, as assessed by the parenting interview, parents reported moderately high levels of warmth, above average levels of sensitivity and interaction quality, and relatively low levels of criticism. Further, on the observational measure, adoptive parents and children showed high levels of responsiveness to one another, displayed moderately high levels of cooperation and moderate levels of reciprocity. The positive parenting of this group of adoptive parents is remarkable given the marked adjustment problems their children were exhibiting at this developmental stage.

### ***6.1.3 Child Adjustment***

With respect to adolescent adjustment, the hypothesis that adolescents in gay father families would show higher levels of adjustment than adolescents in heterosexual parent families was not supported; there were no differences in externalizing or internalizing problems as measured by the Strengths and Difficulties Questionnaire (SDQ) between adolescents in the two family types. In addition, the proportion of adolescents with total SDQ scores above the

cut-off for psychiatric disorder did not differ between the gay father and heterosexual parent families, irrespective of whether the questionnaire was completed by parents or teacher. However, when the SDQ was completed by the adolescents themselves, there was a non-significant trend toward a lower proportion of adolescents in the gay father families than in the heterosexual parent families obtaining scores above the clinical cut-off. It is possible that this difference did not reach significance due to insufficient power. Therefore, studies with larger samples of adolescents are needed to investigate whether children in gay father families perceive themselves as having fewer adjustment problems, compared to children in heterosexual parent families. Regarding the child psychiatrist's ratings of severity of psychiatric disorder, there was no difference between adolescents from gay father and heterosexual parent families. As expected, the gay father families did not differ from the lesbian mother families for any of the measures of adolescent adjustment.

Although there were no differences between gay father, lesbian mother and heterosexual parent families, a large number of adolescents in all family types showed evidence of psychiatric disorder. Around one-third of children had parent-rated SDQ scores above the clinical cut-off point, a proportion that is approximately three times greater than the 10% who obtain SDQ scores in the clinical range according to UK general population norms (Goodman & Goodman, 2012). Moreover, a child psychiatrist who was blind to the family background of the children, rated three-quarters (74.5%) of the adolescents as having some level of psychiatric problem, and just under half of these (44.4%) were rated as having a marked disorder. Moreover, just over one-third (35.8%) of the adolescents showed multiple disorders, which illustrates the complexity of adjustment problems that many of the adoptees were experiencing.

These findings are not surprising given the high rates of mental health problems shown by children adopted from the care system (Dozier, & Rutter, 2008; Neil et al., 2018; Pinderhughes & Brodzinsky, 2019; Rushton, Mayes, Dance, & Quinton, 2003). Although

many families had incomplete data regarding their children's pre-adoption histories, where data was available, this indicated that children had been removed from their birth families because of maltreatment, including neglect, emotional or physical abuse, parental drug or alcohol misuse, and domestic violence, all of which are associated with adolescent mental health problems (Cicchetti & Toth, 2015).

As predicted, both externalizing and internalizing problems increased from Phase 1 to Phase 2 of the study in all family types. Whilst externalizing problems remained higher than internalizing problems at adolescence, which is consistent with the literature on the psychological adjustment of adopted children (Juffer & van IJzendoorn, 2005), there was a greater increase in internalizing than externalizing problems over time. These findings are consistent with Brodzinsky's psychosocial theory of adjustment to adoption which predicts an increase in psychological difficulties among adopted children at adolescence (Brodzinsky, Radice, Huffman, & Merkler, 1987) and with previous research which has documented an increase in adopted children's adjustment problems in middle childhood (Brodzinsky, 1993).

#### ***6.1.4 Child Attachment Security***

The prediction that children in gay father families would show greater attachment security than children in heterosexual parent families was supported by the findings. Indeed, group differences in this respect on three of the four attachment dimensions were identified. Children in gay father families had higher levels of secure-autonomous attachment than their peers in heterosexual parent families and similar levels to the children in lesbian mother families. Notably, children in gay father families did not score significantly higher on any of the insecure attachment dimensions than children in the other family structures. Indeed, children in gay father families obtained significantly lower scores on preoccupied attachment

than children in either lesbian mother families or heterosexual parent families, and lower disorganised attachment scores than children in heterosexual parent families.

### *Safe Haven and Secure Base*

The present study was the first to compare children's utilization of their parents as secure base and a safe haven in adoptive gay father, lesbian mother and heterosexual parent families. The findings showed no differences in children's perceptions of their parents as available for emotional or instrumental support, between gay father, lesbian mother and heterosexual parent families. The finding regarding emotional support is especially noteworthy, as it indicates that fathers, and gay fathers specifically, are just as able to provide emotional support. This is an important finding as research on heterosexual parent families indicates that although children use both parents for safe haven and secure base needs, there is a tendency for children to rely on their mothers more for emotional support and their fathers more for instrumental support (Bretherton, 2010; Grossmann et al., 2002; Grossmann, Grossmann, Kindler, & Zimmermann, 2008; Kerns et al., 2015a). Further, the finding shows that gay fathers are capable of providing emotional support to children with histories of maltreatment, who may have a greater need for support, and may be less likely to express attachment related needs (Feugé et al., 2018).

The findings regarding the levels of emotional support that gay fathers provide to their children are consistent with a Canadian, questionnaire based, investigation of parental involvement among adoptive gay fathers (Feugé, Cossette, Cyr, & Julien, 2019). Adoptive fathers reported being highly involved with their child in a wide array of roles, including physical play and emotional support. However, the fathers reported lower involvement in disciplining. The authors suggested that adoptive gay fathers are similar to traditional

heterosexual fathers with respect to their involvement in physical play, but differ from the traditional paternal role with respect to their greater involvement in emotional support and lower involvement in discipline.

The present study also examined whether secure base and safe haven support differed by parental role in adoptive gay father, lesbian mother and heterosexual parent families. The findings showed that primary caregivers provided significantly greater levels of emotional support, yet, primary and secondary caregivers provided similar amounts of instrumental support. Therefore, the findings regarding safe haven support the notion that attachment functions are determined by parental role rather than parental gender (Carone et al., 2019). However, the similarity in secure base scores between primary and secondary caregivers is inconsistent with the idea that parent role determines both (i.e. safe haven *and* secure base) attachment functions. As suggested by Carone et al. (2019), it may be that the safe haven function is more “primary” thus explaining why primary caregivers more often fulfil this role for their children. Thus, if the secure base function is “secondary”, it may matter less whether the primary or secondary caregiver performs this attachment function. Future research on attachment functions in same-sex parent families is required to elucidate the extent to which parental role determines safe haven and secure base functions.

### ***Children’s dominant attachment strategy***

Although attachment was analysed dimensionally for the purposes of group comparisons (which was the most valid method given that the majority of children showed mixed attachment patterns), it was also informative to analyse children’s attachment categorically to assess the dominant strategy most children were exhibiting. As discussed above, there were differences in the dimensions of secure-autonomous, insecure-preoccupied and disoriented-disorganised strategies between family types. However, there were no

significant differences between family types in the proportion of children whose dominant strategy (i.e. the attachment dimension they scored highest on) was secure vs insecure.

Across the sample, children showed predominantly insecure-dismissing strategies, followed by insecure-disorganised, then secure-autonomous and, finally, insecure-preoccupied strategies. The majority of existing studies using the Friends and Family Interview as an assessment of child attachment have focused on samples of internationally adopted children (Abrines et al., 2012; Barcons et al., 2014, 2012), and in each of these samples the dominant strategy for most children was secure-autonomous, followed by insecure-dismissing. However, in a sample of Chilean domestic adoptees (Escobar & Santelices, 2013), the dominant strategy, for the majority of children, was also found to be insecure-dismissing as was found in the present study. This highlights the importance of distinguishing between domestic and international adoption when considering attachment security. As discussed in Chapter 1, there are several possible reasons for the more positive outcomes of internationally adopted children compared to domestic adopted children. While international adoptees are usually adopted due to poverty, domestically adopted children may be relinquished due to their birth parents mental health difficulties. Considering the associations between mental health and attachment security (Bohlin, Eninger, Brocki, & Thorell, 2012; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; McLaughlin, Zeanah, Fox, & Nelson, 2012; Mikulincer & Shaver, 2007), and research documenting the influence of genes on attachment security, particularly the link between the dopamine D4 receptor (DRD4) 7-repeat allele and attachment disorganisation (Bakermans-Kranenburg & Van IJzendoorn, 2007; Lakatos et al., 2000), it is possible that domestic adoptees, as compared to international adoptees, are more likely to inherit a genetic vulnerability for insecure attachment from their birth parents.

The low proportion of secure-autonomous (17.5%) and the elevated proportion of insecure disorganised (23.7%) strategies, exhibited by the present sample, may be explained

by the high levels of maltreatment (i.e. neglect, physical abuse, emotional abuse etc.) the children had endured before being adopted. A meta-analysis investigating distributions of attachment patterns found that, in the general population, 62% of young children were securely attached to their primary caregiver, 15% were classified as insecure avoidant, 9% as insecure ambivalent, and 15% as insecure disorganised, while in maltreated samples, just 9% of children were securely attached to their parents, 28% were insecure avoidant, 15% were insecure ambivalent and 48% were classified as disorganised (van Ijzendoorn et al., 1999). Thus, it can be seen that the levels of attachment security and disorganisation found in the present sample, are somewhere between those observed in maltreated samples and the general population. This is consistent with evidence which demonstrates that adopted children show increases in secure attachment representations over the first two years of living with their adoptive parents (Kaniuk, Steele, & Hodges, 2004).

#### ***6.1.5 Positive Wellbeing***

The literature on same-sex parent families has been criticised for its deficit focused approach (for exceptions see Gartrell et al., 2018; van Gelderen, Gartrell, Bos, & Hermanns, 2012); studies have treated the heterosexual parent family as the gold standard (Hicks, 2005) and have focused almost solely on whether children of same-sex parents show more adjustment problems than children of heterosexual parents (as opposed to investigating more positive outcomes in same-sex parent families). Thus, the present study is among the first to investigate the positive outcomes of children in same-sex parent families. Further, there is little research on the positive outcomes for adopted children; in contrast to the abundance of research focusing on adoptee behaviour problems and psychopathology (Grotevant & McDermott, 2014).

The hypothesis that children in gay father families would show more positive functioning than heterosexual parents was not supported by the findings, as there were no

differences between family types in engagement, perseverance, optimism, connectedness and happiness. However, this finding is important as it indicates that children in gay father families are just as well adjusted in terms of positive wellbeing. That is, not only is it true that children in gay father families show no more problems, but they are also show similar levels of positive psychological functioning to their peers in heterosexual parent and lesbian mother families.

In terms of positive psychological functioning across the full sample, the children reported high levels of connectedness and happiness, and moderate levels of optimism, perseverance and engagement. Further, the adoptees in the present sample rated themselves slightly higher in these domains than did children conceived naturally, through surrogacy, using egg donation and using donor insemination, in a recent study by Golombok, Ilioi, Blake, Roman, and Jadva (2017). Given the high levels of adjustment problems in the present sample, this finding may seem somewhat contradictory. However, this need not be the case; although adjustment problems and positive wellbeing are related to one and other, research has demonstrated that they are distinct constructs (Kern et al., 2016; Seligman & Csikszentmihalyi, 2000). For example, it is possible for a child to display behavioural problems, but to also be optimistic and happy, just as it is also possible for a child who has no behavioural difficulties to be pessimistic and unhappy. In line with the perspective of positive psychology (Kern et al., 2016; Seligman & Csikszentmihalyi, 2000), the finding points to the importance of studying positive wellbeing in addition to adjustment difficulties. The findings regarding engagement, perseverance, optimism, connectedness and happiness suggest that children adopted from the child welfare system do not have difficulties in terms of positive wellbeing at early adolescence.

The findings regarding positive wellbeing may be explained by the dramatic change in life circumstances these children had experienced - having had difficult and traumatic early experiences in their birth families and later being raised in an adoptive family environment,

where they are wanted and experience positive parenting. Undergoing such a marked improvement in life circumstances may have fostered an optimistic outlook, as these adoptees have lived experience that very difficult circumstances can improve. This notion is in line with several theoretical perspectives which highlight that moderate levels of stress (as opposed to no stress or high levels of stress) can be protective, including stress-inoculation theory (Meichenbaum, 2017; Meichenbaum & Deffenbacher, 1988), steeling (Rutter, 2006) and Deinstbier's (1989) theory of toughness, which posits that there is no opportunity for someone to develop toughness if they have never coped with stress, though overexposure to stress can be harmful. Moreover, research indicates that in the short-term, recent adversity can have negative effects, but in the long-term, adversity can also foster resilience (Seery, 2011).

While it is clear that adoption is not a panacea, as early adversity evidently has a long-term influence on adjustment and attachment security, the findings regarding positive psychological functioning contribute to the research literature that highlights the effectiveness of adoption as an intervention for maltreated children. Not only does adoption lead to considerable catch up across physical, socio-emotional and cognitive domains (van IJzendoorn & Juffer, 2006), but adopted adolescents appear to be happy, connected and optimistic.

## Part II – Experiences of Stigmatisation

### ***6.1.6 Adoption Stigma***

There was some support for the hypothesis that gay fathers would experience lower levels of adoption mistreatment than would heterosexual parents, as there was a non-significant trend toward gay fathers experiencing lower levels of adoption mistreatment than heterosexual parents. This finding is consistent with Goldberg and Smith's (2014) US study, which found that heterosexual parents perceived greater levels of mistreatment due to their adoptive status than did same-sex parents. One possible explanation for this finding is that heterosexual

adoptive parents may be more attuned to adoption stigma than adoptive gay fathers. For heterosexual adoptive couples, their adoptive status may be the only feature that distinguishes them from the nuclear family. In contrast, adoptive gay father families differ from the nuclear family in several ways, including their status as adoptive parents, as sexual minority parents and as male primary caregivers (Carroll, 2018; Golombok et al., 2014). Given that adoption is an expected route to parenthood for gay men, it is possible that gay fathers view their sexual orientation and their status as male primary caregivers as more remarkable features of their family, and thus may expect and experience greater stigma due to these features. Indeed, for gay fathers, the mean for mistreatment due to sexual orientation ( $M = 2.05$ ,  $SD = .53$ ) was slightly higher than the mean for mistreatment due to adoptive status ( $M = 1.97$ ,  $SD = .62$ ). Moreover, previous research has reported greater levels of internalised adoption stigma among heterosexual parents compared to same-sex adoptive parents (Goldberg et al, 2011). Therefore, it is possible that greater levels of internalised stigma among heterosexual adopters may contribute to greater sensitivity concerning how their family is treated and responded to by outsiders.

The non-significant trend toward gay fathers perceiving lower levels of mistreatment due to their adoptive status compared to lesbian mothers was unexpected. As described above, it is possible, that for gay fathers, stigma due to their sexual orientation and their male gender may be more pertinent than stigma due to adopting. Research on gay fathers has shown that stigma related to parental gender can take place in the form of unrequested offers of caregiving advice, or caregiving assistance, from strangers, particularly women (Carroll, 2018). Similarly, a growing body of research highlights the stigma that stay-at-home-fathers in heterosexual parent families face due to their male gender (Brescoll & Uhlmann, 2005; Lee & Lee, 2018; Rochlen, McKelley, & Whittaker, 2010). While lesbian mothers share the sexual minority status with gay fathers, as females they are expected to be competent primary caregivers (Biblarz &

Stacey, 2010) and, hence, do not face this extra dimension of stigmatisation. For this reason, it is possible that lesbian mothers may be somewhat more attuned to adoption stigma than gay fathers. Further research in this area is required, particularly studies which aim to distinguish between the stigma gay fathers experience due to their male gender, and due to their sexual orientation.

The average levels of mistreatment due to adoptive status in the present study were higher than those observed in Goldberg and Smith's (2014) sample of US adoptees (M= 1.52 for gay male parents, M= 1.65 for lesbian parents and M=1.81 for heterosexual parents). The levels of mistreatment due to parent sexual orientation were also greater in the present study compared to Goldberg and Smith's (2014) sample. It is likely that the greater stigma experienced in the present UK sample is related to the older age of the children and the explanations for this (i.e. age-related increases in adoptee behaviour problems, age-related increases in teasing and discussions in school about family relationships) are discussed in greater detail below.

### ***6.1.7 Homophobia and Heterosexism***

The hypothesis that gay father families would experience greater levels of stigma and discrimination than lesbian mother families because of their gender was not supported by the results. There were no differences between gay fathers and lesbian mothers regarding perceived mistreatment and exclusion in the school environment due to their sexual orientation. Similarly, there were no differences between children in gay father families and children in lesbian mother families regarding their perceptions of heterosexism, or in their preoccupation with disclosing their parents' sexual orientation. This finding was somewhat surprising as, although both families are similar in that they are sexual minorities and may experience stigma for this reason, it was anticipated that the additional non-traditional feature of being headed solely by men, would translate into greater stigma toward children of gay fathers (Golombok., & Tasker,

2010). More specifically, it was expected that gay fathers would experience greater stigmatisation due to the prevalent belief that women are more suited to parenting and that children need a mother. However, this finding is in line with previous research which found no differences in perceived stigma between gay father families formed through surrogacy and lesbian mother families formed through donor insemination (Golombok, Blake, et al., 2017).

It is noteworthy that although many parents (40.6% of gay fathers and 48.1% of lesbian mothers) reported their child had experienced homophobia, the adolescents themselves perceived low levels of heterosexism and had low levels of concern about disclosing their parents' sexual orientation. This indicates that although many of the children in the sample had experienced homophobia from their peers at some point, they perceived that the majority of their peers did not hold heterosexist attitudes, and most children were not worried about their peers finding out about their gay or lesbian parents. Further, adolescents in the present UK sample perceived lower levels of heterosexism, and had lower preoccupation with disclosing their parents sexual orientation, than did adolescents in a Canadian sample of sixty-four adolescent children of lesbian mothers who were 15 years old on average (Vyncke et al., 2011). Given that Canada and the UK are both progressive with regards to LGBT rights and attitudes (Smith, Son, & Kim, 2014), it is possible that the lower levels of perceived heterosexism and preoccupation with disclosing parents sexual orientation in the UK is a result of the time at which the data were collected, as UK attitudes toward LGBT people have continued to improve over the last decade (Curtice, Clery, Perry, Phillips, & Rahim, 2019; Watt & Elliot, 2019).

Parents also perceived relatively low levels of mistreatment due their sexual orientation from their child's teachers, school personnel and other parents. Although this finding is encouraging, research in the United States has revealed that same-sex parents often consider LGBT friendliness as an important factor when selecting their child's school (Goldberg & Smith, 2014). Parents' school selection considerations were not investigated in the present

study, but it is plausible that the current sample of UK same-sex parents took LGBT friendliness into account when selecting their child's school.

The average levels of perceived sexual orientation related stigma are slightly higher than those reported in Goldberg and Smith's (2014) sample of US adoptees ( $M = 1.66$  for lesbian mothers and  $M=1.75$  for gay fathers). It is important to note that the children in Goldberg and Smith's (2014) sample were much younger (preschool children with an average age of 3.47 years) which may explain the difference between these UK and US samples. It may be the case that as children grow older and the relevance of sexuality increases, the opportunities for parents' to perceive mistreatment due to their sexual orientation may also increase. For example, it becomes increasingly important for teachers to discuss issues related to sexuality and relationships as children reach adolescence; if parents perceive that these issues are not adequately addressed they may feel mistreated. Additionally, teasing due to parents' sexual orientation is rare at preschool age (Gartrell, Banks, et al., 2000) and becomes much more common in late childhood and early adolescence (Kosciw & Diaz, 2008; Van Gelderen et al., 2013). Therefore, as the likelihood of child teasing increases with age, the likelihood that teachers and other staff members will have to deal with instances of homophobic bullying also increases. If such instances are not dealt with adequately, parents may be more likely to perceive mistreatment due to their sexual orientation. Moreover, age-related increases in adoptee behaviour problems may mean that adoptive parents are more likely to face a lack of understanding about their children's difficulties, and consequently they may feel mistreated by school staff members. It is possible that teachers/school staff members with prejudiced attitudes toward same-sex couples may attribute children's behaviour problems to their parents' sexual orientation rather than to the children's difficult pre-adoption experiences.

It should also be pointed out that parents' perceived mistreatment may not be an accurate reflection of actual mistreatment. As many of the children were now attending secondary

school, parents may have had little involvement with their child's school and, therefore, less accurate knowledge about the inclusiveness of the school, for example, whether or not the assignments teachers set were inclusive of LGBT parent families and adoptive families. This highlights the importance of also asking children about their perceptions of mistreatment from school personnel.

### Part III – Predictors of Child Psychological Functioning

#### ***6.1.8 Predictors of Child Adjustment in the full sample***

Across the full sample of adoptive families (i.e. gay father, lesbian mother and heterosexual parent families), family process variables were significantly associated with adolescent adjustment. Specifically, over and above the stability in externalising problems, adolescents showed lower levels of externalising problems when their parents had lower levels of mental health problems at Phase 2 and when parents engaged in more positive parenting at Phase 2. The findings regarding the predictors of internalising problems were similar. Over and above the stability in internalising problems, adolescents showed lower levels of internalising problems when parents reported more positive parenting at Phase 2. The association between internalising problems and parental mental health at Phase 2 was not significant, although there was a non-significant trend toward lower parental mental health problems being associated with lower internalising problems. This finding is in line with the clinical and research literature on predictors of psychological problems in children adopted from the care system, which points to more positive outcomes for families in which adoptive parents are able to cope with their children's difficult behavior, have realistic expectations of their children's functioning and behavior, and show high levels of warmth and low levels of hostility toward their children (Ji et al., 2010; Rushton & Dance, 2006).

The fact that only current (Phase 2) and not previous (Phase 1) parental mental health and parenting quality predicted child adjustment problems may be related to the large increase in child adjustment difficulties, which is developmentally typical of adopted children as they come to understand more about the meaning of being adopted, and the associated loss, when they reach middle childhood (Brodzinsky, 1987; Brodzinsky, 2011). From this perspective, adopted children show an increase in adjustment problems as a result of developmental changes in their understanding of adoption, rather than due to factors in the adoptive family (Brodzinsky, 1987). This is not to say that the influence of adoptive parents is not important. Indeed, much research has documented the salient role of adoptive parents in communicating with their adopted children about their adoption and helping them to understand and successfully integrate their adoptive status into their identity (Brodzinsky, 2006; Grotevant et al., 2011; Neil, 2009). However, while adoptive parents play an important role, this perspective suggests that age-related increases in adoptee adjustment problems can, and often do, occur in a positive adoptive family environment. In fact, the increase in adjustment problems can be understood as part of the adaptive grieving process (Brodzinsky, 1987).

Further, research on non-adoptive families has shown that child characteristics can elicit different parenting qualities (Lee & Bates, 1985; Rutter, & Quinton, 1984; Scarr, & Grajek, 1982) and that parents and children exert reciprocal influences on one and other (Huh, Tristan, Wade, & Stice, 2006). Thus it is conceivable, that some parents who displayed positive parenting when their children had no difficulties, may have struggled to show the same quality of parenting when their adopted child began to behave in hostile, difficult, rejecting or defiant ways. This explanation is consistent with the family systems perspective which highlights how difficulties in one system (i.e. the child system) can lead to difficulties in another system (i.e. the parent-child system and parent system).

### ***6.1.9 Predictors of Child Attachment Security in the full sample***

Although children in gay father families were found to have greater levels of secure-autonomous attachment than children in heterosexual parent families, results of a stepwise regression revealed that family processes were more important than family type in determining levels of security. In the full sample of adopted adolescents, higher levels of attachment security were associated with more positive parenting from both parents (at Phase 2), and family type did not significantly predict attachment security after controlling for family processes. This finding is consistent with the attachment literature which emphasises the salient role of parenting quality in determining attachment style. In particular, children are more likely to be securely attached when their parents are consistently sensitive and responsive to their needs (De Wolff, M.S., & van IJzendoorn, 1997). The finding is also consistent with Carone et al.'s (2019) study of gay father surrogacy families which found that children's greater attachment security was associated with higher levels of parental warmth, responsiveness, willingness to serve as an attachment figure, as well as lower levels of negative control and rejection.

The fact that parenting quality in early childhood (at Phase 1) did not significantly predict children's attachment security in early adolescence (Phase 2) was unexpected. However, the lack of longitudinal association may be explained by similar reasons to the lack of association between Phase 1 parenting quality and Phase 2 adolescent adjustment, discussed above. For example, the increase in adjustment problems may have elicited negative parenting from parents who, prior to the increase in behaviour problems, had exhibited positive parenting. Nevertheless, the measures of positive parenting at Phase 1 and Phase 2 were correlated with each other, indicating that positive parenting when the children were young contributed indirectly to the association between positive parenting at Phase 2 and adolescent attachment. These findings are consistent with that of previous research which has shown that parents with

older adopted children report more feelings of anger and hostility, and a greater need for support, as well as greater levels of aggression and rejection on the part of their child (Kaniuk et al., 2004).

#### ***6.1.10 Predictors of Child Positive Wellbeing in the full sample***

There was partial support for the hypothesis that positive psychological functioning would be predicted by family process variables. Indeed, more positive parenting at Phase 1, as assessed by the parenting interview, was found to predict greater levels of adolescent self-reported connectedness (at Phase 2). Thus, it seems that the positive rearing environment adoptive parents provided when their children were young had a positive influence on their children's feelings of connectedness at adolescence. This longitudinal association contributes to research which highlights the benefits of adoption for children whose birth families are unable to take care of them (van IJzendoorn & Juffer, 2006). However, it is important to note that positive parenting at Phase 1 did not significantly predict any other measure of positive psychological functioning, specifically engagement, perseverance, optimism or happiness. Nevertheless, connectedness may be especially important for children who have been removed from birth parents.

The finding that engagement in early adolescence was associated with lower levels of child responsiveness to Parent B in the interaction task, was not in line with the hypothesis that a greater quality of parent-child relationships would be associated with greater child psychological functioning. One possible explanation is that these children were less responsive to their parents during the interaction task because they were so engaged in completing the task at hand (i.e. planning the family holiday). However, this explanation is purely speculative and further research is required to explore the relationship between child responsiveness and child engagement.

### ***6.1.11 Predictors of Child Adjustment in same-sex parent families***

To investigate the influence of variables specific to being raised in a same-sex parent family (i.e. stigma due to sexual orientation, not having a same-gender parent) on child adjustment, the predictors of externalising and internalising problems in same-sex parent families were also investigated. The findings revealed that predictors of adjustment in same-sex parent families were similar to the predictors of adjustment in the full sample; adolescents in same-sex parent families had lower levels of externalising problems and internalising problems when their parents reported fewer mental health problems and showed more positive parenting toward them. However, in addition to the factors that influenced adjustment in the full sample, children's levels of perceived heterosexism also had a significant influence on adjustment. Specifically, when children with same-sex parents perceived low levels of heterosexism (at Phase 2) they showed lower levels of externalising problems as reported by their parents (at Phase 2). The cross-sectional nature of this association precludes any conclusion about the direction of effects; perceptions of heterosexism may have led to adjustment difficulties, or children with greater adjustment difficulties may have rated their peers as more heterosexist. It is noteworthy that adolescents' perceptions of heterosexism from their peers was significantly related to adjustment, but that their own preoccupation with disclosing their parents' sexual orientation was not, and nor was their parents' perceptions of stigma due to sexual orientation. This indicates that the extent to which adolescents perceive their peers to have negative opinions about their family has a greater influence on their adjustment than does the extent to which they think about whether to conceal their parents' sexual orientation. The finding also suggests that the adolescents' own perceptions regarding heterosexism may be of greater significance to their adjustment than their parents' perceptions of stigma. This may be explained by the more direct link between child perception and child adjustment, as compared to the indirect link between parental perceptions and child adjustment,

which may be moderated by other parenting processes. However, it should be noted that previous research has found both child perceived heterosexism and stigmatisation (Bos & Gartrell, 2010b; Bos et al., 2008; Bos & van Balen, 2008), and parent perceived heterosexism (Bos et al., 2004; Golombok, Blake, et al., 2017), to be associated with child adjustment. The significant association between adolescents' perceptions of heterosexism from their peers and adjustment may be explained by the important role that peers play at this stage of development; as children reach adolescence the significance of their relationships with other children increases and the influence of family members, such as parents, begins to decrease (Harris, 1995). van Gelderen, Gartrell, Bos, and Hermanns (2012) found, in their sample of 17 year olds raised by lesbian mothers, that while stigmatization was associated with more psychological health problems and lower life satisfaction, family compatibility and peer group fit ameliorated this. This suggests that homophobic stigmatisation may be less detrimental to the psychological adjustment of children who have strong relationships with their peers, and their parents. The current study did not include a measure of peer group fit, or the quality of peer relationships, and is limited in this respect

#### ***6.1.12 Predictors of Child Attachment Security in same-sex parent families***

In same-sex parent families, family processes were found to be more important to child attachment security than perceptions of stigma. Although, parental perceived mistreatment due to sexual orientation was positively associated with child attachment security (that is, children were more secure when their parents perceived greater mistreatment), stepwise regression showed that mistreatment did not have a significant influence on attachment security after controlling for parenting quality, but the effect of Parent B parenting quality remained significant. The positive association between attachment security and parental perceptions of mistreatment is somewhat surprising. From a family systems perspective (Cox & Paley, 1997),

it would be expected that perceived mistreatment would have a negative impact on parental mental health, which would have negative consequences for the parent-child relationship and, subsequently, child attachment security. However, from a resilience perspective, perceived mistreatment may not necessarily have negatively impacted parental mental health. Research has shown that some prior adverse or stressful experiences can foster later resilience (Seery, Holman, & Silver, 2010); as it is likely that same-sex parents experience mistreatment due to their sexual orientation at earlier stages in life (e.g. when coming out), the effect of perceived mistreatment, at this stage, may be attenuated. It is possible that parents who showed more positive parenting were especially attuned to the possible effects of stigma, or that parents attuned to stigma attempted to protect their children through forming strong, secure relationships with them. Previous research has indicated that a strength of same-sex parents may be a heightened awareness of diversity (Goldberg & Smith, 2014).

#### ***6.1.13 Predictors of Child Positive Wellbeing in same-sex parent families***

The hypothesis that lower levels of child perceived heterosexism would predict positive psychological functioning was supported by the results. Stepwise multiple regression revealed that perceived heterosexism was associated with adolescent perseverance, and after including perceived heterosexism at the final step of the model, the association between parenting quality and perseverance was no longer significant. Moreover, lower levels of perceived heterosexism was also significantly associated with greater optimism and happiness. Thus, when children perceived lower levels of heterosexism from their peers, they reported greater perseverance, optimism and happiness, than children who perceived higher levels of heterosexism. The salience of heterosexism to adolescent positive psychological functioning may be best understood when we consider that the influence of peers becomes stronger as children become adolescents (Harris, 1995). However, no conclusions can be made about the direction of

effects, as the associations between perceived heterosexism and positive psychological functioning were cross-sectional. It is plausible that adolescents who report high levels of positive psychological functioning may be less likely to perceive heterosexism from their peers. Therefore, longitudinal studies measuring perceived heterosexism in early childhood and positive psychological functioning in adolescence are required.

#### Part IV – gender mismatched vs gender matched families

In accordance with the same-sex hypothesis (Powell & Downey, 1997), societal presumptions posit that boys need fathers and girls need mothers. Therefore, comparisons were made between gender mismatched and gender matched families on both parental concerns about a lack of opposite gender parent, and child psychological functioning. That is, Part IV focused on whether same-sex parents were concerned about the lack of parent of the other gender in their family, and then, whether children in gender mismatched families showed poorer psychological functioning than their peers in gender matched families.

##### ***6.1.14 Same-sex parents feelings about a lack of a parent of the other gender in their family***

It was hypothesized that parents in gender mismatched families would show greater concern about the lack of an opposite gender parent in their family compared to parents in gender matched families. However, the findings showed no significant difference between parents in gender mismatched and gender matched families in the level of concern about the lack of opposite gender parent in their family. Over three-quarters (84.2%) of parents in gender mismatched families had no concerns and over ninety percent (90.9%) of parents in gender matched families had no concerns about the lack of an opposite gender parent in their family, indicating that most same-sex parents had not internalized the societal presumption that boys need fathers and girls need mothers (Powell & Downey, 1997). There was also no significant

difference between gender matched and gender mismatched families in parents' perceptions of the child's feelings regarding the lack of a parent of the other gender parent in their family. Most parents perceived that their child had neutral feelings about this issue ( $n = 32, 50.8\%$ ), or were unsure about how their child felt ( $n = 14, 22.2\%$ ). Moreover, there was no significant difference between parents in gender matched and gender mismatched families in ratings of the importance of opposite gender role models. The majority of parents expressed that opposite gender role models, outside of the family home, were important on some level, with over a third of the sample ( $n = 23, 35.9\%$ ) reporting that they were extremely important or crucial, and only 14.1% of the sample ( $n = 9$ ) expressing that opposite gender role models were not important.

Although the findings indicated that gender mismatched and gender matched families showed similar levels of concern about the lack of other gender parent, participants' responses may indicate that some same-sex parents are influenced by the same-sex hypothesis. For example, regarding concerns about the lack of parent of the other gender, the only parent who expressed major concerns was in a gender mismatched family. Additionally, while there was an equal number of parents in gender mismatched and gender matched families who perceived that their child had negative feelings, it is noteworthy that the only parents who perceived their child had positive feelings were in gender matched families ( $n = 5$ ). In light of the societal conviction that boys need fathers and girls need mothers, it is plausible that parents in gender mismatched families may have felt less confident that their child had positive feelings about the lack of other gender parent in their family. Further, a somewhat higher proportion of parents in gender mismatched families ( $n = 10, 52.6\%$ ), compared to gender matched families ( $n = 13, 28.9\%$ ), expressed that opposite gender role models (outside of the family) were extremely important or crucial. While the abovementioned differences do not reach statistical significance, possibly due to insufficient statistical power, they suggest that the internalization

of heteronormative views, such as the same-sex hypothesis, influence the perspectives of some sexual minority individuals even after becoming adoptive parents. Indeed, prior research has documented that same-sex parents pre-adoption child gender preferences are influenced by gender socialization concerns as well as worries about the procurement of opposite gender role models (Goldberg, 2009a). Nevertheless, it is important to emphasise that the vast majority of same-sex parent were not concerned that a lack of parent of the other gender would have a negative impact on their child.

#### ***6.1.15 Child Psychological Functioning in Gender Mismatched and Gender Matched***

##### ***Families***

Multilevel modelling indicated that there was no difference in either child externalising or internalising problems between gender mismatched and gender matched families. Additionally, there were no differences between children in either attachment security or in positive psychological wellbeing between gender matched and gender mismatched families. Thus, despite societal convictions that boys need fathers and girls need mothers, and the concerns expressed by a small minority of parents in the present study, there was no evidence to indicate that boys in lesbian mother families and girls in gay father families were disadvantaged due to the absence of a parent the same gender as themselves. This finding is perhaps not surprising when we consider the wealth of research emphasising the importance of family processes, such as parenting and parent mental health, over structural features of families, such as parental gender or sexual orientation for children's psychological adjustment (Fagan et al., 2014; Golombok, 2015; Lamb, 2012). The finding is also consistent with research comparing the outcomes of boys and girls in single mother and single father families (Downey & Powell, 1993; Powell & Downey, 1997), which found virtually no evidence that children benefit from living with a parent of the same-sex as themselves. Further, a recent study

investigated the wellbeing of female and male children, between 3 and 9 years, conceived by gestational surrogacy and raised in 68 gay father surrogacy families. Compared to a demographically matched normative sample of children, those in gay father families scored significantly lower on both internalising and externalising problems on the Achenbach Child Behaviour Checklist, and most pertinently, daughters of gay fathers were found to be functioning especially well, with lower internalising scores than daughters in the national database (Green, Rubio, Rothblum, Bergman, & Katuzny, 2019). The authors suggested that this finding may be related to how children are socialised for emotional expression. Specifically, that during times of stress, girls are socialised by their parents to express sadness and anxiety whereas boys are socialised to express laughter and anger (Chaplin, Cole, & Zahn-Waxler, 2005), and that mothers are more likely to be emotionally expressive, and are more supportive of children's negative emotions, than are fathers (Brown, Craig, & Halberstadt, 2015). Taken together, these findings suggest that, in heterosexual parent families, girls may be encouraged more than boys to express internalising behaviours. Hence, although further research is required, the existing evidence indicates that children in gender mismatched families are at no greater risk of poorer psychological functioning compared to children in gender matched families.

## ***6.2 Strengths and Limitations***

The study had a number of limitations. Differences between family types may not have been detected due to the modest samples sizes. In a similar vein, although several significant associations were identified between the predictor variables and child psychological functioning variables, it is possible that some of the associations between predictors and outcomes did not reach significance due to the modest sample sizes. Additionally, the latent factor of positive parenting, as rated from the interview at each phase of the study, displayed

partial measurement invariance. The lack of strict factorial invariance limited the ability to assess changes in positive parenting over time – from Phase 1 to Phase 2. However, studies that have focused on examining measurement invariance of parenting have generally used questionnaires (Widaman, Ferrer, & Conger, 2010), and studies using observational assessments have also found partial measurement invariance (e.g., Hughes, Lindberg, & Devine, 2018). Furthermore, the inter-rater reliability of the parental responsiveness scale of the observational measure was low. However, rather than being unreliable in detecting low parental responsiveness, inspection of the data showed that this was due to ceiling effects, as the majority of parents were highly responsive, obtaining scores at the top of the scale.

Participants were predominantly white, well-educated and middle class; whilst this may be representative of the current population of gay and lesbian adoptive parents (Jennings et al., 2014), the data may not reflect the experiences of families with a different demographic profile. Some previous research has indicated that children in low SES lesbian mother families experience greater stigmatisation than those in higher SES lesbian mother families (Tasker, & Golombok, 1997). As a consequence, it is possible that the adjustment of children in low SES same-sex parent families may be poorer, particularly as low SES families have fewer resources to deal with these stresses, such as the freedom to select where their children go to school (Goldberg & Smith, 2014). Further research on stigmatisation and child adjustment in low SES same-sex parent families is needed, as well as research on non-white gay and lesbian parents.

The study was also limited by the lack of data on the attachment patterns of children at Phase 1, which would have been especially valuable in illustrating the extent of attachment re-organisation as children settled into their different types of adoptive families. Data on the attachment patterns of the adoptive parents was also unavailable. There is evidence to suggest that attachment patterns can be transmitted across generations (Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003; Van IJzendoorn, 1995). Future research should explore how the

attachment representations of gay and lesbian parents influence the attachment of their adopted children.

A further limitation was that many adoptive parents did not possess full details of their children's pre-adoption histories, meaning that the relative influence of pre- and post- adoption factors on child psychological functioning could not be tested. As adoptive families cannot change their children's past experiences (i.e. what has happened in the birth family environment) it is arguably more relevant to investigate the influence of post-adoption factors (such as quality of parenting and parent mental health) on child outcomes. On the other hand, it is possible that children who have suffered different types of pre-adoption adversity (e.g. neglect vs physical abuse) may be influenced in different ways by post-adoption experiences (e.g. co-parenting, specific parenting qualities etc.).

Advantages of the study include the multimethod (interview, observation, and questionnaire) and multi-informant (both parents, child, teacher and child psychiatrist) approach. The longitudinal research design was advantageous, providing insight into two developmental stages (childhood and early adolescence) and permitting the exploration of the influence of early experiences within the adoptive family on adolescent psychological functioning. Because stigmatized groups such as gay fathers may tend to present their families in the best possible light, the use of an observational measure in which it is more difficult to "fake good" (Kerig & Lindahl, 2000), and the collection of data from teachers and the adolescents themselves, provided validation for the parents' reports, as did the ratings of children's adjustment by an independent child psychiatrist. A further advantage is the use of analytical techniques that accounted for the lack of independence of data from family members.

The current study contributed to several limited bodies of research, including: the adjustment of older children with gay fathers, attachment security in gay father families, the utilisation of secure base and safe haven functions in gay father families, the positive

psychological functioning of children in same-sex parent families and adoptive families, parent-child gender matching in same-sex parent families, and the mental health of adoptive parents.

The present study also overcame several methodological issues with the research on attachment in same-sex parent families. The study was the first to investigate all four child attachment patterns in gay father and lesbian mother families. Feugé et al.'s (2018) study of attachment in adoptive gay father families did not assess attachment disorganisation, which is a limitation given that adoptees have been shown to exhibit elevated rates of disorganised attachments (Van den Dries et al., 2009). Further, the attachment measure employed in Carone et al.'s (2019) study of gay father surrogacy families was a self-report measure, which did not distinguish between insecure-dismissing and insecure-preoccupied types of attachment. The authors noted that this was concerning as some evidence indicates insecure-dismissing individuals are more likely to rate their parents positively than secure-autonomous individuals (Borelli et al., 2013, 2016). The present study overcame these methodological problems by using the FFI as the measure of attachment. The FFI produces scores for each child on all four attachment dimensions: secure-autonomous, insecure-dismissing, insecure-preoccupied and insecure-disorganised. A further advantage of the FFI, over self-report measures, is that it is less likely to be influenced by social desirability and reporter bias, as FFI coders are trained to spot discrepancies between claims about relationships and available supporting information. For example, FFI coders are trained to spot instances where relationships are described positively, but few examples are given to back up such positive claims (a defensive strategy known as idealisation), as well as instances where relationships or individuals are described in strong negative ways without examples to back-up these claims (defensive strategies known as derogation and anger) (Kriss et al., 2012). Despite these limitations, the study's numerous methodological strengths highlight its importance in contributing to the field of research.

## 7. Conclusion

In conclusion, there were few differences in the functioning of adoptive gay father, lesbian mother and heterosexual parent families with early adolescent children, but where group differences were identified, these reflected more positive functioning in adoptive gay father families. The results were consistent with family systems theory as family process variables (i.e. parenting quality and parent mental health) were associated with child psychological functioning in terms of child adjustment, attachment and positive psychological functioning. These findings are in line with the growing evidence that men are suitable primary attachment figures and that gay men make capable parents. As such, these results have important implications for policy and legislation regarding the formation of gay father families through adoption. Given the number of children waiting to be adopted and the scarcity of suitable adoptive parents, it is important that potential adopters are not discriminated against based on their gender or sexual orientation.

The influence of factors unique to being in same-sex parent family was also investigated and it was found that lower perceived heterosexism was associated with lower levels of externalising problems and higher levels of happiness, optimism and feelings of connectedness in early adolescence. The influence of perceived heterosexism across several domains of child psychological functioning points to the important role of schools in educating children about different types of family in order to tackle child heterosexism.

A further issue that was examined in same-sex parent families, was whether children in gender matched families (i.e. boys in gay father families and girls in lesbian mother families) displayed better psychological functioning than children in gender mismatched families (i.e. boys in lesbian mother families and girls in gay father families). The results revealed no disadvantage, in terms of adjustment, attachment and positive functioning, of being placed in an adoptive family without a parent of the same gender. These findings highlight that adoption

agencies need not consider child gender as a relevant factor when matching children to same-sex prospective adoptive parents.

While there were few group differences in the functioning of adoptive gay father, lesbian mother and heterosexual parent families, all types of adoptive family were experiencing high rates of child adjustment problems and child attachment insecurity. These findings indicate that adoptive parents and children need to continue to receive support, especially from middle childhood to early adolescence, when identity issues and associated adjustment problems are likely to arise. Further, the association between parent mental health and child adjustment indicates that adoptive parents would benefit from the availability of support services for their own mental health problems as well as their children's adjustment problems. As parents and children exert reciprocal influences on each other, supporting adoptive parents' mental health would be beneficial not only for adoptive parents, but also for adopted children.

Finally, despite the attachment and adjustment difficulties the adopted children were struggling with, it is important to emphasise that irrespective of the family type they lived in, they reported high levels of happiness and connectedness, which points to the value of adoption as an effective intervention for children whose birth parents are unable to care for them.

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## **Appendices**

Appendix 1: Study Information

Appendix 2: Parent Consent Form

Appendix 3: Child Consent Form

Appendix 4: Teacher Consent Form

## Appendix 1: Study Information Sheet

Director: Professor Susan Golombok



UNIVERSITY OF  
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CENTRE FOR FAMILY RESEARCH

Department of Psychology

<p><b>INFORMATION SHEET FOR PARENTS</b></p>
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### **FAMILY LIFE & CHILD DEVELOPMENT IN ADOPTIVE FAMILIES**

Thank you for your previous participation in our study of parents and children in different types of adoptive families: those headed by gay fathers, lesbian mothers and heterosexual mothers and fathers. We would like to tell you more about this second phase of the study and what taking part involves.

#### **Why are we doing the study?**

This study will act as a follow up to the study you were involved in previously which was the first to examine child development and family relationships in different kinds of adoptive families. We are asking families headed by gay fathers, lesbian mothers and heterosexual parents to take part in this study in order to explore the similarities and differences in family relationships across adoptive families headed by parents of different genders and sexualities. We hope to increase understanding of the roles that fathering and mothering play in children's development and to broaden public understanding of diversity in adoptive family life. We also hope that this study will provide further data that will inform legislators and policy makers around the world in relation to adoption and fostering.

#### **What does taking part involve?**

As part of the study you will be interviewed and asked to fill out questionnaires about your family life, the things you do together, and your child's development. The interview will last approximately 1 hour and the questionnaires will take about 15-20 minutes to complete.

We would like to make a video recording of you, your partner and your child doing a task together for 10 minutes. We would also like to interview your partner, which will take about 45 minutes. We will also ask your partner to complete some questionnaires, which will last approximately 15-20 minutes.

We would also like to interview your child about their family life and to ask them to complete some questionnaires. With your agreement, we would like to include some questions about their family and friends, as well as their feelings about their biological family and about being adopted. It is important that you are happy for your child to be interviewed, and that the questions use terms and phrases that your child will understand. If you would like to look at the questions we would like to ask your child, let us know and we will give you an opportunity to look at them and to rephrase, amend or remove any questions as you feel appropriate. The child's interview and questionnaires should take approximately 30- 40 minutes to complete.

Finally we would like to ask your child's teacher to complete a questionnaire about your child's behaviour at school. This is not necessary in order for you or your child to take part in the study. We shall not contact your child's teacher unless you give the interviewer the teacher's contact details and permission to send the questionnaire. Teachers will be told that their pupil is participating in a study looking at family life and child development, no further details about the type of families being studied will be given.

Before we begin the interviews we will talk to parents and children about what will happen during the interview and how we will protect the data we collect. We will ask parents and children to give written and verbal consent before taking part. We will make it clear to your child that they do not have to take part if they don't want to and may stop the interview or tasks at anytime, without giving reason - and this applies to parents too!

### **What are the possible benefits or disadvantages of taking part?**

We do hope that you and your children will enjoy talking to us and will find the practical tasks fun to do. We do not expect there to be any disadvantages in taking part, but if at any time you or your child become uncomfortable or upset during the interviews we will not continue. Neither you nor your children are under any obligation to take part. Parents and children will receive remuneration for time spent participating.

### **Will my taking part in this study be kept confidential?**

Anything that you or your children say during this research will be kept strictly confidential. This means that:

- Personal details of your family will only be known to the researcher in charge of the study and the person who interviews you.
- Information entered onto the computer for data analysis will be in the form of numbers and will not include names/addresses or any other identifying information.
- Results are normally presented in terms of groups of individuals. If any individual data are presented, the data will be totally anonymous, without any means of identifying the individuals involved.
- When the results of the study are published, you will not be identified as having taken part in the study. Neither will information which might make you identifiable be published.
- Confidentiality will be broken **only** in the rare circumstance that it was disclosed during the interview that your child was being harmed. In all other cases the privacy, anonymity and confidentiality of you and your family will remain intact.

### **What will happen to the findings of the research?**

The findings will be written up for publication in academic journals and presented at academic conferences and to other specialist groups of professionals who are directly involved in working with adoptive parent families. To increase public awareness and understanding we intend to make findings widely available through the media. We also hope to produce a variety of educational resources based on the findings for both professionals, such as teachers and social workers, and for school children, to encourage learning about one another's family lives.

### **Who is doing this research?**

The study is headed by Professor Susan Golombok, Director of the Centre for Family Research at the University of Cambridge, with co-investigator Professor Michael Lamb, Head of the Department of Social and Development Psychology at the University of Cambridge as well as

Dr Fiona Tasker of the University of Birkbeck, London. Susan Golombok has pioneered some of the earliest studies of the development of children headed by same-sex parents and now undertakes research into new family forms. The interviews will be carried out by Research Assistants and PhD students: Christopher Lloyd and Anja McConnachie.

**Who should I contact if I want further information?**

If you have any questions about the study please telephone, e-mail or write to Christopher Lloyd or Anja McConnachie at the above address. Please keep this information sheet in case you want to contact us at a later time or if there is anything you want to check. This project has been reviewed by the Ethics Committee of the University of Cambridge and has received ethical approval.

## Appendix 2: Parent Consent Form

Director: Professor Susan Golombok



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Department of Psychology

CONSENT FORM FOR  
PARENTS

Participant's ID NUMBER:

Delete as  
Necessary

1. Have you read the information sheet? YES/NO
2. Have you had an opportunity to ask questions and discuss this study? YES/NO
3. Have you received satisfactory answers to your questions? YES/NO
4. Do you understand that you are free to withdraw from this study?
  - at any time
  - without giving a reason for withdrawingYES/NO
5. Do you agree to take part in this study? YES/NO
6. Do you agree to allow the interview to be recorded? YES/NO
7. Do you agree to allow the game with you and your child to be video recorded? YES/NO
8. May we contact your child's teacher to request that he/she completes a questionnaire about your child's behaviour in school? (Note that your own participation in the study is not affected by whether or not you agree to your child's teacher being contacted) YES/NO
9. Do you accept the way in which we will use your data in line with the Data Protection Act? YES/NO
10. May we contact you in future regarding the research? This would not commit you to take part in further studies. YES/NO
11. If you move home may we trace you through the Office for National Statistics NHS Central Register? YES/NO

Signed .....

Name in Block Letters.....

Date.....

**Director: Professor Susan Golombok**

**CONSENT FROM PARENT  
FOR CHILD PARTICIPATION**



**UNIVERSITY OF  
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**CENTRE FOR FAMILY RESEARCH**

**Department of Psychology**

Participant's ID NUMBER:

Delete as  
Necessary

- |   |        |
|---|--------|
| 1. Have you read the information sheet?   | YES/NO |
| 2. Do you understand that your child is free to withdraw from this study?         | YES/NO |
| • at any time   |        |
| • without giving a reason for withdrawing   |        |
| 3. Do you agree to allow your child to take part in this study?                   | YES/NO |
| 4. Do you agree to allow the interview/games with your child to be tape-recorded? | YES/NO |

Signed.....

Name in Block Letters.....

Date.....

### Appendix 3: Child Consent Form



ID NUMBER: \_\_\_\_\_

#### CHILD/ADOLESCENT CONSENT FORM

I am here today because I would like to ask you some questions about your family. I would like to find out about your family life and how you get on together.

What I would like to do is to ask you some questions about your family and I would also like to ask you to fill out some questionnaires. It is important that you understand that there are no right or wrong answers to any of these questions. What I am really interested in finding out is how you think about these things.

You do not have to agree to do this. If you do decide to take part, you do not have to answer any questions that you do not want to. It is also fine if we start and then you change your mind - you can ask me to stop the interview at any point.

If you don't mind, I would like to record the interview so that I can listen back to it later and think about what you have said.

Your involvement in this study is confidential: that means I will not discuss any of your answers with your parents, teachers or anyone else. When the results are published, your identity will not be disclosed in any way. We promise not to share anything you talk about with anyone else, unless we think that you or someone else might be in danger.

Please ask me any questions that you have about the study.

Delete as necessary

1. Do you agree to take part in this study? YES/NO
2. Do you agree to have the interview recorded? YES/NO
3. Do you agree to have the task with your parents video recorded? YES/NO

Child's name/signature \_\_\_\_\_

Interviewer signature \_\_\_\_\_

\_\_\_\_\_

**Appendix 4: Teacher Consent Form**

**Director: Professor Susan Golombok**

WRITTEN CONSENT FROM  
TEACHERS



**UNIVERSITY OF  
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**CENTRE FOR FAMILY RESEARCH**

Department of Psychology

**CONSENT FORM**

- |  | Delete as<br>Necessary |
|--|------------------------|
| 1. Have you read the information sheet?  | YES/NO                 |
| 2. Do you understand that you are free to withdraw from the study at                                       | YES/NO                 |
| <ul style="list-style-type: none"><li>• any time</li><li>• without giving reason for withdrawing</li></ul> |                        |
| 3. Have you been told that the parents of your pupil have agreed that we contact you?                      | YES/NO                 |
| 4. Do you agree to take part in this study?  | YES/NO                 |

Signed.....

Name in Block Letters.....

Date.....