

The Transition to Parenthood and Early Child Development in Families with Same-Sex Parents

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As LGBTQ (lesbian, gay, bisexual, transgender, queer) adults are increasingly becoming parents through a diversity of pathways in many places around the world, greater attention is needed to support the transition to parenthood and early child development. Two key questions relevant to prospective parents in same-sex couples and to the professionals who work with them are: 'What is the impact of having a baby on same-sex couple relationships?' and 'What is the impact of having same-sex parents on infants' early development?'

Keywords: transition to parenthood, couple relationships, infants, child development, same-sex parenting

The numbers of same-sex parents and the visibility of these parents are increasing around the world. For example, in the United States, approximately three million LGBT Americans have had a child and an estimated six million Americans (children and adults) have an LGBT parent (Gates, 2013). Non-heterosexual adults become parents through a variety of pathways, including adoption and foster care, co-parenting with other adults, and alternative reproductive technologies including donor insemination, embryo donation, and in vitro fertilization (Riskind & Patterson, 2010). Thus, as the diversity of families with non-heterosexual parents grows, there is an increased need for new parents and their service providers to have accessible information about parenthood and child development in same-sex parent families.

Key Questions Relevant to Prospective Parents and Service Providers:

1. What can same-sex couples expect for their relationship once the baby arrives?
2. How do babies and young children develop with same-sex parents?

WHAT CAN SAME-SEX COUPLES EXPECT FOR THEIR RELATIONSHIP ONCE THE BABY ARRIVES?

Becoming a parent is a wonderful experience, but being a new parent can put great stress on individuals and on couple relationships. Among heterosexual couples, the transition to parenthood has been associated with lower marital quality and relationship functioning (e.g., Cowan & Cowan, 2000). Becoming a parent for heterosexual and same-sex couples can present similar challenges.

For example, the transition to parenthood brings changes in individual roles within the family.

Among heterosexual couples, roles are often differentiated by gender, with mothers performing more of the childcare labor in the home (e.g., Lachance-Grzela & Bouchard, 2010). For same-sex couples, there are unique aspects of being LGBTQ that should be considered when thinking about the transition to parenthood.

How same-sex couples become parents can vary greatly. In the past, many same-sex couples had children in the context of a former heterosexual relationship, but now, the majority of same-sex couples have children join their family within the context of a same-sex relationship (Tornello & Patterson, 2015; Tasker & Patterson, 2007). Pathways to parenthood among same-sex couples include children joining the family through adoption or the foster care system as well as the use of reproductive technologies such as surrogacy or artificial insemination. All of these pathways to parenthood have different challenges and benefits that the couple (or individual) must weight against their personal preferences and financial means (Mitchell & Green, 2007). Even before becoming a parent, the majority of same-sex couples need to make certain decisions and overcome a number of barriers. For example, in a study of lesbian couples who wanted to become parents using donor insemination, the couples needed to decide who would carry the child (be the biological mother), who would be the sperm donor, and what role (if any) the sperm donor would play in the life of the child (Goldberg, 2006; Gartrell et al., 1996). These decisions about how the child will join the family and the role (if any) that other individuals will play in the child's life are important among same-sex couples becoming parents.

Lesbian, gay, and heterosexual couples have similar experiences when becoming parents

Actually becoming a parent brings significant changes to a couple and the family system, regardless of sexual orientation. Much of the research comparing lesbian, gay, and heterosexual parents during the transition to parenthood has found similar experiences (e.g., Baiocco et al., 2015; Farr, Forssell, & Paterson, 2010; Goldberg, Smith, & Kashy, 2010). For same-sex couples, like heterosexual couples, the addition of a newborn increases sleep deprivation and the presence of children decreases time spent as a couple (O'Neill et al., 2012). Like heterosexual couples, same-sex couples becoming parents experience changes in relationship quality (e.g., Goldberg, 2010; Goldberg et al., 2010) and couple satisfaction (Baiocco et al., 2015). One study found that lesbian couples who conceived a child through donor insemination reported a decrease in love and an increase in conflict during the transition to becoming a parent (Goldberg & Sayer, 2006). Gay male couples who became parents via surrogacy describe spending less time with their partners after becoming parents (Bergman et al., 2010). In addition, a study exploring the transition to parenthood among lesbian, gay, and heterosexual adoptive parents found that children created stress on the romantic relationship since partners had less time with one another after the child joined the family (Goldberg et al., 2014). Changes in couple dynamics and functioning occur, but these are due to becoming parents, not the parents' sexual orientation. In addition to issues related to functioning as a couple, this transition can have an impact on the new parents' well-being and mental health.

Becoming a parent is typically seen as a positive experience; however, this experience is not without significant individual stressors. Lavner et al. (2014) examined depressive symptoms among adoptive lesbian, gay, or heterosexual parents across the transition to parenthood (two months, one year, and two years post-adoption) and found no differences in depressive symptoms across the family types. Studies have found similar levels of parenting stress regardless of parental sexual orientation (Lavner et al., 2014; Farr et al., 2010; Bos, Balen, & van den Boom, 2004). Some of the changes that are experienced by new parents relate to changes in employment or career. Often parents will take leave from work to care for a young child, thus making changes in employment or household dynamics to accommodate a new child. In a study of gay men who became parents through surrogacy, fathers reported changes in work hours, leaving paid employment to provide child care, and changing or modifying their current living arrangements (Bergman et al., 2010).

BONDING

The majority of same-sex couples report that their children bond with both parents (Goldberg et al., 2013; Gartell et al., 2000). However, some research has found that biological relatedness can create issues of social or legal invisibility. For instance, legal invisibility can result from situations in which only one parent in a same-sex couple is able to be a legal parent to the child based on biological ties (Reimann, 1997). Social invisibility may result when biological parenthood becomes linked with a child's preference for a particular parent, which can fuel feelings of jealousy within the couple (Sullivan, 2004). Among a sample of lesbian, gay, and heterosexual adoptive parents, some parents reported that their child had a preference for one parent which caused feelings of rejection and tension between the parents (Goldberg et al., 2014). These parent preferences can be associated with relationship issues among couples but this is not necessarily unique to same-sex parents.

WHO DOES WHAT?

One area that has varied consistently across sexual orientation is how couples divide their household chores (such as doing the dishes or cleaning the house) and childcare (such as changing the baby or feeding the child). Typically, heterosexual couples divide their household tasks and childcare tasks based on gender norms, with women doing more of the household chores and childcare tasks and men working in paid employment outside the home (e.g., Lachance-Grzela & Bouchard, 2010; Coltrane, 2000). Much of the research on same-sex couples (with and without children) has found that these couples tend to divide labor in a more egalitarian fashion (e.g., Farr & Patterson, 2013; Patterson et al., 2004). There have been some interesting exceptions to these findings. Some research has found that among female same-sex couples who become parents through donor insemination, the biological mother performs more of the childcare labor (Patterson et al., 2004; Patterson, 1995), especially in the first few months after the child is born (Goldberg & Perry-Jenkins, 2007). Interestingly, biological relatedness is not always a factor. In a study of gay fathers who became parents through surrogacy, the biological father was not more likely to perform more of the household or childcare tasks (Tornello et al., 2015). Division of labor is designed differently among lesbian, gay, and heterosexual parents, but these differences do not appear to impact the couple's functioning or their transition to parenthood (e.g., Farr & Patterson, 2013).

DISCRIMINATION AND STIGMA

There are several unique experiences for same-sex couples who are parents. Same-sex parents may have concerns related to discrimination and stigma as a result of their sexual orientation, which can impact them individually, as a couple, and as a family. This discrimination can come from many

sources, including professionals at the beginning of the family formation process to members of a heterosexist society who come in contact with the family's children. Among a sample of lesbian women becoming parents through donor insemination, one-fifth of the women described experiencing some form of homophobia when trying to conceive their children (Goldberg, 2006).

One fifth of lesbian mothers have experienced homophobia

Women have encountered doctors who wouldn't perform the insemination due to religious beliefs and legal issues. Some women have described the non-biological mother being ignored during the insemination process or treated poorly. There has been some research showing that heterosexual health care providers have implicit bias (i.e. unconscious preferences) favoring heterosexual individuals (Sabin et al., 2015). Prospective lesbian mothers describe fears about raising children in a homophobic or discriminating society (Gartrell et al., 1996), and adoptive gay fathers describe experiences of stigma throughout the adoption process (Gianino, 2008). Some research has shown that same-sex parents experience discrimination not only from their health care providers, but also from within the childless same-sex community (Gartrell et al., 1999) and even from family and friends (Gianino, 2008). These experiences of stigmatization have been found to negatively impact the mental health and well-being of same-sex couples; in contrast, good social support can counteract these negative experiences (Goldberg & Smith, 2011).

SOCIAL SUPPORT

Changes in social networks and family relationships can occur during the transition to parenthood, and for all new parents, social support is an important component of well-being. Many same-sex couples report a closer relationship with their family of origin after their child joins the family (Bergman et al., 2010). In a study comparing lesbian mothers and heterosexual parents, there were no differences in the amount of contact that children had with their grandparents, relatives, or family friends (Fulcher et al., 2002). Many same-sex parents describe wanting to have social support from other LGB parents or those who have become parents in a similar way (e.g. through adoption) regardless of sexual orientation (Goldberg et al., 2014).

HOW DO BABIES AND YOUNG CHILDREN WITH SAME-SEX PARENTS DEVELOP?

Often at the center of public debate about same-sex parenting is the question of how children fare with non-heterosexual parents. Research has been

informative in addressing such questions; findings from over 30 years of research consistently demonstrate and support the healthy development of children with lesbian and gay parents from infancy to adulthood across many developmental domains, e.g., academic achievement, socio-emotional development, peer relationships, behavioral adjustment, sexual identity, gender development, etc. (Moore & Stambolis-Ruhstorfer, 2013; Patterson, 2013; Biblarz & Stacey, 2010; Goldberg, 2010). Many studies addressing outcomes for children with lesbian and gay parents have examined children's later development (in middle childhood, adolescence, and adulthood) rather than during the first few years of life. Studies examining school-age, adolescent, and young people's development in lesbian and gay parent families (formed through a variety of pathways, such as donor insemination and adoption) have been conducted in countries such as the US (e.g. Gartrell & Bos, 2010; Goldberg, 2007; Erich et al., 2005; Gartrell et al., 2005), the UK (e.g. Golombok et al., 2014; Golombok et al., 2003), and the Netherlands (e.g. Bos et al., 2007). In addition, a number of studies about outcomes for children with same-sex parents have focused on children's early development – infancy to four years. Variables of interest have included children's bonding and attachment to parents, gender role behavior and behavior problems, as well as factors outside of parental sexual orientation that may predict or relate to children's outcomes (e.g. family relationships, stigmatization, etc.).

Children of same-sex parents show normal healthy attachment to both parents

One study of 90 lesbian, gay, and heterosexual adoptive parents examined parents' perceptions of bonding with their adopted children two years post-placement (Goldberg et al., 2013). Results demonstrated that all children, on average, had bonded to their adoptive parents; there was little variation in bonding patterns as a function of parents' sexual orientation or gender (Goldberg et al., 2013). Another study of 15 lesbian couples with internationally adopted children (ages 1.5 to 6 years) revealed that all children had developed attachments to both mothers 18 months post-placement (Bennett, 2003). Thus, available evidence indicates healthy bonding and attachment to parents among young children in lesbian, gay, and heterosexual parent families.

Gender development has been a key concept of interest at the center of debate about outcomes for children with non-heterosexual parents. In studying 126 young adopted children, Goldberg et al. (2012) found that 2.5-year-olds with same-sex

SUMMARY OF RESEARCH FINDINGS	
Area:	Key Points:
Transition to Parenthood for Same-Sex Couples	<ul style="list-style-type: none"> • Transition to parenthood, as for all couple types, is a stressful period marked by important couple decision-making processes • Sharing housework and childcare tasks is linked with more couple relationship satisfaction • Social support is important to well-being and as a buffer from negative effects of stigma and discrimination
Early Child Development in Same-Sex Parent Families (Birth to Two Years)	<ul style="list-style-type: none"> • Children develop well in lesbian, gay, and heterosexual parent families formed through many pathways (adoption, donor insemination, surrogacy, etc.) • Children fare well when parents have low stress and happy couple relationships and when experiences of stigma are minimal

HOW CAN RESEARCH HELP PROSPECTIVE SAME-SEX PARENTS AND SERVICE PROVIDERS?	
Recommendations for Prospective Same-Sex Parenting Couples:	Recommendations for Service Providers:
<ul style="list-style-type: none"> • Understand strengths and challenges of different pathways to parenthood • Discuss expectations for parenting and couple relationship • Discuss role divisions (housework and childcare) before becoming parents • Discuss how to manage and cope with experiences of stigma or discrimination • Develop individual (as well as couple relationship) self-care and wellness strategies (minimize parent stress) • Develop a strong social support network of close friends, family, and community (e.g., neighbors, church, other organizations) 	<ul style="list-style-type: none"> • Support couples in understanding different pathways to parenthood and the strengths / challenges associated with each method • Encourage couples to discuss expectations for parenting and their couple relationship (including role divisions) • Understand relevant laws and policies (at country, state/province/region, or local level) that could impact same-sex couples in becoming parents • Support couples and their children in coping with experiences of discrimination and stigma • Encourage couples to develop strong social support networks • Support couples (and individual partners) to engage in self-care activities that promote stress reduction

parents had less gender stereotypical play behavior than did those with heterosexual parents. However, Farr et al. (2010) found no significant differences among 106 three-year-old adopted children with lesbian, gay, and heterosexual parents in terms of gender-typed behaviors and characteristics. Thus, available evidence is mixed on the degree to which and in what ways parental sexual orientation may influence gender development in early childhood.

Much of the existing research regarding children’s development with same-sex parents has targeted children’s behavioral adjustment. Across different family formation pathways (e.g., adoption, donor insemination, surrogacy, etc.) and among samples in many places around the world, the overall theme is consistent: children raised by same-sex parents do not show elevated behavioral problems early in life as compared with those raised by heterosexual parents. In the US, Goldberg and Smith (2013) found that the externalizing and internalizing behavior problems of two-year-old children from 120 lesbian, gay, and heterosexual parent adoptive families did not vary by parental

sexual orientation. In a similar sample in the US, Farr et al. (2010) demonstrated that among 106 three-year-old children adopted as infants by lesbian, gay, and heterosexual couples, there were no significant differences in behavioral problems as a function of parental sexual orientation. Also in the US, Lavner, Waterman and Peplau (2012) found no significant differences in cognitive or behavioral development among 82 high-risk children (average age of 4 years) adopted from foster care by lesbian, gay, and heterosexual parent families at two, 12, and 24 months post-placement. Among 84 lesbian parent families formed through donor insemination, Gartrell et al. (1999) found that their two-year-old children were reported by their parents to be in good physical health and achieving developmentally appropriate milestones as compared with population norms.

Studies outside of the US have also investigated early behavioral outcomes for children in lesbian, gay, and heterosexual parent families. In Australia, Crouch et al. (2014) found that among 500 children (median age, four years old) with same-sex parents,

general health and behavioral adjustment were reported by parents as being significantly better than that of available population norms. Same-sex parents were more likely to immunize their children and female same-sex mothers in particular were significantly more likely to breastfeed their children as compared with the general population (Crouch et al., 2014). In Italy, Baiocco et al. (2015) found that among 80 lesbian (donor insemination), gay (surrogacy), and heterosexual parent families with 3.5-year-old children, parental sexual orientation did not distinguish children's psychological well-being, emotional regulation, nor peer relationships (as reported by parents).

Rather than family structure, available research on early child development indicates that family processes matter more to child outcomes. In Farr's and colleagues' (2010) research, parenting stress, parenting approaches and couple relationship adjustment were associated with children's behavioral adjustment in their sample of 106 adoptive families which were diverse in parental sexual orientation. Farr's and Patterson's (2013) study with the same sample demonstrated that parents who were more supportive of their partners in their parenting roles were more likely to have children with fewer behavior problems, regardless of whether parents were lesbian, gay, or heterosexual. Similarly, Goldberg and Smith (2013) found that among 120 adoptive families headed by lesbian, gay, and heterosexual couples, parents' relationship conflict was significantly associated with their two-year-old children's internalizing behaviors. Greater depressive symptoms among parents were significantly associated with more internalizing and externalizing child behavior problems. Specifically related to adoption, parents' lack of adoption preparation was significantly related to greater internalizing and externalizing problems among children (Goldberg & Smith, 2013). In Crouch et al.'s (2014) study of 500 Australian children with same-sex parents, negative outcomes (e.g. less physical activity, worse mental health and lower family cohesion) were all significantly associated with increased stigma. Thus, early development for children in lesbian and gay parent families appears to relate more strongly to parent adjustment, family relationships, and experiences of stigma, rather than parental sexual orientation.

CONCLUSION

Many LGBTQ adults are already parents or they desire to become a parent in the future (Gates, 2013; Riskind & Patterson, 2010). Thus, knowledge about same-sex couple relationship dynamics as partners become parents is key for supporting healthy family relationships and strong parenting. Understanding factors that contribute to positive child development in same-sex parent families is essential for promoting best practices with new parents striving to provide their young children with the best possible foundation for a happy and healthy life.

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