Does Parental Sexual Orientation Matter? A Longitudinal Follow-Up of Adoptive Families With School-Age Children

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Controversy continues to surround parenting by lesbian and gay (LG) adults and outcomes for their children. As sexual minority parents increasingly adopt children, longitudinal research about child development, parenting, and family relationships is crucial for informing such debates. In the psychological literature, family systems theory contends that children’s healthy development depends upon healthy family functioning more so than family structure. From the framework of family stress theory, it was expected that longitudinal outcomes for school-age children adopted in infancy could be distinct among those with same-sex versus other-sex parents ($N = 96$ families). Similar findings were hypothesized in terms of parent adjustment, couple relationships, and family functioning in comparing same-sex and other-sex parent families. Results indicated that adjustment among children, parents, and couples, as well as family functioning, were not different on the basis of parental sexual orientation (lesbian, gay, or heterosexual) when children were school-age. Rather, children’s behavior problems and family functioning during middle childhood were predicted by earlier child adjustment issues and parenting stress. These findings are consistent with and extend previous literature about families headed by LG parents, particularly those that have adopted children. The results have implications for advancing supportive policies, practices, and laws related to adoption and parenting by sexual minority adults.

Keywords: middle childhood, parenting stress, couples, adoptive families, sexual orientation

Americans remain divided about their views on lesbian and gay (LG) adults raising children, according to the Pew Research Center (e.g., Daugherty & Copen, 2016). Controversy often centers on whether children need a mother and a father for optimal development, yet theoretical perspectives tend to emphasize the importance of high-quality parenting and family relationships, rather than family structure (Lamb, 2012). Outcomes for children with LG parents have been featured in legal and policy debates about same-sex marriage and the adoption of children. How children fare with same-sex parents was a pivotal consideration in the June 2015 Supreme Court decision about marriage equality (Obergefell v. Hodges; e.g., American Psychological Association, 2015). Despite debate, millions of sexual minority (i.e., nonheterosexual) adults desire to be parents and many are already parents, including adoptive parents (Riskind & Patterson, 2010). During recent years, the number of adoptive LG parents has doubled (Gates, 2011). According to 2010 Census data, same-sex couples are four times more likely than other-sex couples to adopt children (Gates, 2013). From data representing couples and single parents (2000 Census, National Survey of Family Growth), it appears that at least 65,500 adopted children, over 4% of all adopted children in the United States, have sexual minority parents (Gates, Badgett, Macomber, & Chambers, 2007). Thus, information about the development of adopted children reared by sexual minority adults is essential for informing developmental theory and public debate.

Theoretical Framework

Arguably one of the most critical environmental contexts affecting child and parent outcomes is the overarching family context. Family systems theory suggests the importance of family processes: to fully understand individual development, the family context in which that individual is reared must be considered (Cox & Paley, 1997). As compared with family structure (e.g., number of parents, biological vs. adoptive parenthood, parental gender and sexual orientation), mounting evidence indicates that the effects of parenting and family relationships are consistently stronger influences on child development, and these associations generally do not differ by family structure (Biblarz & Stacey, 2010; Lamb, 2012). Indeed, evidence from over 30 years of research regarding children of LG parents provide support that these children develop on par with children of heterosexual parents (Fedewa, Black, & Ahn, 2015; Moore & Stambolis-Ruhsrofer, 2013). Less is known, however, about what developmental mechanisms underlie positive
outcomes for individuals within sexual minority parent families. A greater focus on family processes over time could yield important insights about this question.

According to family systems theory, families are comprised of interdependent subsystems (e.g., Whitchurch & Constantine, 1993). The concept of spillover effects describes how emotions, behaviors, and stress experienced in one family subsystem (i.e., the spousal relationship) will be transferred to other family subsystems (i.e., the parent–child relationship; Engfer, 1988; Erel & Burman, 1995; Stroud, Durbin, Wilson, & Mendelsohn, 2011). While all families experience stress, families differ in how well they manage and cope with that stress (Boss, 2002; Hill, 1949). Dimensions of family stress, such as parenting stress, child behavior problems, or couple dissatisfaction, tax family based resources to cope with that stress, diminishing overall family functioning (McKenry & Price, 2000). Family stress theory indicates that individuals’ reactions to stressors are dependent on family based resources (including cohesion, adaptability, and problem-solving skills), perceptions and attributions of what causes the stressor, and the cumulative effect of stressors that may simultaneously burden family level coping (Hill, 1949; McCubbin & Patterson, 1983). Patterson (1988) referred to the concept of pileup to describe the cumulative effects of all stressors on a family. Adjustment among children, and the entire family system, may be challenged by pileup effects resulting from earlier or existing parenting stress, child behavior problems, or couple relationship difficulties.

Aligned with family stress theory, the broader literature documents clear associations among parenting stress, couple satisfaction, and children’s adjustment. Cross-sectional and longitudinal research has consistently demonstrated links between greater parenting stress, worse marital adjustment, and increased child behavior problems (Linville et al., 2010; Stone, Mares, Otten, Engels, & Janssens, 2016). Among adoptive families, Gagnon-Oosterwaal and colleagues (2012) found that maternal stress mediated the association between children’s behavior problems at the time of the adoption (i.e., infancy) and at age 7 years. Similarly, Tan, Camras, Deng, Zhang, and Lu (2012) found that higher family stress corresponded with more behavior problems among girls adopted from China ($M_{\text{age}} = 5.2$ years); associations between family stress, parenting styles, and child adjustment were sustained over a 2-year period even after controlling for early behavior problems.

Existing research regarding sexual minority adoptive parent families provides evidence supporting family stress theory—individual adjustment is associated with relationship quality and family functioning, regardless of family type. For instance, Goldberg and Smith (2013) discovered that LG and heterosexual adoptive parents’ depressive symptoms and couple conflict were associated with their toddlers’ increased behavior problems. Goldberg and Smith (2014) also found that LG and heterosexual adoptive parents who had children with greater emotional and behavioral problems reported greater parenting stress 2 years postplacement. Couple relationships described as more loving, however, seemed to buffer parenting stress (Goldberg & Smith, 2014). Golombek et al. (2014) found that parenting stress was predictive of young children’s (average age = 6 years) externalizing problems among LG and heterosexual adoptive parent families, with no differences by family type. Using nationally representative data comparing children (ages 6–17 years) from 95 female same-sex and 95 other-sex parent families, Bos, Knox, van Rijn-van Gelderen, and Gartrell (2016) uncovered significant associations between parenting stress and children’s emotional difficulties across both family types; parenting stress levels, however, were higher among female same-sex than other-sex parents. Among the target sample in this article at an earlier time point, adopted children’s lower behavioral adjustment was significantly associated with greater parenting stress, less effective parenting, and lower couple adjustment; parenting stress did not differ by family type (Farr, Forssell, & Patterson, 2010a).

Family functioning has also been found to be significantly associated with children’s emotional and behavioral problems, mental health diagnoses, and other learning disabilities among LG and heterosexual adoptive parent families, although no differences in these associations have been found by parental sexual orientation (Averett, Nalavany, & Ryan, 2009; Erich, Leung, & Kindle, 2005). While parenting stress and couple adjustment have been found to be significantly associated among samples of LG parents (e.g., Farr et al., 2010a, 2010b; Goldberg & Smith, 2014; Lavner, Waterman, & Peplau, 2014; Tornello, Farr, & Patterson, 2011), these variables have less often been studied longitudinally and in conjunction with school-age children’s behavioral adjustment or overall family functioning. Thus, we know relatively little about how these associations might be similar or different over time in families headed by sexual minority and heterosexual parents.

The role of societal stigma may differentially affect outcomes over time for members of sexual minority parent families, as compared with those in heterosexual parent families. According to family stress theory, families are heavily influenced by their place in the developmental life cycle, culture, genetics, family structure, beliefs, and values—factors that can be further distinguished as internal or external in affecting stress and coping within families (Boss, 2002). Boss noted that family members may be able to modify internal contexts, but often have little control over external contexts, such as societal stigma. In recent decades, research about outcomes for sexual minority adults and their children has increasingly emphasized the roles of environmental contexts, such as stigma, in influencing psychological adjustment (e.g., van Gelderen, Gartrell, Bos, & Hermans, 2009). For instance, prospective LG parents have reported fears of stigma about forming their families through adoption and donor insemination, as well as about raising children in a discriminatory society (Gartrell et al., 1996; Gianino, 2008). Among sexual minority adoptive parenting couples, experiences of stigma and discrimination are associated with negative mental health outcomes; in contrast, positive relationships and social support appear to buffer negative effects of stigmatization and discrimination (Goldberg & Smith, 2011). Thus, it is plausible that parent and couple adjustment could differ over time among families headed by LG and heterosexual adults as a function of experiencing different social contexts.

Family, school, and peer relationships are among primary influential contexts affecting children from early to middle childhood (Collins, Madsen, & Susman-Stillman, 2002; Eccles, 1999). As children enter school, peer relationships become increasingly important, and teasing is a common experience (Collins et al., 2002; Harwood, Bosacki, & Borcsok, 2010). Moreover, children with positive social relationships often demonstrate better psychological adjustment, while those who experience exclusion and marginalization often face adjustment problems (Guhn, Schonert-Reichl,
Gadermann, Hymel, & Hertzman, 2013). As children presumably are more likely to encounter stigma and discrimination as they become school-age (i.e., spending more time in school and with peers), longitudinal research following children across early childhood can address questions about how the adjustment of children with sexual minority parents may be affected as compared with children with heterosexual parents. Indeed, data drawn from the same sample as the current study demonstrate that school-age children with same-sex parents commonly face experiences of microaggressions from their peers (Farr, Crain, Oakley, Cashen, & Garber, 2016), and those who are more overtly bullied are more likely to have behavioral adjustment difficulties (Farr, Oakley, & Ollen, 2016). Because sexual minority and adoptive families may face additional stress as a result of encountering stigma and discrimination, children in these families may be at elevated risk for developing behavior problems over time.

Current Study

The transition to elementary school has been recognized as an important transition point within family systems (Cowan & Cowan, 2003), which could result in increasing family demands and stressors (Patterson, 1988). Moreover, families with sexual minority parents may face additional stressors as compared with families with heterosexual parents because of societal stigma, which could result in group differences in how individual adjustment and family functioning are affected over time. Thus, this longitudinal study compared outcomes for children, parents, couples, and the overall family system among adoptive families with LG and heterosexual parents at two time points: Wave 1 (W1), when children were preschool-age, and Wave 2 (W2), approximately 5 years later, when children were in middle childhood. Child outcomes were assessed via parent- and teacher-reported behavior problems, while parent outcomes were assessed via self-reports of parenting stress levels. Couple and family outcomes were evaluated by parent reports of couple adjustment and overall family functioning. Two key research questions and hypotheses, guided by family stress theory, framed the current study:

1. How do child behavioral adjustment, parenting stress, and couple adjustment change over time from W1 to W2, and do any changes differ by family type (same-sex or other-sex parents)? Based on family stress theory and spillover effects, as well as unique stressors relevant to sexual minority parent families, I explored whether there would be mean-level differences in outcomes across family types over time (Bos et al., 2016; Boss, 2002; Patterson, 1988).

2. What factors (i.e., child behavior problems, parenting stress, or couple adjustment) assessed at an earlier time point (W1) longitudinally predict child behavioral adjustment and family functioning at W2? Given family stress theory and spillover effects (Engler, 1988; Stroud et al., 2011), I expected significant associations between W1 and W2 variables for all families. I explored differences in associations across same-sex and other-sex parent families.

Method

Participants

Participants were recruited through five private adoption agencies in the United States as part of a larger longitudinal study (Farr et al., 2010a; Farr & Patterson, 2013). These adoption agencies worked in jurisdictions where same-sex couples were legally able to adopt children during the early 2000s. All five agencies openly worked with LG couples as well as heterosexual couples and had previously facilitated domestic infant adoptions for all three family types.

At W1, all participating families (N = 106) consisted of two parents (n = 212) with an adopted child (n = 106) between the ages of one and five (average age, 3 years) at the time of data collection. Of the 106 families, 56 were headed by same-sex couples (27 lesbian, 29 gay), and 50 were headed by other-sex couples. All parents were the legal adoptive parents of their adopted child. Most families had only one child at W1; children had generally been placed with their adoptive families at birth or during the first few weeks of life. No parents were biologically related to their children, and all couples had sought out private domestic adoptions of healthy infants through one of the five cooperating adoption agencies. Families lived in 12 states across the East and West Coasts and Southern US. At W1, parents (n = 212) were predominantly White (80%); children (n = 106) were more racially diverse (43% White). The majority of parents reported full-time employment, high educational attainment, and household incomes above national averages (Farr et al., 2010b; Farr & Patterson, 2013). This sample largely reflects the demographic characteristics of the population of adoptive families who adopt through this same pathway—nationally representative data have shown that parents who work with private, domestic, infant adoption agencies are typically White (71%), as are the children placed (50%), and these families generally represent middle or upper income classes (Vandivere, Malm, & Radel, 2009).

At W2, 184 parents representing 96 families with 96 target children (average age, 8.38 years, SD = 1.62) of the original 106 families participated. These 184 parents comprised 48 lesbian parents (26 families), 55 gay parents (29 families), and 81 heterosexual parents (41 families). Parents averaged 47.50 years old (SD = 5.56). A majority of parents reported being White (77.7%), while 19.6% were Black, and 2.6% were Asian, Latino, or Multietnic. In terms of number of children living at home at W2, 49 of 96 participating families (51.0%) had 2 children, 35 (36.5%) had 1 child, 10 (10.4%) had 3 children, and 2 (2.1%) had 4 children. There were 48 girls and 48 boys in the 96 participating families; 38 (39.6%) were reported by parents to be White, 35 (36.5%) Black, 20 (20.8%) Multietnic, and 3 (3.1%) Latino or other. Transracial adoptions had been completed by 46% of the 96 families. Parents reported that 16% of children had an attention-deficit-hyperactivity disorder (ADHD) diagnosis. Only two significant differences in demographic characteristics were found by parental sexual orientation at W2: gay fathers reported earning higher household incomes than lesbian and heterosexual parents, respectively, F(2, 165) = 12.93, p < .001, and lesbian couples were more likely to break up (31%) between W1 and W2 than were gay and heterosexual couples (both 7%), χ²(2, 96) = 9.04,
Children’s teachers were also recruited based on identification by the adoptive parents at W1 and W2. Seventy-six teachers or daycare providers (of the 106 target children; 72%) participated at W1, while 88 teachers (of the 96 target children; 92%) participated at W2. The majority were women (93% at W1, 86% at W2), had a college degree (90% W1; 100% at W2), and had substantial experience in their fields (M = 11 years, W1; M = 13 years, W2).

The retention rate for participating families from W1 (N = 106) to W2 (N = 96) was high (91% overall; 96% of lesbian parent families – 26 of 27, 100% of gay father families – 29 of 29, and 82% of heterosexual parent families – 41 of 50). Generally, few differences characterized families who did and did not participate at W2. Participating families at W2, however, were more likely to be headed by lesbian or gay than heterosexual parents, χ²(106) = 16.71, p < .001. Participating parents at W2 reported higher average education at W1 (M = 4.05; SD = 1.18) as compared with nonparticipating parents (M = 3.40; SD = 1.23), t(104) = 2.35, p = .020 (3 = college degree, 4 = some graduate school, and 5 = graduate degree). Participating families at W2 were more likely to have reported W1 birth family contact – 96% of families with W1 birth family contact participated at W2, compared with 86% without W1 contact, χ²(106) = 5.70, p = .017. Participating families at W2 were also more likely to have completed a transracial versus same-race adoption, χ²(106) = 9.52, p = .002 (98% of transracial adopters participated at W2, compared with 85% of same-race adopters). No other demographic differences were found in likelihood of W2 participation based on parent age, race, income, work status, couple relationship length, interracial couple status, child age, sex, race, and number of children.

The only other distinguishing difference between participating and nonparticipating families at W2 was that parents in nonparticipating families reported significantly lower levels of W1 parenting stress (M = 52.95, SD = 12.71) than parents in participating families (M = 61.20, SD = 13.69), t(210) = 2.58, p = .011.

No other differences as a function of W2 participation were found in child adjustment (as reported by parents and teachers), parenting approaches, or couple adjustment at W1.

**Measures**

Data were collected from both parents in each family and children’s teachers at W1 and W2. Materials were derived from a larger longitudinal study (Farr et al., 2010a). For the current study, measures reflect child behavioral adjustment, parenting stress, and couple adjustment at W1 and W2, and assessments of family functioning at W2. All measures included are widely used, standardized, and demonstrate good psychometric properties. Parents and teachers reported demographic information at both time points.

**Child behavioral adjustment.** At both waves, child behavioral adjustment was assessed with total behavior problem scores from parent reports on the Child Behavior Checklist (CBCL) and teacher reports on the Teacher Report Form (TRF), designed for children ages 1.5 to 5 and 6 to 18 years, respectively (Achenbach & Rescorla, 2000, 2001). The CBCL/1.5–5 and TRF/1.5–5, used at W1, each include 100 items. The CBCL/6–18 and TRF/6–18, used at W2, each contain 113 items. Items are rated on a 0 to 2 scale (0 = not true, 1 = somewhat true or sometimes true, and 2 = very true or often true). The total raw score is a sex- and age-specific summary of all items and is converted to a standard T score. Example items are “looks unhappy for no good reason,” “feels he/she might think or do something bad,” and “hits others.” Higher total T scores indicate more behavioral problems; scores 64 and above represent the clinical range (Achenbach & Rescorla, 2000).

Population averages for CBCL/1.5–5 and TRF/1.5–5 total scores are 50.1 ± 9.9 and 50.0 ± 10.6, respectively (Achenbach & Rescorla, 2000); for the CBCL/6–18 and TRF/6–18, these are both 50.0 ± 10.0 (Achenbach, 1991). At W2, 183 of 184 parents provided complete CBCL/6–18 data, representing 95 of 96 target children; children’s teachers provided TRF/6–18 data for 88 of 96

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Demographic Information for Participating Families at W1 and W2</th>
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<tbody>
<tr>
<td><strong>Variable</strong></td>
<td><strong>W1 (N = 106 families)</strong></td>
</tr>
<tr>
<td></td>
<td>Lesbian parents</td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Household income ($K)</td>
<td>168 (77)</td>
</tr>
<tr>
<td>Number of children</td>
<td>1 (.63)</td>
</tr>
<tr>
<td>Transracial adoptions</td>
<td>48%</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>43 (5)</td>
</tr>
<tr>
<td>Race (% White)</td>
<td>80%</td>
</tr>
<tr>
<td>Work status (% full-time)</td>
<td>72%</td>
</tr>
<tr>
<td>Educational attainment (% college degree or higher)</td>
<td>94%</td>
</tr>
<tr>
<td>Couple status W2 (% intact)</td>
<td>—</td>
</tr>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Sex (% girls)</td>
<td>59%</td>
</tr>
<tr>
<td>Age (years)</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Race (% White)</td>
<td>41%</td>
</tr>
<tr>
<td>ADHD status (% diagnosis)</td>
<td>—</td>
</tr>
</tbody>
</table>

**Note.** SDs are given in parentheses. W1 = Wave 1; W2 = Wave 2; ADHD = attention-deficit-hyperactivity disorder.
children. The CBCL/6–18 sample \( \alpha = .95 \) (for lesbian, .95 for gay, and .96 for heterosexual parents). The TRF/6–18 sample \( \alpha = .96 \) (for teachers of children with lesbian, gay, and heterosexual parents, respectively).

**Parenting stress.** Parenting stress was examined at both waves with the Parenting Stress Index—Short Form (PSI; Abidin, 1995). Thirty-six items assess multiple aspects of parenting stress among parents with children from birth to age 12 on a 1 to 5 scale (1 = strongly disagree and 5 = strongly agree). Questions assess parents’ feelings of capability in caring for their child. Example items are, “I find myself giving up more of my life to meet my child’s needs than I ever expected” and “I don’t enjoy things as I used to.” A total score is calculated from all 36 items. Higher scores indicate higher parenting stress, with a mean for a large sample of parents of 71.0 ± 15.4. Levels over 90 reflect clinically high parenting stress (Abidin, 1995). At W2, 179 of 184 parents provided complete PSI data; the sample \( \alpha = .90 \) (for lesbian, .91 for gay, and .88 for heterosexual parents).

**Couple relationship adjustment.** Couple adjustment was investigated using the Dyadic Adjustment Scale at both waves (DAS; Spanier, 1976). The scale has 32 items measuring relationship satisfaction, affection, consensus, and cohesion. Items are scored on a 6-point scale, with 0 representing “never” or “always disagree” and 5 representing “all the time” or “always agree”. The scores of all items, assessing agreement on religious matters to how often they kiss, are summed for a total relationship adjustment score. Higher scores indicate greater adjustment, with a population average of 114.8 ± 17.8 for long-term married couples (Spanier, 1976). At W2, 171 of 184 parents provided complete DAS data; the sample \( \alpha = .82 \) (for lesbian, .82 for gay, and .83 for heterosexual parents).

**Family functioning.** Levels of family functioning at W2 were examined using the Family Assessment Device (FAD), an instrument that uses parent self-reports to measure aspects of family functioning and health (Epstein, Baldwin, & Bishop, 1983). There are 60 items with 7 subscales. An additional 8th composite measure for total functioning is created by averaging all subscale scores. Questionnaire items are presented as statements, such as a general functioning item that reads, “We don’t get along well together.” Respondents indicate agreement with each item on a scale of 1 (strongly disagree) to 4 (strongly agree). A score of 1 represents healthy family functioning; a 4 represents maladaptive family functioning. The average score for the FAD is 2.20 (SD = 0.51); lower average scores reflect better family functioning (Epstein et al., 1983). The FAD was only assessed at W2 and was not included at W1. FAD scores were available from 178 of 184 parents. The sample \( \alpha = .96 \) (for lesbian, .95 for gay, and .96 for heterosexual parents).

**Procedure** To recruit participants, researchers contacted eligible adoption agencies to invite them to collaborate. Ultimately, five agency directors agreed and then contacted (via mail or email) adoptive families who met study criteria to invite participation. Follow-up phone calls to interested participants were made by a researcher when possible. If families consented to participate, researchers conducted a 2-hr home visit at W1. About 5 years later, families were recontacted and invited to participate in W2. Data were collected for W1 from 2002–2009, and from 2013–2014 for W2. Families were visited in their homes at both waves; parents completed demographic questionnaires and survey measures via hard copy (W1) and online (W2) formats. Parents also provided survey materials to children’s teachers, which were returned to the researchers by mail (W1) and online (W2). At both waves, parents provided informed consent, participation was entirely voluntary, no financial compensation was provided, and a debriefing letter was shared with families after participation. The study was approved by the Institutional Review Boards at the University of Virginia, the University of Massachusetts Amherst, and the University of Kentucky.

**Data analytic plan.** Hierarchical linear modeling (HLM; Raudenbush & Bryk, 2002) was used to account for nested data (parents within couples) by controlling sources of shared variance and data dependency. Using methods similar to previous researchers working with indistinguishable dyads (i.e., same-sex couples; Goldberg, Smith, & Kashy, 2010; Kurdek, 1998), the basic equation for the HLM conditional models can be described as:

- **Level 1:** \( Y_{ij} = \beta_{0j} + e_{ij} \)
- **Level 2:** \( \beta_{0j} = \gamma_{00} + \gamma_{01} \) (Lesbian) + \( \gamma_{02} \) (Gay) + \( u_{0j} \)

Level 1 reflects the couple average calculated for an outcome variable, \( Y_{ij} \). Random intercepts are represented by the \( \beta_{0j} \) coefficient; \( e_{ij} \) is the error term. Level 2 reflects a comparison of averages for the outcome variable to examine differences by family type. At Level 2, the \( \gamma_{00} \) (Lesbian) and \( \gamma_{02} \) (Gay) coefficients represent the effects of being in a family with “lesbian versus heterosexual” and “gay versus heterosexual” parents, respectively, on the outcome variable. Thus, the Level 2 intercept \( \gamma_{00} \) corresponds to the mean ratings for heterosexual parents. The \( u_{0j} \) coefficient controls for the dependency of partners’ data within couples.

Moderation by family type was also tested with a series of multigroup analyses. To maximize power, only two groups were compared (i.e., same-sex and other-sex parent families). First, unconstrained models were tested using SPSS Amos 23, which maximized the likelihood, allowing regression weights to vary between these two family groups. Next, the target path was constrained to be equal across the two groups. The \( \delta \chi^2 \) statistics were compared for significant differences between the unconstrained and constrained models, which would indicate group differences based on family type (Kline, 2016). Regarding issues of dependency in the data structure (two parents reporting within one family), parent A and parent B variables were fit as indicators for a latent variable. Gillessen, Jiang, West, and Laszkowski’s (2005) Actor-Partner Independence Model (APIM) was adapted to adjust for the inclusion of indistinguishable dyads. Specifically, the means, variances, and factor loadings of the parental indicators were constrained to be equal for both parent A and B within each family. For HLM and multigroup analyses, full maximum likelihood was used to manage missing data.

**Results**

**Preliminary Analyses**

Preliminary analyses revealed that children’s age at W2 (5–12 years) was not significantly associated with any variables of in-
terest at W2, including behavior problems, parenting stress, couple adjustment, and family functioning. Child sex, however, was significantly associated with parent-reported child behavior scores, \( t(181) = 2.18, p = .031 \), and family functioning, \( t(176) = 2.75, p = .007 \), at W2. Parents reported more behavior problems for boys (\( M = 50.53, SD = 10.66 \)) than girls (\( M = 46.92, SD = 11.73 \)). Parents with sons also reported worse family functioning (\( M = 1.83, SD = .35 \)) than parents with daughters (\( M = 1.70, SD = .31 \)). Thus, child sex was included as a covariate for analyses involving parent-reported child adjustment and family functioning at W2.

As 13% of participating families at W2 included parents whose relationship had dissolved, I examined whether couple relationship status was significantly associated with other variables of interest. Most participants completed measures about couple adjustment regarding their (former) partner, regardless of current relationship status; results revealed that couple adjustment at W2 was significantly lower among ex-partners (\( M = 100.50, SD = 25.30 \)), compared with those in enduring relationships (\( M = 129.60, SD = 10.94 \)), \( t(169) = 8.61, p < .001 \). Couple relationship status, however, was not significantly associated with child adjustment (as reported by parents or teachers), parenting stress, nor family functioning. Thus, all available parent-reported data about couple relationships were considered for analysis.

Changes Over Time in Adjustment for Same-Sex Versus Other-Sex Parent Families

The first research question regarded how child behavioral adjustment, parenting stress, and couple adjustment had changed over time from when children were preschool-age to school-age, and whether these changes differed by family type (sexual minority vs. heterosexual parents). To evaluate this question, I report analyses regarding family type comparisons, and descriptive information for each variable assessed at W2. Analysis of variance (ANOVA) results revealed no significant differences at W2 across the three family types (lesbian, gay, and heterosexual parents) in child, parent, couple, or family adjustment (i.e., CBCL, TRF, PSI, DAS, and FAD); effect sizes comparing same-sex and other-sex parent families were small (see Table 2).

In utilizing hierarchical linear modeling (HLM) to account for the nested data structure, the following four equations corresponded to the analyses comparing by family type (with child sex included as a covariate):

\[
Y_{ij}(W2 \text{ Child Behavior Problems}) = \beta_{0j} + \beta_{1j}(\text{Child Sex}) + e_{ij} \\
Y_{ij}(W2 \text{ Parenting Stress}) = \beta_{0j} + e_{ij} \\
Y_{ij}(W2 \text{ Couple Adjustment}) = \beta_{0j} + e_{ij} \\
Y_{ij}(W2 \text{ Family Functioning}) = \beta_{0j} + \beta_{1j}(\text{Child Sex}) + e_{ij}
\]

HLM analyses revealed consistent results with ANOVA findings; no significant differences were found as a function of parental sexual orientation in W2 variables. Examining parent-reported child behavior problems (controlling child sex), parenting stress, couple adjustment, and family functioning (controlling child sex), no \( p \) values emerged as significant in examining effects of being in a lesbian or gay (vs. heterosexual; i.e., the intercept) parent family (see Table 3). Lastly, multigroup analyses uncovered no significant differences between same-sex and other-sex parent families when constrained and unconstrained models were separately fit to test pathways between W1 and W2 for child behavior problems (parent and teacher reports), parenting stress, and couple adjustment.

Children at W2 showed few behavior problems (“normal range” = 60 or less), on average (\( M = 48.45, SD = 11.06 \)), as reported by parents. Teachers agreed that children at W2 had few behavioral difficulties (\( M = 49.83, SD = 8.27 \)). Mean scores reported by parents and teachers at W2 were comparable to population averages and below clinical levels (64 or above). At W2, 9.80% of parent reports (\( n = 18 \) parents of 16 children) revealed scores in the clinical range; for 2 of the 16 children, parents agreed on clinical-level scores; for 13, the children’s other parent reported scores below clinical levels, and for 1 child, no additional data were available. Clinical behavior levels were reported by 4.50% of children’s teachers at W2 (\( n = 4 \) teachers of 4 children; only 2 of these 4 children were also reported by parents to be in the clinical range). Paired sample \( t \) tests revealed no significant differences between parent and teacher reports of children’s

<table>
<thead>
<tr>
<th>W2 variable</th>
<th>Lesbian parents ( (n = 48) )</th>
<th>Gay parents ( (n = 55) )</th>
<th>Heterosexual parents ( (n = 81) )</th>
<th>Total ( (n = 184) )</th>
<th>( F(df) )</th>
<th>( p )</th>
<th>( d )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child behavior problems (CBCL)</td>
<td>50.64 (11.38)</td>
<td>47.89 (12.52)</td>
<td>48.02 (10.46)</td>
<td>48.66 (11.35)</td>
<td>.968</td>
<td>.382</td>
<td>.10</td>
</tr>
<tr>
<td>Child behavior problems (TRF)</td>
<td>50.13 (9.47)</td>
<td>51.62 (7.62)</td>
<td>48.46 (7.90)</td>
<td>49.83 (8.27)</td>
<td>1.16</td>
<td>.319</td>
<td>.30</td>
</tr>
<tr>
<td>Parenting stress (PSI)</td>
<td>68.04 (17.16)</td>
<td>66.08 (16.85)</td>
<td>65.26 (14.69)</td>
<td>66.22 (15.95)</td>
<td>.444</td>
<td>.642</td>
<td>.11</td>
</tr>
<tr>
<td>Couple adjustment (DAS)</td>
<td>125.21 (14.41)</td>
<td>129.02 (14.76)</td>
<td>126.27 (16.29)</td>
<td>126.88 (15.40)</td>
<td>.803</td>
<td>.450</td>
<td>.07</td>
</tr>
<tr>
<td>Family functioning (FAD)</td>
<td>1.72 (.33)</td>
<td>1.75 (.32)</td>
<td>1.80 (.35)</td>
<td>1.76 (.34)</td>
<td>.742</td>
<td>.478</td>
<td>.18</td>
</tr>
</tbody>
</table>

**Note.** W2 = Wave 2; CBCL = Child Behavior Checklist; TRF = Teacher Report Form; PSI = Parenting Stress Index; DAS = Dyadic Adjustment Scale; FAD = Family Assessment Device.
adjustment at W2. Although no group differences distinguished parent reports from same- and other-sex couples regarding changes in child behavior problems, parents reported significantly more child behavior problems at W2 than W1 (W2 = 12.96, SD = 12.96), t(178) = 4.82, p < .001, 95% CI [7.25, 3.04], d = .35. Parents also reported generally high couple adjustment at W2, with a mean of 126.88 (SD = 15.40) out of a possible 151 maximum score. This represented a significant increase in average couple adjustment from W1 (M = 116.97, SD = 12.96), t(170) = 9.32, p < .001, 95% CI [12.00, 7.81], d = .70, but multigroup analyses found no group differences between sexual minority and heterosexual parents in changes in relationship adjustment over time. See Figure 2 for graphical displays of these findings.

Predictive Pathways for Same-Sex Versus Other-Sex Parent Families

The second research question explored how variables assessed at W1 (i.e., child adjustment, parenting stress, or couple adjustment) were predictive of child adjustment and family functioning 5 years later at W2, and whether these pathways differed between families with same-sex and other-sex parents. Overall, at W2, parents reported relatively well-functioning families (M = 1.76, SD = 34). Significant associations were found among study variables within and across waves (see Table 4). Because W1 family process variables were significantly correlated with parent-reported, but not teacher-reported, child adjustment at W2, HLM analyses focused on parent-reported behavior problems at W2 as the first dependent variable. Family functioning at W2 was the second dependent variable tested to examine whether W1 variables would be significant predictors across the entire sample. These HLM analyses, including child sex as a covariate, are represented by the following equation:

Level 1: \( Y_{ij}([W2 Child Behavior Problems]) = \beta_{0ij} + \beta_{1ij}(Child Sex) + \beta_{2ij}(W1 Child Behavior Problems) + \beta_{3ij}(W1 Parenting Stress) + \beta_{4ij}(W1 Couple Adjustment) + e_{ij} \)

Level 2: \( \beta_{0i} = \gamma_{00} + \gamma_{01}(Lesbian) + \gamma_{02}(Gay) + u_{0i} \)
\( \beta_{1i} = \gamma_{10} + \gamma_{11}(Lesbian) + \gamma_{12}(Gay) + u_{1i} \)
\( \beta_{2i} = \gamma_{20} + \gamma_{21}(Lesbian) + \gamma_{22}(Gay) + u_{2i} \)
\( \beta_{3i} = \gamma_{30} + \gamma_{31}(Lesbian) + \gamma_{32}(Gay) + u_{3i} \)
\( \beta_{4i} = \gamma_{40} + \gamma_{41}(Lesbian) + \gamma_{42}(Gay) + u_{4i} \)

![Figure 1](image1.png)  
**Figure 1.** Child behavior problems as reported by parents (CBCL) and teachers (TRF) at two time points: preschool-age (W1) and school-age (W2).

![Figure 2](image2.png)  
**Figure 2.** Parenting stress (PSI) and couple relationship adjustment (DAS) reported by parents at two time points: when children were preschool-age (W1) and school-age (W2).
HLM analyses revealed that W1 child behavior problems, \( t(76) = 2.36, p = .021 \), and greater W1 parenting stress, \( t(76) = 2.02, p = .047 \), significantly predicted W2 child behavior problems (see Table 5). Couple adjustment at W1, however, was not a significant predictor of child adjustment at W2, \( t(76) = .07, p = .943 \). HLM analyses also indicated that earlier child behavior problems, \( t(72) = 2.10, p = .039 \), and greater parenting stress, \( t(72) = 2.39, p = .020 \), predicted lower family functioning when children were school-age (see Table 6). Couple adjustment when children were preschool-age was marginally significant, \( t(72) = 1.94, p = .056 \). No differences by family type were uncovered in predicting W2 child behavior problems (see Table 5) or family functioning (see Table 6); that is, all \( p \) values were nonsignificant in examining the effects of being in either a lesbian or gay (vs. heterosexual; i.e., the intercept) parent family. Child sex did not significantly predict W2 child behavior problems, \( t(76) = 1.03, p = .306 \) (see Table 5), nor W2 family functioning, \( t(72) = .69, p = .491 \) (see Table 6). Multigroup analysis was also used to examine whether the pathways predicting child behavior problems and family functioning differed for same-sex and other-sex parent families, and no evidence for moderation by family type was uncovered.

### Discussion

As public and scholarly debate continues to surround which family structures are ideal in cultivating positive child development (McLanahan & Sawhill, 2015), these findings indicate that children adopted by same-sex and other-sex parents appear to be equally well-adjusted, on average, across development from preschool-age to middle childhood. Parents also showed positive outcomes related to parenting stress and couple satisfaction over...
time. These adoptive families, now with school-age children, demonstrated positive family functioning overall. Based on mean comparisons, no child, parent, couple, or family outcome variable was distinguishable by parental sexual orientation. Rather, among both same-sex and other-sex parent families, earlier parenting stress and child behavior problems similarly predicted later child problems behaviors, consistent with broader developmental research (Deater-Deckard, 1998) and predictions from family stress theory (McKenry & Price, 2000). Beyond family structure, the findings underscore the importance of family processes to child outcomes over time. The results contribute to literature supporting the healthy and positive development of children with LG parents, as well as adopted children, particularly across early to middle childhood. The findings are supported by earlier studies of children born to LG parents (Biblarz & Stacey, 2010; Moore & Stambolis-Ruhstorfer, 2013), and extend earlier work by longitudinally following children adopted in infancy by LG parents. The results are also pioneering in indicating that, across children’s development from preschool to school-age, adoptive parents demonstrate generally low (but somewhat increased) parenting stress and generally high (and somewhat improved) couple adjustment. Overall, and regardless of family structure, these adoptive families appear to be functioning in healthy ways, with children who show positive behavioral adjustment.

School-age children in this sample showed few behavior problems, per reports by their parents and teachers. Similar to when children were in preschool, children’s adjustment in middle childhood did not differ by parental sexual orientation (Farr et al., 2010a). This finding was aligned with previous literature about children with sexual minority parents (Goldberg, 2010; Moore & Stambolis-Ruhstorfer, 2013), including other studies involving teacher reports (Golombok et al., 2014, 2003). It was the case, however, that children had significantly more behavior problems in middle childhood relative to their preschool years. This finding was somewhat in contrast to developmental literature demonstrating the stability of behavior problems from early to middle childhood (Campbell et al., 1996; Prinzie et al., 2005). The result is consistent, however, with several adoption studies revealing increases in child behavior problems across the years postadoption and from preschool to school-age (Gunnar & van Dulmen, 2007; Tan & Marfo, 2016). The finding also may support predictions from pileup models of family stress (Patterson, 1988), and the increasing role of external contexts (e.g., school, peer relationships) influencing children’s adjustment (Boss, 2002). Regardless, results reflecting changes in adopted children’s behavior problems over time did not vary by family type. Effect sizes were larger for the changes over time across the whole sample than were those comparing same- and other-sex parent families.

Similarly, parents reported relatively low levels of parenting stress when their children were school-age, with no significant differences by parental sexual orientation. This finding is consistent with earlier research with this sample when children were preschool-age (Farr et al., 2010a) and among similar samples (Goldberg & Smith, 2014). As with child behavior problems over time, parents reported higher mean stress levels when their children were school-age versus preschool-age. This result did not distinguish parents in same-sex and other-sex couples, disconfirming hypotheses that sexual minority parents might experience different levels of parenting stress than heterosexual parents, as has been found in some studies comparing same-sex and heterosexual parents (e.g., Bos et al., 2016; Golombok et al., 2014). The finding may reflect the increasingly complex demands of specifically parenting adopted children across development, which is supported by family process theories regarding the negative impact of stressors piling up over time (Patterson, 1988). Indeed, similar findings of increased parenting stress as children grow older have been found in other adoption studies (Tan et al., 2012; Tornello et al., 2011).

Amid somewhat greater parenting stress when their adopted children were in middle childhood, parents also described relatively happy and satisfying couple relationships at this time, regardless of sexual orientation. This result is aligned with earlier findings among this sample (Farr et al., 2010a, 2010b; Farr & Patterson, 2013), as well as with previous research supporting comparable adjustment among LG and heterosexual couples (Goldberg, 2010; Moore & Stambolis-Ruhstorfer, 2013). Parents reported significantly greater couple adjustment when their children were school-age relative to preschool-age, representing a large effect. No evidence for moderation by family type was found for these changes over time in couple adjustment, indicating that these processes are similar, rather than different, for same-sex and other-sex couples. Despite higher levels of parenting stress and greater numbers of child behavior problems reported when children were school-age, based on mean-level comparisons at both time points, this result of improved couple adjustment may reflect similar findings in the family systems literature suggesting the gradual rebound of couple satisfaction after a decrease during the transition to parenthood (Cowan & Cowan, 1988; Keizer & Schenk, 2012).

Although family structure was not found to be associated with child, parent, couple, or family adjustment using hierarchical models and multigroup analysis, there were significant associations among child adjustment, parenting stress, couple adjustment, and family functioning both within and across time points. During middle childhood, these associations held for reports within and outside the family. For instance, both parent- and teacher-reported child adjustment scores were significantly associated with parenting stress when children were school-age. These results not only represent a continuation from earlier results with this same sample (Farr et al., 2010a) about the importance of family processes over structure to child outcomes, but also add to the literature on this topic among other types of family systems, such as adoptive and sexual minority parent families (e.g., Lamb, 2012; Linville et al., 2010; Tan et al., 2012).

Moreover, family type was not found to moderate pathways regarding changes in child, parent, and couple outcomes over time, nor pathways predicting child behavior problems and family functioning when children were school-age. Thus, the notion that same-sex parent families might experience differences in adjustment from other-sex parent families as a result of the influence of external contexts such as societal stigma (Boss, 2002), was not supported. While stigma is likely to differentially affect the life experiences of members of same-sex versus other-sex parent families in a variety of ways, the current findings do not suggest resulting differences in the adjustment of children, parents, couples, and families.

Greater child adjustment among school-age children was predicted, not surprisingly, by fewer behavior problems earlier in
time. In addition, even when considering earlier child behavior problems, higher parenting stress when children were preschool-age was predictive of greater behavior problems in middle childhood. Couple adjustment when children were in preschool was not found to significantly predict children’s behavior problems 5 years later. This result, however, may reflect the fact that earlier couple adjustment was simultaneously considered with earlier child adjustment and parenting stress. Perhaps these latter two variables emerged as stronger predictors of later child adjustment. Another possibility is that more specific aspects of couple adjustment that were not assessed, such as conflict, would be predictive of child adjustment. Nonetheless, the finding that earlier parenting experiences are predictive of later child outcomes fits well with family process theories about spillover effects between different subsystems of the family (Engler, 1988; Erel & Burman, 1995). Furthermore, this result about longitudinal associations among parenting stress and child behavior problems across early and middle childhood is well-documented elsewhere (e.g., Stone et al., 2016), including among other adoptive family samples (Tan, Gelley, & Dedrick, 2015).

Lastly, family functioning, assessed when children were school-age, was predicted by earlier child behavior problems and parenting stress. HLM analyses revealed that higher parenting stress and more behavior problems when children were preschool-age significantly predicted lower family functioning 5 years later among the whole sample. Thus, the same predictors of later child adjustment were also relevant to later family functioning. In addition, earlier couple adjustment was marginally significant in predicting later family functioning. This finding is consistent with study hypotheses guided by family stress theory, particularly that parenting stress and child behavior problems would be expected to deflate family functioning over time as a result of diminished family based resources to cope (Mckenny & Price, 2000). This result is supported by research demonstrating associations among parenting stress, child behavior problems, and family functioning among adoptive families with LG and heterosexual parents (Averett et al., 2009; Erich et al., 2005). As family functioning has rarely been examined among families with sexual minority or adoptive parents, and typically via cross-sectional designs, these findings offer particular contributions to the literature on diverse family systems about changes over time in family processes affecting child adjustment and family outcomes.

**Strengths, Limitations, and Directions for Future Research**

This study extends earlier research with its longitudinal design, including data from two time points in children’s development (i.e., preschool-age, middle childhood), and a strong retention rate (91%) of participating families from W1 to W2. Including data from parents and informants outside the family (i.e., children’s teachers) is also a strength; few studies addressing children’s outcomes in sexual minority parent families have included data from teachers (for exceptions, see Golumbek et al., 2014, 2003).

This study, however, is limited by its relatively homogeneous sample that represents only one pathway to adoptive parenthood (i.e., private domestic infant adoption). While the sample reflects the demographic characteristics of this population, future research examining longitudinal questions of child adjustment, parenting, and family relationships should include more diverse adoptive family samples, as other pathways to adoption (i.e., adoptions from the public child welfare system) involve greater variability in parent race and socioeconomic status (Vandivere et al., 2009). In addition, future research could involve more in-depth investigations about mechanisms explaining longitudinal associations among child adjustment, parenting stress, and other family relationships dynamics using observational or other mixed methods data. Although informants outside the family were included (i.e., teachers), and teacher- and parent-reported data were found to share significant associations, the results represent self-report questionnaires that could be biased toward overly positive portrayals of family outcomes. Lastly, while children’s adjustment was considered as a dependent variable of interest, it should be acknowledged that parenting stress as a dependent variable could also be affected longitudinally by children’s behavior problems, consistent with transactional models of parent–child influences (Stone et al., 2016).

Other family process variables could be examined as possible contributors to adjustment, particularly as related to adoptive family life, such as family communication about adoption, racial and cultural socialization, and birth family contact. For example, parents’ lack of adoption preparation has been found to be associated with greater child internalizing and externalizing problems among families headed by LG and heterosexual couples (Goldberg & Smith, 2013). Adoption-specific factors, such as preadoption adversity and adoption satisfaction, have also been found to have bearing on child and parent adjustment (e.g., Lavner et al., 2014; Tan & Marfo, 2016).

Future research could benefit not only from longitudinal studies of child adjustment within sexual minority parent families, but also from including children’s voices. Studies directly assessing the viewpoint of older children with LG parents reinforce the important role of family processes over family structure. In her recent qualitative study of 20 adult children with nonheterosexual parents, Sasnett (2015) found that family relationship qualities were described as more influential to development than parents’ sexual orientation. Similarly, Titl stad and Pooley (2014) revealed that adult children with LG and bisexual parents emphasized unique advantages of their family structure and the importance of stable and loving family relationships. While these are retrospective self-reports, the data are important in directly representing children’s perspectives, rather than being assessed by parents or other informants.

**Implications for Policy and Practice**

No significant differences were found among child, parent, couple, or family adjustment as a function of parental sexual orientation when children were school-age, and effect sizes comparing family groups were smaller than those comparing change over time for the entire sample. The effect sizes found are comparable to other meta-analytic studies of same-sex parent families (e.g., Fedewa et al., 2015), and thus, it is unlikely that research with larger samples would reveal differently sized effects. These findings about children’s favorable adjustment over time, after having been adopted by LG or heterosexual parents, have important implications for adoption laws, policies, and practices. Adoption by same-sex couples has become increasingly possible in the
United States with expanded same-sex marriage rights in June 2015 and federal legislation supporting the recognition of same-sex parent adoption across all states in March, 2016 (American Psychological Association, 2015; Reilly, 2016). Some states, however, still have other practical or legal obstacles. Thus, these results are informative to legal and policy proceedings, such as the Supreme Court marriage equality decision in June 2015 (APA, 2015).

Those who work with prospective and current adoptive families, such as child welfare professionals, clinicians, educators, and medical doctors, may benefit from these additional indications that children fare well when adopted by sexual minority parents. As attention is turning more toward environmental contexts of development for children with sexual minority parents, rather than strictly focusing on comparisons of overall adjustment to children with heterosexual parents, it is important for professionals to be aware that differences in family structure should not be equated with detrimental outcomes. Even so, it is also the case that children with sexual minority parents may encounter experiences of stigma and discrimination (Bos & Gartrell, 2010; Crouch, Waters, McNair, & Power, 2015; Welsh, 2011). Among children represented in this sample, microaggressions were commonly reported as initiated by their peers on the basis of having same-sex parents (Farr et al., 2016).

Recent research regarding sexual minority populations, including parents and their children, has highlighted the roles of stigma, discrimination, and sexual minority stress on psychological adjustment and overall health (e.g., Hatzenbuehler, 2014; van Gelderen et al., 2009; Meyer, 2003). Sexual minority adults may face challenges with discrimination and stigma not only as individuals, but also as couples and families (Goldberg, 2006; Sabin, Riskind, & Nosek, 2015). Regarding children’s experiences, experiences of stigma have been linked with lower physical and mental health outcomes for children with same-sex parents, as well as lower family cohesion (Crouch et al., 2015; Crouch, Waters, McNair, Power, & Davis, 2014). In their study of 17-year-old children conceived through donor insemination in the United States, Bos and Gartrell (2010) found that negative effects of stigma related to having lesbian mothers were buffered by higher family compatibility. Lastly, a favorable social climate for sexual minority individuals also appears to be positively associated with well-being among the heterosexual adult children of LG parents (Lick, Torrnello, Riskind, Schmidt, & Patterson, 2012). Thus, even while the current study results indicate comparable psychological adjustment among adopted children with same- and other-sex parents, future research should address the influence of stigma and discrimination on children’s experiences.

Conclusion

Consistent with and extending earlier research (e.g., Bos et al., 2016; Farr et al., 2010; Goldberg & Smith, 2013; Golombok et al., 2014), this study provides further support that children adopted by LG parents are well-adjusted, not only in early childhood, but across time into middle childhood. Parents appear to be capable in their parenting roles and satisfied in their couple relationships over time, with no differences by family type. Moreover, regardless of parental sexual orientation, children had fewer behavior problems over time when their adoptive parents indicated experiencing less parenting stress. Higher family functioning when children were school-age was predicted by lower parenting stress and fewer child behavior problems when children were preschool-age. Thus, in these adoptive families diverse in parental sexual orientation, as has been found in many other family types (e.g., Lamb, 2012), family processes emerged as more important than family structure to longitudinal child outcomes and family functioning.

References


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