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ADOPTING IDENTITIES: ASSOCIATIONS BETWEEN ADOPTION, RACIAL-ETHNIC, AND SEXUAL MINORITY PARENT SOCIALIZATION AND CHILDREN'S ATTACHMENT, GLOBAL SELF-WORTH, AND UNDERSTANDING OF IDENTITY

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ADOPTING IDENTITIES: ASSOCIATIONS BETWEEN ADOPTION, RACIAL-ETHNIC, AND SEXUAL MINORITY PARENT SOCIALIZATION AND CHILDREN'S ATTACHMENT, GLOBAL SELF-WORTH, AND UNDERSTANDING OF IDENTITY

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THESIS

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts in the College of Arts and Sciences at the University of Kentucky

By

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ABSTRACT OF THESIS

ADOPTING IDENTITIES: ASSOCIATIONS BETWEEN ADOPTION, RACIAL-ETHNIC, AND SEXUAL MINORITY PARENT SOCIALIZATION AND CHILDREN'S ATTACHMENT, GLOBAL SELF-WORTH, AND UNDERSTANDING OF IDENTITY

Utilizing a sample of lesbian, gay, and heterosexual adoptive parent families with school-age children, results suggested that parents engage in adoption communication less but racial-ethnic socialization more when a child is transracially adopted. No differences were found in lesbian and gay parents socialization practices for adoptive or racial-ethnic identity. Further, lesbian and gay parents engaged in sexual minority parent socialization less than adoptive or racial-ethnic socialization. Children's self-worth was related to sex but not socialization practices such that girls reported lower self-worth, and no significant associations were present for children's closeness. Children's age, sex, and transracial adoptive status were predictive of their understanding of adoption and only children's age was predictive of their recognition of sexual minority parent socialization. Children's sex and transracial adoptive status as predictors of understanding of adoption have not yet been reported on in the literature. Further, no work has reported on associations between parent and child socialization practices in the context of sexual minority parent socialization. The implications of differences emerging in parent socialization frequency (i.e., racial-ethnic communication higher than adoptive communicative openness), as well as how children's sex and transracial adoptive status contribute to children's understanding of adoption will be discussed.

KEYWORDS: LGBTQ+ Families, Adoption Socialization, Racial-Ethnic Socialization, Sexual Minority Parent Socialization, Children's Understanding of Adoption

Kyle A. Simon

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ADOPTING IDENTITIES: ASSOCIATIONS BETWEEN ADOPTION, RACIAL-ETHNIC, AND SEXUAL MINORITY PARENT SOCIALIZATION AND CHILDREN'S ATTACHMENT, GLOBAL SELF-WORTH, AND UNDERSTANDING OF IDENTITY

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Adopting Identities:

Associations between Adoption, Racial-Ethnic, and Sexual Minority Parent Socialization

and Children's Attachment, Global Self-Worth and Understanding of Identity

At its simplest, socialization is the way in which family members transmit and impart worldviews onto their children (Neblett et al., 2008). Understanding how socialization informs children's understanding of themselves and the world around them is of interest. One form of socialization revolves around how parents talk about identities, such as a child's adoptive or racial-ethnic identity (Grotevant, Rueter, Von Korff, & Gonzalez, 2011; Hughes, Watford, & Del Toro, 2016; Wrobel, Kohler, Grotevant, & McRoy, 2003). Further, these identities can intersect with one another (Crenshaw, 1991; Ghavami, Katsiaficas, & Rogers, 2016) such as children who are transracially adopted (i.e., when a parent adopts a child who does not share the same racial identity), or those adopted by sexual minority parents. It may be the case then, that these intersecting identities, or distinct family constellations (e.g., adoptive same-sex parents) facilitate multi-faceted forms of socialization (Goldberg, Sweeney, Black, & Moyer, 2016; Lee, 2003; Samuels, 2009). Many sexual minority individuals become parents through adoption (Gates, 2012, 2013), and these parents are also more likely to complete transracial adoptions compared to heterosexual adoptive parents (Farr & Patterson, 2009). Thus, sexual minority parents who have adopted transracially are a group in which socialization may be particularly distinct from other previously studied forms of socialization such as socialization that occurs within same-race families with biological children (Hughes et al., 2016).

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One way in which socialization practices can be helpful is by giving children the knowledge and language to cope with bias that occurs in everyday life. Research suggests that experiencing bias is a regular occurrence among adopted children (Garber & Grotevant, 2015), racial-ethnic minority individuals (Hughes et al., 2016), and those with sexual minority parents (Farr, Crain, Oakley, Cashen, & Garber, 2016; Kosciw & Davis, 2008). Thus, socialization from parents may be one contributor to the resiliency that children show in the face of bias (Farr et al., 2016). The primary goal of this study then is to contribute to the literature on socialization in diverse families, such as children who have lesbian (L) or gay (G) parents, are multiracial (e.g., interracial parent couples, transracial adoption), or are adopted. Here I aim to assess how parental socialization about diverse identities within the family unit may be associated with children's understanding of adoption as well as other child outcomes (namely, perceptions of self-worth and closeness or attachment to parents). This broad question is informed by several literatures; I draw on ecological and family systems theories, research on adoptive communicative openness (ACO), racial-ethnic socialization, queer theory, and sexual minority parent socialization.

Theoretical Framework and Literature Review

Ecological theory. Bronfenbrenner's (2001; Bronfenbrenner & Morris, 2006) bioecological model suggests that acknowledging the historical context in which a child develops is necessary to good science. One such example of this is the Supreme Court ruling allowing same-sex marriages throughout the US – all children in this study have lived through this transition (*Obergefell v. Hodges*; e.g., American Psychological Association, 2015). Additional considerations such as children's adoptive identity (if

adopted – as are all the children in this study), racial-ethnic background, their parents' racial-ethnic identity, and their parents' sexual identity, are relevant when coming to understand family processes and child outcomes. Thus, even if previous research has been completed at the intersections of these identities it is of interest to replicate and extend these findings in a post same-sex marriage (as well as other major political and cultural shifts) American society.

Family systems. As this project focuses on relationships and socialization within the family unit, I also rely on a family systems framework (Larsen & Olson, 1990), which stresses utilizing both entire family relationships (e.g., triads), and individual parent-child relationships (e.g., dyads). Studies focusing on diverse families (e.g., those headed by LG or adoptive parents, racial-ethnic minority families) have shown that family processes, rather than parental sexual identity, are more strongly associated with childhood outcomes (Farr, Forssell, & Patterson, 2010; Farr & Patterson, 2013; Farr, Simon, & Bruun, 2017; Lamb, 2012; Patterson, 2017; Priest et al., 2014). I sought to investigate parent-child relationships in the context of parents' diverse family socialization practices (e.g., those based on parents' sexual identity and/or their child's adoptive status). How these parents consider their familial identities and how they choose to educate and raise their children, as well as how these practices are associated with children's understanding of these identities and relevant outcomes, is the primary goal of this study.

Adoptive communicative openness. This research also draws on perspectives found in research on adoptive communicative openness (ACO). ACO refers to the communication that occurs within the family about adoption, between members of the family and across the whole family, reflecting a family systems framework. This

openness takes several forms, such as a parent's willingness to discuss aspects of a child's adoption, the promotion of a child's dual identity (i.e., birth and adoptive family identity), and demonstrating empathy related to a child's adoptive identity development (Brodzinsky, 2006; Jones & Hackett, 2008; Neil, Grotevant, & Young, 2006). Brodzinsky and Pinderhughes (2002) suggest that for adoptive parents, ACO should be a primary goal when raising their adopted children even if the conversation is difficult.

Research suggests that ACO positively predicts children's psychological adjustment (Brodzinsky, 2006; Rueter & Koerner, 2008) and positive affect about their adoption (Coalner & Soliz, 2015). In addition, parental attachment (Farr, Grant-Marsney, & Grotevant, 2014), psychological well-being (Ferrari, Ranieri, Barni, & Rosnati, 2015), and self-esteem (Hawkins et al., 2007) are all positively influenced by ACO. However, how ACO influences other psychological constructs, such as children's self-worth, seems to be more mixed in findings. For example, some studies with children between the ages of 4 and 12 show no associations between self-worth and level of ACO (Grotevant, 2000; Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedrick, 1996), while other studies with children in a similar age range (ages 8 to 13 years) suggest positive associations (Brodzinsky, 2006).

It is unclear if parents' level of ACO is directly associated with adopted children's understanding of adoption. Previous work has shown that children's understanding of adoption is predicted by children's age, but unrelated to adoptive status (Brodzinsky, Singer, & Braff, 1984), even if children are aware that they themselves are adopted (Wrobel et al., 2003). In the context of adoptive identity development, a substantial amount of work suggests that openness in adoption communication is important for

children to successfully integrate their broader sense of self over time (Brodzinsky, 2006; Coalner & Kranstuber, 2010; Grotevant, Wrobel, van Dulmen, & McRoy, 2001). Additionally, ACO is relevant if children seek out information about their family of origin or the events that led to them being placed for adoption, typically between middle childhood and adolescence (Brodzinsky, 2011). When one considers parental attachment, adolescents who do not have access to information about their family of origin, or feel as if they cannot discuss these topics with adoptive family members may feel alienated or lose a sense of belongingness that they previously had (Feeney, Passmore, & Peterson, 2007; Kohler, Grotevant, & McRoy, 2002; van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). ACO, then, presents a way for adoptive parents to proactively help children manage uncertainty about their family of origin (Coalner & Kranstuber, 2010). These experiences of uncertainty may be particularly exacerbated in the context of transracial adoption as children come to terms with both their family (or country) of origin (Reinoso, Juffer, & Tieman, 2013) and differences in race (e.g., such as accusations of being 'not black enough' by peers when raised in a biracial or transracial home; Butler-Sweet, 2011) within the household. Given the possibility of feeling alienated, an axis of difference based on race and adoption status, understanding how these children feel as if they belong with their parents, or more broadly how close they feel, is a relevant area of interest. Thus, studying children's perceptions of parental alienation as a measure of children's feelings of closeness or belonging in their family is one way of addressing this much needed area of exploration.

A related construct often studied alongside ACO is structural openness (Grotevant et al., 2011). This form of openness refers to the network of relationships that a family

are (or are not) formed through adoption. A frequent area of interest in structural

openness is the contact that an adoptive family has with birth family members, typically

the birth mother (Brodzinsky, 2006; Grotevant et al., 2011). Structural openness also

accounts for the type of adoption the family completed (e.g., an open versus closed

adoption, a private versus public adoption). Structural openness then can be

conceptualized as the level of communication with the birth family (or openness towards

possible communication), as well as the empathy that adoptive parents feel for birth

family members given the context of the type of adoption they completed.

Even though structural openness is related to ACO, separating these two

constructs to focus on just one adoption-related family process (e.g., ACO) is a relevant

gap in the literature to fill. Whereas most studies methodologically include structural

openness as a component of ACO (Grotevant et al., 2011), or collapse both constructs

into an overall measure of openness or communication (Crea & Barth, 2009; Ge et al.,

2008; Le Mare & Audet, 2011), less work has focused on ACO independent of structural

openness (Skinner-Drawz, Wrobel, Grotevant, & Von Korff, 2011). Thus, I aim to

explore how parent ACO in discussing children's adoptive identity (e.g., was I ever

wanted?; Brodzinsky, 2011) influences child outcomes – independent of birth family

contact or type of adoption completed (i.e., structural openness).

Racial-ethnic socialization. The current study also draws on perspectives from

extensive research in the field of racial-ethnic socialization (Hughes et al., 2016). The

vast field of racial-ethnic socialization focuses on how parents engage in the use of

language, as well as modeled behaviors and activities, specific to their family identity of

representing racial-ethnic minority individuals (Lee, Grotevant, Hellerstedt, Gunnar, &

Minnesota International Adoption Project Team, 2006). Two separate, but related, approaches to racial-ethnic socialization research have appeared in the literature. Some researchers primarily treat racial-ethnic socialization as a multidimensional construct assessing specific, qualitatively distinct, types of socialization (e.g., preparation for bias versus cultural socialization) and associated outcomes (Hughes et al., 2016). Other researchers may approach racial-ethnic socialization as a unidimensional construct (Neblett et al., 2008). Because of the exploratory nature of this project and the intent to explore the similarities or differences among three distinct types of identity-based socialization, I treat racial-ethnic socialization as a unidimensional construct.

Racial-ethnic socialization, like ACO, is associated with many childhood outcomes, both positive and negative (McLoyd, Cauce, Takeuchi, & Wilson, 2000; Priest et al., 2014). Positive outcomes for children include resilience in the face of discrimination (Brown & Tylka, 2011; Granberg, Edmond, Simons, Gibbons, & Lei, 2012; Thomas, Speight, & Witherspoon, 2010), pride in one's identity (Umaña-Taylor & Guimond, 2012), well-being (Neblett, Banks, Cooper, & Smalls-Glover, 2013), and positive youth development overall (Evans et al., 2012). Racial-ethnic socialization also positively influences children's academic outcomes, such as in domains of problem-solving skills (Caughy, O'Campo, Randolph, & Nickerson, 2002), reading comprehension (Banerjee, Harrell, & Johnson, 2011), and overall academic performance and persistence (Banerjee et al., 2011; Neblett, Chavous, Nguyên, & Sellers, 2009).

Most research on racial-ethnic socialization has focused on its occurrence within same-race families (Hughes, Bachman, Ruble, & Fuligni, 2006a; Hughes, Smith, Stevenson, Rodriguez, Johnson, & Spicer, 2006b), yet it is important to recognize that

racial-ethnic socialization also occurs in multiracial and transracial adoptive families (Berbery & O'Brien, 2011; Leslie, Smith, Hrapczynski, & Riley, 2013). Available research on racial-ethnic socialization among transracially adopted children also suggests associations with positive outcomes, such as higher self-esteem (Ferrari et al., 2015) and well-being (Mohanty, 2013), as well as fewer delinquent behaviors (Anderson, Lee, Rueter, & Kim, 2015) and externalizing problems (Johnston, Swim, Saltsman, Deater-Deckard, Petrill, 2007).

Depending on certain considerations, however, such as pre-existing levels of self-esteem (Rodriguez, Umaña-Taylor, Smith, & Johnson, 2009), or age (Smith, Atkins, & Connell, 2003), racial-ethnic socialization may be associated with negative outcomes. Regarding children's age, multidimensional aspects of racial-ethnic socialization, such as cultural socialization (e.g., teaching a child about the civil rights movement) practices, are reported to occur among parents with children as young as three years old (Suizzo, Robinson, & Pahlke, 2008). Nevertheless, other multidimensional types of racial-ethnic socialization, such as preparation for bias (e.g., discussing racially motivated crimes), are also dependent on age but in the opposite direction (preparation for bias largely occurs in older children) and suggest associations with negative outcomes for children, such as greater depressive symptoms in adolescence (Granberg et al., 2012), and unsafe sexual practices in adulthood (Brown, Webb-Bradley, Cobb, Spaw, & Aldridge, 2014). These outcomes are likely related to the content of preparation for bias practices (e.g., parents explaining to their children that they may be harassed because of the color of their skin) and the difficulty with which parents may have in imparting these messages, particularly to children in preadolescence (Thomas & Blackmon, 2015). Thus, outcomes associated

with racial-ethnic socialization may occur as a "U-shaped" curve such that parents must hit the 'sweet spot'. Parents who overdo or do not engage in socialization at all may not see positive outcomes (Seol, Yoo, Lee, Park, & Kyeong, 2016). In line with those who do not engage in these practices, parents often report that they believe their children are too young to understand certain concepts in socialization, especially bias-related information (Goldberg & Smith, 2016; Goldberg et al., 2016; Hughes et al., 2016). This only further supports the notion that socialization is highly dependent on context (e.g., children's age).

Another aspect of racial-ethnic socialization to note is that children's understanding of their own racial-ethnic identity plays a significant role in positive developmental outcomes. Parent reports of racial-ethnic socialization only indirectly predicts child outcomes through influencing children's understanding of socialization (Blackmon & Thomas, 2014; Hughes et al., 2006a; Hughes, Hagelskamp, Way, & Foust, 2009; Peck, Brodish, Malanchuk, Banerjee, & Eccles, 2014). This seems intuitive; if parent and child reports are discrepant in the frequency or type of socialization that is occurring, it may be the case that children are too young to understand (e.g., cognitively limited), or parents overestimate their reports of socialization (Hughes et al., 2006ab). Thus, outcomes that are typically predicted by socialization, such as positive youth development (Evans et al., 2012), may not occur because of parent-child discrepancies in communication and understanding. Exploring whether these disparities are present (i.e., that identity-based socialization reports do not always indicate children's understanding) in other forms of identity-based socialization (e.g., ACO) is a relevant area of interest.

Queer theory in the context of family. This study also utilizes the framework of queer theory whichk emphasizes the stark contrast and departure from what may be

considered typical or normal, through performative, malleable roles that we enact throughout life (Atkinson & DePalma, 2009; Butler, 1990, 1993; Foucault, 1978; Halperin, 1995). Queer theory informs both racial-ethnic and sexual minority parent socialization, as it suggests a focus on the nature of what it means to socialize a child around diversity and the specific language used to do so (Goldberg, Black, Sweeney, & Moyer, 2017). Although diverse families who represent any number of intersectional identities (e.g., multiracial, adoptive, and/or headed by sexual minority parents) may not be aware of this intersectionality, the act of existing together as a family or even *naming* a distinct identity is in of itself, a queer act. Simply identifying as lesbian or gay (Goldberg, 2007; Holman & Oswald, 2011), draws attention to what is often unquestioningly accepted as, or assumed to be, the standard and ideal way of life (Halley, 1993). What it means to *queer* the meaning of parenthood, kin, and family dramatically varies from individual to individual, but how each parent conceptualizes this process is integral to how one approaches parenthood (Butler, 2017).

Sexual minority parent socialization. The investigation of the use of specific language can inform how we come to understand additional forms of identity-based socialization such as sexual minority parent socialization (SMPS; Goldberg & Smith, 2016; Goldberg et al., 2016; Oakley et al., 2017). Previous work suggests that LG parents socialize their children around their diverse family structure such as engaging in specific cultural socialization practices (e.g., celebrating gay pride with children, exposing children to media about gay culture; Oakley et al., 2017). However, research on how sexual minority parent socialization may influence children's outcomes has not yet been explored. Given that several positive outcomes for children have been associated with

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adoption (Anderson et al., 2015; Brodzinsky, 2006; Ge et al., 2008) and racial-ethnic socialization (Hughes et al., 2016; Priest et al., 2014), investigating whether sexual minority parent socialization shares similar associations with child outcomes is a relevant area of study.

Examining both sexual minority parent and racial-ethnic socialization together is also important given the nuances between the two. Previous work on sexual minority parent socialization is based on racial-ethnic socialization frameworks, yet research suggests that sexual minority parent socialization is distinct from racial-ethnic socialization (Oakley et al., 2017). Proactive parenting, the process of preemptively engaging in practices that promote children's awareness of diversity (e.g., moving to a gay-friendly community, coaching a child on how to explain to others that they have two mothers or fathers) is one proposed domain of unique parenting practices among sexual minority parent families (Oakley et al., 2017). Although proactive parenting certainly occurs with racial-ethnic minority families, it may appear differently among sexual minority parent families.

One explanation for differences between sexual minority parent and racial-ethnic socialization practices is that racial-ethnic socialization often occurs between two individuals who share the same identity (e.g., a Black mother socializing her Black son on how to deal with racism), whereas this is likely not the case with sexual minority parent socialization (e.g., a lesbian mother socializing her child who is too young to understand their own sexual identity). Other aspects of sexual minority parent socialization and racial-ethnic socialization also differ such that addressing homophobia is different from addressing racism, and some family dynamics, such as disclosing a

parent's sexual identity, simply do not occur for (heterosexual) racial-ethnic minority

individuals (Gianino, Goldberg, & Lewis, 2009).

Current Study

With these literatures in mind, the study here reports on the descriptive

characteristics of each of these identity-based socialization practices (i.e., ACO, racial-

ethnic, and SMPS). Following this, I present findings on associations between identity-

based socialization practices and children's outcomes (i.e., global self-worth, alienation).

I conclude with information on how identity-based socialization impacts children's

understanding of the respective identity (e.g., ACO to children's understanding of

adoption). This work utilized a mixed-methods approach from parent and child

interviews as well as survey data collected from a larger study with lesbian, gay, and

heterosexual (LGH) adoptive families. These data were contributed by 96 families,

including their respective 96 school-age children (M_{age} = 8 years), from the second wave

of data collection of the Contemporary Adoptive Families Study (CAFS; Farr, 2017).

This longitudinal study has followed and compared the outcomes of children, parents,

couples, and entire families across a diverse sample of adoptive families.

Given that this work is largely exploratory in nature, multiple hypotheses are

reported here. I initially focus on general descriptive information of the sample and

extend this into 6 sets of hypotheses. The first set of hypotheses (1-3) focus on

descriptive differences between family members such as the frequency of each type of

identity-based socialization and who in the family is engaging in these socialization

practices (e.g., do parents of color engage in greater racial-ethnic socialization?). The

second set of hypotheses (4-6) are directional in nature, focused on associations between

socialization and children's outcomes (e.g., does ACO predict children's attachment?) as well as children's understanding of said identity (e.g., does ACO predict children's understanding of adoption?).

Descriptive hypotheses.

1. It was hypothesized that adoptive communicative openness (ACO) will be greater among families who are headed by sexual minority parent(s) or greater for parents who completed transracial adoptions as compared to families who do not fall into these groups (e.g., heterosexual parent or same-race adoptive families). This was suggested based on previous research that families who are visibly diverse (e.g., headed by sexual minority couples or those who have completed transracial adoption) are unlikely to have the option of "passing" as the traditional, ideal family type (Breshears, 2011; Goldberg, 2007; Goldberg et al., 2016; Samuels, 2009). Thus, these parents may choose to engage in ACO because it may be clearer that their family is highly visible and 'different' compared to other families (Farr et al., 2016).

2. It was hypothesized that sexual minority parent socialization practices would be relatively low (i.e., average scores under half of the possible range of the scale) in frequency across the sample of LG parents. This is likely given that the children in this sample are still in middle childhood (5 to 12 years; M_{age} = 8 years). Previous research on racial-ethnic socialization suggests that parents often wait until children are older before engaging in socialization practices (Goldberg & Smith, 2016; Goldberg et al., 2016; Priest et al., 2014). Further, it was anticipated that parents will reporter a greater frequency of SMPS when

their children are older as compared to younger children. However, there were no anticipated differences between lesbian and gay parent families given the exploratory nature of this work.

3. It was hypothesized that racial-ethnic socialization would be greater among parents who are racial-ethnic minorities themselves or if they completed transracial adoptions (as compared to White parents or parents who completed same-race adoptions). Previous work suggests that sexual minority parents and parents of color do engage in socialization around racial-ethnic identity (Breshears, 2010, 2011; Goldberg & Smith, 2016; Goldberg et al., 2016), in part because racial-ethnic identity is visible to others and salient to children (Goldberg, 2012). As all participants responded to questions about racial-ethnic socialization, it was anticipated that parents who completed transracial adoptions would engage in racial-ethnic socialization at a greater frequency than parents in a same-race, White family.

Directional hypotheses.

4. a. I hypothesized that parents' level of adoptive communicative openness, racial-ethnic

socialization, and sexual minority parent socialization would be positively associated with children's attachment to parents. Previous research suggests that greater ACO broadly (i.e., not accounting for the distinction between structural and communicative openness; Brodzinsky, 2006) is associated with greater parent attachment (i.e., greater feelings of closeness to parents; Farr et al., 2014; Grotevant, 2000). Previous work

has been conducted with a sample of adoptees in emerging adulthood or

has not been replicated given a significant span of time as well as with a

sample of children that had a wider age range (ages 4-12; Grotevant,

2000). Thus, exploring this relationship for an additional time was

warranted. Further, findings on racial-ethnic socialization suggest that

there are positive associations between socialization and attachment in

children (Lambert, Roche, Saleem, & Henry, 2015), but these may be

dependent on other factors, such as previous experiences of discrimination

for children. Thus, we also planned to explore associations between sexual

minority parent socialization and children's attachment.

b. Additionally, I hypothesized that socialization may be associated with

global self-worth. Because previous research suggests mixed findings

regarding associations between ACO and global self-worth among school-

age children (Brodzinsky, 2006; Ellis, 2002; Grotevant, 2000), this

hypothesis is largely exploratory. It is possible that global self-worth may

not share significant associations with socialization practices among this

sample of children. Given the rapidly changing landscape of adoption

practices, number of LG adoptive families in the US (Gates, 2012, 2013),

and the uniqueness of the CAFS sample (i.e., lesbian, gay, and

heterosexual adoptive parents, approximately half of which transracially

adopted), associations between ACO and children's global self-worth are

worthwhile to explore.

5. a. I hypothesized that parents' ACO would be positively associated with

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children's understanding of adoption among all families, and have a

stronger

association for children with LG parents. Similar to previous

hypotheses on ACO and transracial adoptees (hypothesis 1), lesbian and

gay parents do not always have the option to "pass" (if they so choose) as

a traditional family which may encourage proactive socialization.

b. I also hypothesized that LG parents' sexual minority parent

socialization (parent- and child-reported) would be positively

associated with children's recognition of SMPS. If children can

acknowledge the frequency of the socialization messages, then

socialization should be associated with children's knowledge of these

identity concepts (Hughes et al., 2006ab).

6. We hypothesized that children's understanding of adoption (6a, 6c), as well as

defining sexual identity terms (i.e., gay / lesbian) in the case of children with

LG parents (6b, 6d), will mediate associations between parent-reported sexual

minority parent socialization and children's attachment (6a, 6b) and global

self-worth (6c, 6d). This was suggested because previous research on racial-

ethnic socialization indicates that children are not just passive recipients of

socialization messages and actively internalize socialization messages

(Hughes et al., 2016). If children internalize these messages, it is likely the

case that child-reported socialization practices explain the association, to a

greater degree, between parent socialization practices and child outcomes.

Method

Participants

      The sample represented here are children and their parents who were participants in Wave 2 (W2) of the CAFS project. This longitudinal study examines family-level socialization practices and child outcomes among adoptive families. Roughly half of the sample includes households headed by lesbian or gay parents and roughly half of the sample represents multiracial or racial-ethnic minority households (Farr & Patterson, 2013). Families in this study were recruited from five private adoption agencies throughout the US. Participating agencies were all located in jurisdictions that allowed legal adoption by same-sex couples, had worked with openly LG parent families in the past, and had previously placed infants with LG couples through domestic adoption. Agencies provided various levels of openness in adoption (i.e., continued contact in some form with birth family members), and all children were domestically adopted during infancy.

      Wave 1 (W1) began with 106 families (27 lesbian, 29 gay, and 50 heterosexual couples; Farr et al., 2010) with families signing a "permission to re-contact" form. W2 began approximately 5 years after W1 with 10 families not participating in W2. It is relevant to note that of the 10 families who did not participate in W2, 9 were headed by heterosexual parents. Thus, W2 consisted of 96 families, 53 of which were headed by lesbian or gay parents (54 lesbian mothers, 58 gay fathers, 53 children; 91% retention). Most parents were White (81%) and in their mid to late 40's ($M = 47.5$ years, $SD = 5.56$). Most parents had a college degree or greater (90%). Parents were often in the upper-

middle class income bracket (household income: $M = \$203{,}000$, $SD = \$200{,}500$) and a

majority worked full-time jobs (71%; see Table 1 for parent and family demographics).

Table 1.
Demographic Information for Participating Families at W2

Variable	W2 (*N* = 96 families)			
Family	Lesbian families (*n* = 24)	Gay families (*n* = 29)	Heterosexual families (*n* = 40)	Sample (*n* = 93)
Household income in $K (*SD*)	129 (90)	254 (147)	211 (267)	203 (200)
Transracial adoptions	48%	61%	31%	47%
	Lesbian parents (*n* = 54)	Gay parents (*n* = 58)	Heterosexual parents (*n* = 100)	Sample (*n* = 212)
Age in years (*SD*)	47.95 (5.47)	45.65 (4.77)	47.33 (5.84)	47.5 (5.56)
Race (%White)	79%	85%	73%	81%
Work status (% full-time)	70%	76%	69%	71%
Educational attainment (% college degree or higher)	98%	89%	86%	90%

The characteristics of this parent sample (i.e., predominantly White, in their mid-40's, well-educated, and relatively wealthy) is not atypical of parents who complete private, domestic, infant adoptions (Vandivere, Malm, & Radel, 2009). Children in the sample were primarily of color (37% White) and in middle childhood (M = 8 years, SD = 1.66 years). There was an even sex split (46 boys, 48 girls) and almost half of the children were transracially adopted (46%; see Table 2 for child demographics).

Table 2.

Demographic Information for Children Participating in W2

Child	W2 ($N = 96$ children)		
	Boy ($n = 46$)	Girl ($n = 48$)	Sample ($n = 94$)
Race (% White)	35%	40%	37%
Transracial adoptions (% yes)	54%	38%	46%
Age in years (SD)	8.53 (1.63)	8.15 (1.69)	8.34 (1.66)

Materials and Procedure

At W2, both children and parents were interviewed independently about adoption processes and their relationships from a family systems perspective (i.e., dyadic parent-child and partner relationships and triadic family relationships). Parent interviews included questions surrounding aspects of children's development globally (e.g., school adjustment) and different socialization practices (e.g., adoptive communicative openness). Children's interviews included similar aspects such as their knowledge about adoption, school adjustment, feelings of difference in community settings (e.g., have children experienced teasing because of being adopted?), and perceptions of family relationships. If their parents were LG, children were also asked about their knowledge of sexual minority identities (e.g., do you know the word gay or lesbian?). Child and parent interviews were transcribed by trained undergraduate research assistants. In addition to interviews, parents and children also individually filled out several questionnaires via Qualtrics online survey software (more details about how the interviews and questionnaires assessed the variables of interest in this study are included next). Children's knowledge of sexual minority identity terms, self-perceptions of sexual minority parent socialization, closeness to parents, and global self-worth were assessed, while parents were asked about both racial-ethnic and sexual minority parent socialization practices.

Children's understanding of adoption. Interviews with each target child were conducted during W2, and a portion of these questions were modified from the Children's Understanding of Adoption scale (Brodzinsky et al., 1984). These interview questions were aimed at exploring children's feelings and experiences regarding

adoption, as well as their families, including their understanding of diverse family structures. The interviewer (i.e., the PI on the longitudinal project) asked children about parenthood (e.g., "*what does it mean to be a parent?*"), the path to parenthood (e.g., "*is there any other way of becoming a parent besides 'having' a baby?*"), and the process of adoption (e.g., "*how do people go about adopting a child?*") along with other questions. Several additional questions were included in the interview to assess children's personal feelings about adoption. These questions included understanding the language of adoption (e.g., "*what does the word 'adopted' mean to you?*"), the child's relationship to their birth family (e.g., "*have you ever met your birth family members?*") and other aspects of adoption such as communication within the family (e.g., "*do your parents talk with you about your adoption or being adopted?*").

The Children's Understanding of Adoption scale (Brodzinsky et al., 1984) uses a level 0 to level 5 scale, with level 0 indicating no understanding of adoption and level 5 indicating a very nuanced understanding of adoption. Level 0 includes children around age 5.5 years or younger, and level 5 typically includes children age 13 and older (Brodzinsky et al., 1984). The age range presented in this study (5-12 years), however, is smaller than that in the study by Brodzinsky and colleagues (1984) to address this levels 0 and 1, and 4 and 5 were collapsed to create a scale of 1-4. Coders had excellent reliability ($\alpha = .96$; see Appendix A for full description of this codebook; see Table 3 for descriptive information).

Table 3.

Means and Standard Deviations of Children's Global Self-Worth, Parental Alienation, Understanding of Adoption, and Recognition of Sexual Minority Parent Socialization

Variable	L kids M (SD)	G kids M (SD)	H kids M (SD)	Total M (SD)
HSSP – Global self-worth[a]	*n* = 24 3.65 (.48)	*n* = 29 3.63 (.41)	*n* = 40 3.67 (.53)	*N* = 93 3.65 (.48)
IPPA – Alienation[b]	*n* = 22 9.89 (2.99)	*n* = 27 11.76 (4.64)	*n* = 40 9.36 (3.28)	*N* = 89 10.34 (3.76)
Children's understanding of adoption[c]	*n* = 20 2.4 (1.05)	*n* = 27 2.30 (.98)	*n* = 36 2.20 (.95)	*N* = 83 2.28 (.98)
Recognition of sexual minority parent socialization[d]	*n* = 21 1.89 (.57)	*n* = 25 1.82 (.66)	-	*N* = 46 1.84 (.61)

Note. [a]The global self-worth subscale of the Harter's scale of self-perception for children. Higher average scores (1 to 4; see thesis for full description of scoring) indicate a greater level of self-worth (α = .56). [b]Parent alienation subscale of the inventory of parent and peer attachment. Higher sum scores (1 = *Almost never or never true* to 5 = *Almost always true or always true*; total possible subscale score = 40) indicate a lower level of attachment (higher alienation; α = .89). [c]Higher average scores (1 = No understanding of adoption to 4 = nuanced understanding of adoption) indicate a greater level of a child understanding adoption (α = .96). [d]Higher average scores (1 = *Never* to 4 = *Very often*) indicate a greater level of a children's understanding of sexual minority parent socialization (α = .85). Only children with lesbian or gay parents received the recognition of sexual minority parent socialization measure.

Children's recognition of sexual minority parent socialization. Children with LG parents responded to a 20-item measure adapted from the recently developed Sexual Minority Parent Socialization scale (adapted from the racial-ethnic socialization literature; Oakley et al., 2017) to assess children's understanding of having a family headed by LG parents. Children were read questions and responded with how often relevant socialization behaviors (e.g., "*Have your parents ever taken you to an event with lots of gay people, like parades?*") occurred in the last 12 months on a scale of 1 to 5 from "Never" to "Very often". Children's scores were averaged across all items with higher scores indicating greater frequency of sexual minority parent socialization. The reliability for the 20 items among this sample of children is good ($\alpha = .88$; see Table 3 for descriptive information).

Children's sense of self-worth. Harter's Scale of Self-Perception for Children (HSSP; Harter, 1982, 2012), designed for children ages 8 to 11 years old, is a 36-item measure consisting of six subscales with six items each to assess children's perceived competence, or adequacy, in specific domains. These subscales are scholastic competence, social competence, athletic competence, physical appearance, behavioral conduct, and global self-worth.

The questionnaire shows children two sets of statements together. An example is "*Some kids often forget what they learn, BUT, Other kids can remember things easily*". Next to each of these statements are options of "really true for me" or "sort of true for me". The combination of the two statements allows for a scoring of 1 to 4. So, a child who selected "really true for me" in conjunction with the statement "some kids often forget what they learn" would receive a 1, and a child who selected "really true for me"

with the statement "other kids can remember things easily" would receive a 4 for this item. Higher average scores indicate greater self-perceived competence in each of the specific domains. Only the global self-worth subscale (e.g., Some kids are often unhappy with themselves BUT Other kids are pretty pleased with themselves) was utilized here to align with previous research on adoption communicative openness (Grotevant, 2000). Given that boys often score higher on global self-worth than do girls (Harter, 2012) child sex was controlled for when conducting analyses. The HSSP has previously shown acceptable to good reliability across subscales ($\alpha = .75$ to $.86$; Harter, 2012). The reliability for the global self-worth subscale in this sample is poor ($\alpha = .56$), although the overall HSSP scale demonstrates good reliability ($\alpha = .88$; see Table 3 for descriptive information).

Children's attachment to parents. The Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) is a questionnaire that assesses the affective or cognitive dimensions of relationships with both parents and peers. Typically, the IPPA has been used among children between the ages of 9 and 18 years (Gullone & Robinson, 2005; Armsden & Greenberg, 1987), but it has also been successfully adapted for use with children in middle childhood (Wang & Fletcher, 2016). There are 28 items for the parent scale with three separate subscales: a 10-item trust subscale (e.g., "*my parent respects my feelings*"), a 10-item communication subscale (e.g., "*my parent can tell when I'm upset about something*"), and an 8-item alienation subscale (e.g., "*I get upset easily around my parent*"). The three subscales can be summed for either parents (and averaged for combined parent scores) or peers to create a summary score, with higher scores on the trust and communication subscales and lower scores on the alienation subscale indicating

greater attachment. Typically, alienation scores are reverse scored when included as an overall measure of attachment, however because only the alienation subscale is utilized here, scores were not changed for clarity (i.e., low scores on the alienation subscale indicate low alienation or greater levels of closeness). Thus, lower scores on alienation suggest higher overall scores on attachment. Only parent scores were utilized in analyses as the peer attachment measure is beyond the scope of this study. Each item is scored on a 1 to 5 scale ranging from "Almost Never or Never True" to "Almost Always or Always True". Each scale is additive to create a total IPPA parent score; Parent alienation scores were averaged within families to ensure one score per child was represented in the sample. This method has been used in previous work on children's attachment (Bos, van Gelderen, & Gartrell, 2015). Boys tend to score higher on parent attachment while girls score higher on peer attachment, and age differences have been demonstrated between the trust and communication subscales of the IPPA (Gullone & Robinson, 2005). Thus, child sex and age were controlled for when conducting analyses with this measure. The sole use of the alienation subscale of the IPPA measure is due to the interest in assessing belongingness and closeness that a child feels rather than overall attachment that children may be experiencing. Further, it was a concern that the use of the communication subscale would also be measuring frequency of communication in the household more broadly rather than assessing attachment or closeness. Finally, given the intentional use of the alienation subscale and disuse of the communication subscale, the trust subscale was also not utilized given a lack of theoretical purpose in the context of this study. The overall test-retest reliability of the IPPA, for emerging adults, is high ($\alpha = .93$) for attachment to parents (Armsden & Greenberg, 1987). Previous research using the IPPA,

particularly for children, has also shown adequate (α = .60) to good (α = .88) reliability

(Gullone & Robinson, 2005). The reliability for the parent alienation subscale in this

sample is acceptable (α = .80), although the overall reliability for all parent attachment

items in this sample is good (α = .89; see Table 3 for descriptive information).

   Sexual minority parent socialization practices. LG parents completed the

Sexual Minority Parent Socialization scale (Oakley et al., 2017), which is a 20-item

measure (see Appendix B for all items) assessing reported socialization of parents related

to their diverse family structure and parental sexual identity. The Sexual Minority

Socialization Parent scale is measured on a 1 to 5 scale from "Never" to "Very often"

(e.g., "*done things with your child to celebrate gay pride*", "*talked to your child about*

how your family is different from families with heterosexual parents"). Only one study

has previously published on this scale, treating socialization as a multidimensional

construct; reliability ranged from acceptable (α = .77) to good (α = .81) based on each of

the subscales identified (Oakley et al., 2017). In the context of this study, the measure

was used with a unidimensional approach, including all items; reliability among this

sample is good (α = .85; see Table 4 for descriptive information).

Table 4.

Means and Standard Deviations of Parent Identity-Based Socialization

Variable	L parents M (SD)	G parents M (SD)	H parents M (SD)	Total M (SD)
Adoptive communicative openness[a]	n = 43 3.35 (.81)	n = 51 3.24 (.58)	n = 72 3.16 (.55)	N = 166 3.24 (.63)
Sexual minority parent socialization[b]	n = 41 2.45 (.61)	n = 52 2.5 (.51)	-	N = 93 2.48 (.55)
NSAP racial-cultural socialization[c]	n = 42 6.19 (2.14)	n = 52 5.27 (2.75)	n = 76 5.43 (2.91)	N = 170 5.57 (2.73)

Note. [a]Higher average scores (1 to 5) indicate a greater level of adoptive communicative openness (α = .90). [b]Higher average scores (1 = *Never* to 5 = *Very often*) indicate a greater level of sexual minority parent socialization (α = .85). [c]Higher average scores (dichotomous yes/no questions providing a total frequency score, 0 = answering no to all questions to 9 = answering yes to all questions) indicate a greater level of racial-cultural socialization (α = .83) measure from the National Survey of Adoptive Parents study. Only lesbian and gay parents receive the sexual minority parent socialization measure.

Racial-ethnic socialization. All parents responded to The National Survey of Adoptive Parents (NSAP) Racial-Cultural Socialization questionnaire, which is a 9-item measure involving dichotomous responses about future or current racial-cultural socialization practices (Vonk, Lee, & Crolley-Simic, 2010). The NSAP is the first nationally representative survey of households with adopted children, conducted via telephone interviews with 2,089 adoptive parents (Bramlett & Radel, 2010). Further, the NSAP assessed adoptive households with parents who completed adoptions through different means such as transracial versus in-racial, private versus public (foster care), and international versus domestic adoption (Bramlett & Radel, 2010; Vandivere et al., 2009).

The NSAP Racial-Cultural Socialization items assess whether adoptive parents intend to or have begun to engage in practices that will familiarize children with their birth culture and ethnicity. Each item (e.g., "*has your family read books to your child about his/her racial or ethnic or cultural group or heritage?*") in the measure is assessed dichotomously (yes/no), and then all yes items are summed to provide a total frequency score. The total score can range from 0 (i.e., answering no to all questions) to 9 (i.e., answering yes to all questions). Higher scores indicate greater cultural socialization. For this sample, the NSAP Racial-Cultural Socialization measure demonstrates good reliability ($\alpha = .83$; see Table 4 for descriptive information).

Parent interviews: Adoptive communicative openness. Interviews with parents focused on questions that addressed the theme of their child's knowledge about degrees of openness in adoption. These questions (e.g., "*do you talk with [child] about adoption? When did you tell [child] s/he was adopted?*") targeted the construct of communicative

openness (Wolfgram, 2008), as well as the broader quality of the conversations about adoption, such as any particular language parents use with their children to discuss adoption (Wrobel et al., 2003).

Three coders were trained using the adoption communicative openness (ACO) codebook developed by Neil, Grotevant, and Young (2006; see Appendix C) to assess parents' communication on three subscales keeping in mind previous researcher guidelines when engaging in coding (Corbin & Strauss, 2008; Goldberg & Allen, 2015). Previous work has helped to target specific constructs of ACO (Brodzinsky, 2005; Neil, 2003) and thus, the ACO codebook has five subscales: communication with the child about adoption (e.g., How do they create and nurture a climate of openness in communication with their child?), promotion of the child's dual connection to two families (e.g., the extent to which they encourage or promote the child's connection to birth family), empathy with and tolerance of child's feelings about adoption (e.g., the extent to which the adoptive parent is willing to consider and is comfortable with the full range of the child's feelings about being adopted), communication with the birth family (e.g., adoptive parent's attitude towards communication/contact with the birth family), and empathy for birth relatives (e.g., adoptive parent's capacity to take the perspective of the birth relative). Subscales are scored on a scale of 1 to 5, with increasing scores indicating greater communication with the child about adoption ($\alpha = .86$), promotion of dual connection ($\alpha = .91$), empathy with and tolerance of child's feelings about adoption ($\alpha = .82$), communication with birth family ($\alpha = .91$), and empathy for birth relatives ($\alpha = .88$). The total adoptive communicative openness measure which is the combination of communication with the child about adoption, promotion of dual connection, and

empathy with and tolerance of child's feelings about adoption is excellent ($\alpha = .90$; see Table 4 for descriptive information).

Data Analytic Plan

For the first set of descriptive (1-3), hypotheses focusing on differences in socialization practices by family type, hierarchical linear modeling was utilized (Raudenbush & Bryk, 2002). HLM is necessary given that the data (i.e., parent responses), are dependent on one another (i.e., often two parents reporting from the same family), resulting in shared variance. Level 1 represents the socialization practices of both parents while level 2 acts as a 'control' to address the dependency. Thus, level 2 only included dummy-coded variables to differentiate between lesbian, gay, and heterosexual parent families. Opposite-sex couples did not receive the SMPS; thus, when comparing differences in SMPS scores, only LG couples were included in the analyses. Previous research has suggested this method for addressing dependent data in LGBT-parent family research (Smith, Sayer, & Goldberg, 2013). The equations below represent the equations used in data analyses:

(Hypothesis 1) ACO greater among LG households (than H)

Level 1: $Y_{ij} = \beta_{0j} + r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{L\_VS\_H}_{ij}) + \gamma_{02}(\text{G\_VS\_H}_{ij}) + \mu_{0j}$

(Hypothesis 1) ACO greater among transracial adoptive families (than same-race)

Level 1: $Y_{ij} = \beta_{0j} + r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{Transracial Adoption}_{ij}) + \mu_{0j}$

(Hypothesis 2) SMPS greater among parents with older children (than younger)

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}(\text{Child\_Age}) + r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \mu_{0j}$

(Hypothesis 3) NSAP greater among parents of color versus White parents

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}(\text{White\_POCParent}) + r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \mu_{0j}$

(Hypothesis 3) NSAP greater among transracial adoptive families (than same-race adoptive families)

Level 1: $Y_{ij} = \beta_{0j} + r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{Transracial Adoption}_{ij}) + \mu_{0j}$

For the additional, directional (4-6), hypotheses focusing on socialization's impact with children's outcomes such as parent alienation, global self-worth, recognition of sexual minority parent socialization and understanding of adoptive identities, HLM (Raudenbush & Bryk, 2002) was again be utilized. HLM is necessary given that the data here are nested (children and parents from the same family) to account for the shared variance between parent and child reports. The levels presented are similar in nature to previous work with LGH parent families (Farr et al., 2010). The equations below represent the general equations that were used in data analyses. As listed in the methods section, differences in child age and sex (Gullone & Robinson, 2005; Harter, 2012) have been found in self-worth and alienation and thus were included here. Further, research on transracial adoption status and socialization have shown differences when considering similar outcome variables such as self-esteem (Mohanty, 2013) and attachment more broadly (Lee, 2003).

(Hypothesis 4ab) HSSP_Self-Worth & IPPA_Alienation where Y_{ij} = Self-worth or alienation

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}(\text{Child\_Age}_{ij}) + \beta_{2j}(\text{Child\_Sex}_{ij}) + \beta_{3j}(\text{Transracial Adoption Status})$

$+ r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{NSAP}_{ij}) + \gamma_{02}(\text{ACO\_AVG}_{ij}) + \mu_{0j}$

Level 2 (only LG parent families): $= \beta_{0j} = \gamma_{00} + \gamma_{01}(\text{NSAP}_{ij}) + \gamma_{02}(\text{ACO\_AVG}_{ij}) +$

$\gamma_{03}(\text{SMPS}_{ij}) + \mu_{0j}$

      (Hypothesis 5a) Children's Understanding of Adoption $= Y_{ij}$

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}(\text{Child\_Age}_{ij}) + \beta_{2j}(\text{Child\_Sex}_{ij}) + \beta_{3j}(\text{Transracial Adoption Status})$

$+ r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{ACO\_AVG}_{ij})$

      (Hypothesis 5b) Children's Recognition of Sexual Minority Parent Socialization $=$

Y_{ij}

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}(\text{Child\_Age}_{ij}) + \beta_{2j}(\text{Child\_Sex}_{ij}) + \beta_{3j}(\text{Transracial Adoption Status})$

$+ r_{ij}$

Level 2: $\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{SMPS\_AVG}_{ij})$

      Opposite-sex couples did not receive SMPS and their children did not receive the

children's recognition of sexual minority parent socialization, thus two sets of equations

were necessary for each analysis of children's outcomes to account for the inclusion of

SMPS within the analyses (i.e., children's global self-worth or alienation). Level 1

reflects the children's age, sex, and transracial adoption status. Included here then is the

outcome variable (e.g., global self-worth or alienation) represented by Y_{ij}, followed by the

random intercept, β_{0j}, coefficients for children's age (β_{1j}), sex (β_{2j}), and adoption status

(β_{3j}) and finally an error term (r_{ij}). Level 2 is represented by the initial intercept (γ_{00})

followed by NSAP (γ_{01}) and ACO (γ_{02}) as well as an error term (μ_{0j}). Finally, the model

was restricted to LG parent families to include SMPS (γ_{03}) scores for LG parent families. All variables included in HLM analyses were treated as fixed, rather than random effects. All HLM analyses were conducted using the HLM7 software (Raudenbush, Bryk, Cheong, Congdon, & du Toit, 2011).

Results

Descriptive Information

On average, children reported high levels of global self-worth ($M = 3.65$, $SD = .48$; out of 4). Further, children also reported low levels of alienation ($M = 10.34$, $SD = 3.76$; out of 40) suggesting that children had greater levels of attachment (greater levels of closeness) to their parents. Further, children reported average scores on the understanding of adoption measure ($M = 2.28$, $SD = .98$; out of 4) and slightly lower than average on the recognition of sexual minority parent socialization measure ($M = 1.84$, $SD = .61$; out of 4; see Table 3). Parents indicated above average levels of ACO ($M = 3.24$, $SD = .63$; out of 5) and racial-ethnic socialization ($M = 5.57$, $SD = 2.73$; out of 9). Additionally, lesbian and gay parents reported average levels of SMPS ($M = 2.48$, $SD = .55$; out of 5; see Table 4).

Descriptive Hypotheses (1-3)

For the hypotheses focusing on parents' socialization practices such that those who are LG or adopted transracially would have greater ACO (Hypotheses 1ab), the null model ($n = 84$) suggested a σ^2 of 0.22940 and a τ of 0.17521, thus 57% of the proportion of variance in ACO is attributable to parents. For the initial hypothesis that ACO would be greater among LG parent households (hypothesis 1a), the full model, with ACO at level 1 and control variables at level 2, suggested no significant effects. Thus, lesbian or

gay parent households did not have greater levels of ACO as compared with heterosexual parent households. The overall $R^2 < .001$ suggested that the full model accounted for almost no variance in ACO (see Table 5). This finding did not support the initially predicted hypothesis (Hypothesis 1a) such that LG parents did not have greater levels of ACO.

Table 5.

HLM Results Assessing Differences in Adoptive Communicative Openness by Family Type

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	3.793	0.071	44.909	81	< .001
L_VS_H γ_{01}	0.153	0.170	0.901	81	0.370
G_VS_H γ_{02}	0.051	0.120	0.425	81	0.672

Note. Hierarchical linear modeling results of sexual identity (for L_VS_H, 0 = not heterosexual or gay, 1 = lesbian; for G_VS_H, 0 = not heterosexual or lesbian, 1 = gay) predicting adoptive communicative openness. Coeff = unstandardized coefficients. Total $R^2 < .001$.

Further, in terms of parents' ACO being greater when they completed transracial adoption (Hypothesis 1b), the null model ($n = 84$) was the same as hypothesis 1a resulting in 57% of the proportion of variance in ACO being attributable to parents. The full model, which included only ACO as the outcome variable in level 1, and transracial adoption in level 2, suggested that transracial adoption was a significant variable. Specifically, parents who transracially adopted scored .261 points lower in ACO compared to parents who engaged in same race adoption. The overall $R^2 = .0360$ suggested that the full model accounted for 3.6% of the variance in ACO scores (see Table 6). This finding was contradictory to the initially predicted hypothesis (Hypothesis 1b) that anticipated higher ACO for parents who completed transracial adoptions.

For the hypothesis focusing on the descriptive characteristics of SMPS and whether child age contributed to parent SMPS scores (Hypothesis 2), results did not provide support of the hypothesis such that most parents ($M = 2.4778$, $SD = .5507$) fell at the scale midpoint. Thus, SMPS scores were not relatively low (i.e., below the midpoint) but parents on average did not report a high level of SMPS scores either; rather, socialization practices were reported to occur slightly less than once per year. In terms of whether child age contributed to parent SMPS scores, the null model ($n = 83$) suggested a σ^2 of 0.23355 and a τ of 0.07921, thus 74.7% of the variance in SMPS scores were attributable to parents. The full model which included child age at level 1 and no additional variables at level 2 did not find significant effects. Thus, child age was not associated with parent-reported SMPS scores. The overall $R^2 < .0001$ suggested that the full model accounted for almost no variance in SMPS scores (see Table 7).

Table 6.

HLM Results Assessing Differences in Adoptive Communicative Openness by Type of Adoption

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	3.368	0.086	39.128	82	< .001
Transracial adoption γ_{01}	-0.261	0.113	-2.297	82	0.024

Note. Hierarchical linear modeling results of transracial adoption status (0 = No, 1 = Yes) predicting adoptive communicative openness. Coeff = unstandardized coefficients. Total $R^2 = 0.04$.

Table 7.

HLM Results Assessing Whether Child Age Predicts Sexual Minority Parent Socialization

Variable	Coeff	*SE*	*t*	*df*	*p*
Intercept β_{0j} Intercept γ_{00}	2.488	0.066	37.686	44	< .001
Intercept β_{1j} Child Age γ_{10}	0.052	0.042	1.239	37	0.223

Note. Hierarchical linear modeling results of child age predicting sexual minority parent socialization. Coeff = unstandardized coefficients. Total $R^2 < .001$.

The final set of descriptive hypotheses (3) focused on NSAP scores and their relation to parental racial-ethnic identity or transracial adoption. For parental racial-ethnic identity, the null model ($n = 84$) for NSAP scores suggested a σ^2 of 3.79937 and a τ of 3.73518, thus 50.3% of the proportion of variance in NSAP scores is attributable to parents. The full model, which included whether a parent was White or a person of color at level 1 and no variables at level 2 found that parent race was not a significant predictor of NSAP scores, likely due to the small number of parents of color in the sample. The overall $R^2 = .04085$ suggested that the full model accounted for 4.1% of the variance in parent NSAP scores (see Table 8). This finding did not support the initially predicted hypothesis (Hypothesis 3) that anticipated parents of color would report higher levels of NSAP scores.

Finally, in terms of differences in NSAP socialization due to transracial adoption status, the null model suggested a σ^2 of 3.77028 and a τ of 3.75249, thus 50.1% of the proportion of variance in NSAP socialization is attributable to parents. The full model, which included no variables at level 1 and whether parents transracially adopted at level 2, found that transracial adoption was significant. Specifically, children who were transracially adopted had parents who reported 1.488 score points higher on the NSAP than parents with children who were not transracially adopted. The overall $R^2 = .0653$ suggested that the full model accounted for 6.5% of the variance in parent NSAP scores (see Table 9). This finding aligned the initial predicted hypothesis (Hypothesis 3) such that parents who engaged in transracial adoption also reported higher NSAP scores.

Table 8.

HLM Results Assessing Differences in Racial-Ethnic Socialization by Parent Race

Variable	Coeff	*SE*	*t*	*df*	*p*
Intercept β_{0j} Intercept γ_{00}	5.350	0.282	18.891	83	< .001
White_POCParent γ_{01}	0.867	0.510	1.699	71	0.094

Note. Hierarchical linear modeling results of parent racial-ethnic identity (0 = White, 1 = Nonwhite) predicting racial-cultural socialization. Coeff = unstandardized coefficients. Total $R^2 = 0.04$.

Table 9.

HLM Results Assessing Differences in Racial-Ethnic Socialization by Type of Adoption

Variable	Coeff	*SE*	*t*	*df*	*p*
Intercept β_{0j} Intercept γ_{00}	4.801	0.376	12.764	82	$< .001$
Transracial adoption γ_{01}	1.488	0.487	3.054	82	0.003

Note. Hierarchical linear modeling results of transracial adoption status (0 = No, 1 = Yes) predicting racial-cultural socialization. Coeff = unstandardized coefficients. Total R^2 = 0.07.

Directional Hypotheses (4-6)

For the hypotheses (4a) focusing on socialization predicting children's self-worth scores (HSSP), the null model ($n = 83$) suggested a σ^2 of 0.23984 and a τ of 0.05687, thus 80.8% of the proportion of variance is attributable to children for HSSP self-worth scores. For the entire sample (both LG and H parent families), the full model which includes children's age, sex, and transracial adoption status at level 1 and parents' adoptive communicative openness (ACO) and racial-ethnic socialization scores (NSAP) at level 2 (both forms of socialization in level 2), suggested that only child sex was significant. Specifically, when children were boys, the starting HSSP self-worth scores were 0.340870 lower than girls holding all other variables in the model constant. The overall $R^2 = .039365$ suggesting that the full model accounts for 4% of the variance in children's self-worth scores (see Table 10). This finding provided little support for the initial hypothesis (Hypothesis 4a) such that child sex but not parent socialization practices was a significant predictor of self-worth scores. The initially predicted hypothesis anticipated that higher levels of socialization would predict higher self-worth scores.

Table 10.

HLM Results Assessing Whether Parent Identity-Based Socialization Predicts Children's Self-Worth

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	3.793	0.074	51.33	80	< .001
Parent NSAP γ_{01}	-0.022	0.021	-1.014	80	0.313
Parent ACO γ_{02}	-0.023	0.095	-0.243	80	0.809
Child Age β_{1j} Intercept γ_{10}	0.012	0.034	0.364	80	0.717
Child Sex β_{2j} Intercept γ_{20}	-0.341	0.118	-2.888	80	0.005
Transracial Adoption β_{3j} Intercept γ_{30}	0.066	0.139	0.473	80	0.637
LG parent family sample					
Intercept β_{0j} Intercept γ_{00}	3.942	0.080	47.909	44	< .001
Parent SMPS γ_{01}	-0.058	0.168	-0.348	44	0.730
Parent NSAP γ_{02}	-0.061	0.023	-2.669	44	0.011
Parent ACO γ_{03}	0.009	0.101	0.089	44	0.930
Child Age β_{1j} Intercept γ_{10}	0.025	0.049	0.506	45	0.615
Child Sex β_{2j} Intercept γ_{20}	-0.375	0.173	-2.176	45	0.035
Transracial Adoption β_{3j} Intercept γ_{30}	0.008	0.127	0.064	45	0.939

Note. Hierarchical linear modeling results of parent identity-based socialization tactics predicting children's global self-worth (subscale of Harter's scale of self-perception). Parent identity-based socialization was included at level 2 with children's age, sex (0 =

female, 1 = male), and transracial adoption status (0 = No, 1 = Yes) at level 1. The bottom half of this figure represents hierarchical linear modeling results for just the lesbian and gay parent family sample because of the inclusion of sexual minority parent socialization at level 2. Coeff = unstandardized coefficients; NSAP = National Survey of Adoptive Parent's racial-cultural socialization; ACO = Adoptive Communicative Openness; Transracial adoption status coded 0 = No, not transracially adopted to 1 = Yes, transracially adopted; SMPS = Sexual Minority Parent Socialization. Total R^2 = 0.04 for total sample; R^2 = 0.12 for LG parent sample.

When including sexual minority parent socialization (SMPS; reducing the sample to exclusively LG parent families), results were similar with one exception related to the NSAP scores as a predictor. The null model ($n = 47$) suggested a σ^2 of 0.21785 and a τ of 0.05165, thus 80.8% of the proportion of variance is attributable to children for HSSP self-worth scores in LG parent families. Children's age and transracial adoption status, as well as parents' ACO and SMPS scores were non-significant in predicting HSSP scores. Similar to the null model with the entire sample, children's sex was again significant such that boys started lower in HSSP global self-worth scores by 0.375339 points holding all other variables in the model constant. In the full model which included child age, sex, and transracial adoption status at level 1 and parents' ACO, NSAP, and SMPS scores at level 2 suggested that NSAP scores were a significant predictor. Specifically, for every 1-point increase in NSAP scores, children's HSSP global self-worth scores decreased by 0.060772 points holding all other variables in the model constant. The overall $R^2 =$ .111539 suggesting that the full model accounts for 11% of the variance in children's self-worth scores (see Table 10). Although this decrease is significant, the change in global self-worth is small when considering practical significance as this would indicate a 1.5% decrease on the measure. This finding is also contradictory to the initially predicted hypothesis (Hypothesis 4a) that anticipated socialization practices increasing self-worth scores.

For the hypotheses (4b) focusing on children's alienation scores (IPPA), the null model ($n = 82$) suggested a σ^2 of 9.9550 and a τ of 2.37020, thus 80.8% of the proportion of variance is attributable to children for IPPA alienation scores. For the entire sample (both LG and H parent families), the full model included children's age, sex, and

transracial adoption status at level 1 and parents' ACO and NSAP scores at level 2. Only

children's transracial adoption status was significant such that children who were

transracially adopted had lower alienation (greater attachment) scores by 1.920456

compared to children in same-race families holding all other variables in the model

constant. However, the overall R^2 = -0.0371 suggesting that the null model has greater fit

than the full model (see Table 11).

Table 11.

HLM Results Assessing Whether Parent Identity-Based Socialization Predicts Children's Attachment

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	9.706	0.547	17.746	76	< .001
Parent NSAP γ_{01}	-0.148	0.159	-0.936	76	0.352
Parent ACO γ_{02}	0.259	0.563	0.460	76	0.647
Child Age β_{1j} Intercept γ_{10}	0.003	0.224	0.011	76	0.991
Child Sex β_{2j} Intercept γ_{20}	-0.801	0.780	-1.027	76	0.308
Transracial Adoption β_{3j} Intercept γ_{30}	1.921	0.885	2.171	76	0.033
LG parent family sample					
Intercept β_{0j} Intercept γ_{00}	10.561	0.655	16.119	40	< .001
Parent SMPS γ_{01}	-1.571	1.098	-1.431	40	0.160
Parent NSAP γ_{02}	0.023	0.233	0.099	40	0.922
Parent ACO γ_{03}	0.798	0.854	0.934	40	0.356
Child Age β_{1j} Intercept γ_{10}	0.320	0.328	0.974	41	0.336
Child Sex β_{2j} Intercept γ_{20}	-1.402	1.314	-1.067	41	0.292
Transracial Adoption β_{3j} Intercept γ_{30}	1.900	1.173	1.620	41	0.113

Note. Hierarchical linear modeling results of parent identity-based socialization tactics predicting children's parent alienation (subscale of inventory of parent and peer attachment). Parent identity-based socialization was included at level 2 with children's age, sex (0 = female, 1 = male), and transracial adoption status (0 = No, 1 = Yes) at level

1. The bottom half of this figure represents hierarchical linear modeling results for just the lesbian and gay parent family sample because of the inclusion of sexual minority parent socialization at level 2. Coeff = unstandardized coefficients; NSAP = National Survey of Adoptive Parent's racial-cultural socialization; ACO = Adoptive Communicative Openness; Transracial adoption status coded 0 = No, not transracially adopted to 1 = Yes, transracially adopted; SMPS = Sexual Minority Parent Socialization. Total R^2 = -0.04 for total sample; R^2 = -0.03 for LG parent sample.

When using only LG parent families, the findings changed such that no variables in the full model were significant. The null model (n = 44) suggested a σ^2 of 12.29252 and a τ of 2.91466, thus, 80.8% of the proportion of variance is attributable to children for IPPA scores. For the LG parent families, the full model included children's age, sex, and transracial adoption status at level 1 and parents' ACO, NSAP, and SMPS scores at level 2. None of the variables in the model were significant. Similar to the model without SMPS scores, the overall R^2 = -0.025 suggesting that the null model had greater fit than the full model (see table 11).

To address the second full set of directional hypotheses (5), that parents' socialization scores would predict children's understanding of said identities, additional HLM analyses were conducted. The first model included child age, sex, and transracial adoption status as predictors with CUA as the dependent variable at level 1 and parents' ACO scores at level 2. The second model utilized only the LG parent families sample and included children's recognition of sexual minority parent socialization, age, and sex at level 1 and parents' SMPS scores at level 2.

For CUA, the null model (n = 81) suggested a σ^2 of .75576 and a τ of .17921, thus 80.8% of the proportion of variance is attributable to children for CUA scores. In the full model which included children's age, sex, and transracial adoption status as predictors of CUA at level 1 and parent ACO at level 2, all three (i.e., age, sex, and transracial adoption status) child level variables were significant predictors of children's understanding of adoption scores. Specifically, children who were older by one year scored 0.363 points higher in CUA compared to younger children, girls started 0.395 score points higher on CUA compared to boys and lastly, and children who were

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transracially adopted started 0.394 score points higher on CUA than those who were not transracially adopted. Each of these effects were present holding all other variables in the model constant, respectively. The overall $R^2 = 0.392$ suggesting that the full model accounts for 39% of the variance in children's understanding of adoption scores (see table 12). These findings provide mixed support for the initially predicted hypothesis (Hypothesis 5a) such that child age but not parent adoptive communicative openness was a significant predictor of children's understanding of adoption. It is also relevant to note that child sex and transracial adoption status did not initially have a prediction but were found to be significant here.

For children's recognition of sexual minority parent socialization, the null model ($n = 45$) suggested a σ^2 of .29204 and a τ of .06924, thus 80.8% of the proportion of variance is attributable to children in recognition of sexual minority parent socialization scores. Similar to the model for assessing CUA, only children's age was a significant predictor, holding all other variables in the model constant, of children's understanding of sexual minority parent socialization. Specifically, children who were one year older would score 0.102 points higher in recognition of sexual minority parent socialization. The overall $R^2 = 0.038$ suggesting that the full model accounts for 4% of the variance in children's recognition of sexual minority parent socialization scores (see table 13). These findings provide mixed support for the initially predicted hypothesis (Hypothesis 5b) such that children's age was a predictor but SMPS was not a predictor of children's recognition of sexual minority parent socialization. The initial hypothesis suggested that parent socialization would also be a significant predictor.

Table 12.

HLM Results Assessing Whether Parent Adoptive Communicative Openness Predicts
Children's Understanding of Adoption

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	2.261	0.121	18.647	76	< .001
Parent ACO γ_{01}	0.169	0.135	1.253	76	0.214
Child Age β_{1j} Intercept γ_{10}	0.363	0.049	7.459	75	< .001
Child Sex β_{2j} Intercept γ_{20}	-0.395	0.165	-2.390	75	0.019
Transracial Adoption β_{3j} Intercept γ_{30}	0.394	0.176	2.241	75	0.028

Note. Hierarchical linear modeling results of child age, sex (0 = female, 1 = male), transracial adoption status, and parent adoptive communicative openness predicting children's understanding of adoption. Child age, sex, and transracial adoption status (0 = No, 1 = Yes) were at level 1 and parent adoptive communicative openness was at level 2. Coeff = unstandardized coefficients; ACO = adoptive communicative openness. Total R^2 = 0.39.

Table 13.

HLM Results Assessing Whether Parent Sexual Minority Socialization Predicts Children's Understanding of Sexual Minority Parent Socialization

Variable	Coeff	SE	t	df	p
Intercept β_{0j} Intercept γ_{00}	1.960	0.134	14.588	43	< .001
Parent SMPS γ_{01}	-0.083	0.145	-0.573	43	0.570
Child Age β_{1j} Intercept γ_{10}	0.102	0.50	2.055	42	0.046
Child Sex β_{2j} Intercept γ_{20}	-0.273	0.169	-1.614	42	0.114
Transracial Adoption β_{3j} Intercept γ_{30}	0.052	0.171	0.304	42	0.762

Note. Hierarchical linear modeling results of child age, sex (0 = female, 1 = male), transracial adoption, and sexual minority parent socialization predicting children's understanding of adoption. Child age, sex, and transracial adoption status (0 = No, 1 = Yes) were at level 1 and sexual minority parent socialization was at level 2. Coeff = unstandardized coefficients; ACO = adoptive communicative openness. Total R^2 = 0.04.

Given the findings that parent socialization for both ACO and SMPS were not significant in predicting children's understanding (or recognition) of respective identities, the final directional hypotheses (6) were not conducted. Specifically, mediation models assessing whether children's understanding of respective identities were not included as a mediator of parent socialization types in predicting IPPA alienation and HSSP global self-worth scores.

Discussion

To the best of my knowledge, no work has yet explored each of these distinct types of socialization (ACO, racial-ethnic, and sexual minority parent socialization), quantitatively, in a singular study. These exploratory findings represent a significant move forward in establishing a foundation of research on multiple diverse socialization practices in diverse families. These findings represent an exploration of possible predictors that can assist in the understanding of why parents may engage in socialization practices, the type of socialization, and the frequency at which they occur. This work aligns with previous findings on socialization such that children's age is a predictor of socialization; however, this study also revealed that other individual differences such as children's transracial adoption status play a role in socialization practices. Interestingly, these differences in socialization did not seem to connect with children's understanding of identity, particularly their understanding of adoption. It may be the case that higher levels of socialization at such an early age for children will encourage greater positive outcomes in the future but currently do not have a significant impact in understanding of identity. If parents continue to engage in the above average level of adoptive communicative openness as well as racial-ethnic socialization it is possible that positive

associations will emerge (Brown, Tanner-Smith, Lesane-Brown, & Ezell, 2007). In addition, given the slightly below average frequency of SMPS and recognition of sexual minority parent socialization, it is likely that socialization practices are largely focused on identities that children hold rather than all identities in the family unit.

To begin with, restating the descriptive information associated with these further analyses provides helpful context in understanding the strengths as well as limitations of the study here. Children in this sample were generally well-adjusted and did not show major, or significant, differences across family type (LGH) which has been frequently supported in the literature (Bos et al., 2015; Patterson, 2017). Unsurprisingly then, children had above average global self-worth and very low feelings of alienation (i.e., children felt very close with their parents). As a result, associations between socialization and these child outcomes may be present in other samples (e.g., those more representative of the broader population of parents who adopt) but were not found here. In addition to this, children also had slightly above average levels of adoption which may be a result of the number of transracially adopted children in the sample, this is discussed below in relation to the directional hypotheses (5a). Finally, children's recognition of sexual minority parent socialization was slightly below the midpoint of the scale which suggests that either parents did not engage frequently in SMPS or that a disconnect is present between parent reported socialization and children's recognition. Given the parent level descriptive information on SMPS, it seems to be the case that LG parents do engage in SMPS less frequently than was initially hypothesized and no disconnect is present. Parent level descriptive information is also similar in nature to children in that parents largely resembled one another in reported forms of socialization. That is, parents reported above

average socialization practices for both ACO and racial-ethnic socialization. LG parents reported slightly below average SMPS, but this may be explained due to the child not having this identity. Thus, children and parents overall in this sample are doing well which may also later explain the lack of significant findings in terms of socialization predicting children's outcomes. It may be the case that socialization broadly serves as a support mechanism for those who are struggling rather than bolstering those who are already successful (Brown &Tylka, 2011). Thus, socialization may only influence self-worth and alienation (feelings of closeness) when these outcomes are very low with the notion that socialization helps to support a child who is struggling with their identity. When children are already successful, the impact of socialization may be less prominent. However, much of the work on socialization as a reactive mechanism to supporting children is usually found in relation to prejudice-related harm, or the social context in which the child is being raised (e.g., being the only black family in the neighborhood; Priest et al., 2014), thus it is unclear whether this framework translates to general childhood outcomes.

Descriptive hypotheses. Many of the findings present here align with previous research on adoptive communicative openness, racial-ethnic socialization, and recent work with sexual minority parent socialization. Specifically, age seems to be a major player in whether parents engage in socialization practices and whether socialization practices impact children's outcomes (Smith et al., 2003) such as self-worth (Ferrari et al., 2015). Additional individual differences such as child sex and transracial adoption also play a role in socialization practices. In terms of the descriptive hypotheses, it does not seem to be the case that LG parent family households engaged in greater levels of

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ACO compared to heterosexual parent family households. However, results did suggest that parents who transracially adopted engaged in lower levels of ACO. Although counterintuitive, the findings that transracial adoption status but not parent race predicted racial-ethnic socialization may begin to explain these nuances. It may be the case that parents who transracially adopted engaged in lower levels of ACO but greater levels of racial-ethnic socialization because one identity is more salient or visible. An additional explanation may be that if parent and child race do not match, parents a parent may assume that by socializing their child about their racial-ethnic identity that they are, by default, socializing them about their adoptive identity because of the visible distinction between the two individuals.

When considering the ways in which LG parent families engaged in sexual minority parent socialization, it seems that this form of socialization occurs at lower rates than ACO and NSAP in that it is the only form of socialization that fell at the midpoint of the measure rather than above it. Further, it also seems that child age does not predict SMPS but does contribute to children's recognition of sexual minority parent socialization. It may be the case that parents engage in SMPS less frequently than other forms of identity-based socialization because their children do not share a sexual minority identity with them. Indeed, previous research on the intersection of parenting and sexual identity has shown that some parents 'sideline' their sexual identity until their children are older (Tasker & Delvoye, 2015). Thus, parents may believe that discussing their sexual identity with their child is not as important as discussing identities held by the child (i.e., adoption or racial-ethnic identity) but children inevitably begin to understand sexual identity as they get older.

Directional hypotheses. In terms of the directional hypotheses (4-6), previous research on ACO and racial-ethnic socialization suggest that when socialization practices influence children's outcomes, children are typically older than the children present in the sample (Hughes et al., 2016; Priest et al., 2014). Although age is typically a predictor of whether socialization impacts children's outcomes, it is likely the case that children were too young in this sample (i.e., none of the children were adolescents) for a significant predictor to emerge.

Regarding the outcomes themselves, child sex being a significant predictor of children's self-worth scores (hypothesis 4a), specifically that girls reported higher self-worth compared to boys did not align with previous findings (Harter, 2012). However, when restricting the sample to only include LG parent families, racial-ethnic socialization was a significant predictor of children's self-worth in a negative fashion. In addition to the change in significant predictors based on restricting the sample, it is also necessary to note that both of these findings should be taken with caution given the low reliability and small effect size of the HSSP self-worth measure used in the study. It may also be more relevant to draw attention to the emergence of solely racial-ethnic socialization being a significant predictor and not ACO or SMPS in future research and larger samples.

In terms of children's reported attachment (closeness) in the context of alienation (hypotheses 4b), it is surprising that child sex was not a significant predictor, as previous research has suggested that boys report lower levels of alienation (i.e., greater attachment) than do girls. Additionally, previous research shows that age is often a significant predictor of attachment, however, given the limitations of the sample (i.e., ages 8 – 12 years old) this may be why age was not found to be a predictor here (see

Gullone & Robinson, 2005 for differences in IPPA scores). It may be the case that because all children's alienation scores were so low a wide range of variance was not available to pick up on significant effects if they would have been present. Finally, the presence of transracial adoption status being the sole predictor of children's attachment in the model is also of interest. Previous research has found that adoption communication has been associated with attachment, however much of this work utilizes the satisfaction with (or quality of) communication rather than frequency of communication with adoptive parents as well as having children of a different age group (i.e., emerging adults; Farr et al., 2014). Additionally, these studies focused more explicitly on attachment, rather than aspects of attachment such as children's feelings of closeness or belongingness within the family unit. Thus, even if parent reports are both accurate and above average, it may be the case that frequency of communication is perhaps not as influential as quality of communication. Future research should continue to focus on children's perception of the quality of communication rather than (or in addition to) the frequency of communication with the family about adoption.

For the hypotheses (5ab) that parental socialization practices (i.e., ACO and SMPS) would predict children's reported understanding of respective identities. For children's understanding of adoption (CUA; hypotheses 5a), I replicate previous findings showing that age is a significant predictor of CUA such that as children age they gain a greater understanding of adoption (Brodzinsky et al., 1984; Wrobel et al., 2003). However, it is interesting to find that child sex (Johnston et al., 2007) and transracial adoption status (Le Mare & Audet, 2011) are also significant predictors of CUA such that girls and those who are transracially adopted have greater levels of understanding of

adoption. Given that previous research has not found these effects or showed mixed reports (Le Mare & Audet, 2011), it may be the case that racial-ethnic socialization actually does explain adoption to children. This could potentially also explain why parents seem to engage in different levels of identity-based socialization. In terms of child sex being a predictor, the work that has been conducted on CUA and ACO has not found associations (Brodzinsky, 2006) but theoretical explanations as to why sex may be associated have been presented (i.e., girls receive greater emotional socialization than boys; Neil, 2012).

Given the theoretical framework from which the construct of sexual minority parent socialization emerged (i.e., racial-ethnic socialization), it is unsurprising to find here that only age was a significant predictor of children's understanding of adoption and recognition of sexual minority parent socialization. As previously mentioned, it may be that only age predicts recognition of SMPS frequency, unlike the associations of sex and transracial adoption for CUA, because a parent's lesbian or gay identity is not shared with their child. Thus, parents may emphasize adoptive communication because it is more relevant during middle childhood while sexual identity will not become increasingly relevant until they enter adolescence. An alternative explanation may be that SMPS likely includes conversations about gender and race given the history of LGBTQ+ civil rights in the United States which could result in pulling variance away leaving all three variables (i.e., SMPS, sex, and transracial adoption status) non-significant.

For the final set of directional hypotheses (6ab), that children's understanding of identities will mediate the relationship between parent socialization (i.e., ACO, SMPS) and children's outcomes (i.e., HSSP self-worth, IPPA alienation scores), no analyses

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were conducted. That parent socialization did not predict children's outcomes excluding NSAP scores in one model and that parent socialization did not predict children's understanding of identity, it was unnecessary to run additional exploratory analyses to investigate this possible relationship. That is, the a (i.e., SMPS or ACO predicting children's understanding of identity) and c' paths (i.e., SMPS or ACO predicting child outcomes) were not significant, thus although there was a theoretical reason to explore this relationship there was no statistical evidence to additionally support this claim.

Limitations. Both a limitation and strength of this sample was the age of children. Research on socialization typically does not find associations with child outcomes until later in life, usually around adolescence (Hughes et al., 2016; Smith et al., 2003) thus, a lack of significant findings is, in some ways, unsurprising. However, significant predictors that did emerge may suggest a more continuous association between individual differences (e.g., sex, transracial adoption status) and outcomes (e.g., alienation, children's understanding of adoption) starting earlier in life than may have been previously thought. Further, significant predictors may not have been present based on the low reliability of one of the outcomes, self-worth, rather than socialization not having any impact on children's outcomes. Future work should consider assessing self-worth through more reliable measures.

An additional limitation would be some of the other demographic characteristics of the sample in this study, particularly that many parents in this sample were well educated and middle to upper-middle class in reported income. Although this limits generalizability to all adoptive parents, the demographic qualities of this sample are representative of other adoptive parents in the United States who engage in private

domestic adoption (Vandivere et al., 2009). Given that children's understanding of

adoption and recognition of sexual minority parent socialization is present here, the lack

of a complementary variable for racial-ethnic socialization is unfortunate. Future work

should consider including children's understanding of respective identities (i.e., adoptive,

sexual, racial-ethnic) whenever there is a focus on identity-based socialization.

Conclusions. The research here provides additional information on how parents

and children engage with identity-based (i.e., adoptive, sexual minority, and racial-

ethnic) socialization and associated outcomes (i.e., attachment and self-worth). Many of

the findings here align with previous research by contributing to mixed findings on self-

worth and ACO (Grotevant, 2000; Brodzinsky, 2006) as well as age being related to

future socialization-based outcomes (Hughes et al., 2016). However, in one model, racial-

ethnic socialization (NSAP) did significantly predict children's self-worth such that

higher levels of reported racial-ethnic socialization led to lower levels of self-worth in

LG parent families but not all families (LGH) in this sample. These findings should be

interpreted with caution given the small effect size and reliability of the self-worth

measure utilized here.

What may be the most relevant finding, however, is that parents seem to engage

in identity-based socialization differentially when considering children's identities.

Specifically, parents engaging in less adoption socialization but greater racial-ethnic

socialization when children are transracially adopted may suggest that parents

acknowledge differences within their family and make conscious decisions in how they

communicate with their children (Goldberg & Smith, 2016; Goldberg et al., 2016). Thus,

future work should continue to investigate how parents make decisions about

socialization in terms of why and how they communicate with their children. Additionally, previous research has typically only found transracial adoption status predicting children's understanding of adoption in specific circumstances such as international adoption (Le Mare & Audet, 2011). Thus, being transracial adoption predicting a greater level of understanding of adoption is particularly noteworthy and may signal a shift in how parents and children talk with one another. It may be the case that in an ever-changing landscape of diverse families and pathways to parenthood, new mechanisms of understanding identity (i.e., transracial adoption status predicting understanding of adoption) for children are produced that were not previously found in research. Further, increasing diversity often leads to an increasing visibility and feeling positive about one's difference from others. Visibility in one area, such as racial-ethnic identity, may lead parents and children to foster and explore other differences in their family constellation or child's life to encourage pride in all identities (Gianino et al., 2009; Ollen & Goldberg, 2016). This may lead to more discussions about adoption, a less visible identity compared to race, and thus a greater understanding of adoption that was not present in research conducted in previous years.

These findings may be more robust than expected given previous research suggesting context-dependent findings (e.g., gender, age; Brodzinsky, 2006; Wrobel et al., 2003). Specifically, the presence of novel predictors not typically found in previous research (e.g., transracial adoption status predicting attachment and children's understanding of adoption) were present here in models that held many relevant variables constant such as age and sex of children, and three different forms of identity-based

socialization. Thus, transracial adoption status may continue to play a significant role above and beyond other context-based findings in future research.

    The research here is one of the first (Goldberg et al., 2017; Goldberg & Smith, 2016) to explore three distinct types of identity-based socialization, adoptive, sexual minority parent, and racial-ethnic within a singular sample. With the inclusion of multiply distinct control variables as well as children in middle childhood, the presence of significant individual differences may signal the change in what aspects of family life researchers investigate in future research. The implications of this research, especially in the context of families and individual differences (e.g., age, sex, transracial adoption status) are relevant to academia through the weaving together of different perspectives and theoretical frameworks such as queer (Butler, 1993, 2017; Foucault, 1978; Halperin, 1995) and intersectionality theories (Crenshaw, 1991; Ghavami et al., 2016) in a singular sample. Further, the inclusion of a diverse sample and mixed-methods research only increases the scholarly contributions of this work. This research may also provide additional insight into how diverse families support their children in the context of various unique identities (e.g., being adopted, multi-racial families, a child of LG parents). Research suggests that some children struggle with their identity development, particularly in the context of diverse identities (e.g., adoptive status, racial-ethnic identity). Thus, investigating how these families engage in socialization may provide greater knowledge of identity and lessen future uncertainty for these children (Butler-Sweet, 2011; Coalner & Kranstuber, 2010; Skinner-Drawz et al., 2011).

    Previous research has established that children's perceptions of socialization predict child outcomes (Blackmon & Thomas, 2014; Peck et al., 2014); these findings

uncover additional differences in children that have not been presented before. That transracial adoption is associated with how parents engage in identity-based socialization, particularly racial-ethnic and adoptive socialization, and children's understanding of adoption is of major note. Previous research suggests that parents may engage less in different forms of identity-based socialization due to any number of factors (e.g., age, perceived disinterest; parent cultural beliefs; Goldberg et al., 2016; Berbery & O'Brien, 2011) but children who are transracially adopted also report wanting to have received more racial-ethnic socialization (Samuels, 2009). It may be the case that as contemporary families continue to diversify in terms of pathways to parenthood, sexual, gender, and racial-ethnic identity, parents are becoming increasingly aware of some children's specific needs to receive racial-ethnic socialization and have accordingly begun doing so.

Appendix A

Children's Understanding of Adoption Scale/Interview Questions

Brodzinsky, Singer, & Braff, 1984

1. What does it mean to be a parent? Suppose two people want to become parents –
   a mommy and a daddy – what do they have to do?

2. Is there any other way of becoming a parent besides "making" a baby?

3. Let's suppose that a man and a woman wanted a baby and they decided to adopt
   one. What does this mean? What does adoption mean?

4. How do people go about adopting a baby? Where do they have to go? What
   happens there?

5. Let's suppose that a man and woman decide to adopt a baby. What do you think
   they would want to? Why do people adopt children?

6. If a man and a woman already have "made" children of their own, can they still
   adopt other children? Why would they want to?

7. What kind of child do people look for when they want to adopt someone?

8. Let's suppose that a child is being adopted. Where do you think the child would
   come from? What are the reasons that children are placed for adoption?

9. Suppose a man and woman adopted a child. Is that child theirs forever? Can
   anyone ever take the child away? Why?

10. Let's suppose that an important decision had to be made for the child after the
    child was adopted. Who should make that decision – the adoptive parents or the
    people who "made" the child? Why?

Note: These questions were asked of children and will be coded on a scale of 1-4 for global understanding of adoption. The tentative codebook is below.

Children's Understanding of Adoption Codebook

Create a singular global code from all of the responses to the questions below assessing children's understanding of adoption. The scale ranges from 1 to 4 with 1 indicating no understanding of adoption and 4 indicating the highest understanding of adoption among children.

Descriptions of levels with relative ages:

Level 1 – Child has no understanding of adoption

- You should be able to decide whether a child is in level 1 or not based on questions 1-3

Level 2 – Child has some understanding of adoption and recognizes the word with a rudimentary definition. Children are unable to differentiate between adoption and birth as distinct pathways to parenthood. Regardless of this response children come off as repeating information told to them by their parents with no deeper understanding of this information (e.g., they effectively 'parrot' back information to the interviewer). Thus, if a child can differentiate between adoption and birth but/yet if the responses seem as if the child doesn't truly understand what these words mean then they should still be placed in level 2. Usually age 6-7

- If child does not mention the permanency of adoption then the child is likely in level 2

- Think of level 2 as the base rate for understanding adoption (if you dichotomize the question does the child understand adoption into yes/no, a yes response necessitates at least a 2)

Level 3 – Children can fully differentiate between adoption and birth as distinct pathways to parenthood. Children show understanding that adoption is relatively permanent (e.g., except under specific circumstances once the parents 'have' the child it is theirs' forever) although may have trouble coming to terms with this notion (i.e., they question the permanency of adoption). Usually age 7-9

- Children may answer yes to 9 but may struggle explaining why this is the case
- Children may recognize that adoption is relatively permanent but are unable to answer 4 with any sort of confidence or examples

Level 4 – Children begin to describe adoption in terms of quasi-legal language or invoke some sort of higher authority to explain the permanence of adoption. The permanency of adoption may be questioned less because of the use of this language (e.g., adoption is permanent because of "the judge" or "signing papers"). Ages 10+

Children are more nuanced in answering Q's 3 and 4 as compared to just recognizing that adoption is permanent but in particular may also have nuanced answers for Q's 8-10

Appendix B

Sexual Minority Parent Socialization Scale

1. Talked to your child about what it means to be gay

2. Told your child he/she may be treated badly because of his/her parents' sexuality

3. Explained something that your child saw on TV or social media that showed poor treatment of LGBT individuals

4. Told your child people may try to limit him/her because of his/her parents' sexuality

5. Talked to your child about the fight for equality among the LGBT community

6. Talked to your child about things they may learn in school that portray gay people unjustly? (i.e., heteronormative language)

7. Told your child he/she had to be better than other children to get the same rewards because of who his/her parents are

8. Talked about being gay or lesbian with someone else when your child could hear

9. Exposed your child to media (music, books, television, internet) about gay culture

10. Organized events for your child to play with other children of gay and lesbian parents

11. Taken your child to gay cultural events

12. Done things with your child to celebrate gay pride

13. Thought of your child as part of the gay community

14. Done or said things to show your child that all people are equal regardless of race, ethnicity, or sexual orientation

15. Talked to your child about important people or events in the history of cultures different from your own

16. Talked to your child about how your family is similar to families with heterosexual parents

17. Talked to your child about how your family is different from families with heterosexual parents

18. Said or done things to emphasize to your child that your family is "normal"

19. Talked with your child about how to discuss your family structure with others (i.e., give them language)

20. Intentionally done things to control the openness of your child's environment (i.e., move to a specific region, choose a particular school, monitor social interactions with peers)

Note. Parents received this measure with the instructions "Please circle if you have *EVER* engaged in the following behaviors. If *YES*, indicate how often you have engaged in each behavior during the past *12 months*". An adapted version of this measure was given to participating children to assess children's acknowledgement and understanding of socialization.

Appendix C

Adoption Communicative Openness Coding

Beth Neil, Harold Grotevant, & Julie Young

Brodzinsky's description of communicative openness: *'the creation of an open, honest, nondefensive, and emotionally attuned family dialogue, not only about adoption related issues'* (p. 151) and a willingness of individuals *'to consider the meaning of adoption in their lives, to share that meaning with others, to explore adoption related issues in the context of family life, to acknowledge and support the child's dual connection to two families, and perhaps to facilitate contact between these two family systems in one form or another.' (David Brodzinsky, 2005)*

This coding system includes 5 rating scales:

1) Communication with the child about adoption
2) Promotion of the child's dual connection to two families
3) Empathy with and tolerance of child's feelings about adoption
4) Communication with the birth family
5) Empathy for birth relatives

Here is a brief guide to what should be coded where.

1. Communication with the child about adoption.

This is primarily about what parents DO - their behavior – How do they communicate with their child about adoption, and is it developmentally and situationally sensitive? How do they create and nurture a climate of openness in communication with their child?

2. Promotion of the child's dual connection to two families.

This is primarily about how the adoptive parent feels about their connection to the child versus the birth family's connection the child. It may manifest itself in terms of ratings on the other 4 scales, but this is trying to assess the AP's underlying level of valuing, comfort with, and promotion of the notion of dual connection.

3. Empathy with and tolerance of child's feelings about adoption.

This is about the capacity of the adoptive parent to (a) accurately recognise or anticipate emotional states (related to adoption) in their child (i.e., take the perspective of their child with respect to adoption) and (b) reflect upon these emotional states in a balanced way internally and with the child. It will likely be reflected in their communication with the child, but its focus is specifically on how parents deal with (read and respond to) the child's feelings and emotions.

4. Communication with the birth family.

This dimension looks at the adoptive parent's attitude towards communication/contact with the birth family (regardless of whether any such communication occurs), and, in situations where there is communication, how the adoptive parent behaves and feels about this communication.

5. Empathy for birth relatives.

This dimension is about the adoptive parent's capacity to take the perspective of the birth relative, non-judgmentally. This relates to thinking about the reasons why the child needed to be adopted (including why the birth parents might not have been able to care for the child) as well as thinking about the birth relative's current position and their behaviour in relation to contact. It also involves thinking about how the birth relatives might feel about the adoption.

Coding Procedures - Where to Find and Put Documents

Note. **These procedures will be adapted for this proposed study housed at the University of Kentucky.

Coding Process

1. Copies of transcripts and a codesheet template will be placed in your coding folder on the network drive. Go to: \mtarp\projects\Communicative Openness\first name [coder number] to locate your folder. If you use a jump drive copies of transcripts to be coded will be placed on your jump drive instead of in your folder.

2. Coded and marked transcripts are saved to the Completed Transcripts subfolder in your folder. Coded transcripts are named: CO Coded Transcript [ID] 12-[your coder number].doc (example: CO Coding 10204 12-106.doc).

3. Completed codesheets are saved to the Coding Sheets subfolder of your folder. Codesheets are named CO Codesheet [ID] 14-[your coder number].doc (example: CO Codesheet 10204 12-106.doc)

4. After an assigned transcript is completed, print out a copy of the codesheet and place it in your coding group supervisor's box in the lab, Room 381.

Consensus

5. When you are assigned transcripts to consense, retrieve your original codesheets from your coding supervisor's box in the lab and print out a consensus sheet.

6. Put both coders' original codes on the sheet along with the consensus codes. Attach the original codesheets to the consensus codesheet and put back in your coding group's box.

7. The coding group supervisor will review the codesheets and give to data management to enter. Supervisors should provide data management with all original codesheets and any consensus codesheets.

Special Instructions for Jump Drives Users

8. If you are using a jump drive to code offsite you will need to bring it in to the office periodically to have new transcripts loaded on and completed transcripts and codesheets loaded off to the network.

9. Your completed codesheets and transcripts will be saved on the network in your folder's appropriate subfolders and removed from your jump drive.

Coding Process

If you have not coded in a while, review the coding manual. Be familiar with the key references listed at the end of this codebook.

Read the entire transcript before you begin coding in order to get a sense of the whole.

After you have read the transcript, start back at the beginning and use the highlighter in Word to mark relevant passages.

- Use yellow to mark passages about communication with and empathy for AC
- Use turquoise to mark passages about dual connection
- Use green to mark passages about communication with and empathy for BFamily

In general, it is best to code specific material on only one scale, as material coded on more than one scale could artificially inflate correlations across the rating scales and lead to lack of differentiation.

1.   On the top of the coding sheet, list the names and ages of the children in the family and indicate who is the target child (TC).

2.   Fill in your name and the date you coded. Be sure the case number is correct. Any Wave 2 adoptive mother transcript will be 4 digits followed by -02. Adoptive father transcripts will be 4 digits followed by -01.

3.   Go to all the sections you marked in yellow and copy and paste appropriate text into the box on the coding sheet for code 1 – communication with the AC. (Note: You will need to decide which of the yellow text fits best with communication with AC and which fits best with empathy for AC). After reviewing all the pertinent material and re-reading the descriptions in the codebook, assign a code from 1 to 5 (see below). Bold and italicize text in this section that speaks directly to the coding issues for the dimension. Write a brief summary detailing why you gave the rating you did and why you did not give it adjacent ratings (e.g. if you gave the section a 3, give a brief explanation about why it would not be a 2 or a 4).

4.   Next, copy the pertinent turquoise sections into the box on the coding sheet for code 2 – dual connection. After reviewing all the pertinent material and re-reading the descriptions in the codebook, assign a code from 1 to 5. Bold and italicize text in this section that speaks directly to the coding issues for the dimension. Write a brief summary detailing why you gave the rating you did and why you did not give it adjacent ratings (e.g. if you gave the section a 3, give a brief explanation about why it would not be a 2 or a 4).

5.   Then copy the pertinent yellow sections into the box on the coding sheet for code 3 – empathy with the AC. After reviewing all the pertinent material and re-reading the descriptions in the codebook, assign a code from 1 to 5. Bold and italicize text in this section that speaks directly to the coding issues for the dimension. Write a brief summary detailing why you gave the rating you did and why you did not give it adjacent ratings (e.g. if you gave the section a 3, give a brief explanation about why it would not be a 2 or a 4).

6.   Next, copy the pertinent green sections into the box on the coding sheet for code 4 – communication with birth family. (Note: You will have to decide which of the green text is most appropriate for communication with birth family and which is most appropriate for empathy with birth family.) After reviewing all the pertinent material and re-reading the descriptions in the codebook, assign a code from 1 to 5. Bold and italicize text in this section that speaks directly to the coding issues for the dimension. Write a brief summary detailing why you gave the rating you did and why you did not give it adjacent ratings (e.g. if you gave the section a 3, give a brief explanation about why it would not be a 2 or a 4).

7.   Finally, copy the pertinent green sections into the box on the coding sheet for code 5 – empathy with birth family. After reviewing all the pertinent material and re-reading the descriptions in the codebook, assign a code from 1 to 5. Bold and italicize text in this section that speaks directly to the coding issues for the dimension. Write a brief summary detailing why you gave the rating you did and why you did not give it adjacent ratings (e.g. if you gave the section a 3, give a brief explanation about why it would not be a 2 or a 4).

Save (electronically) your final coding sheet, with your codes for each of the 5 variables + the relevant supporting text (see "Coding Procedures," above.) Bring these materials to consensus discussions. After the consensus meeting, put the 2 coding sheets together and use yellow highlighter to indicate the information on the document that had the rating that became the consensus (e.g. one coder rates a section a 3, the other rates it a 2, the consensus was a 2; put the two documents together, highlighting text on the document with the 2 justifying why it got the rating it did). After consensus discussion, give these materials to the coding supervisor, who will complete the final tally sheet to hand in for data entry.

Coding reliability will be monitored as we progress, and coding partners will be randomly rotated so that different viewpoints are equally interspersed. In all cases, the codebook is the final arbiter. Whenever there are disagreements, it is necessary for coders

to seek support for their code by comparing evidence from their transcript with the code descriptions. Consensus discussions should not simply "split the difference" between coders – coders should make the best case for their position and defend it.

Each of these ratings is scored on a 5- point scale. The general coding rubric is as follows:

5=high

4=mainly high, but some negatives

3=mixture of positives and negatives

2=mainly low but some positives

1=low

Although extreme cases should receive codes of 1 or 5, 1's and 5's should not be reserved only for the extreme cases. Use the full range of codes available. Make a coding judgment by carefully matching the interview material to the code description.

If the transcript contains material that demonstrates a change in attitude from past to present, give priority to coding about the present. In general, focus on present rather than past or future.

Ratings are <u>not</u> meant to be given relative to the actual openness level (e.g., It's a "5" considering that it is a confidential adoption, or It's a "2" considering that they actually have contact.) Instead -- regardless of how open the adoption is, use the same codebook descriptions to match to what is happening.

Contact may be occurring for different reasons. In some cases, it may be driven by the parent's empathy for the child – in other cases, by their empathy for the birth relatives. These would be coded differently under their respective items.

Detailed coding guidelines for each of the 5 scales are presented below.

1. Communication with child about adoption.

This is about the adoptive parent's willingness to talk about adoption related issues with their child and the extent to which they promote a climate of openness within the adoptive family about adoption related issues: it is essentially about their behaviour. In rating this dimension, it is important to take into account the extent to which the parent is sensitive to the child's developmental level, and the efforts they make to respond to the child as an individual who has his or her own feelings about communication about adoption. Thus there is no absolute 'right' way to communicate about adoption: the parent needs to respond in an emotionally attuned way with the child. This dimension is not just about talking with the child about their birth family or their immediate family, but talking more generally about adoption and their background in a broader sense (including nationality, culture, religion etc).

Score 5 - high

A parent who is HIGH on this dimension (score 5) will recognise it as important to both respond to the child's expressed need, but also to find opportunities to initiate conversation about adoption, thus recognising that it is not wholly the child's responsibility to initiate communication about adoption. This will be evidenced by attempting to be responsive to the child, taking an active approach to initiating communication, as well as demonstrating appropriate changes as the relationship with the child changes over time. They will acknowledge that the child's needs in relation to thinking about adoption will change and develop over time, and hence will recognise their need to repeat, but also change and develop their communication about adoption over time. They will show openness to information about adoption and the birth family being available to the child in a developmentally appropriate way. For example, they will involve the child in communication/contact with the birth family by showing them letters, or telling them about letters, or passing on news. They will facilitate the child's access to information about their own history e.g. by having a 'life story' book or other documents available to the child, or by archiving this information for the child in the future. Their communication with the child about adoption is characterised by openness and honesty – they freely pass on information available to them (as far as this is consistent with the child's capacity to handle this, given their developmental level), and seek out further information where that is required. In communicating with the child about adoption, the HIGH adoptive parents will take into account defensive processes in the child. For example, a child may be reluctant to think about or talk about their birth family, or they have a very fixed, one sided view. The sensitive adoptive parent will recognise the complexity of the child's feelings and will seek to respond to the child in a way that helps him or her adopt a more balanced, less defended position. They will do this in manner that respects the child's needs for defences in this area. For example, the parent may acknowledge the child's feelings of loss after contact non verbally with a hug or hand holding, if the child cannot cope with verbal recognition. If no contact with the birth family is occurring or possible, the adoptive parent may seek out other sources of

information that may help the child (e.g. introducing the child to information about their cultural background.) They will talk with the child about what it feels like to have no information available.

Score 4 – mainly high, but some negatives

The parent who scores "4" will show evidence of responsiveness and initiation but not over the full range of topics or emotions. This score includes parents who seem to be making considerable efforts to create an open atmosphere around adoption issues. They are very happy responding to the child and will also sometimes initiate. However, there are some 'gaps' in the communication e.g. the birth father is never talked about or they don't calibrate their communication with the child's developmental level as well as they might. (Pretty high, but not quite 5)

Score 3 – mixture of positives and negatives

In this group people are definitely showing positive communication about adoption in some ways, but there are significant deficits that mean they can't be coded higher. A parent who is moderate or mixed (score 3) may be willing to respond to the child's expressed needs, but cautious about initiating conversation. This parent will respond to expressed needs but will not initiate, or be sensitive to changes that may be appropriate as time and the relationship progresses. There is evidence from the interview that they are actively achieving roughly half of the criteria specified for the score of "5". Their communication with the child will be almost wholly child led. They do not volunteer information that is not asked for. Alternatively, they may be open and initiating in some areas but show significant gaps in relation to communication about other areas. For example they may have a lot of conversation with the child about their birth mother but withhold (for no justifiable reason) information about the birth father. Or they may talk about adoption in general, but not about the child's particular situation (or vice versa).

Score 2 – mainly low but some positives

The parent who scores "2" engages in little communication regardless of who initiates. The parent does respond to the child but in a minimal way. Some withholding of information may occur. Generally there is infrequent discussion in the family. Parents are unlikely to involve child in communication with birth family or may do so only minimally and reluctantly. Generally the balance of what the parents do is towards the negative (i.e. not creating an open atmosphere), but there are modest exceptions in terms of examples of some communication.

Score 1 - low

A parent who scores LOW (score 1) on this dimension exhibits no communication and no evidence of value placed on communication. If the child starts conversation they will reply giving the minimum amount of information they feel they can. They will not share with or make available to the child all or most of the information about their birth family or adoption e.g. they will not tell the child they send/receive letters with the birth family; they will not facilitate the child's access to documents such as a life story book. They may withhold important information from the child, e.g. not telling a child that their adoptive sibling is their birth sibling. They may lie to the child or allow child to believe information that is not true. Information that the child may want in the future may be destroyed. In some cases they may even withhold from the child the information that they are adopted. They may or may not have told the child they are adopted, but if they have told the child this is more of a 'one off' or 'one time' event, rather than being viewed as a continuous process.

2. Promotion of the child's dual connection to two families.

This scale has three elements, which involve different levels of dealing with dual connection:

1) *the value or importance they attach to child's connection with birth family- this is the lowest level*
2) *adoptive parents' personal comfort with dual connection*
3) *The extent to which they encourage or promote the child's connection to birth family – the highest level*

In coding this item, first determine whether their approach toward dual connection involves valuing, or personal comfort, or promotion – this will help with assigning the code.

Here is a rough summary of how valuing, personal comfort, and promoting combine to yield ratings. Use this table in conjunction with the descriptions below:

Valuing	Personal Comfort	Promoting	Dual Connection Rating
None - or ONLY value having health or genetic information	None / Very Low	None / Very Low	1

80

Low to Moderate	Low	Low	2
Moderate	Moderate	Low	3
Mod to High	Mod to High	Mod to High	4 (may be some gaps)
High	High	High	5

This is about the extent to which the adoptive parent recognises and feels personally comfortable with the reality that the child does have another family (birth family) and that even though they are a member of the adopted family they still have a life long connection to the birth family both in terms of genetic relatedness and in terms of the child's actual or potential need to know about and have feelings about their birth family. It is about the child's connection to his/her birth family as a whole, not just to one specific member. (However, if the interviewer has guided them to talk only about one birth family member, do not reduce their rating unless there is evidence of discomfort with the child's connection to other birth relatives.) It is essentially about how the adoptive parent feels about their connection to the child versus the birth family's connection the child. Problems with 'dual connection' can also manifest themselves if a parent is uncomfortable to think about their child's relatedness to the birth family because of negative traits in the birth family. In both cases the adoptive parent's own feelings of comfort are highly relevant. Keep in mind: this scale is about the parent's relationship with the child, NOT the child's relationship with the birth family. The acceptance of the reality of the dual connection, and the importance placed upon it are of primary importance.

Score 5 – high

A person who scores HIGH (score 5) on this dimension values and acknowledges, supports and promotes the child's connection to two families in an undefended manner, and they may be willing to take modest risks in doing this. This value and acknowledgement is actively demonstrated through interactions with the birth family, adoptive family, the adopted child, and the community at large. They will be unthreatened by thinking about the birth family themselves and unthreatened by the child thinking about (and having feelings about, including feeling of love/loyalty) the birth family. They will anticipate, allow and help the child to express a range of feelings about their birth family, and communicate to the child that it is OK for them to have these feelings. They also offer any necessary reassurance to the child that they are secure in their membership of the adoptive family. They will emphasise that whilst the child is unreservedly a member of their family, they don't 'own' them: that children are people

not possessions. They have no issues with the birth parents being referred to using parental terms (e.g. 'tummy mummy', birth mum, mummy or daddy). They show no discomfort about the child's relatedness to birth relatives who may have undesirable traits.

Score 4 – mainly high, some negatives

In this group, although there is significant evidence of value and acknowledgement, it is not demonstrated in all the ways that characterize a score of "5", it is not shown uniformly across all specified areas, or it is not as active as "5". This score should be given if most (but not all) of the requirements for a "5" are met.

Score 3 – mixture of positives and negatives

The adoptive parent will show some evidence of either valuing, being comfortable with, or promoting dual connection, but there is also evidence of problems in one or more of these areas – on balance they seem 'in the middle' as opposed to being clearly negative or clearly positive.

Examples: (a) There may be evidence of value and acknowledgement although it is less actively implemented. These parents may take the stance of permitting a relationship, but not promoting it, or paying "lip service to the relationship without commensurate actions. (b) they may feel threatened in some ways by the child's connection to birth family, but never the less try to overcome their fears, recognising that the connection is of value to the child. (c) They may value and see the importance of some aspects of DC (e.g. the importance of knowing medical information, and about biological resemblances), and they don't express any particular discomfort with DC, but they don't value or promote DC in terms of the child's potential emotional connectedness to birth family.

Score 2 – mainly low, some positives

In this group, there is significant evidence of discomfort or ambivalence regarding the value and acknowledgement of the connection. The parent who scores "2" will on balance clearly seem more negative about dual connection than positive, but they do not fit the criteria for 1 of being very negative in all three areas of valuing, promoting, and being comfortable with.

Score 1 - low

A parent who scores LOW on this dimension (score 1) will show no evidence of actively acknowledging the dual connection or taking value from that connection across any of the dimensions specified for a score of "5". They will also show evidence of being personally uncomfortable with dual connection. They claim exclusive connection to the child. A parent who sees value in having medical / health information but nothing else plus shows no personal comfort and no promoting of dual connection should be rated "1".

3. Empathy with and tolerance of child's feelings about adoption.

This is about the extent to which the adoptive parent is willing to consider and is comfortable with the full range of the child's feelings (or potential to have feelings) about being adopted, e.g. feelings of loss, rejection, love, loyalty, fear, anxiety, identity confusion, including being able to tolerate feelings in the child that are experienced as negative or threatening to the parent. It is about the capacity of the adoptive parent to (a) accurately recognise or anticipate emotional states (related to adoption) in their child and (b) reflect upon these emotional states in a balanced way internally and with the child. It is therefore very much about the adoptive parents ease with their own emotional state. A parent who scores high on this will show the capacity to reflect on their own emotional response to the child's emotions, and therefore can keep their emotions under conscious control, responding to situations cognitively rather than being emotion driven. A parent who scores low will show signs of being overwhelmed by their own feelings, and of allowing feelings to drive behaviour; or alternately completely blocking or denying feelings. Because adopted siblings may have different emotional needs or issues, a parent's ability to empathize with or address the emotional needs of one may manifest differently with the sibling. This rating, therefore, must be child-specific, and information about differential responsiveness to siblings' needs may provide some insights into the parent's ability to address those needs.

Score 5 – high

A parent who scores HIGH on this (score 5) will be able to identify and understand their child's feelings, and consequently anticipate, allow, and help the child to express the full range of feelings experienced. The parent who scores "5" will also be able to manage their own feelings so as to not impede or limit their ability to do the above. For example, a parent who scores HIGH on this (score 5) will recognise it as normal that an adopted child does have, or may at some point have the feelings described above, and they will manage any personal feelings of threat from the child's emotions. They will recognise a range of feelings as being possible and normal in the adopted child and will be able to both anticipate and respond to these feelings in their own child. They will have no need to defensively exclude certain feelings. The parents will show evidence that they give

time to thinking about and acting on their awareness of the child's emotions in their parenting.

Score 4 – mainly high, some negatives

A parent who scores "4" will be able to identify and understand most of their child's feelings, as well as manage their own feelings to the degree that there is little interference with this. For example, although the parent may be aware of and responsive to most of the child's feelings, there may be specific feelings that are being minimized, blocked, or ignored. But on balance, the degree of empathy is on this high side.

Score 3 – mixture of positives and negatives

A parent who is MODERATE (Score 3) on this dimension will be able to identify and understand some of their child's feelings, as well as manage their own feelings to the degree that there is some interference. For example, they may focus on one issue such as potential for child to want to know facts and characteristics about their birth family and may be comfortable with this idea of curiosity. However, they may be uncomfortable with, or not recognise the potential for the child to feel a sense of loss or rejection in relation to their birth family. They may respond well to some of the child's feelings, but be intolerant or seek to suppress/deny others. The degree to which there are positives (acknowledgments, empathic abilities and behaviours) and negatives (gaps, minimization of certain feelings) is roughly equal. The specific issues may look very different across cases. There may be an intellectual ability to empathize and talk about empathizing, but the ability to follow through with talking about emotions or acting on emotions may be limited.

Score 2 – mainly low, some positives

A parent who scores "2" on this dimension will be able to identify and understand few of the range of feelings their child possesses, and the management of their own feelings will produce significant interference. The parent may find it difficult to empathize with the child, or the child's emotional needs may be such that the parent is unable to respond more than minimally to them.

Score 1 - low

A parent who is LOW (score 1) on this dimension will identify and understand none or virtually none of the range of feelings their child possesses, and the management of their own feelings will produce significant interference. This score is characterized by seeking to deny or minimize the legitimacy of the child's feelings. For example, such a parent

will either not discuss any such needs in relation to the child or may deny they exist or are likely to exist at some point in the future. If the child expresses feelings they respond defensively, seeking to minimise or deny the legitimacy of these feelings, or they may be overwhelmed by their own emotional response and unable therefore to help contain and manage the child's emotion.

4. Communication with the birth family.

This dimension looks at the adoptive parent's attitude towards communication/contact with the birth family (regardless of if any such communication occurs), and, in situations where there is communication, how the adoptive parent behaves and feels about this communication. In thinking about communication with the birth family where contact is occurring, it is helpful to think not just about whether the adoptive parent is having contact, but the extent to which they endeavour to establish a dialogue via this contact. Both adoptive parents who have communication with the birth family, and those who do not, can be rated on this scale – the coder must take into account the actual situation.

Note: In general, this dimension should be coded with regard to the birth relative or the unit of the birth family (e.g., birth grandparents) with whom the adoptive family is having the most contact. Unless otherwise specified, code for the child's <u>birthmother</u>.

Score 5 - high

A parent who is HIGH on this dimension (score 5) will show evidence of valuing communication with the child's birth family and (where it is possible) a willingness to create and maintain a genuine communicative dialogue with the birth family. This will be evidenced by attempting to be responsive to the birth family, taking an active approach to initiating communication, as well as demonstrating appropriate changes as the relationship with the birth family changes over time. This involves taking a positive, proactive stance to making contact work – not just in terms of making it happen, but in terms of it working as a means for both parties to exchange real and meaningful information about each other. The parents show a willingness to both give and receive information and to create a dialogue with the birth family (if that is possible). This may be evidenced by taking active steps to develop or improve contact e.g. suggesting changes when contact isn't working well, moving towards greater disclosure of details or frequency of contact in order to improve communication, entering into a dialogue about difficulties. Where no actual contact is possible, indicators of HIGH rating would be the adoptive parent's willingness to try to open up some contact or their willingness to create opportunities for communication in the future (e.g. to send information to be kept on file). They will see lack of any birth family contact as a limiting factor; even though they may recognise no contact is possible, they would express regret about this.

Score 4 – mainly high, some negatives

Generally speaking the adoptive parent shows considerable evidence of valuing communication with the family, and having contact with the birth family if this is at all possible. The parent who scores "4" will show evidence of responsiveness and initiation but not over the full range of topics or emotions. However there are some modest limitations of their approach. One such limitation could be that they may have a lot of 'contact' with the birth family (meetings and/or letters) but there may be important areas that they don't communicate about e.g. contact is with the grandparents, and the adopters never or rarely talk to the grandparents about the birth parents. Another example of a modest limitation could be that the adoptive parent is communicating with the birth family well, but is cautious (relative to risk) of changing or altering arrangements to increase communication.

Score 3- mixture of positive and negatives

In this group the adoptive parent shows some evidence of willingness to communicate (or at least valuing communication where no contact is possible) but there are significant limitations in their behaviour or attitudes. This parent will respond to expressed needs but will not initiate, or be sensitive to changes that may be appropriate as time and the relationship progresses. There is evidence from the interview that they are actively achieving roughly half of the criteria specified for the score of "5". It is not clear that either positive attitudes or negative attitudes are predominant. For example, they may speak highly of the value of communication and have shown efforts to be involved in communication, but when problems occur they are not proactive in keeping things going. E.g. the birth mother may stop writing for no apparent reason, and the adoptive parents will not try to find out why so that contact can be resumed.

Score 2 – mainly low, some positives

The parent who scores "2" engages in little communication regardless of who initiates. In this group there is more evidence that the adoptive parents are negative about birth family communication than there is evidence that they value communication. However, there are limited examples of positivity. E.g. they may agree willingly to have contact and make some efforts, but when faced with problems they react defensively and show no evidence of willingness to compromise. Or they may have 'contact' with birth relatives but show only a very limited willingness to 'communicate' with them e.g. they may send letters but be quite restrictive about what they are prepared to say in them. Letters are viewed more as "reports" than vehicles for communication. They may ignore or decline reasonable overtures from the birth family to develop or improve contact. In general the adoptive parents' willingness to have, and valuing of, communication is only applied to contact

that is entirely (in their view) straightforward. E.g. they may show willingness to have contact with adopted siblings but will be very negative about communication with anyone else e.g. refusing to even receive letters from the birth parents.

Score 1 - low

A parent who scores LOW (score 1) on this dimension exhibits no communication and no evidence of value placed on communication. They may refuse to have any birth family contact, or will agree only reluctantly (they may comply with suggested or actual plans because of feelings of powerlessness or obligation). If contact is planned they may withdraw in part or fully from arrangements over time. If contact does persist over time, the LOW adoptive parent will be willing to communicate only in a very minimal manner with the birth family e.g. sending a very brief and bland report of the child, refusing to allow photographs for reasons that are not justified by the actual risk in the case. They will also have a similarly closed attitude towards the receipt of communication from the birth family for example, by refusing to have any letters sent on to them (insisting they are left 'on file'), or by being *very* restrictive about what and how much the birth family can send (e.g. only one brief letter a year, no names, no photos, no cards, no presents, no inclusion of other relatives not previously agreed to). They will express the view that contact has no (or virtually no) value and they would prefer to have no contact (even if it is apparently unproblematic), and if contact does stop (or doesn't not or cannot happen) will express relief.

5. Empathy for birth relatives.

This dimension is about the adoptive parent's capacity to take the perspective of the birth relative. This relates to thinking about the reasons why the child needed to be adopted as well as thinking about the birth relative's current position and their behaviour in relation to contact. It includes seeing the adoption from the birth relative's point of view and thinking about the reasons behind the parent's decision to place the child, or the reasons why the parent failed to look after the child well. It also involves thinking about how the birth relatives might feel about the adoption. It includes empathy for difficulty of adoption decision and sacrifice made by birth parent; appreciation of BP's grief over loss of AC; understanding BP's concern for AC: understanding BP need for information about AC and reassurance; attempts to look at adoption from BP's perspective. In cases where the adoptive parents have or have had contact with the birth relative, it is important to consider not just what the adoptive parent says about the birth relative, but how they behaved towards them. What they do is important insofar as it provides a window for considering how they are thinking about and reflecting on birth relative behaviour. Empathy may be evidenced in the rationale that parents provide about how they communicate with birth relatives.

This dimension also considers whether the attitude towards the birth relative is realistic – there should be recognition of limitations that cannot be altered, and appropriate safeguards and boundaries need to be maintained. A tendency to over-empathise with the birth relative and not work within appropriate boundaries will mean that the highest score cannot be given.

Note: In general, this dimension should be coded with regard to the birth relative or the unit of the birth family (e.g., birth grandparents) with whom the adoptive family is having the most contact. Unless otherwise specified, code for the child's <u>birthmother</u>.

Score 5 - high

The parent who scores HIGH (score 5) on this dimension can identify and show understanding of the full range of feelings experienced by the birth family as well as recognition of the psycho-social factors that impinge upon the birth relative. The adoptive parent recognises that although they may not like the birth parent's behaviour and would not behave in that way themselves, that the birth parent is coming for a different situation, therefore this comparison does not apply. They show an understanding and tolerance of the birth relative's difficulties and are willing to work through or negotiate with birth relatives to make contact work. They will take positive action to benefit the birth relative e.g. arranging contact in a way that makes it more comfortable for the birth parent. (Evidence about empathy can be found in the rationale parents use for taking this positive action.) They are non judgemental about birth relative's characteristics and behaviour e.g. they recognise that difficult behaviours are not inherent manifestations of 'badness' but are the product of difficult life experiences. They also will note positive characteristics about birth relatives. Their attitude towards the birth relative is however realistic – they recognise limitations that cannot be altered, and they set up and maintain appropriate safeguards and boundaries.

Score 4 – mainly high, some negatives

The parent who scores "4" on this dimension can identify and show understanding of *most* of the feelings experienced by the birth family as well as recognition of *most* of the psycho-social factors that impinge upon the birth relative. Generally speaking the adoptive parent in this group shows considerable evidence of empathy with the birth family. They will show mostly empathic understanding of birth relative difficulties and take positive action towards them if there is contact, working with them in a respectful or tolerant manner. However there are some modest limitations of this. One such limitation could be that although they are very warm and respectful and positive towards the birth relative they refer to their feelings in a superficial way with no in-depth elaboration (e.g. they may assume the birth relative has no issues with late letters or meetings, that everything is very straightforward for him/her). Their thinking may be influence a little by stereotypes (either positive or negative) of birth relatives rather than treating the birth

relative as an individual with their own unique concerns and responses. Another example of a modest limitation could be that the adoptive parent finds it difficult to say positive things about the birth relative, but in all other ways has shown considerable understanding and care towards the birth relative. Another group of adoptive parents who fall into this level may show a tendency to over-empathise with the birth relative and not work within appropriate boundaries.

Score 3- mixture of positive and negatives

The parent who scores "3" on this dimension can identify and show understanding of *some* of the feelings experienced by the birth family as well as recognition of *some* of the psycho-social factors that impinge upon the birth relative. In this group the adoptive parent will not show empathy in *all* areas (the understanding of the birth relative difficulties, recognition of their positive characteristics, recognition of their feelings and accommodation of them in contact plans). Or it may be that empathy is shown in all areas but all to a limited extent. Overall there are significant limitations in their empathy or attitude towards the birth relative so that it is not clear that either positive attitudes or negative attitudes are predominant. For example, they may elaborate in detail the psychosocial *reasons* for the birth relative difficulties and behaviour, but little or no regard is shown for the birth relative's *feelings* (e.g. their possible feelings are referred to very minimally in the interview and when problems occur with the birth relative in a contact arrangement they are not proactive in working with the birth relative to ensure that all needs are taken into account.) On the other hand they may show regard for the birth relative's feelings and worked to support their needs in contact but put high emphasis on the birth relative's negative characteristics with little or no reference to positive characteristics.

Score 2 – mainly low, some positives

The parent who scores "2" on this dimension can identify and show understanding of few of the feelings experienced by the birth family. They will recognize few of the psycho-social factors that impinge upon the birth relative. In this group there is more evidence that the adoptive parents view the birth relative in a negative light than there is evidence that they take an empathic perspective. However there are limited examples of positivity. E.g. they may make some limited effort to understand how the birth relative's behaviour and difficulties are influenced by psychosocial factors, but refer to them in a totally negative light and show no recognition of any feelings of loss or concern for the child that the birth relative may hold. Or they may show some concern for the birth relative's feelings in their contact but describe them with only reference to negative characteristics and show no recognition of how psycho-social factors impinge upon the birth relative. In general the adoptive parents show empathy towards the birth relative in only one limited area, or that empathy is overall limited in comparison to the negative attitude taken

towards the birth relative. Note: the parent does not have to say negative things about the birthparent to be scored "2." When attributions about the birth parent's motives or circumstances are not discussed, focus on the parent's ability to take the birth parent's perspective or to consider what they must be thinking.

Score 1 - low

The parent who scores "1" on this dimension can identify and show understanding of none of the feelings experienced by the birth family as well as recognition of none of the psycho-social factors that impinge upon the birth relative. The adoptive parent who scores LOW (score 1) on this dimension shows almost no capacity to see the world through the eyes of the birth relatives. If they show a "glimmer" of evidence that they can take the perspective of the birth parent, they should be rated higher than 1. They take only a superficial view of the birth relative e.g. they didn't look after the child, therefore they couldn't have cared about him or her. They do not take into account the birth relative's individual situation when thinking about their behaviour- instead they judge them from their own standpoint. The show little or no recognition of the impact of adoption on the birth relative. They put a negative spin on the birth parent's character and behaviour and may make derogatory comments. In thinking about contact, the adoptive parent makes no accommodation to the birth parent's behaviour, wishes, or desires. They show no recognition of how the birth parent may feel about contact or about lack of contact. They focus on the birth parent's difficult behaviour, as opposed to mental state. E.g. if the birth parent is upset during a meeting, they focus on how 'annoying' this behaviour was for them, rather than how upset she may have been feeling.

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4. Publications

    a. **Simon, K. A.,** Tornello, S. L., Farr, R. H., & Bos, H. M. W. (**in press**). Do bisexual, lesbian, and heterosexual women share similar dreams? Envisioning future parenthood and associated life changes. *Psychology of Sexual Orientation and Gender Diversity*

    b. Henderson, M. M., **Simon, K. A.,** & Henicheck, J. T. (**in press**). The relationship between sexual-professional identity integration and power and leadership in the workplace. *Psychology of Sexual Orientation and Gender Diversity*

    c. Farr, R. H., **Simon, K. A.,** & Bruun, S. T. (**2017**). LGBTQ relationships: Families of origin, same-sex couples, and parenting. In N. R. Silton (Ed.), *Family dynamics and romantic relationships in changing society* (pp. 110-136). Hershey, PA: IGI Global. doi:10.4018/978-1-5225-2404-5.ch006

5. Kyle A. Simon