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LONGITUDINAL PERSPECTIVES ON INDIVIDUAL OUTCOMES, FAMILY FUNCTIONING, AND SOCIAL SUPPORT AMONG DIVERSE ADOPTIVE FAMILIES

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LONGITUDINAL PERSPECTIVES ON INDIVIDUAL OUTCOMES, FAMILY
FUNCTIONING, AND SOCIAL SUPPORT AMONG DIVERSE ADOPTIVE
FAMILIES

THESIS

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

By

Emily P. Lapidus

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Lexington, Kentucky

2023

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ABSTRACT OF THESIS

LONGITUDINAL PERSPECTIVES ON INDIVIDUAL OUTCOMES, FAMILY FUNCTIONING, AND SOCIAL SUPPORT AMONG DIVERSE ADOPTIVE FAMILIES

Given that family processes change when a child enters adolescence, it is imperative for research to utilize longitudinal analyses to capture a family unit's development over time. This research is especially lacking amongst diverse families, such as those formed utilizing adoption or headed by same-gender parents. Utilizing both the Parenting Stress Model and Family Systems Theory, it has been shown that family dynamics are key indicators when predicting functioning within a family, opposed to family structure. Therefore, it is hypothesized that there will be no significant differences related to family processes (e.g., family functioning, parenting stress, adolescent adjustment, and social support) between lesbian, gay, (LG) and heterosexual adoptive parents. Further, it is hypothesized that previous reports of parenting stress and child behavior can predict current levels of adolescent adjustment and family functioning. The present study includes data from adoptive parents from a third wave of data collection from the Contemporary Adoptive Family Study ($N = 57$ adoptive parents). Outcomes (e.g., social support family functioning, parenting stress, and adolescent behavior) were not related to family structure. Further, previous reports of child behavior and family functioning predicted current family functioning. Previous aggregated reports of child behavior at previous time points predicted current adolescent adjustment. Implications for research, policy, and practice are discussed.

KEYWORDS: adoptive families, family functioning, same-gender parent families, adolescent adjustment, parenting stress, social support

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03/31/2023

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LONGITUDINAL PERSPECTIVES ON INDIVIDUAL OUTCOMES, FAMILY FUNCTIONING, AND SOCIAL SUPPORT AMONG DIVERSE ADOPTIVE FAMILIES

Within the United States (U.S.), family structures have become more heterogeneous over time (Pearce et al., 2018). The parenting abilities of same-gender couples have continued to be a controversial topic within the U.S. and globally (D'amore et al., 2020; Daugherty & Copen, 2016). This is important because lesbian and gay (LG) parents have been among the fastest growing familial units in the U.S. (Gates, 2012). Those with marginalized sexual and gender identities are more likely to have children utilizing adoption compared to those with cisgender and heterosexual identities (Ducheny & Copen, 2016; Goldberg & Conron, 2018). Informed by previous scholarship, the present study examines family functioning, social support, parenting stress, and adolescent adjustment among two-mother, two-father, and mother-father adoptive families (Bandura et al., 2011; Erich et al., 2005; Farr, 2017; Goldberg et al., 2011). Further, this work uniquely utilizes longitudinal analyses to compare these variables over time. As such, the results of this study have the potential to advance our understanding of the similarities and differences among adopted adolescents raised by LG and heterosexual parents in the wake of the COVID-19 stay-at-home orders. This work could inform much needed legal changes (e.g., provide federal protections for same-gender adoptive parents seeking private adoption) to support adoptive and sexual minority parents and their families.

The primary objective of the current study is to longitudinally understand outcomes (e.g., family functioning, parenting stress, adolescent adjustment, and social support) within adoptive families headed by two-mother, two-father, and mother-father parent families, drawing upon reports from adoptive parents. This expands upon previous scholarship to analyze family processes throughout three distinct time periods of child

development. As such, the present study makes use of a strengths-based approach towards understanding the experiences and outcomes of individuals within diverse families (Smith, 2006), as it can more comprehensively account for skills and characteristics that enhance an individual's ability to function amid unique stressors (Epstein, 2000). LG parents effectively parent even though faced with pervasive stigma at relational and systemic levels (Farr et al., 2016; King et al., 2013; Nadal, 2019). To account for potential mechanisms uniquely helping LG parents, we explored the impact of social support. Prior research has shown that LG parents especially benefit from perceived social support, which indicates the importance of including this variable when considering parent and adolescent adjustment in LG parent families (Holmberg et al., 2016; Kurdek, 2005).

A secondary objective of the current study is to quantify how earlier reports of parenting stress and family functioning – when children were in early and middle childhood (Farr, 2017; Farr et al., 2010) – affect current adolescent and parent outcomes. Analysis of past reports of parenting stress on current levels of child adjustment, parenting stress, and family functioning will provide additional knowledge about adoption and LGBTQ+ families literature. This is especially important to consider, as family dynamics can shift dramatically as children enter adolescence (Steinberg & Silk, 2002). Beyond typical familial shifts across children's development, there have been several fairly dramatic changes within the larger sociopolitical contexts (e.g., same-gender marriage equality, COVID-19; Donker et al., 2021; Drabble et al., 2020) since data were last collected when children were in middle childhood (2013-2014) relevant to this sample, now with adolescent children (current data collection from 2021 to the present) – changes that may relate to child, parent, and family outcomes.

To begin, I will briefly describe my guiding theoretical framework, including the relevance of Parenting Stress Model (Abidin, 1992), and Family Systems (Hill, 1958), theories to the key variables of interest simultaneously with the literature review, given the interconnected nature of family process variables. I then will describe a focused review of literature about perceived social support, family functioning, and parenting stress among diverse families, and their associations with children's adjustment, with particular attention to prior research regarding families formed through adoption and headed by sexual minority parents.

Theoretical Framework

The Abidin Parental Stress Model (Abidin, 1992) is one theoretical framework informing this study. This model assumes that parenting stress has an impact on parenting behaviors. Abidin (1995) theorizes that parenting stress stems from a disconnect between perceived demands of parenthood and available resources. Further, this model theorizes that parenting stress can act as a motivator to seek resources (e.g., social support, parenting alliances) that would lower stressors. Adolescence is a time of increased autonomy and their relationship with their parents is characterized as more egalitarian, which coincides with an increase in parent-adolescent conflict (Branje et al., 2002). For instance, among nonadoptive heterosexual parent families, parent-child relationships change as parents commonly report loosening parental control (Aquilino, 1997). Adolescents have expanded cognitive capacities, which commonly lead to questioning family and societal rules (Smetana & Asquith, 1994; Steinberg & Silk, 2002).

The Parenting Stress Model has been attributed to various developmental studies studying child and adolescent adjustment outcomes, especially when considering environmental or

societal stressors such as COVID-19 (Essler et al., 2021). Among biologically related families with early adolescents, parenting stress significantly increased during the COVID-19 pandemic (Calvano et al., 2021). Related lockdowns exacerbated preexisting family dynamics amongst parents raising adolescents (Cluver et al., 2020). This is especially relevant to LG parents and their families, as the COVID-19 disproportionately harmed marginalized communities (Kidd et al., 2021), so considering parenting stress is especially crucial in this period of data collection.

Also framing the current study is Family Systems Theory (Cox & Paley, 1997; Hill, 1958). The main concept is that within a family, no individual develops, behaves, or responds independently from others within the unit. Therefore, by addressing the experiences and perceptions of multiple parents, researchers can gain a more accurate understanding of development within diverse families. By having access to both adequate resources and quality relationships with parental figures, adolescents are more likely to reap beneficial outcomes, such as improved well-being, a pattern that has been observed among LG and heterosexual parent families (e.g., Lamb, 2012; Perrin et al., 2013). Conversely, among different-gender parent families, parents of children around 5 years old with externalizing behavior problems have reported higher parenting stress than parents with children who have not reported behavior problems (Donenberg et al., 1993). Along the same lines, among different-gender parent families across the U.S., increased parenting stress is linked to lower family functioning and with greater adolescent behavior problems (Conger et al., 1995). For example, among same-gender parent households, it has been shown that it is not the family structure that predicts beneficial developmental outcomes in adopted children and adolescents, but family processes, such as harmonious family

functioning (Erich et al., 2005; Golombok et al., 2014). In this sample, previous associations have been found among family functioning, child adjustment, and parenting stress (Farr, 2017), yet it is unknown if these trends will continue into adolescence.

Due to the expansive reach of COVID-19 related disruptions one family member's increase in stressors could influence the whole family (Cox & Paley, 1997; Prime et al., 2020). COVID-19 and the subsequent stay-at home ordinances have impacted individual family members, thus, family dynamics within LG and heterosexual parent-families (Goldberg et al., 2022; Low & Mounts, 2022). Ninety-one percent of the world's student population was impacted by closing schools and switching to remote learning (Lee, 2020). Specifically, during 2020 and 2021 there were regionally implemented stay-at-home orders that stopped or limited in-person learning. Child adjustment is determined by distal factors, such as stay-at-home ordinances, and relationships with parents (Prime et al., 2020). Broadly, amongst school aged non-adoptive children, internalized and externalized behavior problems COVID-19 was seen to significantly increase, in part possibly due to lower parenting quality (Feinberg et al., 2022). Both parental stress and parental reports of adolescent adjustment issues increased during the pandemic amongst non-adoptive mother-father families (Wong, 2022). Family functioning for parents of children in middle childhood Goldberg and colleagues (2022) found almost all families (e.g., both LG and different-gender parent families) described that lockdown amplified existing emotional or learning challenges within their school-aged, adopted children. This is imperative to consider, as data for this study have been collected during the pandemic and after the most stringent lockdown phases. In sum, this study considers the broader distal environment that can impact family members family relationships when assessing adolescent development.

Parenting Stress

Parenting stress is theorized as stemming from the disconnect between current resources to meet parenting demands and what parenthood is demanding (Abidin, 1992, 1995). Associations between parenting stress and family functioning have been observed globally and among diverse family structures, including single-parent and adoptive families (Arshat et al., 2016; Kelley, 1994; León et al., 2015). When studying children's development and family functioning, it is vital to consider parenting stress, as it is well known that increased levels of stress can lead to dysfunction within parent-child dyads and decrease a family's overall functioning (Deater-Deckard, 1998). The amount and effect of parenting stress can be reduced by protective factors, such as social support. Amongst internationally adoptive mothers, those who reported higher perceived social support prior to placement also tended to report lower amounts of parenting stress post-placement (Viana & Welsh, 2010). Increased parenting stress has been found to mediate the relationship between stressful events and negative outcomes, but chronic parenting stress is associated with lower perceived emotional support amongst nonadoptive mothers (Crnic & Low, 2002). Among adoptive families, parents who reported lower levels of parenting stress when their child was in middle childhood later reported lower parenting stress when their child aged to pre-adolescence (León, 2015).

Parenting is also deemed less stressful for those who have more resources, including in the form of emotional and social support (Abidin, 1992; Deater-Deckard, 1998; Mash et al., 1990). Mothers who report higher levels of social support have more positive attitudes and behaviors towards motherhood (Crnic et al., 1983; Koeske et al., 1990). The opposite has also been found, as reports of low social support are significantly

associated with higher parenting stress among both LG and heterosexual non-adoptive and adoptive parents (Sepa et al., 2004; Tornello et al., 2011). The positive influence of social support on parenting stress can be seen across parents representing diverse racial/ethnic backgrounds, sexual identities, and adoptive statuses (Cardoso et al., 2010; Sepa et al., 2004; Tornello et al., 2011). In sum, these dynamics have yet to be studied amongst diverse family structures with adopted adolescents specifically; therefore the present study adds to the broader literature.

Following from Family Systems Theory, an increase in parenting stress reported by parents negatively impacts adolescents as well (Cox & Paley, 1997; Hill, 1958). Parenting stress and child behavior, including among adolescents, follow a transactional model; parenting stress can influence adolescent behavior while adolescent behavior can influence parenting stress (Stone et al., 2016). Increased parenting stress during childhood is commonly found to negatively affect the quality of parent-child relationships in adulthood (Deater-Deckard, 1998). Increased parenting stress is connected to children's and adolescents' internalizing and maladaptive behaviors in families with different-gender parents and biologically related children (Costa et al., 2006). Beyond that, non-adoptive mothers' parenting changes when they perceive their adolescent having behavior problems, such that mothers who view their adolescent as having behavior problems are likely to accept their children less (Putnick et al., 2008). Although literature in this area has commonly focused on families with heterosexual parents and biologically related children, it is likely that these models apply towards other family types.

Parenting stress is experienced by all family types, including those formed through adoption. There are studies showing adoptive parents have lower parenting stress compared

to non-adoptive parents of school-aged children (Levy-Shiff et al., 1997), though the difference in parenting stress between adoptive and non-adoptive parents varies (León et al., 2015). Among adopted children with LG or heterosexual parents, school-age children are reported to have fewer maladaptive behaviors when their parents reported lower parenting stress (Farr, 2017). This pattern was seen amongst LG and heterosexual parents with adopted adolescents averaging 11 years old, such that parenting stress predicts externalized behavior problems (McConnachie et al., 2021). While this pattern has been seen among school-age children or early adolescence, there is less research about whether these patterns persist into later adolescence among same-gender parent adoptive families. The current study will therefore address this missing domain. These findings will not only expand our knowledge of LG parenting, but also allow researchers to better our understanding of behavioral outcomes among adopted adolescents.

Consistently, studies have found that the sexual orientation of parents is not associated with parenting stress (Farr, 2017; Farr et al., 2010; Golombok et al., 2014; Lavner et al., 2014). For LG adoptive parents, it has been shown that those parents who had higher social support before placement reported lower parenting stress after placement (Goldberg et al., 2014). There is also some evidence demonstrating gay fathers with children ages 3-9 years reported having lower levels of parenting stress when compared to heterosexual parents (Golombok et al., 2014). Specifically among adoptive gay fathers, demographic factors such as the age of child when placed, family income, and parent education level have been found to be associated with parenting stress (Tornello et al., 2011). There is less known, however, about the levels of parenting stress among adoptive

LG parents with adolescent children, which is paramount to understand given that parenting stress has been seen to affect other aspects of family life.

Family Functioning

Family functioning has previously been seen as a combination of cohesion, adaptability, flexibility, and responsiveness between family members (León, 2015; Olson, 2000). Families high in each of these variables are considered to have high levels of family functioning. Flexibility and responsiveness have been associated with lower parental stress within both adoptive and non-adoptive parents, displaying the importance of high levels of family functioning when looking at childhood psychological adjustment (León, 2015). Decreased family functioning is related to adolescents' increased behavior problems such as alcohol use, problem behavior, phone addiction, and psychological well-being in heterosexual parent, nonadoptive families (McKay et al., 1991; Shek, 1997). Among families with parents and children who are biologically related, significant positive relations have been found between family dysfunction and adolescents' reported levels of depression and anxiety (Wang et al., 2020). In the current sample, higher family functioning when children were in middle childhood was predicted by lower parenting stress and fewer child misbehaviors when children were in early childhood (Farr, 2017). Interestingly, parents' perceived social support during the COVID-19 pandemic appears to buffer a decline in reported family functioning amongst non-adoptive parents of adolescents (Hussong et al., 2022). It has yet to be explored, however, how parental perceived social support in the wake of COVID-19 lockdowns have impacted diverse adoptive families with adolescents.

General family functioning is an especially imperative factor to consider when studying adoptive families. In fact, family functioning appears to have a stronger effect on adult adopted persons' adjustment compared to coping with adoption issues (i.e., ambiguous loss; Brodzinsky, 1990; Levy-Shiff, 2001). Levy-Shiff and colleagues (2001) found that among Israeli adult adopted persons, the higher the adults reported their family cohesion to be, the lower they reported their personal pathology. Family functioning within adoptive families can be related to some demographic factors. Family functioning has seen to be higher when adopted children are younger, are able-bodied, and when adoptive parents are more experienced with Child Protective Services (Erich et al., 2005; Leung et al., 2005). However, parents' sexual orientation has not been found to be associated with family functioning among these and similar samples of lesbian, gay, and heterosexual adoptive parent families, including those with adolescent children (Erich et al., 2005; Farr, 2017; Leung et al., 2005).

Not only have there been few reported differences in family functioning between LG and heterosexual family structures, but LG parent families are characterized by healthy family functioning (Erich et al., 2005; Farr, 2017; Farr et al., 2010). The current sample was found to show comparable family cohesiveness among lesbian, gay, heterosexual parent households when children were in middle childhood (Farr et al., 2019; Farr et al., 2020). Moreover, gay fathers have been found to show greater warmth, responsiveness, and interaction with their adopted children compared to heterosexual parents (Golombok et al., 2014). Relatedly, compared to heterosexual mothers, non-adoptive lesbian mothers are less likely to physically punish their elementary-aged children while more likely to engage in imaginative play (Golombok et al., 2003). Therefore, regardless of family

structure, and aligned with Family Systems Theory (Cox & Paley, 1997; Hill, 1958), functioning family appears to benefit all individual members.

Perceived Social Support

Higher perceived social support provides beneficial outcomes towards all family members. Perceived social support can be characterized as an individual's access to close personal relationships (Rivers et al., 2020; Uchino, 2009) and is typically characterized by two broad dimensions: availability of support and quality of interpersonal interactions (Barrera, 1986; Rivers et al., 2020). Perceived social support has been consistently shown to promote well-being, decrease mortality, and buffer against depression and anxiety among many populations, including heterosexual parents and LG adoptive parents (Goldberg et al., 2008; Gurung et al., 1997; Lin & Ensel, 1984; Rueger et al., 2016; Turner, 1981; Wethington & Kessler, 1986). It is important to note that the source of perceived social support (e.g., romantic partner, family member, close friend) is less important as compared to the function of support (Rivers et al., 2020). This means that as long as an individual has an available and quality source of social support, they will be able to equally benefit from the specific source.

Even before placement with a child, and throughout the adoptive placement process, social support has been identified as beneficial by LG and heterosexual adoptive parents (Daniluk & Hurtig-Mitchell, 2003; Goldberg & Smith, 2014). After placement, adoptive LG and heterosexual parents with more social support report higher levels of family functioning (Kindle & Erich, 2005; Levy-Shiff et al., 1991). The most beneficial services utilized by heterosexual parents with adopted adolescents involve varying forms of social support (e.g., adoptive parent support groups, friends, family; Atkinson & Gonet,

2007). Beneficial mental health outcomes are connected with greater perceived social support from friends and romantic partners among LGBTQ+ adoptive parents (Farr et al., 2020). However, when perceived social supports are inadequate, this can lead to a sense of isolation or symptoms of depression among heterosexual adoptive parents (Foli, 2012; Levy-Shiff et al., 1991; McKay et al., 2010).

People in the LGBTQ+ community benefit tremendously from an active and supportive social network. Some research has shown that LG individuals are more likely to report more support from friends compared to their family of origin (Elizur & Mintzer, 2001; Goldberg & Smith, 2008; Holmberg et al., 2016; Kurdek, 2005). Adoptive LG parents are likely to have to benefit from the same level of social support as heterosexual adoptive parents, however, the source of support is likely different. For instance, LG adoptive couples are more likely to receive support from their romantic partner or daycare services compared to heterosexual adoptive couples (Kindle & Erich, 2005). This is different when compared to heterosexual adoptive couples, who mention their family being their primary source of social support (Kurdek, 2005). LG individuals are more likely to report that social support from friends promotes higher quality of life and less depression compared to heterosexual individuals (Holmberg et al., 2016; Kwon, 2013). A greater amount of perceived friend support is related to lower anxiety and depression at the time of adoption for LG couples (Goldberg et al., 2011). In the current sample, when the adopted children were school-age, LG and heterosexual parents felt comparable levels of social support (Sumontha et al., 2016), which may be due to changing rates of acceptance towards LGBTQ+ individuals (Pew Research Center, 2020).

Throughout the lifetime, heterosexual individuals are more likely to report having less social support from friends, however this trend has not been seen amongst LGB individuals as they age (Dewaele et al., 2011). Mothers parenting adolescents are more likely to report higher frequencies of drinking when they have lower social support (Handley et al., 2008). Among middle-aged men, including those raising children, social support offers buffering effects on mental health (Takizawa, 2006). However, it is unknown if levels of social support have shifted among the current sample of parents as their children have gained higher levels of autonomy characteristic of adolescence. For instance, during COVID, heterosexual non-adoptive parents who reported higher social support predicted lower anxiety (Wu et al., 2020).

Associations Among Parenting Stress, Family Functioning, Adolescent Behavioral Adjustment and Perceived Social Support

Taking the above literature together, it is clear that child, parent, and family outcomes are intertwined, and over time. Positive outcomes associated with family functioning and perceived social support and the negative consequences of parenting stress and adolescent misbehavior extend beyond directly affecting the individual. These variables have intersect with one another within adoptive families with LG and heterosexual parents with school-aged children (Goldberg et al., 2014; Santos-Nunes et al., 2018). Adolescents with more behavior problems also report higher levels of family dysfunction and lower rates of communication with parents (Durišić, 2018). Family dysfunction is also a predictor of parenting burnout, which occurs when a parent experiences chronic levels of parenting stress for extended periods of time (Mikolajczak et al., 2018). However, heterosexual, biologically-related parents who report having an adequate support system also are more likely to report higher family functioning (Belsky,

1984). Given previous literature about the interconnectedness of these variables of interest, it is clear that further longitudinal analysis would be useful to examine possible associations among adoptive families with adolescent children, including those led by same- and different-gender parents.

Current Study

There are three adoptive family structures represented in this study: ones with lesbian, gay (LG), and heterosexual parents. The broad intention of this work is to analyze the longitudinal development of adopted children raised by parents of varying sexual orientations, assessing constructs such as child behavioral adjustment, parenting stress, family functioning, and social support. This current study involves a comparison of data from the Contemporary Adoptive Families Study (CAFS; Farr, 2017; Farr et al., 2010) collected at a third wave (W3) when children were in adolescence to earlier waves of data collection at Wave 1 (W1) or Wave two (W2), when children were preschool- and school-age, respectively.

Research questions and hypotheses. In this study, I address the following questions:

1. As reported by adoptive parents, are family structures (i.e., headed by lesbian, gay, and heterosexual parents) associated with parenting stress, family functioning, and adolescents' behavioral problems at W3? Further, is family structure (i.e., parental sexual orientation) associated with parent reports of perceived social support at W3?

Hypothesis 1: As per prior research, I am hypothesizing that parental sexual orientation is unlikely to be a significant predictor in family functioning, parenting stress, or adjustment of children (Farr, 2017; Farr et al., 2010; McCubbin et al., 1980; Ryan et al., 2004). As

prior research has indicated, LG people, including adoptive parents, have described unique benefits from social support (Goldberg et al., 2011; Kurdek, 2005). This is especially important considering the time of data collection was related to unique and stressful sociopolitical climates for LG individuals (Gonzalez et al., 2021; Nadal et al., 2019). This contradicts previous findings from the sample, where there were comparable levels of social support among lesbian, gay, and heterosexual family structures when their adopted child was school-aged. I am predicting that now LGB family units will report a higher level of perceived social support compared to heterosexual family units, as children have gained more autonomy as they entered adolescence and parents have more bandwidth to maintain or continue friendship connections (Wrzus et al., 2013). This may be a higher priority for LGB individuals (Elizur & Mintzer, 2001; Green, 2000).

2. Do previous reports of parenting stress and child behavior problems (reports from W1 and W2) predict current levels of family functioning and adolescent behavior problems (reports from W3), while accounting for previous reports of family functioning and earlier reports of behavior problems? Further, do present levels of parenting stress and child behavior problems (from W3) predict current levels of family functioning and adolescent behavior problems (reported from W3), when accounting for previous reports of family functioning (from W2)? Finally, is current family functioning predicted by current reports of perceived social support, when accounting for previous levels of family functioning?

Hypothesis 2: Previous results from the current sample have shown child behavior problems and parenting stress from W1 predicted child behavior problems in W2. Additionally, W1 reports of problematic child behavior and parenting stress predicted

lower family functioning at W2 (Farr, 2017). Among LGH adoptive parent families, literature has seen child maladjustment to increase from childhood into adolescence (McConnachie et al., 2021). Therefore, I hypothesize that parenting stress and child behavior problems reported from both W1 and W2 will predict adolescent behavior and family functioning in W3. Finally, I hypothesize that current family functioning can be predicted by social support at W3, as more expansive support systems predict higher rates of family functioning (Belsky, 1984).

METHOD

Participants

The current sample involves adoptive parents recruited for a W3 of data collection for a longitudinal study (CAFS; Farr, 2017). Approximately half of the original sample represent same-gender parent families and half represent different-gender parent families (Farr et al., 2010). Specifically, this sample began (W1) with 106 two-parent adoptive families ($n = 29$ with lesbian parents, 27 gay, and 50 heterosexual; Farr et al., 2010). Data for W1 were collected between 2007-2009. All participants were then contacted again to assess interest in participating in the second wave (W2) of data collection, which occurred from 2013-2014 (Farr, 2017). In total, the same children have been participants at different stages of their lives (first wave, $M = 3.0$ years; second wave, $M = 8.4$ years; Farr, 2017). All parents who participated at W1 were re-contacted in 2021 via e-mail for W3.

Of the original 106 families, the current sample of adoptive parents ($N = 57$, $Mage = 56.09$ years, $SD = 5.88$) represents 41 families with 41 target adolescents ($Mage = 16.33$ years, $SD = 1.59$). Target adolescents refer to the child that was originally recruited in W1 (Farr et al., 2010). Of the 41 unique families, 13 (31.70%) are two-mother parent families,

11 (26.83%) are two-father parent families, and 17 (41.46%) are mother-father parent families. Thirty-one parents identify as cisgender women, with the remaining 26 identifying as cisgender men. Eighteen of the 41 families (43.9%) represent a transracial adoptive family. Most of the adoptive parents identify as white ($n = 51$, 89.5%), while the remaining identified as Black ($n = 4$, 7%), Multiracial, or Latino ($n = 2$, 3.6%). The parents reported adolescents' gender identities as cisgender girls ($n = 27$, 47.4%), cisgender boys ($n = 28$, 49.1%), or non-binary ($n = 2$, 3.5%). The target adolescents are more racially diverse, with 31 identifying as white (54.4%), 13 as Black (22.8%), 10 as Multiracial ($n = 10$, 17.5%), and 3 as Latino or other ($n = 3$, 5.3%). The reported median household income of the adoptive parents is \$220,000 ($SD = 236,761.78$). In terms of the number of children reported by the adoptive parent at W3, 16 of 41 participating families (39%) had 1 child, 18 (43.9%) had two children, 6 (14.6%) had three children, and 1 (2.4%) had four children. Overall, 34 of 41 families remain with their original partner since W1. Of the 7 that have separated, one had done so in the time between W2 and W3; the remaining 6 had split between W1 and W2 (Farr, 2017). Since the last time of data collection, one parent reported an additional foster child in their family. Otherwise, families had not added more children since W2.

Procedure

Families in the current study were originally recruited from five domestic, private, infant adoption agencies across the U.S. (Farr et al., 2010). These agencies are located in states where same-gender couples could be recognized as the legal adoptive parents at the time of the study's inception. W3 of data collection is ongoing and expected to continue

through 2023. At each data collection wave, parents completed survey measures and their demographic questionnaires either in-person (W1, W2) or online (W2, W3).

After receiving Institutional Review Board approval from the University of Kentucky, all parents who participated during W1 or W2 of data collection were contacted via email. After providing informed consent, participating parents were given a personalized secure link to complete various scales using Qualtrics, an online survey platform. Participants received different measures depending on their family structure (e.g., LG or heterosexual). Participants who complete the survey for W3 are compensated with a \$15 e-gift card to Amazon following participation. After participation, participants also receive a debriefing letter via email.

Materials

Demographics. All parents were asked basic demographic questions related to themselves and their family. On an identity level, all parents were asked their race, gender (inclusive towards those identities beyond the gender binary), birthday, sexual orientation, and current relationship status. Then, participants were asked about their children. These questions ranged from their birthday, race, and gender. Adoptive parents were asked to list names and ages of other children in the family, and if those children were also adopted. Finally, parents responded to information about the other parent with whom they adopted the target adolescent, as it is possible that they are no longer in a romantic relationship (yet the study began with all 2-parent families; Farr et al., 2010). These questions were related to the co-parents' age, race, and relation to the target child. This response option was a text-entry, allowing participants to self-describe.

Family Functioning. All parents were instructed to complete the Family Assessment Device (FAD; Epstein et al., 1983; See Appendix A for all included items) to assess parents' self-reported levels of family functioning and family health. This instrument contains 60 items divided into 7 subscales. The scale's original reliabilities varied depending on the subscale, but all were notably high, ranging from $\alpha = .72$ (roles subscale) to $\alpha = .92$ (general functioning subscale; Epstein et al., 1983). At W2, the overall reliability was $\alpha = .96$ (Farr, 2017) whereas the sample at W3 had overall reliability of $\alpha = .97$. Participants were provided statements and instructed to rate their level of agreement on a scale of 1 (strongly disagree) to 4 (strongly agree). An example item is, "We don't get along well together." Higher scores indicate maladaptive family functioning (Epstein et al., 1983). Scores across all subscales are averaged to calculate family functioning. This measure was included at W2 and W3, but not at W1 (Farr, 2017). This measure has been consistently used by adolescents and biologically related parents of adolescents (Van Harmelen et al., 2017).

Parenting Stress. All parents were instructed to complete the Parenting Stress Inventory - Short Form (PSI-SF; Abidin, 1995; See Appendix B for all included items). The aim of the PSI is to assess self-reported stress in adults that have been contributed to parenthood. This abbreviated measure contains 36-items and has been divided into three subscales consisting of 12 items each: parental distress, parent-child dysfunctional interaction, and difficult child. Parents were instructed to rate the extent to which they agreed with provided statements. An example statement is, "I feel trapped by my responsibilities as a parent" (Abidin, 1995). All 36 items are scored from 1 (strongly disagree) to 5 (strongly agree), and a total score is created by adding the scores across the

three subscales where higher scores indicate higher parenting stress. The PSI-SF was also distributed to parents at W1 (sample $\alpha = .90$; Farr et al., 2010) and W2 of data collection (sample $\alpha = .90$; Farr, 2017). For continuity in this longitudinal study, the PSI-SF was utilized even though the scale's design is intended for parents of children up to 12 years old. At W3, the sample has an overall reliability of $\alpha = .94$. The scale has previously been used to measure parenting stress among gay fathers and lesbian mothers with elementary and school-aged children in additional studies as well (Golombok et al., 2003; Tornello et al., 2011).

Social Support. All participants were provided the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988; MSPSS; See Appendix C for all included items) at W3. This scale is intended to evaluate an individual's self-reported level of social support from three different sources: friends ($\alpha = .85$), family ($\alpha = .87$), and significant others ($\alpha = .91$; Zimet et al., 1988). The MSPSS consists of 12 items; each subscale contains 4 items. All items are on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), and a total score can be created from a sum of all items. Higher total scores indicate higher perceived social support. An example item is, "There is a special person in my life who cares about my feelings." This measure was provided to parents at W2 only (not W1), with Cronbach's α ranging from .92 (heterosexual parents) to .96 (gay fathers; Sumontha et al., 2016). At W3, the sample has an overall reliability of $\alpha = .93$. The MSPSS has been utilized amongst LGBTQ+ populations of various ages (e.g., Marmo et al., 2021; Matijczak et al., 2020).

Child Behavioral Adjustment. To evaluate children's behavioral adjustment, the Child Behavior Checklist (CBCL/6-18; Achenbach, 1991; See Appendix D for all included

items) was distributed to parents at W3, intending to assess adolescents' emotional and behavioral problems and social competencies. This measure contains 113 items scored on a 3-point scale, ranging from 0 to 2 (0 = not true, 2 = very true or often true) and then the total, raw score is converted to a standard T score. We averaged the sex-specific T scores (Achenbach, 1991) to create an overall composite score to be inclusive of gender diversity (i.e., not all identify as a girl or boy) among the adolescents. An example item from the scale is, "Demands a lot of attention." This measure was utilized previously at W2, with overall high overall reliability ($\alpha = .95$; Farr, 2017), and has a high overall reliability at W3 ($\alpha = .98$). The CBCL/1.5-5 was used at W1 as it was age-appropriate at the time of data collection ($\alpha = .90$; Achenbach & Rescorla, 2000; Farr et al., 2010). The CBCL/6-18 has effectively measured behavior of adopted adolescents for decades (Bimmel et al., 2003), including those in LGH adoptive parent families (Erich et al., 2005).

Data Analytic Plan

Before addressing the specific research questions, I first utilized Pearson's correlations to examine associations among variables of interest at W3 and across the two earlier waves (W2 and W1; See Table 1). I also utilized paired *t*-tests to compare family processes across waves. This comparative method was similarly employed to examine how processes changed from W1 to W2 (Farr, 2017). Additionally, I explored potential demographic covariates to the variables of interest (e.g., adolescent's age and gender). These were explored as both were significant during previous CAFS data analysis (Farr et al., 2010; Farr, 2017). Then, to address the first research question about differences by family type (Hypotheses 1), I utilized a one-way ANOVA to compare parent reports of family processes by parental sexual orientation. Next, I utilized Hierarchical linear

modeling (HLM) to account for the nested data structure (e.g., two parents within one family providing reports) to address the second hypothesis (Raudenbush & Bryk, 2002). This hypothesis states that previous levels of child behavior and parenting stress (from W1 and W2) can predict current levels of family functioning and adolescent behavior (at W3). These models have been used within the adoption literature as well as when analyzing data from same-gender parent families (e.g., Goldberg et al., 2020). Further, this method has been used previously within the present sample (Farr et al., 2010; Farr, 2017; Farr et al., 2019). The basic equations for the HLM analyses are the following:

$$\text{Level 1: } Y_{ij} + \beta_{0j} + e_{ij}$$

$$\text{Level 2: } \gamma_{00} + \gamma_{01}(\text{two mother}) + \gamma_{01}(\text{two father}) + u_{0j}$$

Level 1 reflects within-family processes while Level 2 displays the variance between family structures. The couple scores for outcome variables are averaged, Y_{ij} . β_{0j} indicates the random intercepts and e_{ij} accounts for the error. At the second level, $\gamma_{01}(\text{two mother})$, represents the effects of the two-mother parent families against mother-father parent families. Additionally, the $\gamma_{01}(\text{two father})$ accounts for the effects of belonging to a two-father parent family against mother-father parent families. Finally, u_{0j} is the group's deviation from the grand mean.

To account for PSI and CBCL reports from two waves, data from W1 and W2 were aggregated. Family functioning did not need to be aggregated as there were only reports from W2. Aggregation was performed because the family processes scores across timepoints overlap, therefore limiting the models' potential to reveal significant autoregressive effects. Missing data were assumed to occur randomly, and therefore, full maximum likelihood was utilized (Jeličić et al., 2009). This approach has been utilized in

previous HLM analyses with CAFS data and is recommended when working with multilevel models (Acock, 2005; Farr et al., 2019).

RESULTS

Below I provide descriptive statistics regarding W3 family processes, as well as demographic comparisons from the W2 sample to W3 sample. Next, I ran paired-sample *t*-tests and notated any significant changes regarding all measures (e.g., family functioning, parenting stress, social support, adolescent adjustment) to examine if these processes have significantly changed between time periods, including confidence intervals and effect sizes. (Note that W2 scores on these measures were first reported in Farr, 2017, as well as Sumontha et al., 2016.) Then, I conducted ANOVAs to see how family structures are associated with outcomes. Finally, I ran HLM (utilizing HLM7; Raudenbush et al., 2011) analyses to see if previous reports (W1, W2) of family processes predicted current outcomes (W3) as reported by adoptive parents. To address how social support (reported at W3) is associated with most recent reports of family functioning and adolescent behavior, an HLM was run. Finally, I used HLM to explore concurrent associations (e.g., current parenting stress) influencing current family functioning and adolescent adjustment. Unconditional models were utilized by examining a model with no predictors and the outcome variables (e.g., family functioning and adolescent adjustment, both at W3) as reported by both parents. All ICCs were below standardized cutoff variables (e.g., 25%; Guo, 2005), yet HLM analyses were still run.

Preliminary Analyses

First, I considered any demographic differences between the sample of parents represented at W2 compared to the participating subsample at W3. Relative to the larger

data from the previous wave (Wave 2), the present sample ($N = 57$ individuals composing 41 family units) of parents is less racially diverse and has a larger income (e.g., the current sample is 89.5% white with an average income of \$276,000 and at W2 the sample was 184 parents, of whom 140 were white (78%) and had an average income of \$180,000). Additionally, the adolescents are now more gender diverse, with two parents identifying their child as non-binary.

Contrary to previous reports (Farr, 2017), exploratory analyses with demographic factors revealed that adolescent gender was not associated with any outcome of parental reports of family outcomes. However, adolescent age was associated with one family process as reported by parents: adolescent adjustment $F(1, 57) = 5.08, p = .028; r(57) = -.332, p = .012$. Therefore, when adolescent adjustment is the outcome, adolescent age is considered in some subsequent analyses (as a covariate).

Next, I explored associations between variables of interest from W2 to W3 (See Table 1). At W3, parenting stress (i.e., overall total scores) continued to be reported under clinical levels ($M = 79.79, SD = 23.31$), that being over a score of 90 (Achenbach, 1991). Parenting stress significantly increased from W2 to W3, $t(55) = -4.98, p < .001$, 95% CI [-16.98, -7.23], $d = -.67$. Family dysfunction (i.e., overall total scores) was slightly higher at W3 ($M = 1.91; SD = .38$), compared to W2 ($M = 1.76; SD = .37$). This effect was significant, $t(47) = -2.46, p = .018$, 95% CI [-.29, -.03], $d = -.36$. Adolescent maladaptive behavior (i.e., overall total scores) was also higher at W3 ($M = 56.51; SD = 9.94$) compared to W2 ($M = 52.05; SD = 10.36$) and this effect was significant $t(56) = -3.65, p < .001$, 95% CI [-6.90, -2.01], $d = -.48$. There was no significant difference in reports of generalized feelings of social support (i.e., overall total scores) from W2 ($M =$

18.91, $SD = 7.27$) to W3 ($M = 18.38$, $SD = 6.48$) as reported by parents, $t(46) = .50$, $p = .621$, 95% CI [-1.62, 2.68], $d = .07$.

Outcome Variables by Family Structure

The first research question was an investigation of how family structures are associated with family processes (e.g., parental reports of parenting stress, adolescent adjustment, family functioning). First, analysis of variance (ANOVA) was utilized, indicating that family structure was not associated with any of the three outcomes. Specifically, there were no significant differences in reports of parenting stress or family functioning depending on family structure (See Table 2). Adolescent age was added as a covariate to test adolescent behavior, yet there were no significant differences in terms of family structure, $F(2, 57) = .82$, $p = .448$. This finding supports the first hypothesis that LG and heterosexual parents would report indistinguishable differences in regards to family functioning, parenting stress, and adolescent adjustment. To answer the second part of the first research question, I ran an ANOVA to investigate whether social support would vary by family structure. There was no significant difference in social support among diverse family structures (See Table 2). This finding does not support the second part of the first research question hypothesis, as LG adoptive parents in this sample do not report significantly higher reports of social support compared to heterosexual adoptive parents.

Predicting Current Adolescent Adjustment and Family Functioning

Given the nested nature of the data, HLM were then used to see if family processes were significantly different across family structures (see Figure 1.1 for the model equations for the first research question). HLM findings aligned with those

calculated from the ANOVA. There were no statistically significant differences between family structures (e.g., two-mother, two-father, and mother-father parent families) for any outcome variable (See Table 3).

In contrast, family processes were related to one another over time (See Table 3). Specifically, using HLM, family functioning reports from W2 significantly predicted current reports of family functioning. Aggregated reports of parenting stress and child behavior among the sample across W1 and W2 predicted W3 parenting stress scores and child behavior, respectively. However, W2 reports of social support did not predict current reports of social support.

The first portion of the second research question was to examine if previous reports (at W1 and W2) of child behavior, parenting stress, and family functioning would predict current (W3) levels of adolescent adjustment (See Table 4). HLM analyses show that previous aggregated reports of child behavior problems significantly predict adolescents' maladaptive adjustment, $t(37) = 3.25, p = .002$. Previous reports of family functioning, $t(37) = -0.75, p = .460$, and parenting stress $t(37) = .61, p = .548$, were not significant predictors of current adolescent maladjustment. The presented model has an ICC of .177. This finding partially supports my second hypothesis, as previous parent reports of child behavior problems predicted current levels of adolescent adjustment, while previous parental reports of parenting stress and family functioning were not able to do so.

An HLM was used to investigate if family functioning at W3 would be predicted by previous reports of parenting stress and child adjustment (e.g., aggregated W1 and W2 reports of PSI and CBCL scores). To account for previous reports of family functioning,

W2 family functioning was added to the model (See Table 5). HLM analyses indicated that previous reports of family functioning from W2, $t(32) = 2.97, p = .006$, and child behavior aggregated from W1 and W2, $t(32) = 2.379, p = .023$, predict current (W3) family functioning. Parenting stress aggregated from W1 and W2 did not predict current levels of family functioning, as reported by adoptive parents $t(32) = .362, p = .720$. The presented model has an ICC of .50, however the variance in current adolescent behavior problems attributed to different family structures is not significant ($p = .321$).

To address the second portion of the second research question, an HLM model of current reports of parenting stress (W3), family functioning (W3), and aggregated child behavior (from W1 and W2) was run to examine associations with adolescent behavior at W3. Adolescent age was added into the model as a covariate. Age was significant in predicting current levels of adolescent behavior, $t(32) = -2.52, p = 0.017$. It was found that parenting stress at W3 did predict current adolescent behavior, $t(32) = 4.71, p < .001$. Additionally, after the consideration of other variables, aggregated reports of child behavior from W1 and W2 no longer predict current adolescent adjustment, $t(32) = 1.41, p = .167$. Family functioning at W3 was also not significant in predicting current adolescent behaviors, $t(32) = -1.47, p = .151$.

Finally, to assess how current levels of social support impact family processes (such as family functioning and adolescent adjustment) across all parents, I ran another HLM analysis. W3 reports of social support predicted W3 reports of family functioning, when accounting for W2 reports of family functioning, $t(33) = 3.76, p < .001$. A similar result was not found when attempting to predict W3 adolescent adjustment with W3

social support, and controlling for aggregated previous child behavior, and child's age,
 $t(33) = 0.90, p = .374$.

Figure 1.1: HLM Equation for Research Question 1

$$\text{Level 1: } Y_{ij}(\text{W3 Family Functioning}) = \beta_{0j} + \beta_{1j}(\text{W2 Family Functioning}) + e_{ij}$$

$$\text{Level 2: } \beta_{0i} = \gamma_{00} + \gamma_{01}(\text{two mom}) + \gamma_{02}(\text{two dad}) + U_{0j}$$

$$\text{Level 1: } Y_{ij}(\text{W3 Parenting Stress}) = \beta_{0j} + \beta_{1j}(\text{Previous Parenting Stress}) + e_{ij}$$

$$\text{Level 2: } \beta_{0i} = \gamma_{00} + \gamma_{01}(\text{two mom}) + \gamma_{02}(\text{two dad}) + U_{0j}$$

$$\text{Level 1: } Y_{ij}(\text{W3 Child Adjustment}) = \beta_{0j} + \beta_{1j}(\text{Previous Child Adjustment}) + e_{ij}$$

$$\text{Level 2: } \beta_{0i} = \gamma_{00} + \gamma_{01}(\text{two mom}) + \gamma_{02}(\text{two dad}) + U_{0j}$$

$$\text{Level 1: } Y_{ij}(\text{W3 Social Support}) = \beta_{0j} + \beta_{1j}(\text{W2 Social Support}) + e_{ij}$$

$$\text{Level 2: } \beta_{0i} = \gamma_{00} + \gamma_{01}(\text{two mom}) + \gamma_{02}(\text{two dad}) + U_{0j}$$

Table 1: Correlations between Child Behavior, Family Functioning, Parenting Stress, and Social Support across Three Time Points

	CBCL W1	CBCL W2	CBCL W3	FAD W2	FAD W3	PSI W1	PSI W2	PSI W3	MSPSS W2
CBCL W2	.42**	1							
CBCL W3	.50**	.59**	1						
FAD W2	.19	.12	.01	1					
FAD W3	.32*	.45**	.28	.32*	1				
PSI W1	.69**	.32*	.36**	-.02	.40**	1			
PSI W2	.42**	.58**	.45**	.13	.43**	.53**	1		
PSI W3	.57**	.56**	.73**	.11	.51**	.63**	.63**	1	
MSPSS W2	.23	.12	.05	.19	.36*	.23	.24	.03	1
MSPSS W3	.27	.25	.25	.10	.54**	.34*	.39**	.40**	.44**

Note: Pearson’s correlation; * = $p < .05$, ** = $p < .001$; CBCL: Child Behavior Checklist, FAD: Family Assessment Device, PSI: Parenting Stress Index, MSPSS: Multidimensional Scale of Perceived Social Support

Table 2: ANOVA Output of Family Processes at W3 by Family Structure

W3 Outcome	Mother-Mother Parent Families <i>M(SD)</i>	Father-Father Parent Families <i>M(SD)</i>	Mother-Father Parent Families <i>M(SD)</i>	Total <i>M(SD)</i>	<i>F(df)</i>	<i>p</i>
Adolescent Adjustment	59.82 (7.43)	55.78 (8.88)	54.78 (11.49)	56.51 (9.94)	.815 (2, 56)	0.45
Parenting Stress	81.06 (19.15)	86.15 (26.62)	75.77 (24.11)	79.79 (23.31)	.89 (2,53)	0.42
Family Functioning	2.05 (.44)	1.85 (.34)	1.86 (.36)	1.92 (.39)	1.43 (2,46)	0.25
Social Support	12.64 (6.44)	16.91 (5.97)	18.22 (6.72)	18.33 (6.42)	.56 (2,45)	0.58

Table 3: W3 Reports of Family Processes across Adolescence by Family Structure

Variable	Coeff	SE	<i>t</i>	<i>df</i>	<i>p</i>
CBCL W3 β_0					
Intercept γ_{00}	22.24	8.41	2.65	39	0.01
Lesbian γ_{01}	2.42	3.35	0.72	39	0.48
Gay γ_{02}	-1.07	2.40	-0.45	39	0.66
Child Age β_1					
Intercept γ_{10}	-0.93	0.80	-1.16	38	0.25
CBCL Aggregate β_2					
Intercept γ_{20}	0.65	0.15	4.41	38	<.001
FAD W3 β_0					
Intercept γ_{00}	0.96	0.24	4.04	32	<.001
Lesbian γ_{01}	0.18	0.11	1.66	32	0.11
Gay γ_{02}	0.04	0.09	0.43	32	0.67
FAD W2 β_1					
Intercept γ_{10}	0.50	0.13	3.90	34	<.001
PSI W3 β_0					
Intercept γ_{00}	13.73	11.03	1.25	38	0.22
Lesbian γ_{01}	5.76	6.55	0.88	38	0.39
Gay γ_{02}	9.37	6.01	1.56	38	0.13
PSI Aggregate β_1					
Intercept γ_{10}	.92	0.17	5.47	40	<.001
MSPSS W3 β_0					
Intercept γ_{00}	13.62	4.2	3.24	31	0.003
Lesbian γ_{01}	0.62	1.87	0.33	31	0.74
Gay γ_{02}	-1.47	2.52	-0.58	31	0.56
MSPSS W2 β_1					
Intercept γ_{10}	0.26	0.21	1.20	33	0.23

Table 4: W1 and W2 Variables Predicting W3 Adolescent Behavior

Variable	Coeff	SE	<i>t</i>	<i>df</i>	<i>p</i>
Intercept β_{0j}					
Intercept γ_{00}	24.93	7.77	3.21	37	0.00
Lesbian γ_{01}	2.31	3.35	0.69	37	0.5
Gay γ_{02}	-1.10	2.29	-0.48	37	.63
CBCL Aggregate β_{1j}					
Intercept γ_{10}	0.55	0.18	3.10	36	0.004
PSI Aggregate β_{2j}					
Intercept γ_{20}	0.11	0.11	1.00	36	0.32
FAD W2 β_{3j}					
Intercept γ_{30}	-2.91	3.40	-0.86	36	0.40
Age β_{4j}					
Intercept γ_{40}	-1.22	0.76	-1.60	36	0.12

Table 5: W1 and W2 Variables Predicting W3 Family Functioning

Variable	Coeff	SE	<i>t</i>	<i>df</i>	<i>p</i>
Intercept β_{0j}					
Intercept γ_{00}	.36	.20	1.81	32	.08
Lesbian γ_{01}	.11	.09	1.13	32	.27
Gay γ_{02}	-.00	.08	-.00	32	.99
CBCL Aggregate β_{1j}					
Intercept γ_{10}	.01	.00	2.38	32	.02
PSI Aggregate β_{2j}					
Intercept γ_{20}	.00	.00	.36	32	.72
FAD W2 β_{3j}					
Intercept γ_{30}	.42	.14	2.97	32	.01

DISCUSSION

Considering the 315 anti-LGBTQ+ state-level regulations that were introduced in 2022 (Human Rights Campaign, 2023), some of which directly attack visibility of same-gender parent families in schools, it is imperative to reiterate how there are no significant differences between family structure (e.g., two-mother, two-father, and mother-father) parent families and developmental processes. Further, the presented work represents adoptive parents as their children have entered a new stage of development: adolescence. These findings are noteworthy, as they account for family processes that span a major portion of a family unit's development (i.e., over 15 years). Literature related to LGB families raising adopted adolescents is quite limited, and even fewer have utilized longitudinal analyses of two or more points of data collection (Farr, 2017; McConnachie et al., 2021). Further, results show the dynamics that family processes have upon one another, echoing theoretical frameworks such as the Family Systems Theory (Cox & Paley, 1997; Hill, 1958), and applying them to a sample of diverse adoptive families followed over time.

Broadly, across all families in the sample, we have seen that parenting stress and adolescent behavior have significantly increased from the last point of data collection (i.e., when children were in middle childhood; Farr, 2017). These results mirror previous discoveries, as both parenting stress and child maladjustment increased from W1 to W2 (Farr, 2017). Further, family functioning, relative to W2, has decreased. The rationale for this may be linked with ongoing and lingering effects of the COVID-19 pandemic, as part of the broader societal context during which data were collected (i.e., from Fall 2021 to the present). Prior research has found that the COVID-19 pandemic has increased both

parenting stress and child maladjustment in all forms of family: biologically-related or privately adopted (Goldberg et al., 2022; Wong, 2022). Further, given the developmental stage of adolescence, it is possible that parenting at this time presents novel challenges to all parents (Steinberg & Silk, 2002), such as living with an adolescent with increased moodiness and negative affect (Larson et al., 1980). Consistent with these findings, McConnachie and colleagues (2021) found that internalized and externalized behavior problems significantly increased from middle childhood to early adolescence amongst adopted adolescents, regardless of their parents' sexuality (e.g., having two mothers, two fathers, or a mother and a father).

To address the first research question, a pattern of results continues to be consistent at W3: there is not a significant relationship between family structure and family processes (Farr et al., 2010, Farr, 2017). This has been captured by multiple forms of data analysis (e.g., ANOVA, HLM). Specifically, there was no statistical relationship between family structure (e.g., two-mother, two-father, and mother-father) and parental reports of family functioning, parenting stress, child adjustment. This trend is consistent with what has been seen within this sample earlier at W1 and W2 (Farr et al., 2010, Farr, 2017), along with broader research focusing on parents with marginalized sexual identities, including those with adopted children and adolescents (Erich et al., 2005; Golombok et al., 2014; Lavner et al., 2014).

Further, results do not support the second part of the first hypothesis that LG parent families would have significantly higher levels of social support compared to heterosexual parents. There was no significant difference between reported broad social support as reported by L, G, or heterosexual parents. This was unexpected, given the

various literature that has displayed that LGB individuals have higher rates of broader social support compared to heterosexual individuals throughout their lifetime (Dewaele et al., 2011). From this sample, LG and heterosexual adoptive parents have reported similar rates of social support at W2 when children were in middle childhood (Sumontha et al., 2016). Other scholars have also noted statistically nonsignificant differences in social support between childless LG and heterosexual adults (Graham & Barnow, 2013). Ultimately, amongst all parents it has been shown that support networks experience gains and losses during the lifespan (Wrzus et al., 2013).

It is possible that the hypothesis was not supported because of the time of data collection. COVID-19 has been shown to curtail social support among many parents biologically related to their elementary-aged children, and it is possible to have impacted the current sample in this way (Wu et al., 2020). It is important to note that W2 reports of social support did not predict current social support. This may be especially positive considering that all other family processes became more challenging from W3 as compared to W2 (e.g., more adolescent behavior challenges, parenting stress, and family dysfunction). The Parental Stress Model indicates that parental stress can act as an enforcer for parents to seek out support (Abidin, 1992), but given the related risks or long-term impacts of COVID-19, it is possible that social support was not sought out or was limited due to pandemic-related restrictions (Abidin, 1992; Essler et al., 2021). This may also be because time does not majorly influence social support, as adults experience gains and losses to their social supports as they age (Gurung et al., 2003; Wrzus et al., 2013).

Regarding predictive pathways (e.g., research question 2), aggregated reports of child behavior problems at W1 and W2 significantly predicted adolescents' current behavioral adjustment (as reported by parents). However, neither family functioning reported at W2, nor aggregated reports of parenting stress at W1 and W2, significantly predicted current (i.e., W3) adolescent maladaptive behaviors. These results somewhat align with predictions from the last wave of data collection, where W1 previous child adjustment predicted W2 adjustment (Farr, 2016). Present outcomes align with findings that child behavior problems are highly stable across a few years (Campbell, 1994). Further, current levels of parenting stress, adolescent behavior, and family functioning are indeed significantly correlated with one another, and previous reports of child behavior are predictive of current ones within the same HLM model. Adolescents are more autonomous at this age and may be relatively less influenced by their family's functioning or parental stress (Grotevant, 1997). Regarding simultaneous models, W3 parenting stress predicted current adolescent adjustment outcomes, beyond what was accounted for with previous reports of child behavior. Therefore, it is important to continuously study adopted adolescents, as there may be unique patterns occurring within this developmental stage.

Finally, addressing the second portion of the second research question, both previous reports of family functioning (collected at W2) and aggregated reports of previous child behavior (from W1 and W2) predicted current family functioning as reported by adoptive parents. Aggregated reports of parenting stress (from W1 and W2) did not predict current levels of family functioning. However, when utilizing HLM, I found that current social support predicted current reports of family functioning when

accounting for previous reports of family functioning. Further, findings align with scholarship that demonstrates that parents with strong support systems are likely to report higher rates of family functioning (Belsky, 1984). Therefore, present findings extend research specifically related to family functioning in adoptive families with parents of diverse stigmatized sexual identities. Aligned with Family Systems Theory, it is common that family processes interact with each other, such as research showing that increased parenting stress is linked to lower family functioning as well as associations with more reports of adolescents' child behavior problems (Conger et al., 1995). It is likely that the smaller sample size does not adequately account for the unique impacts of parenting stress, and perhaps this model will shift with greater statistical power.

Strengths, Limitations, and Future Directions

The present study expands previous literature in two specific ways. Firstly, longitudinal methodology with three points of data collection is especially rare and important when studying individuals with marginalized sexual identities (Farr, 2017; Goldsen et al., 2019; McConnachie et al., 2021). Present data may also highlight how family processes have been affected throughout the turbulent years post-strict COVID lockdowns (given W2 data collection in 2013-2014 and W3 beginning in 2021).

It is important to note that every research design has limitations. As children have grown, some of the employed measures at W3 are not as applicable as they were in W1 and W2. This limitation can especially be seen in measures, such as the PSI-SF, where some of the items may not be as applicable to children in adolescence as might have been when the children were younger (Abidin, 1995). Specifically, items such as, "*When playing, [CHILD'S NAME] doesn't often giggle or laugh,*" may not be as applicable

towards adolescents. However, for the purposes of longitudinal comparisons, the benefits outweighed the pitfalls. Methodologists have noted how using the same instrumentation can have benefits when working with specifically marginalized populations, such as LG adoptive parents, to ensure correct comparisons across time periods (Loeber & Farrington, 1994). Further, results cannot be applied to all adoptive families. Given that all families in the sample had pursued private, domestic adoption of healthy, typically developing infants, these findings may not be applied to families expanded via other forms of adoption (e.g., adoption through foster care, international adoption; Levy-Shiff, 1997).

There are many directions that could follow the present work. Firstly, the sample of 57 parents represents only 41 unique family units. Therefore, a limitation is the sample size. As data collection is ongoing, the aim is to have a larger sample size and rerun presented analyses to have more powerful models. Secondly, I hope to run Bayesian analysis as an alternative to traditional hypothesis testing (Kass & Raftery, 1995). This allows the interpretation of results to shift from assumptions that the effect ‘does not exist,’ towards predicting the extent or confidence that a phenomenon may occur. This would be especially helpful within the current research question, as LG and heterosexual adoptive parents do not show significant differences regarding family processes. This form of statistical analysis has been used to good effect in previous analysis with earlier waves of CAFS data (e.g., Farr et al., 2019). No differences among LG and heterosexual parents may underscore a strength of LG parents in and of itself, as LG parents are likely to face pervasive stigma and discrimination at both interpersonal and institutional levels (Farr et al., 2016; King et al., 2013; Nadal, 2019).

Implications for Policy and Practice

The current findings can be utilized by policymakers, practitioners, and researchers alike. There are several states (e.g., Michigan, Florida, Alabama, Texas) that allow groups contracted with government funds (e.g., private adoption agencies) to deny potential adoptive parents if they contradict with their religious beliefs (Farr & Goldberg, 2018; Movement Advancement Project, 2023). These restrictions, commonly known as religious exemption laws, substantially and disproportionately affect people holding marginalized gender or sexual identities. This work can be informative in policy realms, as it has been shown that same-gender parents facilitate positive developmental outcomes for their children, and thus should not be legally limited by discriminatory adoption practices. For example, states are able to refuse to place an adoptive child into the home of same-gender parents (Patterson et al., 2021). Potential findings from this study can be informative to considered legislation (e.g., John Lewis Every Child Deserves a Family Act) that would protect potential adoptive sexual and gender minority parents when seeking to adopt a child from foster care (Human Rights Campaign, 2023). Policymakers should utilize results to secure federally mandated protections for same-gender adoptive families seeking parenthood via adoption, especially through the Equality Act (Human Rights Campaign, 2023). Implications for future research are vast, especially as data continue to be collected. Specifically, it would be important to compare parental reports of adolescent adjustment and family functioning to one another, as perspectives may be discrepant (Bagley et al., 2001).

These findings can also be informative to applied settings, such as among pediatricians, therapists, or adoption agency workers. Specifically, it is important for

family therapists to note that when children are in adolescence, adoptive parents may experience increases in family dysfunction, parenting stress, and adolescent maladjustment. Additionally, clinicians should note potential long-term implications of COVID on family processes. Further, adoption agencies should utilize results by providing long-term support services towards adoptive parents as their child enters adolescence, as it has been seen to impact various family processes.

Conclusion

As of March 2023, there are over 350 anti-LGBTQ+ state-level bills across the United States (ACLU, 2023). These bills threaten the rights of same-gender couples as adoptive parents, as well as representation of LGBTQ+ parents (i.e., in public schools), including those who formed their family utilizing adoption. The results of this study suggest that there are no significant differences in reports of family functioning, parenting stress, adolescent adjustment, or social support between families headed by two mothers, two fathers, or mother-father parent families. Opposed to family structure being predictive of outcomes, it appears that earlier and concurrent dynamics were more impactful to current outcomes (e.g., previous child behaviors predicting most recent behaviors; current parenting stress predicting most recent adolescent adjustment). Current outcomes expand upon prior literature as they represent an extensive longitudinal design (e.g., three time points), and are inclusive of LG adoptive parent family structures. Further, the present sample is uniquely situated with multiple transracial adopted adolescents, largely excluded in adoption and developmental psychological research. Results call for policymakers to continue to fight for the rights of LGBTQ+ people who seek adoptive parenthood, as they do make effective and suitable adoptive parents for

children through adolescence and call for support among practitioners for all adoptive parents through the wake of the COVID-19 pandemic.

APPENDICES

Appendix A

Family Assessment Device (FAD; Epstein et al., 1983)

1. Planning family activities is difficult because we misunderstand each other.
2. We resolve most everyday problems around the house.
3. When someone is upset the others know why.
4. When you ask someone to do something, you have to check that they did it.
5. If someone is in trouble, the others become too involved.
6. In times of crisis we can turn to each other for support.
7. We don't know what to do when an emergency comes up.
8. We sometimes run out of things that we need.
9. We are reluctant to show our affection for each other.
10. We make sure members meet their family responsibilities.
11. We cannot talk to each other about the sadness we feel.
12. We usually act on our decisions regarding problems.
13. You only get the interest of others when something is important to them.
14. You can't tell how a person is feeling from what they are saying.
15. Family tasks don't get spread around enough.
16. Individuals are accepted for what they are.
17. You can easily get away with breaking the rules.
18. People come right out and say things instead of hinting at them.
19. Some of us just don't respond emotionally.
20. We know what to do in an emergency.
21. We avoid discussing our fears and concerns.
22. It is difficult to talk to each other about tender feelings.
23. We have trouble meeting our financial obligations.
24. After our family tries to solve a problem, we usually discuss whether it worked or not.
25. We are too self-centered.
26. We can express feelings to each other.
27. We have no clear expectations about toilet habits.
28. We do not show our love for each other
29. We talk to people directly rather than through go-betweens.
30. Each of us has particular duties and responsibilities.
31. There are lots of bad feelings in the family.
32. We have rules about hitting people.
33. We get involved with each other only when something interests us.
34. There is little time to explore personal interests.

35. We often don't say what we mean.
36. We feel accepted for what we are.
37. We show interest in each other when we can get something out of it personally.
38. We resolve most emotional upsets that come up.
39. Tenderness takes second place to other things in our family.
40. We discuss who are responsible for household jobs.
41. Making decisions is a problem for our family.
42. Our family shows interest in each other only when they can get something out of it.
43. We are frank (direct, straightforward) with each other.
44. We don't hold to any rules or standards.
45. If people are asked to do something, they need reminding.
46. We are able to make decisions about how to solve problems.
47. If the rules are broken, we don't know what to expect.
48. Anything goes in our family.
49. We express tenderness.
50. We confront problems involving feelings.
51. We don't get along well together.
52. We don't talk to each other when we are angry.
53. We are generally dissatisfied with the family duties assigned to us.
54. Even though we mean well, we intrude too much into each other's lives.
55. There are rules in our family about dangerous situations.
56. We confide in each other.
57. We cry openly.
58. We don't have reasonable transport.
59. When we don't like what someone has done, we tell them.
60. We try to think of different ways to solve problems.

Appendix B

Parenting Stress Inventory- Short Form (PSI-SF; Abidin, 1995)

1. I often have the feeling that I cannot handle things very well.
2. I find myself giving up more of my life to meet my child's needs than I ever expected.
3. I feel trapped by my responsibilities as a parent.
4. Since having my child, I have been unable to try new and different things.
5. Since having my child, I feel that I am almost never able to do things that I like to do.
6. I am unhappy with the last purchase of clothing I made for myself.
7. There are quite a few things that bother me about my life.
8. Having a child has caused more problems than I expected in my relationship with my spouse/partner (or friend).
9. I feel alone and without friends.
10. When I go to a party, I usually expect not to enjoy myself.
11. I'm not as interested in people as I used to be.
12. I don't enjoy things as I used to.
15. [CHILD'S NAME] smiles at me much less than I expected.
16. When I do things for [CHILD'S NAME], I get the feeling that my efforts are not appreciated very much.
17. When playing, [CHILD'S NAME] doesn't often giggle or laugh.
18. [CHILD'S NAME] doesn't seem to learn as much as most children.
19. [CHILD'S NAME] doesn't seem to smile as much as most children.
20. [CHILD'S NAME] is not able to do as much as I expected.
21. It takes a long time and is really hard for [CHILD'S NAME] to learn new things.
22. I feel that I am:
 - a. A very good parent
 - b. A better than average parent
 - c. An average parent
 - d. A person who has some trouble being a parent
 - e. Not very good at being a parent
23. I expected to have closer and warmer feelings for [CHILD'S NAME] than I do and this bothers me.
24. [CHILD'S NAME] does things that bother me just to be mean.
25. [CHILD'S NAME] seems to cry more often than most children.
26. [CHILD'S NAME] generally wakes up in a bad mood.
27. I feel that [CHILD'S NAME] is very moody and easily upset.
28. [CHILD'S NAME] does a few things that bother me a great deal.

29. [CHILD'S NAME] reacts very strongly when something happens that [CHILD'S NAME] doesn't like.
30. [CHILD'S NAME] gets upset easily over the smallest thing.
31. [CHILD'S NAME]'s sleeping and eating schedule was much harder to establish than I expected.
32. I have found that getting [CHILD'S NAME] to do something is:
- a. Much harder than I expected
 - b. Somewhat harder than I expected
 - c. About as hard as I expected
 - d. Somewhat easier than I expected
 - e. Much easier than I expected
33. Think carefully and count the number of things which [CHILD'S NAME] does that bothers you. For example: dawdles, refuses to listen, over active, cries, interrupts, fights, whines, etc. Please fill in the number which includes the number of things you counted.
- 1-3
 - 4-5
 - 6-7
 - 8-9
 - 10+
34. There are some things [CHILD'S NAME] does that really bother we a lot.
35. [CHILD'S NAME] turned out to be more of a problem than I expected.
36. [CHILD'S NAME] makes more demands on me than most children.

Appendix C

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Appendix D

Child Behavior Checklist (CBCL/6-18; Achenbach, 1991)

1. Acts too young for his/her age
2. Drinks alcohol without approval (describe):
3. Argues a lot
4. Fails to finish things he/she starts
5. There is very little he/she enjoys
6. Bowel movements outside toilet
7. Bragging, boasting
8. Can't concentrate, can't pay attention for long
9. Can't get his/her mind off certain thought; obsessions (describe):
10. Can't sit still, restless, or hyperactive
11. Clings to adult or too dependent
12. Complains of loneliness
13. Confused or seems to be in a fog
14. Cries a lot
15. Cruel to animals
16. Cruelty, bullying, or meanness to others
17. Daydreams or gets lost in his/her thoughts
18. Deliberately harms self or attempts suicide
19. Demands a lot of attention
20. Destroys his/her things
21. Destroys things belonging to his/her family or others
22. Disobedient at home
23. Disobedient at school
24. Doesn't eat well
25. Doesn't get along with other kids
26. Doesn't seem to feel guilty after misbehaving
27. Easily jealous
28. Breaks rules at home, school, or elsewhere
29. Fears certain animals, situations, or places other than school (describe):
30. Fears going to school
31. Fears he/she might think or do something bad
32. Feels he/she has to be perfect
33. Feels or complains that no one loves him/her
34. Feels others are out to get him/her
35. Feels worthless or inferior
36. Gets hurt a lot, accident-prone
37. Gets in many fights

38. Gets teased a lot
39. Hangs around with others who get in trouble
40. Hears sound or voices that aren't there (describe):
41. Impulsive or acts without thinking
42. Would rather be alone than with others
43. Lying or cheating
44. Bites fingernails
45. Nervous, high strung, or tense
46. Nervous movements or twitching (describe):
47. Nightmares
48. Not liked by other kids
49. Constipated, doesn't move bowels
50. Too fearful or anxious
51. Feels dizzy or lightheaded
52. Feels too guilty
53. Overeating
54. Overtired without good reason
55. Overweight
56. Physical problems without known medical cause
 - a. Aches or pains
 - b. Headaches
 - c. Nausea, feels sick
 - d. Problems with eyes (if corrected by glasses) (describe):
 - e. Rashes or other skin problems
 - f. Stomachaches
 - g. Vomiting, throwing up
 - h. Other (describe)
57. Physically attacks people
58. Picks nose, skin, or other parts of body (describe):
59. Plays with own sex parts in public
60. Plays with own sex parts too much
61. Poor school work
62. Poorly coordinated or clumsy
63. Prefers being with older kids
64. Prefers being with younger kids
65. Refuses to talk
66. Repeats certain acts over and over; compulsions (describe):
67. Runs away from home
68. Screams a lot
69. Secretive, keeps things to self
70. Sees things that aren't there (describe):

71. Self-conscious or easily embarrassed
 72. Sets fires
 73. Sexual problems (describe):
 74. Showing off or clowning
 75. Too shy or timid
 76. Sleeps less than most kids
 77. Sleeps more than most kids during day and/or night (describe):
 78. Inattentive or easily distracted
 79. Speech problem (describe):
 80. Stares blankly
 81. Steals at home
 82. Steals outside the home
 83. Stores up too many things he/she doesn't need (describe):
 84. Strange behavior (describe):
 85. Strange ideas (describe):
 86. Stubborn, sullen, or irritable
 87. Sudden changes in mood or feeling
 88. Sulks a lot
 89. Suspicious
 90. Swearing or obscene language
 101. Truancy, skips school
 102. Underactive, slow moving, or lacks energy
 103. Unhappy, sad, or depressed
 104. Unusually loud
 105. Uses drugs for non-medical purposes [Don't include alcohol or tobacco) (describe):
 106. Vandalism
 107. Wets self during the day
 108. Wets the bed
 109. Whining
 110. Wishes to be of opposite sex (As administrators, we would like to note that this behavior is neither problematic nor do we believe that gender or sex are comprised of "same or opposite" poles only. Responses to this item will not be considered in the overall score.)
 111. Withdrawn, doesn't get involved with others
 112. Worries
 - 113.
- a) Please write in any problems the child has that were not listed above

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