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Impact of New Family Forms on Parenting and Child Development

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Abstract

The structure of families has changed significantly over the last 40 years due to changes in legislation, technology, and societal attitudes. This article examines parenting and child development in new family forms, i.e., family forms that did not exist or were not visible until the latter part of the twentieth century. First, we give an overview of the historical and current context of new family forms. Then, we discuss parenting and child development in six new family types: families with lesbian mothers, families with gay fathers, intentional single-mother families, donor conception families, surrogacy families, and families with trans parents. Next, we discuss how research on the impact of new family forms on parenting and child development can inform our understanding of the relative influence of family processes and family structure on child development and parenting. We conclude with directions for future research.

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INTRODUCTION

The nature and structure of families have changed significantly over the last 40 years. Changes in legislation, technological advancements, and shifts in societal attitudes have meant that families are being created in ways that were not possible, or even imagined, four decades ago (Golombok 2015). It is estimated that over 8 million children have been born through assisted reproductive technologies (ARTs) since the birth of the first baby via in vitro fertilization (IVF) in 1978 (Eur. Soc. Hum. Reprod. Embryol. 2018). The last two decades have also seen equal marriage legislation in 30 countries (Pew Res. Cent. 2020), providing same-sex couples with important legal protection (Kazyak et al. 2018) and symbolic recognition of the validity of their families, and in some cases opening up previously unavailable routes to parenthood.

Family forms that either did not exist or were not visible before the latter part of the twentieth century are often referred to as new families (Golombok 2015). This is to distinguish them from other “nontraditional” family forms, such as those formed through cohabitation or single parenthood and step-parenthood following parental separation, about which a substantial literature already exists (Golombok & Tasker 2015). The “traditional” family model typically refers to a heterosexual, cisgender couple raising genetically related children. New families may differ from this structure in the number, gender, and sexual orientation of parents and in the genetic and gestational relatedness between parent(s) and children. The term new families may be used to refer to families with LGBTQ+ parents; families created through assisted reproduction, including those using sperm, egg, or embryo donation and/or surrogacy (in which a woman gestates a pregnancy for another individual/couple); and families formed through intentional single parenthood. It is often assumed, and in many countries written into law, that the “traditional” model remains the optimal environment for healthy child development. However, the developmental science literature on parenting and child development in new family forms has consistently and robustly challenged these assumptions and has demonstrated that family processes matter far more for children’s outcomes than does family structure (Golombok 2015, Lamb 2012).

Growth of New Families Research

Developmental science research with new families began in the late 1970s, following the increase in custody disputes in the United Kingdom and the United States in which divorced lesbian women lost custody of their children to their ex-husbands on the basis of their sexual orientation

(Rivers 2010). Researchers in both countries began studying outcomes for children in lesbian mother families following divorce, and the field expanded over the following decades to include planned lesbian mother families formed through sperm donation and heterosexual couples and single women who were able to take advantage of improvements in ARTs to form families using donor eggs, donor sperm, or surrogacy. More recently, empirical focus has turned toward families with gay fathers, as a growing international surrogacy industry (Jadva et al. 2019) and changes to adoption laws have increased the options available to gay men wishing to become parents. Similarly, although trans parenthood is not new, it is only in the last decade that a body of research has begun to grow on child and parental outcomes.¹

Initial research with most new family forms has typically used comparative study designs, with the family type of interest compared to a heterosexual couple family control group (Parent et al. 2013), with later research moving toward explorations of individual differences among children within specific family types (Patterson 2017). Theoretical framing of research with new families has drawn on diverse theories from developmental and social psychology, including relational developmental systems (Lerner et al. 2015), attachment theory (Bowlby 1969), ecological systems theory (Bronfenbrenner 1986), family systems theory (Cox & Paley 1997), and minority stress theory (Meyer 2003).

New Families Today

New family forms are increasing in both number and visibility. In the United States it is estimated that 114,000 same-sex couples are raising children under 18 (Goldberg & Conron 2018), and monitoring organizations report yearly increases in the number of ART cycles performed in Europe (de Geyter et al. 2020), Latin America (Zegers-Hochschild et al. 2019), and the United States (Cent. Dis. Control Prev. 2020).

The following sections discuss family functioning in the six new family forms with which the most empirical research has been undertaken. We recognize that the structural distinctions drawn between family types are imperfect, e.g., gay fathers may use surrogacy and donor conception and trans parents may identify as sexual minority parents, and that some new families literature may conflate gender, sexual orientation, and genetic relatedness in analyses (Biblarz & Stacey 2010). However, we use the following categories as they best reflect the growth of different fields within the new families literature.

PARENTING AND CHILD DEVELOPMENT IN NEW FAMILY FORMS

Families with Lesbian and Gay Parents

To reflect the development of research with lesbian mother and gay father families, the literature on each family type is first considered separately. Then, within-family factors associated with family functioning outcomes in both family types are examined.

Lesbian mothers. Concerns raised during custody disputes in the 1970s centered around whether lesbian women would be less nurturing than heterosexual women and the belief that children required a male and a female parent in the home to be well adjusted (Lamb 2012). The first studies of lesbian mother families in the United States and the United Kingdom compared outcomes for

¹The term trans is used in this article to refer to individuals whose gender is not the same as, or sits uneasily with, the sex they were assigned at birth (Stonewall 2019).

children raised by divorced lesbian mothers and divorced heterosexual mothers and found no differences between the groups in children's rates of social, emotional, or behavioral problems (Golombok et al. 1983, Kirkpatrick et al. 1981).

Since then, a substantial body of research has established that children with lesbian mothers are as likely to be psychologically well adjusted and to have positive relationships with their mothers as children raised by heterosexual mothers and in some cases fare better than their counterparts (Golombok 2015). Child adjustment has consistently been found to be unrelated to a mother's sexual orientation (Patterson 2017), and this finding has been replicated in planned lesbian mother samples (Brewaeys et al. 1997, Gartrell & Bos 2010, Golombok et al. 1997) and general population samples (Bos et al. 2018, Golombok et al. 2003, Wainright et al. 2004) and confirmed in meta-analyses (Crowl et al. 2008, Fedewa et al. 2015).

Gay fathers. Families headed by two fathers are often considered one of the most controversial of the new family forms, in that it is rare for fathers to be primary caregivers (Golombok 2015). Gay fathers challenge widespread assumptions still held in many countries that women are more nurturing and better suited to parenthood than are fathers (Biblarz & Stacey 2010) and that mothers and fathers fulfill different functions as parents. These assumptions persist despite developmental science research demonstrating that both men and women have the capacity to be effective parents (Lamb 2012) and that fathering and mothering are not unique constructs (Schoppe-Sullivan & Fagan 2020). Furthermore, gay fathers experience high rates of stigma associated with fatherhood (Perrin et al. 2019), which may affect parental psychological health and child adjustment, either directly through stress proliferation (e.g., Gamarel et al. 2014) or indirectly via parenting. Most of the literature on family functioning in gay fathers has focused on families formed through surrogacy or adoption.

As with earlier research on lesbian mother families, comparative approaches have been used to compare family functioning outcomes in gay father families to those in heterosexual couple families. Data from nationally representative surveys have found no difference in child psychological adjustment between children in gay father families and heterosexual parent families in the Netherlands (Bos et al. 2018) or the United States (Calzo et al. 2019), although the latter combined gay and lesbian parent families and route to parenthood was not known.

Research focusing on US gay father families formed through surrogacy found that children aged 3–9 years had low levels of emotional and behavioral problems as reported by parents and teachers and lower parent-reported levels of internalizing problems than children in lesbian mother families (Golombok et al. 2018). Similarly, a sample of gay fathers through surrogacy with 3–10-year-olds reported lower levels of child internalizing and externalizing problems compared to a matched sample of (presumably heterosexual) parents from a US national database (Green et al. 2019). Gay fathers through surrogacy did not differ in their psychological well-being in comparison to lesbian mothers or heterosexual parents in a Western European sample (van Rijn-van Gelderen et al. 2018), to heterosexual parents in a small Swedish sample (Sydsjö et al. 2019), or to heterosexual fathers or gay fathers through previous heterosexual relationships in an Israeli sample (Shenkman et al. 2020).

Children raised in adoptive gay father families have also been found to be functioning well in samples followed longitudinally in the United States and the United Kingdom in which gay father families were compared to lesbian mother and heterosexual adoptive parents. No differences were found between family types in children's externalizing or internalizing problems in a sample of 2-year-olds (Goldberg & Smith 2013) or in a separate sample when children were in preschool (Farr et al. 2010) or aged 8 years (Farr 2017). In a UK study of 3–9-year-olds, children with gay fathers showed lower levels of externalizing problems than did those in heterosexual parent families, a

difference that was not attributable to preadoption factors (Golombok et al. 2014). In terms of parent-child relationship quality, gay fathers showed greater responsiveness to their child than heterosexual parents in an observational assessment of parent-child interaction (Golombok et al. 2014). When the same children were in early adolescence, those with gay fathers showed higher levels of secure-autonomous attachment and lower levels of disorganized attachment than children in heterosexual parent families (McConnachie et al. 2020b). Although no differences were found between groups in child adjustment, rates of problems were high, resulting from these children's experiences of maltreatment prior to adoption (McConnachie et al. 2020a).

Families with lesbian and gay parents: beyond comparative approaches. Many of the previous studies have been instrumental in identifying within-family factors associated with family functioning outcomes in lesbian and gay (LG) parent families. Parenting stress (Bos et al. 2018), supportive co-parenting (Farr et al. 2019a), and quality of family interaction (Farr et al. 2019b) have all been found to be associated with child adjustment. In both Bos et al.'s (2018) and Farr et al.'s (2019a,b) samples, the factors associated with child adjustment were the same across all three family types. Division of family labor and satisfaction with labor division were not found to be associated with child adjustment (Farr et al. 2019a, Tornello et al. 2015), but greater discrepancies between actual and ideal division of labor were associated with poorer life satisfaction in a sample of over 300 gay fathers (Tornello et al. 2015).

Experiences of stigma in the social environment have also been found to be associated with child adjustment. Initially examined in lesbian mother families, higher parent-reported stigma was associated with lower self-esteem in girls and hyperactivity in boys in a sample of 4–8-year-olds (Bos & van Balen 2008). Adolescent-reported stigma was associated with poorer adolescent adjustment in lesbian mother families in the United States (Bos & Gartrell 2010), Canada (Vyncke et al. 2014), and the Netherlands (van Rijn-van Gelderen et al. 2015), with the effects of stigmatization on adjustment buffered by close adolescent-parent relationships (Bos & Gartrell 2010). Golombok et al. (2018) found higher levels of externalizing problems in children whose parents perceived greater stigmatization in both gay father and lesbian mother families.

Although children in lesbian mother families consistently report experiencing stigma related to their family type during middle childhood and adolescence (Cody et al. 2017, Farr et al. 2016), they also report having positive conceptualizations of their families (Farr et al. 2016, Gartrell et al. 2012). Adopted children with LG parents have highlighted specific benefits they felt were conferred by growing up with LG parents, including increased acceptance and understanding toward others (Cody et al. 2017).

An important new avenue of research examines the relations between parent-school relationships and child adjustment. Longitudinal analyses with the sample of US LG and heterosexual adoptive parents discussed in the previous two sections (Goldberg & Smith 2013) revealed that lower levels of parents' school involvement at age 3 were associated with later child internalizing symptoms, and both internalizing and externalizing symptoms at age 5 were predicted by earlier perceived acceptance by other parents (Goldberg & Smith 2017). Interviews with this sample have also been used to explore decisions about preschool (Goldberg & Smith 2014b) and school choice (Goldberg et al. 2018), highlighting how LG adoptive parents, many of whom had adopted transracially, managed the complex process of negotiating multiple minority statuses in their decision-making. A minority of LG parents reported experiencing implicit forms of marginalization, such as the use of heteronormative paperwork and assignments, at their child's preschool and school (Goldberg 2014, Goldberg et al. 2017).

Cloughessy et al. (2018) have examined similar questions in Australian childcare settings, finding that lesbian mothers used disclosure of family type in intentional ways to test the suitability of

childcare providers and minimize the likelihood of their child experiencing stigmatization. One of the few studies to include children's experiences of school found that British schoolchildren in LG parent families experienced use of insensitive language, lack of awareness of family diversity, and failure to prevent homophobic bullying (Guasp et al. 2010).

The extent to which parents feel supported in their parenting role is well established in the parenting literature as a factor related to parental well-being (Parkes et al. 2015). Empirical research with LG parents has found similar relations between social support and parental outcomes, with perceived social support found to be a key predictor of parenting stress among samples of adoptive gay fathers (Tornello et al. 2011) and adoptive gay fathers and lesbian mothers (Goldberg & Smith 2014a). Qualitative research with gay fathers attending gay father parenting groups identified these groups as important for fathers' resilience and well-being (Carroll 2018).

Researchers have utilized the literature on cultural socialization strategies used by ethnic- and racial-minority parents (e.g., Priest et al. 2014) to examine cultural socialization strategies used by sexual-minority parents. Research with adoptive LG parents with children in middle childhood has shown that most parents valued and proactively engaged in socialization practices around issues of sexual orientation (Goldberg et al. 2016, Oakley et al. 2017, Wyman Battalen et al. 2019). To both prepare children for the possibility of encountering stigma and instill feelings of pride in their sexual minority family identity, parents initiated conversations about family diversity and the possibility of experiencing bias and introduced their children to LG heritage and culture (Goldberg et al. 2016, Oakley et al. 2017) and to communities that reflected the child's identities (Goldberg et al. 2016). LG parents with a transracially adopted child who engaged in socialization around being a sexual minority family were also more likely to engage in racial socialization and recognize that their child may encounter different forms of stigma based on multiple minority identities (Goldberg et al. 2016, Wyman Battalen et al. 2019). The relations between LG parents' family socialization practices and child adjustment may be a promising avenue for future research, as parents' endorsement of socialization practices were found to be associated with higher levels of child adjustment for children who had had emotional problems at placement (Wyman Battalen et al. 2019).

The extensive literature on lesbian mother families and the smaller but growing literature on gay father families have shown positive outcomes for children raised in same-sex parent families and in some cases better psychological adjustment than their peers in heterosexual parent families. Studies examining individual differences within family types rather than comparisons between family types have been, and should continue to be, fruitful avenues for empirical research, as should work that takes an intersectional approach (van Eeden-Moorefield 2018). Carroll (2018) identified that particular groups of gay fathers, including fathers of color and single fathers, experienced marginalization within the gay fatherhood community. As previously discussed, the importance of social support to family functioning has been well established, and it is important that future research attends to outcomes for LG parent families living on the margins of their communities.

Intentional Single Motherhood

Research into parenting and child adjustment in single-mother families has historically focused on those formed following divorce/separation or through unplanned pregnancies. More recently, researchers have started to examine a new type of single-mother family created when single women intend to form a family as a single parent using sperm donation. Women starting their families in this way are often referred to as solo mothers, choice mothers, or single mothers by choice (Jadva et al. 2009, Zadeh et al. 2017a).

The body of research on the psychological adjustment of children raised in single-mother families following divorce has consistently shown that children show higher rates of psychological problems than children in two-parent families and that these problems are associated with aspects of the divorce, including parental conflict, financial hardship, and maternal depression, rather than single motherhood itself (Amato 2001). Children raised by intentional single mothers are unlikely to experience these risk factors, as they have not experienced family breakdown and are born mostly to mothers who are financially secure (Murray & Golombok 2005a). However, concerns have been raised about the children of intentional single mothers growing up without a father and, in many cases, not knowing their donor's identity (Golombok et al. 2016).

Several studies have compared the outcomes for children with heterosexual solo mothers to those with children conceived using sperm donation and raised by heterosexual coupled mothers. The first, with a UK sample of 27 solo and 50 coupled mothers with infants, found good parent-child relationship quality in single-mother families when children were in infancy and toddlerhood (Murray & Golombok 2005a,b) and lower rates of behavioral and emotional problems in toddlers in single-mother families (Murray & Golombok 2005b). A larger study with 50 UK solo mothers with a 4–9-year-old child found no differences between groups in parenting quality and lower levels of mother-child conflict in solo mother families (Golombok et al. 2016). The same study found no differences between family types in children's rates of socioemotional or behavioral problems but showed that child adjustment problems were predicted by the same factors (child gender, parenting stress, and financial difficulties) in both groups (Golombok et al. 2016). A follow-up study when the children were aged 8–10 years found no differences in mother-child relationship quality or child adjustment between family types. However, higher levels of parenting stress and higher levels of children's prior adjustment difficulties were each associated with children's adjustment difficulties irrespective of family type (Golombok et al. 2020).

Comparative studies have also examined the psychological well-being of solo mother samples in Israel, a unique context for new family forms given that it is a pronatalist society yet retains traditional concepts of family structure (Gavriel-Fried & Shilo 2016). A comparison of single heterosexual mothers, coupled heterosexual mothers, and coupled lesbian mothers with 4–8-year-olds found higher psychological distress and poorer social support in single mothers compared to both comparison groups and higher parenting stress in single mothers than heterosexual coupled mothers (Shechner et al. 2010). However, a study of single mothers with toddlers found greater personal growth in single mothers than coupled mothers (Chasson & Taubman-Ben-Ari 2020).

Researchers have also explored children's perspectives on being raised in a solo mother family, particularly in relation to how they feel about being donor conceived. Studies with children in early childhood have found that mothers reported children being more focused on the absence of the father than on donor conception, with children themselves describing their families in a positive manner (Weissenberg & Landau 2012, Zadeh et al. 2017a). In middle childhood, the quality of the mother-child relationship was found to be associated with children's perceptions of their donor, with higher secure-autonomous attachment associated with more positive donor perceptions, albeit in a small sample (Zadeh et al. 2017b). Adolescents in solo mother households have been found to be more positive about their donor conception than adolescents in households with lesbian mothers or heterosexual couple parents, although again the sample was small (Scheib et al. 2005).

Studies of solo mother families have mostly recruited women who undertook treatment in a fertility clinic (Golombok et al. 2016, Murray & Golombok 2005a, Shechner et al. 2010). Some solo mothers choose unregulated routes, e.g., by finding a donor online and carrying out insemination at home. There has been little research on single women's decisions for pursuing known donation (Jadva et al. 2009), and nothing is known about children's outcomes in these families.

This requires empirical exploration due to the lack of legal protection for mothers pursuing informal arrangements, the absence of donor screening, and the relational challenges of maintaining family boundaries in an unregulated context where legal challenges about parentage and parental responsibility may occur.

Donor conception is not the only route to parenthood available to single women; however, little empirical research has focused on other options, including adopting as a single person. Data from a national sample of adoptive households in the United States found that single adoptive parents were more likely to adopt transracially than heterosexual couples (Raleigh 2012), and a study comparing single-mother and heterosexual-couple US families who adopted a daughter from China found no differences between family types in children's externalizing or internalizing problems (Tan 2004). Other studies examining the outcomes for children in single-parent adoptive families are scarce.

Families Created Using Donor Conception

Treatment cycles using donor gametes are increasing yearly (Cent. Dis. Control Prev. 2020). Children in families created in this way do not share a genetic relationship with the father (in the case of sperm donation) or the mother (in the case of egg donation) who raises them. Concerns about children conceived using gamete donation have focused on the assumed negative effects of the absence of a genetic connection between the child and their parent (Golombok et al. 2004a). Although donor conception may be used by parents in several family types, this section focuses mainly on heterosexual two-parent families.² A related body of research has examined parents' decisions about whether to disclose the child's method of conception and changing disclosure rates over time, but this is beyond the scope of this review (Ethics Comm. Am. Soc. Reprod. Med. 2018).

A longitudinal study of families created using sperm donation and egg donation with children born in the year 2000 investigated the effects of gamete donation on child development and parenting. The study, which collected data from families at six time points, found more positive parent-child relationships in sperm and egg donation families than in an unassisted conception comparison group and high levels of child psychological adjustment in the preschool years (Golombok et al. 2004a, 2005, 2006b). During middle childhood, sperm and egg donation families continued to show good family functioning with no differences between the gamete donation families and the comparison group in child adjustment, mother-child relationship quality (Golombok et al. 2011, 2013), or father-child relationship quality (Casey et al. 2013), with the children born through gamete donation reporting affectionate and close relationships with their parents (Blake et al. 2013). When the children were in mid-adolescence, egg donation mothers and adolescents reported poorer relationship quality than sperm donation mothers and adolescents on questionnaire measures, but no differences were found on observational or interview assessments of interaction quality or parenting quality (Golombok et al. 2017). Adolescents in both gamete donation groups showed similar positive psychological adjustment and self-esteem to the comparison group (Golombok et al. 2017). Examinations of parental psychological adjustment found donor conception parents to have good psychological health at all study phases (Blake et al. 2014).

The same study examined whether family functioning outcomes differed according to whether parents had told their child about their method of conception. This question was underpinned by

²As mentioned in the sections titled Families with Lesbian and Gay Parents and Intentional Single Motherhood, donor conception may be used by LG parents and single mothers if their routes to parenthood involve using ARTs.

the assumption that family members' feelings about the use of gamete donation may change as children develop and become increasingly sophisticated in their understanding of genetic inheritance (Brodzinsky 2011). When children were age 7, no differences were found between disclosing and nondisclosing families for child adjustment or maternal negativity. However, mothers and children in nondisclosing families showed fewer positive interactions compared to the unassisted conception group (Golombok et al. 2011). More positive family relationships and higher levels of adolescent well-being were found in this sample when children had been told about their donor conception at an early age (Ilioi et al. 2017). This is the first prospective study of the association between the age of disclosure to children of their donor conception and adolescent well-being.

Interviews with children who had been told about their method of conception found that most had positive feelings about their donor conception in middle childhood (Blake et al. 2013) and felt unconcerned about their conception in adolescence (Zadeh et al. 2018). Nevertheless, many adolescents expressed interest in their donor. Exploratory research with donor-conceived adolescents born to single mothers and lesbian couples has suggested that adolescents' positive perceptions of being donor conceived may be associated with their greater attachment security (Slutsky et al. 2016).

Following legislative changes in an increasing number of countries banning anonymous gamete donation, research turned to examining the effects of identity-release donation on family functioning.³ In identity-release donation, the child has the right to access identifying information about the donor at age 18. Concerns have been raised that identity-release donation may pose more of a challenge to family functioning than anonymous donation, as it provides less explicit boundaries between the donor and recipient families and may be perceived as threatening by parents (Imrie et al. 2019a).

A study comparing identity-release egg donation families with infants with an IVF comparison group found that egg donation parents showed more similarities than differences to IVF parents on measures of parent-infant relationship quality, although subtle, yet significant, differences were found between egg donation and IVF mothers and infants in interaction quality, indicating less optimal interactions in egg donation families (Imrie et al. 2019a). Egg donation parents' scores on measures of psychological well-being were within the normal range (Imrie et al. 2019b).

A small body of qualitative work has examined the experiences of the nongenetic parent in donor conception families and explored the significance for parents of not sharing a genetic link with their child. Mothers with infants born through egg donation (Imrie et al. 2020a), mothers with children born through egg donation (Kirkman 2008), and fathers of toddlers born through identity-release sperm donation (Indekeu et al. 2014) reported early concerns about nongenetic parenthood but felt increasingly confident in their position as the child's parent as their relationship with the child developed.

The growth of donor connection websites (e.g., The Donor Sibling Registry) and family matching services (e.g., as run by The Sperm Bank of California) has enabled children and adults conceived through sperm donation to search for information about their donor and in some cases find their donor or other individuals who share the same donor (Freeman et al. 2009, Jadvá et al. 2010). Donor-conceived individuals reported searching out of curiosity or for medical reasons, with differences found according to age of disclosure and family type (Jadvá et al. 2010) and individuals in heterosexual two-parent families feeling less comfortable expressing curiosity about

³Sweden was the first country to ban anonymous donation in 1985. Other countries, including the United Kingdom, the Netherlands, and New Zealand, did not follow suit until the early 2000s.

the donor than those in other family types (Beeson et al. 2011). As these samples were recruited from donor connection websites, they comprise a group of individuals who are particularly interested in their donor and/or other donor-linked individuals and may not be representative of all donor-conceived individuals (Jadva et al. 2010). Others may ascribe less significance to their donor conception and be less curious about this aspect of their identity. It is not known how children conceived using egg donation feel about contacting their donor or the extent to which DNA linking registries (e.g., 23andMe) may be used by donor-conceived adults to find other genetically related individuals without the use of official and more structured frameworks.

The existing literature on families formed using donor conception indicates good family functioning, although future research would benefit from new longitudinal samples. It is also important that empirical investigations remain aligned with legislative changes and examine the effects of identity-release and known donation on families' outcomes. Furthermore, despite its use for over three decades, relatively little is known about the functioning of families created using embryo donation where children lack a genetic link to both parents (MacCallum et al. 2007).

Families Formed Through Surrogacy

Concerns about family functioning in surrogacy families have focused on whether the absence of the opportunity for prenatal bonding would affect the mother-infant relationship; whether a child conceived through surrogacy would feel abandoned by the surrogate, especially if the surrogate's egg was used in their conception; and whether having an ongoing relationship with the surrogate after the birth would create a blurring of boundaries between the two families (Golombok et al. 2004b). This section focuses mainly on heterosexual two-parent families created through surrogacy; gay father families formed through surrogacy are discussed in the section titled *Gay Fathers*.

The only longitudinal study to examine parenting and child development in families formed through surrogacy recruited a representative sample of surrogacy families in the United Kingdom with a baby born between 2000 and 2002 and followed the families over 14 years.⁴ In the first phase of the study when children were infants, surrogacy parents showed lower levels of parenting stress and depression and more positive parent-infant relationship quality than an unassisted conception comparison group (Golombok et al. 2004b). When the children were age 2, surrogacy mothers continued to show more positive mother-infant relationships, and surrogacy fathers better psychological well-being, than the comparison group (Golombok et al. 2006a). In adolescence, more positive parenting was found in surrogacy families compared to gamete donation families, with surrogacy mothers reporting greater acceptance of their 14-year-old children and showing less negative parenting and fewer problems in family relationships (Golombok et al. 2017).

In terms of child psychological adjustment, surrogacy children did not differ from children in the unassisted conception group in early childhood (Golombok et al. 2006a). In middle childhood, surrogacy children showed higher levels of adjustment problems than gamete donation families at age 7, albeit still within the normal range, but this group difference was no longer present at age 10 (Golombok et al. 2013). Almost all parents had told their child about their conception through surrogacy by age 7, and it is possible that the raised levels of adjustment problems seen at this stage may reflect children's more sophisticated understanding of biological inheritance and

⁴This sample of families forms part of the same longitudinal study of reproductive donation discussed in the section titled *Families Created Using Donor Conception* (Golombok et al. 2004a).

the meaning of the absence of a biological connection to their parents (Golombok et al. 2013), a pattern which is also seen in internationally adopted children at this age (Stams et al. 2000). At age 14, surrogacy adolescents did not differ from comparison groups in their psychological adjustment as rated by mothers, teachers, and the adolescents themselves (Golombok et al. 2017). The large majority of adolescents reported feeling positive or indifferent about their surrogacy conception (Zadeh et al. 2018).

Despite concerns that maintaining relationships between surrogates and surrogacy families may pose challenges over the longer term, these relationships have consistently been found to be harmonious and rewarding both during and following surrogacy arrangements, as reported by parents (Blake et al. 2016, Jadva et al. 2019, MacCallum et al. 2003), adolescents (Zadeh et al. 2018), and surrogates (Imrie & Jadva 2014, Jadva et al. 2003). These positive relationships may be maintained over a decade later (Imrie & Jadva 2014, Jadva et al. 2012).

Cross-border surrogacy, in which intended parents travel abroad to pursue surrogacy, raises additional challenges for family functioning. As the destination and home countries may have different surrogacy legislation, it is not uncommon for complex situations to arise around the citizenship of the child and the legal status of the parents on their return home (Gamble 2016). In terms of family functioning, it is possible that the increased stress and anxiety experienced by parents in these situations may negatively affect the parent-child relationship, although this has not been examined empirically.

Arrangements regarding the contact and relationship that is permitted between intended parents and surrogates, and the levels of anonymity/openness about the surrogate, can also vary between and within countries. A survey of UK-based heterosexual and gay father couples who undertook domestic or international surrogacy found that the location of the surrogacy was associated with how involved couples felt in the pregnancy and their contact with the surrogate, with parents who undertook surrogacy in the United Kingdom or the United States feeling more involved than those who did so in India or Thailand (Jadva et al. 2019). It is not known whether parents' feelings of involvement in the pregnancy are associated with the quality of the parent-child relationship after the birth or what parents tell their child about their surrogate (and in some cases, their egg donor) when the women involved in the child's conception and birth are unknown to them, as may be the case in India (Jadva et al. 2019). This may be particularly challenging for family functioning if children born through international surrogacy express curiosity about their surrogate or ask to meet her (Jadva et al. 2019), as adolescents have been found to do in domestic surrogacy (Zadeh et al. 2018).

Surrogacy as a family-building option is increasingly available to parents in a range of family structures, including families headed by two fathers (see the section titled *Gay Fathers*) and single fathers, although little is known about the latter group. The longitudinal study discussed above remains the only study to assess parenting and child adjustment over time and was undertaken in a context in which surrogacy is noncommercial. As the range of international surrogacy options grows, there is a need for longitudinal studies that examine parents' and children's outcomes across different surrogacy practices and countries (Jadva et al. 2019). Articles reporting surrogacy parents' outcomes do not always specify the type of surrogacy practiced or the country in which surrogacy was undertaken. Including this information in future publications would allow for these questions to be examined with more nuance.

Trans Parent Families

The adult trans population is estimated to be about 1.4 million people in the United States (Flores et al. 2016) and between 200,000 and 500,000 people in the United Kingdom (Gov. Equal. Off.

2018).⁵ It is estimated that between one-quarter and one-half of trans individuals are parents (Dierckx et al. 2016), yet families with trans parents are the new family form about which the least is known with regard to developmental outcomes for children and parents.

Trans parent families may be formed through biological parenthood, step-parenthood, ARTs, adoption, or fostering, with an individual's chosen path to parenthood associated with parent gender, the timing of a parent's gender transition, parental age, and the couple's reproductive potential (Tornello et al. 2019).⁶ Children may be born before or after a parent's transition, with the former being more common among older trans parents (Tornello et al. 2019) and having received greater empirical attention.

Assumptions about the presumed negative effects on children of having a trans parent remain widespread, and surveys of US and Canadian trans parents found that a significant minority reported losing, or experiencing restrictions of, their parental rights due to their gender identity (Grant et al. 2011, Pyne et al. 2015). Concerns about children's developmental outcomes have focused on whether children who experience a parent's transition will have the ability to renegotiate a relationship with their trans parent, whether they may experience higher levels of family conflict, and the effects of potentially witnessing a parent's distress or rejection by the wider family (Veldorale-Griffin 2014). Given the prevalence of systemic and societal transphobia worldwide (Ghoshal & Knight 2016), trans parents may be considered at higher risk of experiencing minority stressors, including stigma, discrimination, and violence, than other new family forms, with their children also potentially experiencing stigma with little specialized support available (Hafford-Letchfield et al. 2019).

The earliest research on child adjustment in trans parent families focused on children's gender development, with children found to show typical gender-stereotypical preferences (Green 1978), and the effects of a parent's transition on children as reported by therapists (White & Ettner 2004), parents (Church et al. 2014, White & Ettner 2007), or adult children (Veldorale-Griffin 2014).

Studies examining child psychological adjustment have found that children experience psychiatric disorders at similar or lower rates to the general population, although these investigations have used clinical samples (Freedman et al. 2002), parent-report data (White & Ettner 2007), or unstandardized assessments (Chiland et al. 2013). One study using a standardized screening instrument of psychiatric disorder and including child-report data found children and adolescents to have good psychological adjustment (Imrie et al. 2020b). In families where children experience a parent's transition, the quality of the relationship between parents (Freedman et al. 2002; White & Ettner 2004, 2007), children's experiences of social stigma (Veldorale-Griffin 2014), and the child's age at the time of transition (Veldorale-Griffin 2014, White & Ettner 2007) have been identified as risk factors associated with child well-being, although support for the latter factor remains mixed (Imrie et al. 2020b).

While there is substantial literature on trans people's mental health (for a review, see Valentine & Shepherd 2018), there has been little focus on trans parents' outcomes more specifically. A survey of trans people in Ontario, Canada, found that parents and nonparents experienced similar levels of transphobia and reported multiple stressors (Pyne et al. 2015), and a qualitative study, also with a Canadian sample, found that trans parents experienced challenges relating to family marginalization, trans visibility, and nonacknowledgment of their parental identity (Petit et al.

⁵These two countries have been chosen as reference points as most of the developmental research with trans parent families has been undertaken with US and UK samples.

⁶Gender transition here refers to physical, social, psychological, and other transitions.

2018). Imrie et al. (2020b) found lower rates of depressive symptoms in trans parents than those found in surveys of trans people (Bockting et al. 2013), lending some support to the idea that being a parent may serve as a protective factor for some trans people (Petit et al. 2018). However, the findings require replication with much larger samples.

Several surveys examining parent-child relationship quality found good quality relationships between trans parents and their school-aged and adult children following a parent's transition (Church et al. 2014, Veldorale-Griffin 2014). Similarly, a follow-up study of 42 children (aged 1–12 years) born to French trans men and their cisgender female partners found children to be securely attached to their fathers, although details of how attachment quality was assessed were not provided (Chiland et al. 2013). Data collected from parents and school-aged children using a standardized questionnaire assessment of parent-child relationship quality found high-quality relationships reported from both parties' perspective (Imrie et al. 2020b). Qualitative interview data with children from the same sample likewise indicated that having a trans parent had little or no impact on how children felt about the parent-child relationship, although parental gender identity was in some cases relevant to children's experiences inside and outside their home, such as exposure to negative attitudes from others (Zadeh et al. 2019).

Despite the first study of child outcomes in trans parent families being undertaken over 40 years ago (Green 1978), the empirical literature on developmental outcomes remains limited. Samples are often small, community samples are rare, and most research is survey based and focused on trans parent families in which children experienced a parent's transition. Children's and partners' voices remain relatively rare in the developmental literature on families with trans parents (Hafford-Letchfield et al. 2019). Given the growing awareness of trans equality issues in some countries (Divan et al. 2016), it is likely that trans parent families will become more numerous and visible in coming years and researchers will therefore be able to adopt more sophisticated methodological approaches to understand this new family form.

CONCLUSIONS AND FUTURE DIRECTIONS

Four decades of research with a diverse range of new family forms has consistently found that children in new families are well adjusted and experience positive parenting and warm, supportive parent-child relationships. This finding is perhaps not surprising when considering the context within which these children are born; parents pursuing these routes to parenthood often face many hurdles, which may include infertility, legal and/or financial challenges, and social disapproval, and their children are, by necessity, planned. When children are eventually born into or join their new families, they are very much wanted, and their parents may have been hoping for them for many years.

From a theoretical perspective, the findings inform our understanding of the relative influence of family processes and family structure on child development and parenting. Taken together, the literature on new family forms shows that family processes, such as the quality of family relationships and the family's social environment, matter far more for children's healthy psychological development than the number, gender, gender identity, or sexual orientation of their parents or the biological relatedness between parents and children (Golombok 2020). Research comparing new family forms to "traditional" families typically finds few differences between groups, and where differences do exist, they tend to point to more positive functioning in new families. Where researchers have investigated predictors of child adjustment in new families, findings indicate that the same factors are important across family types and align with those in the wider parenting and child development literature drawn from research with "traditional" families (e.g., parenting stress, financial difficulties, supportive co-parenting, and the quality of family interactions).

A further theoretical contribution of the new families literature is the recognition of factors specific to new families that influence child development. In particular, decisions related to disclosure of conception type may be related to outcomes in donor conception families, and parent- and child-reported experiences of stigma related to family type are associated with poorer child adjustment in same-sex parent families. It is not yet known whether stigma related to other family types, e.g., stigma related to solo motherhood or infertility-related stigma in donor conception families, may also be related to child adjustment. New families differ in their visibility and the extent of their perceived difference to the “traditional” model and so may be differentially exposed to, and affected by, stigma.

Developmental science research on parenting and child development in new family forms has benefited from the use of multimethod approaches, drawing on data from in-depth interviews, observational assessments of family interactions, and standardized questionnaire assessments of family functioning to triangulate data where possible. Many studies employ a multi-informant approach, including data from both parents (where applicable)—in contrast to much of the developmental psychology research that often defaults to the mother (Cabrera et al. 2018)—from independent assessments of child outcomes (from teachers and/or child psychiatrists), and from children’s perspectives on their families. The use of qualitative methods has provided rich insights into new families’ lived experiences, and it has been suggested by scholars working within a relational developmental systems framework that qualitative approaches may also be valuable in providing a more holistic and nuanced understanding of family relationships (Lerner et al. 2015).

Data drawn from nationally representative data sets have been crucial for providing robust assessments of child adjustment in same-sex parent families, although this approach is currently not possible with all new family types either because of limited population size or because a child’s method of conception may remain private within the family and may not be collected at a national level. As a result, many studies in this field rely on convenience samples and may be susceptible to sampling bias, with families who are functioning better, or who perceive less stigma around their family type (Nachtigall et al. 1997), potentially more likely to participate.

Empirical research with new families has been carried out primarily with samples in Western and Northern Europe, North America, and Australasia and, as such, is limited in the extent to which it can be generalized to new families residing in other geographic regions. With the international fertility industry growing rapidly (Int. Fed. Fertil. Soc. Surveill. 2019), it is important that research keeps pace and explores the developmental and ethical implications of this expansion.

New families research has also been criticized for the lack of sociodemographic diversity in its samples, which are primarily composed of white, financially stable, highly educated participants (van Eeden-Moorefield et al. 2018). Although this is representative in some family types of those who have access to particular family-building methods (e.g., families using egg donation), this is not the case for children in queer families in the United States, who are most likely to be parented by economically disadvantaged women of color living in rural areas (Fish & Russell 2018). While future research must attempt to recruit more sociodemographically diverse samples, scholars have also called for a more intersectional approach in analyses that recognizes participants’ intersecting identity statuses, including race and social class (Fish & Russell 2018, Parent et al. 2013, Patterson 2017).

Future research with new families should also consider the intersection of developmental psychology and law (Farr & Goldberg 2018, Jadvá et al. 2019), given that legislation pertaining to new families affects the family-building options available to parents and the families’ experiences within a particular legal framework. While researchers have explored the effect on families of a lack of legal recognition of same-sex relationships (Kazyak et al. 2018), neither has this been examined beyond the same-sex parent literature nor has its effect on child adjustment

been quantified. Beyond examining the effects of legal structures on family functioning, other aspects of new families' wider social environments are also worthy of future study, including the family-school relationship (e.g., Goldberg et al. 2018) and the social climate (e.g., Lick et al. 2012). At an individual level, examining protective strategies used by parents (e.g., Wheeler et al. 2018) and a move toward exploring specific strengths conferred by new families (e.g., Titlestad & Robinson 2019) and factors contributing to family resilience (e.g., Prendergast & MacPhee 2018) are important areas for future research.

The new families literature has tended to operationalize the family as consisting of parents and the target child, whereas future research would benefit from a more systemic approach that considers the roles of siblings, grandparents, and other family members (Parke 2020). Finally, as the current generation of children in new families grows older, research should continue to examine development during emerging adulthood, as has been undertaken with adults with same-sex parents (Koh et al. 2019, Tornello & Patterson 2018).

Beyond family process variables that merit future investigation, new family forms continue to emerge or have been overlooked in the existing literature. Little is known about parenting and child development in families with bisexual parents (Patterson 2017). The limited existing research suggests that children with bisexual parents may have higher rates of emotional and mental health problems than children with heterosexual parents, a finding explained by bisexual parents' higher rates of psychological distress (Calzo et al. 2019). Other new family forms about whom little is known in terms of family functioning include those with single fathers by choice, co-parenting families (i.e., individuals who have a child together in the absence of a romantic relationship), trans parent families formed after a parent's gender transition, and lesbian mother families created using reciprocal IVF (i.e., where an embryo created using one parent's egg is gestated by the other parent). Whether technological advancements, such as artificial gametes, mitochondrial replacement therapy, and social egg freezing (which may enable women to delay parenthood), will affect parenting and child development remains to be seen.

Social acceptance of new family forms has increased substantially over the last two decades (Gates 2015). However, it is evident that many new families still face stigma, discrimination, and lack of understanding (Prendergast & MacPhee 2018), or their pathway to parenthood is seen as a second-best option (Hendriks et al. 2017). In addition, many new families live in contexts in which political opposition to new families is growing and legal constraints are being placed on previously available family-building options. A high-profile example is the religious freedom legislation in 11 US states that allows adoption and fostering agencies to refuse to place children with LGBTQ+ adopters. Same-sex couples are seven times more likely than heterosexual couples to adopt and foster children (Goldberg & Conron 2018), and trans adults are more open to adopting "hard to place" children than are cisgender individuals (Goldberg et al. 2020). Beyond this legislation being "state-sanctioned discrimination" (Natl. LGBT Bar Assoc. Comm. Sex. Orientat. Gen. Identity 2019, p. 4), it severely restricts the pool of potential adopters for over 437,000 children currently in foster care (Child. Bur. Adm. Child. Fam. 2019).

In some European countries growing political opposition to new families has increased restrictions around access to ARTs and made navigating family life increasingly dangerous for parents. Poland, for example, passed legislation in 2015 regulating IVF but limiting its use to heterosexual couples, meaning that single women who had stored embryos were no longer able to use them (Sussman 2019). Research with lesbian mothers in Russia, which introduced an "antigay law" (Zhabenko 2019, p. 322) in 2013, found that mothers had to implement survival strategies including preparing legal documentation to allow them to emigrate (Zhabenko 2019).

It is more important than ever that developmental science research on new family forms continues to provide robust and thorough examinations of the effects of new family forms on parenting

and child development so that legislation and practice related to new families can be based on empirical evidence rather than on conjecture and prejudice. The new families literature demonstrates that children thrive in homes with loving, sensitive, and supportive parenting, whatever the structure of their family, but may face challenges when their social environment is less accepting. Much still remains to be done to create environments that are welcoming and supportive of families in all their diversity.

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