Elena Canzi

Same-Sex Parenting, Filiation and Related Topics

A Critical Research Review

Foreword by Eugenia Scabini and Vittorio Cigoli
With a Contribution by Paul Sullins

Quaderni del Centro Famiglia 29 (english version edition)
Quaderni del Centro Famiglia 29 (english version edition)
Elena Canzi

Same-Sex Parenting, Filiation and Related Topics
A Critical Research Review

Foreword by Eugenia Scabini and Vittorio Cigoli

With a Contribution by Paul Sullins
This volume was published with a grant from the Istituto 'Giuseppe Toniolo' di Studi Superiori, for which we are sincerely grateful.

© 2018 Vita e Pensiero – Largo Gemelli 1 – 20123 Milano

www.vitaepensiero.it

ISBN (formato PDF) 978-88-343-3517-8

Copertina di Andrea Musso

This E-book is protected by copyright and may not be copied, reproduced, transferred, distributed, rented, licensed or transmitted in public, or used in any other way except as it has been authorized by the publisher, the terms and conditions to which it was purchased, or as expressly required by applicable law. Any unauthorized use or distribution of this text as well as the alteration of electronic rights management information is a violation of the rights of the publisher and of the author and will be sanctioned according to the provisions of Law 633/1941 and subsequent amendments.
INDEX

Foreword by Eugenia Scabini and Vittorio Cigoli

Introduction 18

I. Same-Sex Couples with Children
   1. How Does One Become a Parent and Who Chooses
to Become a Parent? 19
   2. Exercise of the Parental Role, Educational Guidance,
Family and Social Support 22

II. The Children of Same-Sex Couples
   1. Gender Behaviors, Sexual Orientation, and Gender Identity 28
   2. Wellbeing Outcomes 35
   3. The Issue of Origins 49

III. Same-Sex Parenting and Adoption
   1. The Same-Sex Couple as Adoptive Parent Candidates 58
   2. The Adoptive Children of Same-Sex Couples 61

References 65

Developmental Outcomes for Children of Same-Sex Parents:
What We Know, and What We Do not Know
by Paul Sullins 79
III. SAME-SEX PARENTING AND ADOPTION

Adoption, as already mentioned at the start of this book, represents a viable path in some countries for same-sex couples who intend to have children. As noted, the absence of a genetic link between parent and child often suggests a similarity between the condition of the adoptive child and that of children conceived through donation. Actually, the conditions are different. Adoption is a path beset with specific challenges compared to other forms of parenthood, and adoption by same-sex couples is even more specific and complex. Therefore, we shall devote special attention to this issue, allowing ourselves to be guided by the tradition of research about adoption, which, over the years, has collected advanced studies and considerations of noteworthy value.

1. The Same-Sex Couple as Adoptive Parent Candidates

Within the context of adoption, a large area is taken up by the assessment of the suitability of the couples hoping become adoptive parents. Social workers, in fact, are called upon to protect the interests of the adoptable minor and to assess the couples’ parenting skills, their ability, albeit perspective (and it is this that makes the task so difficult), to respond to the needs of minors who have often endured traumatic separations and/or lived in circumstances unsuitable for growing up in. It is precisely in this sense that we feel it is important to return to some research data about the characteristics of same-sex couples, which social workers should consider in the course of their assessment.

One of the first issues is sexual exclusivity. As Abbie Goldberg (2010, p. 23) confirms, “not all same-sex couples are monogamous. In fact, there is evidence that sexual exclusivity is not the norm in gay men couples in particular,” where the percentage of multiple relationships is around 50-60% (Hickson - Davies - Hunt - Weatherburn - McManus - Coxon, 1992; Julien - Chartrand - Begin, 1996; Solomon - Rothblum - Balsam, 2005). Lesbian couples, instead, seem to be more monogamous (about 90%, in
the study by Bryant - Demian, 1994; 81% in the Blumstein - Schwartz, 1990 sampling; 54% in the study by Peplau - Cochran - Mays, 1997), to have more committed relationships, and to be more inclined to legalize their union (Oswald - Goldberg - Kuvalanka - Clausell, 2008; Rothblum - Balsam - Solomon, 2008), and to desire maternity.

A second aspect we face is the duration/stability of the relationship of the same-sex couple with children. Some studies have documented that the relationship breakup rates for same-sex couples with children are higher than for married heterosexual couples with children, in particular relationships of lesbian mothers compared to heterosexual mothers. In Kurdek’s study (2006), the breakup rate was 8.6% for gay couples, 14% for lesbian couples, 10.5% for unmarried heterosexual couples, 2.7% for heterosexual couples without children, and 1.6% for heterosexual couples with children. From the US National Longitudinal Lesbian Family Study (Gartrell et al., 2011), it emerged that 56% of the lesbian mothers who were in couples at the time of the child’s birth later separated, on average after about 7 years – in this case, too, a significantly higher percentage compared to the divorce rate of heterosexual parents of children of the same age, 36.3%. MacCallum and Golombok (2004) found lesbian mothers’ relationship breakup rates to be 43%, vs 13% of heterosexual mothers. In the study by Fulcher et al. (Fulcher - Chan - Raboy - Patterson, 2002), similar percentages were observed: 39% of lesbian mothers separate, compared to 6% of heterosexual mothers.

The only – to our knowledge – specific study about adoptive couples found the following breakup rates: 7 of the 57 lesbian couples (12.3%), 1 of the 49 gay couples (2%), and 7 of the 84 heterosexual couples (8.3%) broke off the relationship in the 5 years following the placement of the adoptee in the family (Goldberg - Garcia, 2015). In the paper, comparative analyses of the percentages are not reported, but the data show a trend similar to what emerged from the previous studies, that is, a higher incidence of divorce/separation in the lesbian mother couples.

Another very delicate factor to examine in the process of assessing the couples’ suitability is their mental and physical health, which we know greatly influences the children’s wellbeing (Goodman - Brand, 2008; Mayes - Truman, 2002). Some studies have shown that compared to the general population, there is a greater incidence of some psychological diseases in the homosexual population, such as mood and anxiety disorders, together with the occurrence of suicidal thoughts and/or acts (Chakraborty - McManus - Brugha - Bebbington - King, 2011; Meyer, 2003) and at-risk behaviors such as consumption of alcohol and tobacco (Gonzales - Przedworski - Henning-Smith, 2016). However, the reasons
for these issues have been underinvestigated: some authors feel that the poorer health conditions compared to heterosexuals can be attributed to the chronic stress to which they are subjected as members of a sexual minority, even if this, however, cannot be the sole factor. As one research paper on the issue (Mayer - McHugh, 2016) asserts, there is evidence linking some forms of discrimination and stigmatization to some forms of mental distress experienced by homosexuals, but this association alone is not sufficient to explain all the disparities with respect to the heterosexual population. Therefore, this sort of problem should be examined on a case to case basis and treated with due sensitivity.

Broadly the topic of interest in the literature on adoption by heterosexual couples is also the grief process in relation to infertility. It is widely recognized that the overwhelming majority of couples who decide to adopt do so because they cannot have birth children. With regard to this, the idea persists that heterosexual couples see adoption as a ‘second choice,’ while for same-sex couples, adoption is the first choice (Jennings et al., 2014), and this is interpreted as favorable to same-sex couples. This, however, does not exempt the same-sex couple from the grief process, as the impossibility of conceiving as a couple is a biologically implicit part of the relationship, so, like the infertile heterosexual couple, the partners are called upon to sort out this issue in preparation of the adoption process. At present, however, there appears to be an absence of studies exploring this dimension.

Another factor is the lack of support from the families of origin. Again, within the context of adoption, the few studies available seem to confirm this reality: same-sex adoptive parents, while not diverging from the overall levels of perceived social support, report receiving less support from the family of origin (Kindle - Erich, 2005), especially those parents who opt for interracial adoption, thus combining several levels of marginality (Johnson - O’Connor, 2002). In this situation, the family members express concern that the grandchildren run the risk of being exposed to great hardship due to the fact of belonging to more than one minority group (Goldberg, 2010).

The family of origin’s lack of support certainly represents a risk factor for these couples: indeed, the greater the perception of being supported by one’s family members, the better the same-sex couple’s outcome of mental wellbeing during the first years of adoption (Goldberg - Smith, 2011). As the authors point out, the families of origin seem to occupy a central place in the lives of homosexual parents, even more important during the transition into parenthood, so that a lack of support seems to have negative consequences for their mental health.
Adoption cannot be experienced as a solo adventure, it is not a single person’s private act, and this is even more salient for adoptive parents who perform an eminently social function. The support network is an element that can predict the success of the adoption.

2. The Adoptive Children of Same-Sex Couples

First of all it must be pointed out that there are few studies on same-sex adoptive parents, and even fewer are the studies directly involving their children.

A review of the literature (Schneider - Vecho, 2015) identified just 14 studies, of which 13 were carried out in the United States and 1 in Great Britain, published in 18 papers between 2003 and 2014. Of these papers, 11 concern children between 0 and 5 years of age, 6 include school-aged children from 6 to 11 years old, 4 teenagers; the homosexual parent samples range from a minimum of 14 to a maximum of 155 participants; of the 14 studies, 4 make use of information gathered only by the parents, 9 information gathered from both parents and children (in 3 cases, third-party observation was also included), and only 1 considers the teenaged children’s point of view; in 11 studies, a control group of children adopted by heterosexual parents was provided; recruitment of the participants mainly took place through ads posted on websites, and family and association magazines, through associations, public child protection services, and research programs more generally focused on adoption. The data we have available is therefore subject to even greater limitations than those previously dealt with.

The picture that emerges to a large extent reflects the findings of the literature more broadly focused on same-sex parenting. Differences were not found between children raised by same-sex and heterosexual couples (Averett - Nalavany - Ryan, 2009; Erich - Kanenberg - Case - Allen - Bogdanos, 2009; Erich - Leung - Kindle, 2005; Ryan, 2007; Ryan - Cash, 2004; Tan - Baggerly, 2009). The main variables taken into consideration as indicators of the children’s wellbeing were: presence of internalizing and externalizing disorders, attachment, and psychosocial adjustment. Moreover, same-sex adoptive couples seem to show good levels of family functioning that fit within the normal range (Erich et al., 2005; Leung - Erich - Kanenberg, 2005).

Many of these studies carried out before 2010, however, show major methodological limitations, and allow us to draw few conclusions (Golombok, 2016). Following is a discussion of some more recent and methodologically sounder studies, often cited in the current literature.
The study by Farr, Forsell and Patterson (2010) involved 106 couples, of which 27 lesbian couples, 29 gay couples, and 50 heterosexual couples, all with pre-school age children adopted during early childhood. Data from 76 teachers or external caregivers (the numerical distribution is not reported) was also collected. From the reports of the parents and the external caregivers, it emerged that adoptive children of same-sex couples have similar levels of adjustment and gender behaviors to those of heterosexual parents, and no significant differences were found in terms of parental stress level, parental discipline, or couple satisfaction.

In the study by Goldberg, Kashy and Smith (2012) involving 126 adoptive couples, of which there were 44 lesbian, 34 gay, and 48 heterosexual couples, all with an adoptive child between 2 and 4 years of age, it was found that the adoptive children of same-sex couples show more fluid gender behavior compared to adoptive children of heterosexual couples; in particular, the sons of lesbian mothers tend to play less masculine games, a fact widely reported in the literature on same-sex parenting, as discussed above.

A study conducted in the United Kingdom (Golombok - Mellish - Jennings - Casey - Tasker - Lamb, 2014) involved 40 couples of adoptive gay fathers, 40 couples of adoptive lesbian mothers, and 49 couples of adoptive heterosexual couples, all with children between 4 and 8 years of age, placed with the family for at least 12 months. The findings suggested that the adoptive gay fathers show higher levels of mental wellbeing (less depression and stress) and greater warmth as parents compared to adoptive heterosexual couples. From observation of the parent-child interaction, the gay fathers showed higher levels of responsiveness and lower levels of an aggressive disciplinary style than the heterosexual parents. No significant differences emerged between gay fathers and lesbian mothers. From the parents’ reports, moreover, higher levels of hyperactivity are reported for the adoptive children of heterosexual parents.

The methodological choice to treat the couples as a single unit without distinction between mothers and fathers, however, does not permit further study of the meaning of the differences found. Once again, it seems in fact that the differences found in favor of gay fathers compared to heterosexual parents may in part be attributed to the use of indicators that are more sensitive to the maternal dimensions, to which gay fathers probably feel more affinity than the heterosexual fathers, and they do not pick up on more properly paternal dimensions – at least in our traditions – such as authority, promotion of autonomy, awareness of the limits and respect of the rules. Thus, the following question remains open: how does the gay father play out his parental role compared to the heterosexual father (who, among other things, shares the job with the mother)?
Lastly, worthy of note is a contribution from Farr et al. (Farr - Crain - Oaklay - Cashen - Garber, 2016) that explores the issue of stigmatization through interviews with a group of 49 children adopted by same-sex couples (27 gay male and 22 lesbian couples), aged between 6 and 11 years, among whom there were 27 cases of interracial adoption. Most of the children (78%) report familiarity with the experience of ‘feeling different,’ in 65% of the cases this is tied up with the awareness that their own family situation is different from the others: of the children’s 41 comments, in 29 cases the feeling of diversity is associated with the fact of having homosexual parents, in 6 cases with the fact that they were adopted, in 4 cases with the fact of having a different ethnicity, and in 3 cases other reasons, for example having a learning disorder. Fifty-seven percent of the children report having undergone micro-aggressions (that is, not always intentional insults) from peers owing to the fact of having homosexual parents. This is how a 9-year-old girl describes feeling bad when people see her with two mothers and they think that one of them is the grandmother:

People ask me like when they see one mom and then they see the other mom, they say is that your grandma and I’m like that’s so mean (Farr et al., 2016, p. 93).

Similarly, in the study by Gianino and Goldberg (Goldberg, 2010) which involved young adults of a different ethnicity from that of at least one parent, and in the one by Ryan and Cash (2004), in which same-sex adoptive parents were surveyed, derision about the parents’ sexual orientation was far more frequent than about either the different ethnic origin or the adoptive status.

From the direct experiences of 14 adoptive teenagers (Gianino - Goldberg - Lewis, 2009) regarding how and when they revealed the sexual orientation of their parents and their own adoptive status to their friends and at school, many spoke about feeling more uncomfortable when it came to saying that their parents were homosexual than when talking about being adopted. A 15-year old Asian girl adopted by two lesbian mothers says:

I have no problems saying I’m adopted, but [voice softens] it is harder to say that my moms are lesbians (Gianino et al., 2009, p. 217).

Belonging to a sexual minority thus seems to weigh heavily in the lives of children and teens, a weight compounded by the adoptive status and moreover adoptive of different ethnicity. The literature about adoption, in fact, has pointed out the difficulties adopted children face when they are exposed to discrimination about their adoptive status and their ethnic di-
versity in cases of international adoption (Garber - Grotevant, 2015; Riley-Behringer - Groza - Tieman - Juffer, 2014; Rosnati - Ferrari, 2014). The experience of discrimination has a powerful impact on the psychological wellbeing of the adoptees, and is associated with internalizing and externalizing disorders, drug and alcohol abuse (Lee J. - Lee R. - Hu - Kim, 2015), depressive symptoms (Arnold - Braje - Kawahara - Shuman, 2016), and high levels of psychological distress (Koskinen - Elovainio - Raaska - Sinkkonen - Matomäki - Lapinleimu, 2015).

Thus, adoption by same-sex couples presents a very complex picture, in which children and young people find themselves faced with various at-risk situations and they work on ‘extra credit’ developmental tasks that their peers, whether non-adoptive or adopted by heterosexual couples, do not have to tackle.
REFERENCES


REFERENCES


References


Feast J. (2003), Using and not losing the messages from the adoption experience for donor-assisted conception, “Human Fertility”, 6(1), pp. 41-45.


REFERENCES


GOLDBERG A.E. - KASHY D.A. - SMITH J.Z. (2012), Gender-typed play behavior


GONZALES G. - PRZEDWORSKI J. - HENNING-SMITH C. (2016), Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the united states: results from the National Health Interview Survey, “JAMA internal medicine”, 176(9), pp. 1344-1351.


GOTTMAN J.M. - LEVENSON R.W. - SWANSON C. - SWANSON K. - TYSON R. - YOSHIMOTO D. (2003), Observing gay, lesbian and heterosexual couples’ relation-


Rothblum E.D. - Balsam K.F. - Solomon S.E. (2008), *Comparison of same-sex couples who were married in Massachusetts, had domestic partnerships in*
California, or had civil unions in Vermont, “Journal of Family Issues”, 29(1), pp. 48-78.


DEVELOPMENTAL OUTCOMES FOR CHILDREN OF SAME-SEX PARENTS: WHAT WE KNOW, AND WHAT WE DO NOT KNOW

by Paul Sullins

1. What we Know

Considering the question of outcomes for children with same-sex parents is like entering an alternate academic universe in which the ordinary rules of scholarly discourse and evidence do not seem to apply. To say that the question of outcomes for children with same-sex parents is controversial and ideological is, of course, an understatement. Almost all statements one can make about the topic are contentious – including this one. But it is more than mere difference of opinion, or even a clash of ideology. The contending ideologies involved are allied not only with powerful political and economic interests, but with profound personal and spiritual questions that go to the heart of human relationality, and therefore human being itself.

In a process of reverse intolerance, those who claim to present secular scientific knowledge about the family make their appeal to authority and consensus, while those who question these ideas appeal to empirical evidence and reason. Scientific claims that cannot withstand even the slightest critical scrutiny are lionized by a sympathetic press and gullible public, while genuine scientific evidence for unpopular conclusions is systematically excluded from view. The cultural roles of science and religion are reversed. Claims about equal or better outcomes for children with same-sex parents are held with a religious fervor, as articles of faith rather than propositions of science. Disagreement is greeted, not with evidence and argument appropriate to a scientific hypothesis, but with shunning, shaming and attempts to discredit or silence the dissenter as a religious

---

1 The Rev. Dr. D. Paul Sullins, Professor of Sociology (retired), Director of The Leo Initiative for Catholic Social Research, The Catholic University of America, Washington, DC USA, 20064; sullins@cua.edu.

2 Walter Schumm has documented rampant publication bias, with positive findings cited over 100 times more than negative ones, in Schumm, 2008, 2010. After statistically adjusting for researcher and publication bias, Schofield’s recent meta-analysis finds significant negative results for same-sex parented children in the aggregate data, including among studies that claim ‘no differences’ (Schofield, 2016).
heretic. The intolerance is such that, in many settings, merely to voice the view that children may not fare as well with homosexual parents is akin to uttering a blasphemy or an obscenity; it is upsetting to mention in polite company. Call it heterophobia.

In classical Marxist theory, although the capitalist elites subjugate economic actors with poverty by controlling the means of economic production, the oppressed bourgeoisie are unaware of their oppression, thinking of themselves as affluent and free; a condition called ‘false consciousness’. Today elites attempt to oppress political actors with misinformation, a poverty of the mind, by controlling the means of cultural production – the organs of public media and legal and academic discourse. The culturally oppressed – the new bourgeoisie of information – are unaware of their subjugation, operating under false cultural consciousness. Although highly bigoted, they think of themselves as tolerant and progressive.

The process of false cultural consciousness – fake news, fake media, fake science – is hardly confined to the topic before us today. But it is clearly exemplified in research and discourse on same-sex parenting, where very tenuous, uncertain, even objectively false truth-claims are put forward by the institutional gatekeepers of scientific trust as unquestioned truth. To become free of this oppression, so that we are able to think clearly about what we might learn and discover about children raised by same-sex parents, we must first free our thinking from the false consciousness that we already have definitive knowledge of claims for which the scientific, empirical evidence is nonexistent, weak and contested, or even contradictory.

Consider, by way of illustration, an influential public summary of the research on same-sex parented child outcomes presented by Columbia University in New York City. Unlike peer-reviewed scholarly studies which are published in journals available only to scholars, the summary is publicly posted on an attractive website readily accessible to journalists and the public. The research is not on the website of the family studies or sociology department, as proper to the topic, or even the gender studies or LGBT studies program, but on the website of the Columbia Law School, signaling that its purpose is to influence legal interpretation. Not coincidentally, the major research program on same-sex parenting in the United States is also operated from a law school, the Williams Institute at the University of California Law School in Los Angeles, California.

The Columbia Law School summary website lists 79 studies that, it claims, constitute all of the scientific research on child well-being with same-sex parents; 75 of the studies conclude that such children are not

---

3 For a good discussion of this point, see Eyerman, 1981.
disadvantaged, and just 4 of them find that they are disadvantaged. In this way the website review endeavors to suggest that there is an “overwhelming scholarly consensus … that having a gay or lesbian parent does not harm children”; a position I will refer to as ‘harm denial’. In an explicit claim of false knowledge, the research summary is prominently titled ‘What We Know’.

The display is a rhetorical success, but a scientific failure. As I will show in a moment, the claimed consensus has no basis in fact or evidence. The website is a masterpiece of misdirection, like the Wizard of Oz in the classic film, who manipulated smoke and mirrors to make himself look large and powerful, while he ordered the heroes not to look at little imposter behind the curtain, which was his true self. There are many elements to the misdirection deployed on this law school research summary, but I will confine myself to discussing just three of them. For those interested in more detail, a series of excellent critical reviews address other reasons to believe that the list of harm denial studies is little more than a tissue of fabrications. For those who may be skeptical of this claim on my part, in what follows I will critique the same-sex parenting literature solely by citing from the 75 studies and reviews favorable to the conclusion of no harm.

1.1. False Consensus

The most important deception, the Achilles heel of the alleged consensus, is an absence of findings based on representative population samples. Scientific inference from a sample to a population crucially depends on a sample that is drawn randomly, without bias, so that every member of the population has an equal chance of being included in the sample. Yet, as Stacey and Biblarz point out, in one of the 75 harm denial studies listed, “Most studies [of gay and lesbian parents] rely on small-scale, snowball and convenience samples drawn primarily from personal or community networks or agencies” (Stacey - Biblarz, 2001, p. 166). For how many of the 75 harm denial studies is this true? Almost all of them: careful counts by both sympathetic and critical reviews agree that only five of the 75 studies have employed a random sample. How small are the ‘small-scale’ convenience samples used in these 70 studies? Very small. The average size is just 39 same-sex participants (Rosenfeld, 2010).

---

4 For critical reviews, see Allen, 2015; Amato, 2012; Eggebeen, 2012; Fitzgerald, 1999; Marks, 2012; Schumm, 2004; 2008. For reviews defending the same-sex parenting research, see Biblarz - Savci, 2010; Biblarz - Stacey, 2010; Manning - Fettro - Lamidi, 2014; Patterson, 2006.

5 The two reviews are Allen, 2013; Rosenfeld, 2010.
In sum, 70 of the 75 studies that are alleged to show a consensus of ‘no harm’ with same-sex parents do not employ a representative sample that supports such an inference. Almost all of the studies presented as ‘research’ in the alleged consensus are based on surveys of friends, and friends of friends, of the researchers themselves and/or participants recruited from homophile sources such as “LGBT events, bookstore and newspaper advertisements, word of mouth, networking and youth groups,”\(^6\) who were told the purposes of the study and invited to show how well their children were doing. Subsequent analysis of at least two such samples has documented, not surprisingly, strong bias toward positive findings compared to random samples (Bailey - Dunne - Martin, 2000; Sullins, 2015c). This procedure is simply not credible. Trying to estimate how well gay parented children turn out by interviewing gay advocacy friendship networks is like trying to estimate how religious a population is by interviewing Bible study participants and their friends. You are likely to get a rosy picture that does not accurately represent the population.

The ‘What We Know’ project’s answer to this crippling lack of scientific evidence, amazingly, is to invite us to disregard science, saying that “[w]hile many of the sample sizes were small …. researchers … do not view large, representative samples as essential.” This remarkable opinion, for which no evidence is cited, is emphatically refuted by the very researchers whose studies are alleged to show an absence of harm, almost all of whom note the weakness of small samples and call for large, representative studies. Michael Rosenfeld, in his harm denial study of educational outcomes, writes: “The universally small sample sizes in the existing literature has left room for several critiques, including the argument that small sample sizes would not have the statistical power to identify the effects of homosexual parents on childhood outcomes even if such effects did exist” (Rosenfeld, 2010, p. 757). The official review of the same-sex parenting research for the American Sociological Association explains: “Relying on convenience samples means that the same-sex parents in these studies are not representative of all same-sex parents and represent only those who were targeted and agreed to participate, …” (Manning et al., 2014, p. 487). Gregory Herek, an outspoken supporter of gay parenting rights, nonetheless acknowledges in a review of most of the same 75 studies: “Because these studies [showing no difference in child outcomes] used convenience samples … , they do not provide a basis for estimating population parameters for all children of sexual minority parents relative to those with heterosexual parents” (Herek, 2006, p. 613).

\(^6\) See Allen, 2013 or Manning et al., 2014 or Marks, 2012 for comprehensive lists of study sample sizes and sources.
To be sure, being misinterpreted, or perhaps misappropriated, in the aggregate to support the ‘What We Know’ project’s political goals does not negate the fact that there is much of value in the individual harm denial studies themselves. A recent study by a group of prominent Italian researchers at Sapienza University in Rome, which uncritically adopts the no harm narrative while using a small politically aware snowball sample typical of harm denial research (in this case recruited from the Italian Rainbow Families Association), creditably observes: “There were important limitations to our study. First, we used a convenience sample …”, and further notes that “[w]e hope that, in the future, there will be the possibility in Italy to have large-scale surveys that will include possibilities to identify and understand same-sex parent families” (Baiocco et al., 2015, p. 8). It does not sound as if these Italian scientists agree that large, representative samples are not essential. They may not agree with my published findings or with the critique presented here, but they write as commendably honest, responsible scholars. In fact, the ‘What We Know’ review’s claim is an affront to any serious scholar or scientist. It says in effect, if we don’t have evidence that meets the standards of science, then let’s just ignore science. Pay no attention to the imposter behind the curtain.

We should also acknowledge that, in listing 4 studies that challenge harm denial, the ‘What We Know’ project’s strategy of ignoring the standards of science is a little less blatant than that of the American Psychological Association (APA), which simply advises us to ignore any contrary studies altogether (Patterson, 2005). The aim of both strategies, as already noted, is to suggest that the evidence favoring harm denial is overwhelming. What is actually overwhelming is the stark difference in research quality between the two groups of studies. Unlike the 75 harm denial studies, none of the 4 listed studies that recognized child harm with same-sex parents used a convenience sample. Three of the four examined representative samples, while the fourth used a matched sample design. Thus, if we set aside the non-representative studies which do not meet the standards of scientific inference, instead of 75 studies to 4 in favor of harm denial, we are left with only 5 representative studies denying harm compared to 3 representative studies finding harm. However, 3 of the 5 remaining harm denial studies are not independent research efforts, but three short studies by the same author which replicate different measures from the same sample (Wainright - Patterson, 2006; Wainright - Patterson, 2008; Wainright - Russell - Patterson, 2004). So if we exclude non-scientific studies, and look only at genuine inferential research, we are left with only 3 independent studies finding no harm, and 3 studies finding harm. Suddenly, the claimed ‘overwhelming con-
sensus’ in favor of harm denial has disappeared, like the false wizard when the curtain is lifted.

1.2. False Data

But the misinformation does not end here: the 3 remaining harm denial studies face another crippling problem. The samples of all three studies were each corrupted by a disabling classification error, with the result that the same-sex parent couples they identified were unintentionally mingled with a large proportion of misidentified heterosexual parent families. All three studies in question identified same-sex partners by matching the sex of the respondent with the sex of his or her reported spouse or sexual partner. The classification problem stems from the fact that, like all survey questions, the indication of one’s own sex or the sex of one’s partner is subject to a certain amount of human error. Respondents may inadvertently mark the wrong box or press the wrong key on the keyboard, thus indicating erroneously that their partner is the same sex as themselves. The effect of this error is not trivial. Because same-sex parent couples account for only a fraction of 1% of all parent couples in the population, even a small random error in sex designation by the other 99% can result in a large inaccuracy in specifying the members of this tiny subpopulation, resulting in consequent false positives or negatives on hypothesis tests.

Daniel Black, who first reported this problem in 2007, found that in the affected portion of the of the 2000 Census, the data used for Rosenfeld’s no harm study, “only 26.6 percent of same-sex female couples and 22.2 percent of same-sex male couples are correctly coded” (Black - Gates - Sanders - Taylor, 2007, p. 10). My own review of Wainright et al.’s sample of same-sex parent cases identified on Add Health found that their study had failed to consult a secondary sex verification in the data, with the result that 61% of the cases identified as ‘same-sex parents’ in that study consisted of different-sex parent partners (Sullins, 2015a). In Bos’ recent study using Dutch census data, about 65% of the sample of same-sex parents consisted of mis-assigned heterosexual parents (Bos - Kuyper - Gartrell, 2017; Sullins, 2017a; Sullins, 2017b; Sullins, 2017c).

To acknowledge these data errors is no criticism of these scholars, who in most cases were unaware of the problem. Indeed, I would have to criticize myself as well, because my own 2015 study of the U.S. National Health Interview Survey (NHIS) also inadvertently used, in part, data subject to this problem (Sullins, 2015b). That study presented decisive evidence that American children with same-sex parents were twice as likely as those with man-woman parents to suffer psychological or emotional problems
such as depression, anxiety or impulsivity. Comparing 512 children with same-sex parents with over 200,000 children in the general population on the NHIS, the chance that the differences were due to sample fluctuation was less than one in one hundred. Figure 1 presents the pertinent results, showing that 17% of the children with same-sex parents were experiencing emotional problems, compared to only 7% of children in the general population. The ratio of these two percentages expresses the risk ratio, in this case that the same-sex parented children were about 2.4 times as likely to experience emotional distress, as measured by the Strengths and Difficulties Questionnaire (SDQ), a highly reliable parent-reported scale that asks a series of questions about such issues as child anxiety, unhappiness, and ability to get along with others. Calibrated by the Harvard University School of Public Health, the SDQ is the world’s most widely used public health predictor of clinically significant child emotional problems. The children with same-sex parents were also more likely to have a developmental disability (1.9 times) or to have received medical treatment for an emotional problem in the past year (1.7 times), and were 3.0 times as likely to have been prescribed medication for a psychological condition in the past year (Sullins, 2015b). The numbers shown in the figure are statistically adjusted to equalize other factors that might account for differences shown: the child’s sex, age and race, and parents’ education and income.

Figure 1 - Child Emotional Problems (in percent) Comparing Opposite-Sex and Same-Sex Parent Families

Source: National Health Interview Survey (CDC-NCHS) 1997-2013. (N=207,007). Data are a representative sample of all U.S. children. All contrasts shown are statistically significant at 0.01.
Due to the faulty data, my findings underestimated the amount of child harm with same-sex parents – a correcting note is published at Social Science Research Network (SSRN) (Sullins, 2015d) – but the same effect would weaken, and may render spurious, any claimed findings of no harm. The random sample harm denial studies, in other words, may have failed to observe differences with same-sex parents because they were not, as they thought, comparing different groups – opposite-sex parents with same-sex parents – but rather two samples of the same group-opposite-sex parents with another group of mostly opposite-sex parents.

This is demonstrably the case for a study published last October by Corinne Reczek and colleagues in Demography, the world’s premiere population studies journal, examining health outcomes on NHIS 2004-2013 for children with same-sex married parents in the United States. That study reported that, compared to their opposite-sex parented counterparts, children with same-sex parents were at no emotional disadvantage if their parents were married, concluding that “same-sex parenting itself is associated with few child well-being disadvantages compared to different-sex parenting” (Reczek - Spiker - Liu - Crosnoe, 2016, p. 27). The key findings for emotional difficulties are shown in Table 1, left column, top panel, which shows that, compared to opposite-sex married parents, the rate of child emotional problems is no higher with same-sex married parents, although it is 3.6 times higher with same-sex cohabiting parents.

Table 1 - Odds ratios for emotional difficulties by family structure, illustrating the effect of the corrupted sample period: NHIS 2004-2013 (panels 1 and 2) and 2004-2015 (panel 3)

<table>
<thead>
<tr>
<th>REPLICATION MODEL USING:</th>
<th>EMOTIONAL DIFFICULTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per Reczek et al.</td>
</tr>
<tr>
<td>1. 2004-2013 Cases Including the Embargoed Period</td>
<td></td>
</tr>
<tr>
<td>Family structure (ref = man-woman married; n = 82,585)</td>
<td></td>
</tr>
<tr>
<td>Same-sex married (n = 133)</td>
<td>0.98</td>
</tr>
<tr>
<td>Same-sex cohabiting (n = 265)</td>
<td>3.58 a,b ***</td>
</tr>
<tr>
<td>Different-sex cohabiting (n = 6,382)</td>
<td>1.74***</td>
</tr>
<tr>
<td>Support for H1</td>
<td>Partial</td>
</tr>
<tr>
<td>Support for H2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

7 The material presented in this section follows Sullins, 2017b.
### REPLICATION MODEL USING:

**EMOTIONAL DIFFICULTIES**

<table>
<thead>
<tr>
<th></th>
<th>Per Reczek et al.</th>
<th>Per CDC Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Structure (ref. = man-woman married; (n = 101,074))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same-sex married ((n = 66))</td>
<td>2.86*</td>
<td>5.58***</td>
</tr>
<tr>
<td>Same-sex cohabiting ((n = 331))</td>
<td>2.95a ***</td>
<td>3.69a ***</td>
</tr>
<tr>
<td>Different-sex cohabiting ((n = 8,081))</td>
<td>1.69***</td>
<td>1.67***</td>
</tr>
<tr>
<td>Support for H1</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Support for H2</td>
<td>Different-sex only</td>
<td>Different-sex only</td>
</tr>
</tbody>
</table>

**Notes:** Models report survey-weighted odds ratios from logistic regression models (ordered for “Per Reczek at al.” and binary for “Per CDC Usage”). First column reports unweighted \(N\). H1 hypothesizes that children’s health will generally be similar among children whose parents have the same union status, regardless of whether those parents are same- or different-sex. H2 hypothesizes that for both same-sex and different-sex couples, parental marriage will be associated with healthier outcomes. Asterisks and superscript letters report significance of \(t\) test for difference from the reference group.

* \(p < .05\); ** \(p < .01\); *** \(p < .001\)  

a Different from different-sex cohabiting \((p < .05)\).  
b Different from same-sex married \((p < .05)\). Adapted from Sullins 2017b, Table 3

Reczek’s results, however, are based on false data. In April 2015 the National Center for Health Statistics (NCHS), which administers the NHIS, issued an advisory to researchers that “some opposite-sex married couples are believed to have been incorrectly identified as same-sex for data years 2004-2007” (Division of Health Interview Statistics, 2015, p. 2). NCHS estimated that from 66% to 84% of initially identified same-sex married couples were erroneously classified different-sex married couples (Division of Health Interview Statistics, 2015). Replacing the erroneous cases with accurate ones results in a very different conclusion.

Panel 2 of Table 1, Column 1, presents the results of re-analyzing Reczek’s original model after removing the mis-specified cases. With the corrected data, children with same-sex married parents are observed to be at almost three times (2.86) the risk of emotional problems, compared to those with opposite-sex married parents, with no difference in risk between same-sex married and same-sex cohabiting parents (2.95). For children with different-sex parents, risk of emotional problems is 70% higher (1.69) if their parents are not married, but only cohabiting, but there is no advantage of marriage for child outcomes with same-sex parents. Regardless of whether their parents are married or cohabiting, the condition of having same-sex parents results in substantially elevated emotional problems.
Reczek’s team analyzed the NHIS emotional problems variables in an unconventional way that suppresses variation, to some extent, and complicates comparisons with standard Centers for Disease Control (CDC) metrics in pertinent morbidity reports (Blackwell, 2010). The second column of Table 1 reports the same models as the first column, but using the standard CDC metrics rather than Reczek’s unusual classification method. With the corrected data (column 2, panel 2) the CDC measures reveal that the effect of having same-sex parents on child emotional distress was large, with risk ratios of 3.7-5.6, and that, unlike with opposite-sex parents, children with same-sex parents fared somewhat worse if their parents were married than if they were cohabiting. These findings are similar to my previous findings using the same NHIS data.

2. What we Do not Know

2.1. Beyond Critique: Causes of Child Harm

For those whose minds are open – not distracted by the imposter behind the curtain – the evidence is clear that children with two men or two women as parents suffer some disadvantage compared to those with a mother and a father. Establishing that point should not be the end of the discussion, however, but only the beginning. The aim of our study of child adjustment in these families should be, as Professors Scabini and Cigoli state in their foreword to Dr. Canzi’s excellent comprehensive review of the same-sex parenting literature, “crucial[ly] to identify the factors predicting this adjustment and the distress that undermines it”. Those who recognize the presence or probability of harm, whether we like it or not, are the only ones who can ask, ‘What might be the cause or causes of this harm?’ Those who deny difference on ideological grounds cannot do this. They cannot learn anything more about the effects of parent homosexuality on children, because they have already ruled out that such effects even exist. In this way, what we do not know is more important than what we know.

Among the many possible answers to this question that may be considered, I want to suggest three factors, or classes of factors, as fruitful empirical areas for further study along this line. These are: 1) the parenting or partnership arrangements involved, 2) homosexual (2:46) orientation as distinct from partnership, and 3) the array of gender distinctions that come with same-sex parent families. These possible causes are not necessarily comprehensive; there may be other factors involved; nor are they mutually
exclusive; all could have some effect. Although stronger than any contrary evidence that I know of, the evidence I am going to present regarding them is not definitive, but rather tentative and incomplete. I do not present these points as settled conclusions, but rather as questions or suggestions to be explored further.

2.2. Partnership Stress

First, it may be that the increased harm for children with same-sex parents is related to the different qualities or greater stress in homosexual partnerships compared to man-woman pairings. Most homosexual partnerships with children follow the breakup of a prior heterosexual relationship, which imposes more distressing parental transitions on children compared to stable heterosexual relationships. Homosexual partnerships with children may also be more short-lived, on average, than heterosexual partnerships with children (Gates, 2008; Manning - Brown - Stykes, 2016). Harm deniers sometimes cite these facts to suggest that child harm with same-sex parents is due entirely to the greater transience and transitions of these relationships, conditions which would be improved by authorizing homosexual marriage, and not to the same-sex partnership itself. Table 2 tests this claim, presenting risk ratios for child emotional problems with same-sex parents compared to three types of heterosexual parents: biological parents, step parents and single parents. Like homosexual partnerships, both step-parent and single parent families all involve children who have experienced the distressing transition from the breakup of a former relationship to the current parenting arrangement. The risk ratio for same-sex parenting is lower compared to these families than when compared to married biological parents, confirming that transition stress does increase the risk of child emotional problems. But if child distress with same-sex parents were due entirely or mostly to transition distress, then there would be little or no difference between these same-sex parent families and heterosexual step or single parent families. The odds ratios for same-sex parents, compared to these family forms, should be close to 1 and non-significant. But this is clearly not the case. On the contrary, Table 2 reports that risk of child distress with same-sex parents is about twice as high (2.2 for step-parents and 1.8 for single parents) as it is with these two heterosexual family forms which have roughly the same amount of parental transitions. Distress due to parental transitions or a former family failure does not explain all or even most of the higher rate of child harm with same-sex parents.
Table 2 - Risk ratios for child emotional problems contrasting same-sex parents with four opposite-sex family structures: two married biological parents, married step-parent family, cohabiting partners, and single parent: NHIS 2001-2013

<table>
<thead>
<tr>
<th>Risk for same-sex parents relative to reference group</th>
<th>Model 5.1 (baseline)</th>
<th>Model 5.2 (controls)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two married bio parents</td>
<td>3.50***</td>
<td>3.62***</td>
</tr>
<tr>
<td>Married step-parent</td>
<td>1.82**</td>
<td>2.16***</td>
</tr>
<tr>
<td>Single Parent</td>
<td>1.38†</td>
<td>1.78**</td>
</tr>
<tr>
<td>N</td>
<td>111,437</td>
<td>86,160</td>
</tr>
</tbody>
</table>

Adapted from Sullins (2015b), Table 5. Numbers in parentheses report the 95% confidence interval. *P < 0.05; **P < 0.01; ***P < 0.001. 1.05 < P <= .10 Risk ratios are estimated from logistic regression models adjusted for child age, sex and race, and parents’ education and income.

Other characteristics of same-sex partnerships may be plausibly related to higher child distress. Same-sex partnerships tend to be less stable than heterosexual pairings, and far fewer same-sex couples participate in marriage where it is permitted. Domestic abuse is notably higher among homosexual partners, and child abuse may be higher as well. One of the most striking findings from the studies that acknowledge harm is the repeated suggestion that child sexual abuse is much more frequent among lesbian couples and their children. To the question “Has a parent or other adult caregiver ever touched you in a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations?” Regnerus reported that 23% of the children with mothers who had been in a lesbian relationship responded ‘yes’, compared to only 7% of children overall. Similarly, Sullins found that 38% of adolescents currently living with married lesbian mothers responded ‘yes’ (Sullins, 2015b). Cameron, in an earlier survey study, found that 29% of children of homosexual parents reported sexual contact with parents (P. Cameron - K. Cameron, 1996). Conclusions on such sensitive topics should be drawn with great care, yet these multiple independent findings clearly suggest that sexual victimization may be more frequent for children with lesbian parents. Notably, no harm denial study has ever even asked about parental child abuse.
2.3. Parent Sexual Identity

The second factor worth exploring is the possibility that the increased distress of children with same-sex parents is due, at least in part, to some factor related to the homosexual attraction or tendency of one or both of their parents. We have strong evidence, for example, that same-sex attraction is associated with higher rates of mental or affective distress (Fergusson - Horwood - Beautrais, 1999; Gilman et al., 2001), and that children who have parents who are psychologically distressed are more likely to suffer emotional distress themselves (Last, 1991; Beardslee - Versage - Gladstone, 1998), either due to compromised parental functioning or perhaps a direct genetic influence. Perhaps there is some kind of link between these well-known facts. Or perhaps some other link, not to the partnership arrangement of the parents, but to the homosexual tendency itself, that leads to increased child difficulties.

To understand what I mean here we need to review some important but seldom acknowledged distinctions about the homosexual, or perhaps better, the non-heterosexual population. It is a common misconception, even among researchers in this area, that same sex couples comprehensively represent homosexual persons. The two measures are related, but they are not fully congruent. Sexuality in human populations generally manifests along three dimensions: sexual identity, that is, the name by which someone defines their sexuality; sexual attraction, that is, who someone desires to have sex with; and sexual behavior, that is, who a person actually does have sex with. Accordingly, “sexual orientation,” as defined by the U.S. Interagency Working Group for Measuring Sexual Orientation and Gender Identity, “has three main dimensions: sexual attraction, sexual behavior, and sexual identity” (Federal Interagency Working Group on Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys, 2016, p. 4). For the dominant heterosexual population, these three dimensions are almost always congruent, but for the non-heterosexual population, they are often discordant. The University of Chicago’s 1994 national sexuality survey found that the three dimensions were concordant for only 24% of males and 15% of females reporting some aspect of non-heterosexual orientation (Laumann, 1994). On the NHIS 2013-2015, only a little more than half (58%) of same-sex partners reported a homosexual orientation, and almost a quarter (23%) of those who identified as gay or lesbian reported that they had a sexual partner of the opposite sex.
Table 3 - *Effect of parent orientation versus partnership (SDQ): NHIS 2013-2015 (n=11,483)*

<table>
<thead>
<tr>
<th></th>
<th>SINGLE PARENTS</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hetero</td>
<td>GL</td>
<td>Hetero</td>
<td>GL</td>
</tr>
<tr>
<td>Emotional Problems (SDQ)</td>
<td></td>
<td>1.76****</td>
<td>3.41**</td>
<td>2.11</td>
<td>4.44**</td>
</tr>
<tr>
<td>Seen by MH Professional</td>
<td></td>
<td>2.35****</td>
<td>5.22***</td>
<td>2.30</td>
<td>3.92***</td>
</tr>
<tr>
<td>Received MH therapy/treatment</td>
<td></td>
<td>2.11****</td>
<td>4.69***</td>
<td>1.92</td>
<td>3.46**</td>
</tr>
<tr>
<td>N (Maximum/Minimum)</td>
<td></td>
<td>3,909</td>
<td>37</td>
<td>15</td>
<td>42</td>
</tr>
</tbody>
</table>

Reference group is intact married heterosexual parents. Proportional odds are estimated from ordered logistic regression models adjusted for child age and sex, parents’ education and income, and sex of responding parent (or other informant). Asterisks report significance of t-test for difference from opposite-sex intact married: * p < 0.10; ** p < 0.05; *** p < 0.01; **** p < 0.001.

Table 3 makes use of this disparity to compare single parents and same-sex partners who vary by sexual orientation on the three main measures of child emotional problems presented above, thus allowing us to separate the effect of partnership from that of identity and attraction. On all measures shown in the table, for both single parents and same-sex partner parents, the estimated risk of emotional problems for children living with a parent reporting a heterosexual orientation is lower than for those whose responding parent reported a gay or lesbian orientation. From these estimates, it appears that gay or lesbian sexual orientation is associated with added risk of child emotional problems, above that of having a same-sex parent partner or no partner at all. These findings cannot be accepted as definitive with so few cases, but they clearly suggest that we should seek further evidence before forming a strong opinion on this point one way or the other.

2.4. Gender Differences

The third set of factors probes more deeply into the roots of our current set of cultural difficulties with sexual and gender difference. We know from much research in heterosexual families that parent and child gender have strong effects on child outcomes. Over the past 50 years the dominant psychological theory of child development, known as attachment theory, has repeatedly shown that a strong attachment to the mother is crucial for healthy psychological development in infants. Throughout childhood, girls are more likely to experience internalizing problems like depression or poor self-image, while boys are more likely to express externalizing problems like oppositional behavior or aggressive violence. Very few adolescent boys are plagued with ADHD or anorexia, while the ratio of male to female early life criminal offenders is more than 10 to 1. Despite recent
attempts to deny them, gender differences are profound and persistent, and reveal themselves in large and small ways throughout the life course, both in personal experience and in the study of human populations. It would be surprising if gender did not also affect child outcomes in same-sex parent families.

Table 4 - Possible Parent-Child Relational Triads by Sex

<table>
<thead>
<tr>
<th>Opposite-Sex Parents</th>
<th>Same-Sex Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F m</td>
<td>M M m</td>
</tr>
<tr>
<td>M F f</td>
<td>M M f</td>
</tr>
<tr>
<td>M F m</td>
<td>F F f</td>
</tr>
<tr>
<td>M F f</td>
<td>F F f</td>
</tr>
</tbody>
</table>

M, male parent; F, female parent; m, male child; f, female child

To consider this question properly, we must begin by recognizing that the array of gender differences in homosexual parent families is very different than in heterosexual families. Unlike heterosexual couples, same-sex couples come in two distinct gendered types: male-male couples and female-female couples. Since children also come in two distinct types – male and female – the binary question of same-sex parents versus opposite-sex parents resolves into six alternatives of parent-child sex interaction. Table 4 illustrates. For opposite-sex partners, the elaboration by sex of the relational triad formed by parents and child has only two possibilities: male parent, female parent, male child (MFm); and male parent, female parent, female child (MFf). For same-sex partners, there are four possibilities: male parent, male parent, male child (MMm); male parent, male parent, female child (MMf); female parent, female parent, male child (FFm); and female parent, female parent, female child (FFf). All six parent-child sex triads are distinct, with three distinct types of parent partnerships (MF, MM, and FF).

Does parent and child gender interact in same-sex parent families to produce different sets of child outcomes corresponding to the parent-child sex differences? Figure 2 presents initial, tentative results on this question from the NHIS. The point at which the red and blue lines cross in the figure roughly corresponds to the overall risk of emotional difficulties for the children shown, compared to children with married opposite-sex parents, which (as shown in Table 2) is 3.6. But each of the parent-child sex triads appears to have distinctly different effects. Boys with gay male parents are about twice as likely to experience emotional problems as are boys with lesbian parents, while the opposite is true for girls. We might generalize
that the children – girls more strongly than boys – appear to do worse in the absence of a parent of the opposite sex as themselves.

Figure 2 - Child Emotional Problems with Same-Sex Parents by Child Sex and Parent Sex: NHIS 1997-2016

![Graph showing relative risk of emotional problems for children with same-sex parents.]

The chart reports risk ratios estimated from logistic regression models adjusted for child age, sex and race, and parents’ education and income. Reference group is opposite-sex intact married parents.

There are, of course, a variety of possible explanations for these differences, a topic which goes beyond the limits of this paper, of course, and anyway calls for extended scholarly work. But I want to briefly mention one theoretical model that seems particularly fruitful to begin to understand the kind of differences shown in Figure 2: the relational-symbolic model of family relationships in the work of Vittorio Cigoli and Eugenia Scabini. This theory proposes that parent-child triads are characterized by generativity with respect to the children, which stems from the gender difference of the parents and both produces new generations (looking forward) and extends family lineage or filiation (looking backward). Figure 3 illustrates the model. Cigoli and Scabini explain: “The common aim of
all family relationships is generativity (‘generativity’ and ‘gender’ both derive from the Indo-European gen: birth, offspring), which binds the two genders indissolubly together. Neither gender can quit the parental relationship (one cannot become an ex-parent or an ex-grandparent) and together they bind their respective families of origin by producing both a difference between generations and a link between their family lineages … . It begins with difference … and achieves its final aim in generativity, whether of individual minds or of the bonds between them. The converse of this is deficient, defective or perverted generativity, so that families can also be characterized by their degree of nongenerativity or degenerativity” (Cigoli - Scabini, 2007).

On this model, two persons of the same sex, who have in their care a child who cannot be their joint offspring, and whose other natural parent is external to the same-sex parent family, may be conceived to be in a condition of impaired generativity. The child can be the generation, the reflection of birth or biology, of at most only one of the two parents, and thus does not bind the parents nor link their family lineages in the way that is true for every pair of heterosexual parents.

**Figure 3 - The Relational Production of Generativity in the Relational-Symbolic Family Model**

*Source: Cigoli - Scabini, 2007, p. 31*
On this understanding, a lack of gendered difference may be related to the well-documented inter-parental stresses found in same-sex parent families. Recent qualitative work by Umberson and colleagues comparing relational intimacy in gay male, lesbian and heterosexual couples confirms that gendered differences that lead to negotiation and compromise among heterosexual partners – women tending toward more emotional sharing and cohesiveness, men toward more establishing boundaries and autonomy – are accentuated in same-sex relationships, in which both partners share similar tendencies (Umberson - Thomeer - Lodge, 2015). A lack of generative connection in same-sex families may be related to the emotional unease, or dis-ease, of the child. Figure 4 presents NHIS data showing that, for all children, emotional distress increases strongly and linearly with the increasing absence of the care of one or more of their birth parents. Figure 4, we might say, shows the generative effect of impaired gender presence, while Figure 2 documents the gendered effect of impaired generativity. If this benefit of generativity is allied with parental sex difference, as the relational-symbolic model proposes, then we would expect children with two parents of the same sex as themselves – a family in which there is no sex difference – to be less likely to flourish.

However we interpret them, the recognition of outcome differences by parent and child gender in same-sex families is important, because the mere presence of such differences challenges the theoretical premise of same-sex parenting. At its root, same-sex parenting is based on the idea that gender differences are unimportant in human relationships. If for child welfare gay and lesbian parents are equal to heterosexual parents, then they should even more strongly be equal to each other. Harm denial research has simply assumed this to be true; almost all such research has been conducted on lesbian families, with the results then extended to gay male families as if they were the same thing. But with respect to gender differences, they are very much not the same thing. As already noted, the concept ‘same-sex parent family’ is an amalgam of at least four different kinds of parenting arrangements, each of which may have its own distinct set of effects on child outcomes. As the evidence above suggests, to show that male children in the care of lesbian parents may have relatively low emotional distress does not enable us to infer that female children with lesbian parents will have similar outcomes.

The official academic and government agencies that have for some time pronounced, falsely, that children suffer no disadvantage with two parents of the same sex have now begun to pronounce, falsely, that fathers
are no different than mothers in what they offer to children. If this were true, then child outcomes would not be affected by whether a child had two fathers or two mothers as parents. But if, as the evidence reported above suggests, children are not only harmed by having same-sex parents, but they are also harmed in different ways or to different extents according to the gender of their parents and their own gender, then we find strong rebutting evidence, even in families predicated on the opposite ideas, that gender differences powerfully shape human life and happiness, and that men and women are, in fundamental ways, made for each other.
REFERENCES


References


QUADERNI DEL CENTRO FAMIGLIA

Avaiable volumes:
17. G. Feixas - J.M. Cornejo, Manuale per lo studio delle griglie di repertorio con il programma Griglia (a cura di M. Castiglioni e A. Consiglio), 1998
19. O. Greco, La doppia luna. Test dei confini e delle appartenenze familiari, 1999
20. D. Bramanti (a cura di), Coniugalità e genitorialità: i legami familiari nella società complessa (Atti del Primo Seminario Internazionale del Redif), 1999
21. D. Bramanti (a cura di), La famiglia tra le generazioni (Atti del XVI Convegno del Centro Studi e Ricerche sulla Famiglia, Milano, 13-14 ottobre 2000)
22. G. Rossi (a cura di), Interventi a favore della coniugabilità e della genitorialità (Atti del Secondo Seminario Internazionale del Redif, 29 ottobre 2004), 2005 - solo versione online
25. C. Marzotto (a cura di), I Gruppi di Parola per i figli di genitori separati, 2010
27. M. Moscatelli - S. Pelucchi, Buone pratiche relazionali nei consultori lombardi. Case studies su progetti e interventi per e con le famiglie, 2013

STUDI INTERDISCIPLINARI SULLA FAMIGLIA

Avaiable volumes:
15. Famiglia e adozione internazionale: esperienze, normativa e servizi, 1996
17. Famiglia ‘generativa’ o famiglia ‘riproduttiva’? Il dilemma etico nelle tecnologie di fecondazione assistita, 1999
20. Rigenerare i legami: la mediazione nelle relazioni familiari e comunitarie, 2003
21. Le parole della famiglia, 2006
22. Promuovere famiglia nella comunità, 2007
23. La migrazione come evento familiare, 2008
24. La ricchezza delle famiglie, 2010
26. Famiglia e nuovi media, 2013
27. Allargare lo spazio familiare: adozione e affido, 2014
28. L’allungamento della vita. Una risorsa per la famiglia, un’opportunità per la società, 2016
29. Omogenitorialità, filiazione e dintorni. Un’analisi critica delle ricerche