CHAPTER 11

Parenting in Nontraditional Families

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Chapter Preview: True or False?

- In the United States today, more than 40% of children are born to single mothers.
- Teenage pregnancy rates in the United States are higher than any other country in the world.
- The evidence is clear that children raised by gay or lesbian parents have many more problems than those reared by heterosexual parents.

Much of the research described in the prior chapters comes from investigations of traditional American families. For the most part, the term traditional family refers to a two-parent family with a mother and father, usually around 30 to 40 years old, raising their biological children. However, only 59% of children live with their two biological parents married to each other (see Figure 11.1). Another aspect of the traditional view is that the mother stays home to rear the children while the father earns the family income. Mothers today more typically work outside the home. America’s working mothers are now the primary breadwinners in a record 40% of households with children—a milestone in the changing face of modern families, up from just 11% in 1965 (Parker & Wang, 2013; for more information, see...
also http://www.pewsocialtrends.org/2013/05/29/breadwinner-moms/). Sixty-five percent of married mothers with school-age (or younger) children work outside the home. Furthermore, more than half a million men (3.5% of married couples with children) report that they stay at home and are the primary caregiver to their children (Morin, 2013). As we can see from these statistics, the traditional American family as we have thought of it is rapidly moving toward becoming a minority.

Both in the United States and around the world, parenting occurs in many different manifestations. Many of these families are culturally diverse, as will be discussed in Chapter 13. But increasingly, there is great diversity in other variables, such as the age of parents, the number of parents in a household, the sexual orientation of the parents, or the biological heritage of the child. These kinds of nontraditional families are the topic of this chapter. A child may start out in a traditional family but then transition into a different situation, reflecting a very common dynamic in contemporary family life. To paraphrase Ross Parke’s (2013) book title on the topic, Future Families: Diverse Forms, Rich Possibilities, families contain diverse forms and rich possibilities.
It is important to keep in mind that, along with nontraditional family structures, there are often concomitant variables and commonly occurring social situations. Single-parent families typically have lower incomes than two-parent families. Children born outside of marriage are usually born to younger, less healthy, and less educated parents than those born in a marriage (Wildsmith, Steward-Streng, & Manlove, 2011). They are also likely to experience more instability in their lives because their parents are more prone to split up and move into new relationships. Children in gay or lesbian families may experience social stigma or discrimination. The list goes on. Consequently, some of the effects found in the research literature—on parenting or the children—may not be due to the family structure but rather to co-occurring variables.

We will start the discussion of nontraditional families with an unusual example. Although most Americans will reflexively think of a mother and a father when considering a typical family structure, around the world, there are multiple forms of what we might consider nontraditional family structures and contexts. Consider polygamy (when one person has more than one spouse). Most frequently, this consists of polygyny (a man having two or more wives). This family structure is found in some African countries (such as Ghana, Congo, and Tanzania) and Middle Eastern countries. Though illegal in the United States, it’s even discovered occasionally in America. The television reality shows My Five Wives and Sister Wives provide a glimpse into such families in the United States. See Box 11.1 for a description of polygynous families. Polyandry (a woman having multiple husbands) is far less common but continues to be practiced in some areas in China and the upper Himalayan region of Nepal.

**Box 11.1 One Father but Multiple Mothers: Polygynous Families**

Although outlawed in the United States, polygamy is legal in more than 850 societies around the world (Elbedour, Onwuegbuzie, Cardine, & Abu-Saad, 2002). The most common form of polygamy is polygyny—when a man marries two or more women. This form of nontraditional family structure in the United States made news in the summer of 2008, when officials raided the home of a small religious sect in west Texas. Four hundred and forty children were removed from their parents due to suspicion of child abuse. It turned out that polygyny was being practiced there.

How are children affected by this type of family structure? As reviewed by Elbedour and his colleagues (2002), the research indicates that all is not well in families with multiple wives. A number of potential factors put children’s healthy development at risk. First, polygamous marriages are more likely to be characterized by marital tension and conflict. There is often jealousy among the wives, who are frequently unhappy. The wives also often feel helpless to leave their situation, because they are unemployed. Wives in polygamous compared to monogamous marriages are also more likely to report mental health problems, particularly for the first wives (Al-Krenawi, 2013). Children in polygynous families are more likely to be exposed to marital violence and father absences than are children in two-parent families (Elbedour et al., 2002). In sum, the available research indicates that this family structure is not recommended for a happy family life.
CHAPTER 11  Parenting in Nontraditional Families

SINGLE PARENTS

In U.S. society, the most common nontraditional family structure is single parenthood. Twenty-eight percent of children are living in single-parent families, and most (87%) live with their mothers. Although there are exceptions, this state usually occurs for one of three reasons: The parent was never married, the parent has been separated or divorced from the spouse, or the spouse has died. Generally, single parents are mothers. In the United States, 24% of children lived with only their mothers, whereas about 4% lived with only their fathers (Vespa, Lewis, & Kreider, 2013). Race plays a big role in this statistic: 21% of White children lived with a single mother, compared to 55% of African American children (Vespa et al., 2013). Divorce often leads to single parenthood; 16% to 35% of marriages end within the first 10 years (when children are likely to be born). The least common cause of single parenthood is death of a parent, most likely the father. Only 1.7% of single parents are widowed.

One of the most dramatic structural shifts over time in U.S. families has been the number of unmarried women who become mothers. In 2003, more than one-third of births in the United States were to unmarried women. That added up to more than 1 million babies born in a single year (Martin, Kochanek, Strobino, Guyer, & MacDorman, 2005). And these numbers have increased. By 2012, the percentage of babies born to single women rose to

Figure 11.2  Percentage of All Children (and by Racial/Ethnic Group) Living in Single-Parent Homes

40.7%, resulting in 1,609,619 live births to unmarried women (Martin, Hamilton, Osterman, Curtin, & Mathews, 2013) [Preview Question]. It is increasingly common for single women to decide to have children. In 1960, the percentage of children living in single-parent households was 9.1%. Forty years later, this had risen to 26.7% (Federal Interagency Forum on Child and Family Statistics, 2008). In terms of numbers, there are now 8.6 million single-mother and another 2.7 million single-father households (Pew Research, 2013). The number of African American single-parent homes is especially high. Figure 11.2 depicts the ethnic/racial group differences.

Unmarried mothers are a diverse group. The main subgroups consist of adolescent single women, older single women, and unmarried women living with a partner (Weinraub, Horvath, & Gringlas, 2002). The reasons an unmarried mother is single can affect both the quality of parenting and how children are influenced. Consider the single successful professional woman who deliberately chooses to have a baby in her late 30s. Contrast that situation with the unintended pregnancy of a 15-year-old adolescent with no source of income. In addition, single parenthood is not a static attribute of mothers. Many single parents are legally single but are supported by a partner; women are often in long-term relationships but choose not to marry (see Box 11.2). Some are single for a finite amount of time and then choose to marry or remarry. Many children being raised in single-parent families spend 20% of their time in the presence of their mother and her cohabiting partner (Bumpass & Raley, 1995).

**Box 11.2 No Need to Marry?**

It has already happened in northern Europe and Scandinavia. Increasingly in the United States, parents of children are choosing not to get married. Unmarried partner households have increased by 70%, and over a 10-year period, there has been nearly a 100% increase in the number of children living with their unwed parents. Today, 52% of nonmarital births are to cohabiting couples, compared to 29% of nonmarital births in the early 1980s (Wildsmith et al., 2011). An estimated 4.3 million children were being raised in such families in 1999. According to another estimate, two-fifths of all children will spend part of their childhood living with cohabiting parents (statistics cited by Manning & Brown, 2006).

Why don’t the parents marry? For lots of reasons. A common reason is financial. By not marrying, costly weddings are avoided (which average anywhere from $14,000 to $43,000, according to a search of “cost of wedding” sites on the Internet). Some couples put off marriage until it is the “right time.” As one mother told a reporter, “We want to be a little more established. We want to be a little more with the money” (Sege, 2007). Still other cohabiting couples choose not to marry due to their belief that marriage is oppressive to women, but cohabitation is progressive.

Based on demographic information, two types of concerns have been raised about unwed families. The first is the instability of the partner relationships. In the Fragile Families and Child Wellbeing study, one year after birth, 48% of fathers were living away from their children. That percent rose to 63% at five years (Carlson, McLanahan, & Brooks-Gunn, 2008). The other concern about unwed parents is they tend to be less educated and have lower income than married parents. About one-fifth (23%) of children living in households with cohabiting biological parents are raised in poverty (Smock, 2000).
The diversity of single-motherhood situations makes it difficult to summarize how single motherhood affects children. The caregiving quality of single mothers covers the entire range from neglectful and abusive to exemplary parenting. However, due to the nature of a single-parent family’s structure, single mothers commonly experience excessive demands on their time and, consequently, high levels of stress. Variations in the amount of stress (and the amount of support, which can mitigate stress) influence parental interactions.

Stress for a single mother comes from many sources, including financial problems, troubled relationships, the never-ending demands of parenting, and a lack of time for rest or other self-care tasks. The relation between single parenthood and financial stress is well documented: 43% of children living with single mothers are in households at or below the poverty level. Compare this to only 8% of children being raised in homes with married biological parents (Manning & Brown, 2006). Poverty often means living in low-income neighborhoods, an environment highly stressful in itself (Kotchick, Dorsey, & Heller, 2005).

Social supports can compensate for the effects of stress; recall Belsky’s model of the determinants of parenting (presented in Chapter 5). Social support includes material and financial help—such as diapers, babysitting, and money. Social support also consists of having someone to talk with about the children, such as a spouse or a friend. Supportive friends provide a mixture of sympathetic listening to frustrations, assistance in solving problems, and encouraging comments (Crnic & Low, 2002).

Interestingly, feelings of satisfaction with social support are more important than the actual amount of social support received. Each mother has different needs and expectations about what constitutes adequate support. One mother may need to talk only once a week to a friend in order to feel supported. Another mother would like a relative or friend to sit with her baby each day. Social support provides a powerful moderator (or buffer) of the adverse effects of stress on mothers. This was empirically demonstrated in a study of low-income African American single mothers and their children. Those mothers who experienced neighborhood stress (violence, gangs, crowding, drug use) had greater psychological distress (anxiety, depression) and were, in turn, less positive in their parenting practices (less monitoring, more lax or inconsistent discipline) than were other mothers. Perceived support from family, friends, and neighbors lessened the negative impact of the neighborhood stress on the mothers (Kotchick et al., 2005). The number of stressors is also linked to children’s psychosocial adjustment (as shown in Figure 11.3). The more risk factors (neighborhood problems, poverty) a single mother experienced, the more likely her children were to have internalizing problems (Jones, Forehand, Brody, & Armistead, 2002). These data illustrate what is called a cumulative risk model.

One of the most dramatic trends over the past 50 years is the increase in single-father-headed households. In 1960, there were fewer than 300,000, but by 2011, the number had grown to 2.7 million, a ninefold increase (Livingston, 2013). Consequently, single fathers make up 24% of the single-parent households. These men tend to be younger, less educated, and less affluent than their married counterparts. About one-quarter of the men are living at or below the poverty line. A majority of these men (59%) are not cohabiting.

Although single fatherhood is most often the result of divorce, in some cases, it is due to maternal death, with cancer being the leading cause. More than 100,000 children live with widowed fathers in the United States, and how well the fathers cope with the loss and their emotional availability to their children is closely linked to the children's mental health.
(Yopp & Rosenstein, 2012). Single fathers spend similar time as single mothers in many respects, except for providing child care to children five and under. In those cases, fathers spend less time in physical care and housework but more time in play and eating with their children (Hook & Chalasani, 2008). Whatever the cause of single fatherhood, it is not surprising that these fathers are more likely to be depressed and report lower happiness than married fathers (Shapiro & Lambert, 1999; von der Lippe, Rattay, & Domanska, 2013).

How do children in single-parent families turn out? The short answer is not as well as children from two-parent households. For example, based on four nationally representative longitudinal studies with a total of more than 20,000 participants, Sarah McLanahan and Gary Sandefur (1994) concluded that, on average, children who grow up in families with one biological parent do not do as well as children who have been raised by both biological parents. The problematic outcomes included being more likely to drop out of high school, to have a child before they were 20, or to be unemployed. Those results are partially due to the decreased economic resources in single-parent families but are also probably due to decreased parental involvement and supervision and lower aspirational levels, along the negative effects of residential mobility. In a more recent review of 47 studies, father absence was found to negatively affect children’s socioemotional well-being, particularly if the father absence occurs during early childhood. This negative effect was stronger for boys than for girls (McLanahan, Tach, & Schneider, 2013).

The finding that children of single parents are more at risk for problems is supported by a new large-scale study by Mark Regnerus (2012a) called the New Family Structure Study (NFSS). It is a nationally representative investigation of nearly 3000 young adults.

**Figure 11.3  Number of Maternal Risk Factors and Their Children’s Internalizing Problems**

![Bar chart showing the relationship between the number of maternal risk factors and children's internalizing problems.](chart.png)

*Source: Jones et al., 2002.*
(ages 19 to 39). These individuals, reared in seven different family structures (e.g., intact, with both biological parents; single parent; adopted by strangers; stepfamily) were assessed in telephone interviews on 40 outcome variables (e.g., educational attainment, income, depression, substance use, etc.). Regnerus compared the reports of 919 adults who had lived with both parents for their first 18 years, with 816 adults who had lived with a single parent. He found that those from single-parent homes had significant differences from two-parent homes on 62.5% of the outcomes. For example, adults from single-parent families reported they were more likely to be receiving public assistance, to be in therapy, to have relationship problems, and to use marijuana. Moreover, these adults were less likely to feel close to their biological parent and to attain as much education as adults who grew up in two-biological-parent households.

These studies do not mean that all children from single-parent homes will experience problems. The research focuses on the averages across all the participants in a group. Given the variability within each group, it should be recognized that many children in single-parent families do better than children in two-parent households. How children fare depends much more on the quality of parenting and other variables, than simply on one versus two parents at homes, as we examine below.

### Box 11.3 Overcoming Exceptional Odds: The Story of Sonia Sotomayor

Although it is true that many children from single-parent homes will suffer economic hardship with all its accompanying stresses, simply being reared in a single-parent home does not destine one to failure. The President of the United States, Barak Obama, was reared by a single mother early in his life, as was, for a time, President Bill Clinton. Both these presidents were helped by their maternal grandparents, and both had stepfathers for at least part of their childhood. Supreme Court Justice Sonia Sotomayor, in her recent memoir, *My Beloved World* (2013), wrote poignantly of a number of challenging family circumstances that she ultimately overcame (see Photo 11.1). Sotomayor was diagnosed with diabetes as a very young child and had to give herself insulin injections from the age of eight. Though her parents were married, her father was an alcoholic who had difficulty keeping employment. The family was poor, living in public housing in a dangerous neighborhood in the Bronx borough of New York City. Both of her parents were Puerto Rican immigrants. Sonia did not learn English until she was in school. Early on, she struggled with reading and writing in English. Her father died when she was only nine, and Sonia's mother raised her and her younger brother alone on an income of less than $5,000 per year.

Justice Sotomayor credits her mother with much of her success: instilling a respect for learning; sacrificing mightily so that Sonia and her brother could attend Catholic schools; and providing a role model of dedication, hard work, and sacrifice. Sotomayor's loving connections with extended family members also undoubtedly played a role in her positive adjustment, as did her will to succeed in order to give back to her Puerto Rican community. Her native intelligence, drive, and incredible work ethic also played a key role in her overcoming considerable economic, linguistic, academic, and social odds. She stands as an inspirational role model for many young persons who wish to succeed and is a living testament to the power of will over circumstance.
Each year in the United States, about 750,000 adolescent females become pregnant, according to the Guttmacher Institute (Kost & Henshaw, 2013; see Photo 11.2). Most (82%) of those pregnancies are unintended. More than half (59%) of the pregnancies of 15- to 19-year-olds and 43% of the pregnancies of girls younger than 15 are carried to term. The other pregnancies end in abortion (29%) or miscarriage/stillbirth (14%). Births to teenage mothers total 11% of the babies born each year. The good news is that fewer babies are being born to U.S. teenagers now than ever reported, with a rate of 29.4 per 1,000 teenage females (Martin et al., 2013).

See Box 11.4 for a discussion of the rates of teen pregnancy in the United States in comparison to those of other developed countries.

Photo 11.1 Justice Sonia Sotomayor.

Source: Collection of the Supreme Court of the United States, Steve Petteway/Wikipedia

Box 11.4 Teenage Pregnancy and Childbearing Rates in the United States Compared to Other Developed Countries

How do teenagers in the United States compare with teens in other developed countries on issues related to teen sexuality and childbearing? Not very well, according to reports issued by the Guttmacher Institute, a leading organization specializing in the study of sexual and reproductive health issues. What the institute has found is that teen sexual activity is generally similar across developed countries: By age 18, more than 60% of women in Sweden, Great Britain, and the United States report having had sexual intercourse. Canadian and French women report percentages in the 50% range. But by age 20, more than 80% of women in four of the five countries (not Canada) have been sexually active (Boonstra, 2002; Guttmacher Institute, 2014).

Although the U.S. rate of sexual activity is comparable to other countries, the United States leads all countries in the world in rate of teen pregnancy [Preview Question]. U.S. teen pregnancy rates are almost twice as high as those in England and Canada and eight times as high as those in the Netherlands and Japan. The United States also has high rates of sexually transmitted infections (STIs) compared with Canada and Western Europe. The United States also has one of the highest rates of abortions among developed nations. A final problem associated with U.S. sexual activity in teens is
What contributes to adolescent pregnancies? A number of prominent risk factors have been identified: living in poor neighborhoods, experiencing school problems or failure, failing to use contraceptives, positive expectations about being a parent, and having few or low aspirations for the future. In addition, adolescent mothers are more likely than their peers to have a relative or friend who was also an adolescent parent and to have unrealistic thoughts about how easy it is to be a parent (Barr, Simons, Simons, Gibbons, & Gerrard, 2013; Coley & Chase-Lansdale, 1998; Moore & Brooks-Gunn, 2002). Just as single mothers form a heterogeneous group, so too do adolescent mothers. The married 19-year-old young woman is classified as an adolescent. So is the single 13-year-old eighth grader. Most teen parents reside with their own parents, but others may live alone or with their boyfriends. Teen mothers come from all economic backgrounds. Some (at least 20%) adolescent mothers have a second child while they are teens (Beers & Hollo, 2009). So the wide variability of this group should be kept in mind. Typically, however, when teen mothers are studied, the label refers to young women living without a partner in a socioeconomically disadvantaged situation.

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Do adolescents make adequate parents? In many ways, teenage mothers can be good parents. When observed by researchers, adolescent mothers are often competent caregivers who are just as warm and responsive as older mothers are. Teen mothers also demonstrate that they can discipline reasonably. However, some researchers have found that adolescent mothers are less likely to talk to and cognitively stimulate their infants (Moore & Brooks-Gunn, 2002). More importantly, many teenagers experience the pregnancy and parenthood as a crisis. Not only are teenagers unprepared for being a parent, but their own phase of development conflicts with early parenthood as well. For
example, the typical adolescent tasks of identity formation and role experimentation are not easily accomplished at the same time as assuming the parental role. Adolescent egocentrism may interfere with forming an attachment with and developing empathy for the newborn (Beers & Hollo, 2009).

Parenting is a 24/7 task with few shortcuts; infants require constant attention, planning, problem solving, sleep disruptions, patience, and giving of oneself. Most teenagers are unprepared to provide these sacrifices. In addition to a lack of personal maturity necessary for effective parenting, the teenage parent often faces an unstable family life, stress, low earnings or reliance on public assistance, relationship problems (including marital disruption if she is married), additional births, and poor health outcomes (such as depression) during and after pregnancy (Furstenberg, 2003). Often, teen mothers have experienced some type of abuse in their childhood (Meyers & Battistoni, 2003). Each of these conditions puts a child at risk when born to an adolescent.

How well adjusted are the children of adolescent mothers? Whether children’s outcomes are negatively affected by their mother’s age appears to be a function of multiple factors, including the mother’s intelligence, her self-esteem, the amount of adversity she faces, and the presence of mental health problems (Weed, Keogh, & Borkowski, 2006). The most commonly found differences between children of teen mothers and those of older mothers are differences in cognitive functioning and psychosocial problems (such as behavior and attachment problems). Children of adolescent mothers have more school problems later (as indicated by grade repetition and truancy, for example), engage in sexual activity at younger ages, and experience more externalizing behavior problems than other children (Levine, Emery, & Pollack, 2007; Moore & Brooks-Gunn, 2002).

When thinking about teen parenthood from a family systems perspective, several questions emerge: What role does the biological father play? How about the grandparents or siblings of the adolescent mother? The stress and problems associated with motherhood vary greatly depending on how these individuals react to and either support or undermine the new mother. For example, maternal grandmothers typically play an integral role in the quality and functioning of the new family (Beers & Hollo, 2009).

**ART FAMILIES**

Assisted reproductive technology (ART), with its first successful birth in 1978, now makes it possible for individuals with fertility problems, gay or lesbian couples, and individuals without partners the opportunity to become parents. More than 176,000 ART cycles or attempts at pregnancy were performed at 456 clinics in the United States in 2012. The attempts were successful in 51,294 cases, resulting in 65,179 births (Centers for Disease Control, 2014c). Worldwide, more than 4.5 million have been born with the help of these technologies (Golombok, Blake, Casey, Roman, & Jadva, 2013). These various technologies (described in Chapter 6) raise multiple complex ethical and legal issues (Fronek & Crawshaw, 2014).

Some parenting differences have been found in couples who have experienced fertility problems. Women conceiving through ART are more anxious about the pregnancy (McMahon et al., 2013). When a baby finally arrives, they are likely to be even more elated and more...
protective than other parents (Zhan et al., 2013). Many of them are also older parents. Maternal age is often a cause of infertility, although—surprisingly—many women are unaware of the relationship between age and infertility (MacDougall, Beyene, & Nachtigall, 2013).

There is no evidence that the type of ART method used has any impact on parenting. In a longitudinal study that compared mothers who became parents by egg donation, donor insemination, surrogacy, and natural conception, there were no systematic differences found in maternal positivity, negativity, or distress. However, those mothers who did not tell their child about their biological origins had higher levels of distress (Golombok et al., 2013).

ART families can themselves be affected by the technology in at least two ways. First, it makes them poorer. The cost of a single cycle, depending on the procedure, can cost up to $73,000 (Parke, 2013). Second, parenting can be affected through child effects—if the child is born with a disability or serious behavior problems, for instance. According to a new meta-analysis of 45 studies, there is a 30% increased risk of birth defects in ART infants (Hansen, Kurinczuk, Milne, de Klerk, & Bower, 2013). ART children are also somewhat more likely than others to have behavior problems (Carson et al., 2013; Zhan et al., 2013). However, the biological relatedness of the child to the parent, at least in terms of ART families, does not impact child adjustment (Golombok et al., 2013).

ADOPTIVE PARENTS

Each year in the United States, about 500,000 women seek to adopt a child, and more than 136,000 families successfully adopt (Child Welfare Information Gateway, 2011; see Photo 11.3). There are a variety of types of adoption, including domestic, international, foster care or special needs, transracial, and kinship (for instance, stepparent) adoptions. Most adoptions come through one of two sources: a private agency or a state child welfare agency. Adoptions through private agencies typically involve infants. Children adopted through a child welfare agency are generally older than infants. For example, 46% of international private-agency adoptions in 2001 were infants compared to 2% of those from child welfare agencies (U.S. Department of Health and Human Services, 2001). Most parents (more than 80%) who adopt an infant do so because they are unable to have a biological child. In contrast, only about half of the parents who adopt from foster care (child welfare) cite infertility as their reason for adoption (Berry, Barth, & Needell, 1996). Some parents adopt for altruistic reasons completely separate from issues of fertility. Table 11.1 displays the total number of adoptions in the U.S. as well as the top seven countries from which American parents adopted children in 2013. Some of these international figures reflect an 18% drop from the prior year due to new regulations in some countries.

In cases where an adoption is prompted by fertility problems, the processes underlying the transition to parenthood differ from those of biological families. The transition to parenthood for adoptive families depends on such characteristics as expectations, preparation, social support, and letting go of the biological parenthood identity (Brodzinsky & Pinderhughes, 2002). One unusual feature of adoptive parents is that they have to be certified as fit to be parents. In contrast to biological parents, adoptive parents are intensely scrutinized before gaining the approval and endorsement needed to become parents. This evaluation,
although stressful, helps to prepare them for parenthood. That screening procedure, along with their positive expectations about parenthood, contributes to reports of positive experiences with their adoptive children (Levy-Shiff, Goldshmidt, & Har-Even, 1991).

Adopting a child raises several unique concerns typically not present with a biological child. Questions must be addressed about the genetic makeup, prenatal environment, and early experiences of the child. Adopted children, particularly those from foster care systems, are more at risk for genetically based psychological problems (Brodzinsky & Pinderhughes, 2002). They also may have experienced prenatal difficulties, such as inadequate nutrition or exposure to teratogens. Once born, the infant may have experienced malnourishment or maltreatment. This is one reason why many adoptive parents are understandably drawn to newborns.

Consider the early experiences of children adopted from developing countries, where overcrowding, inadequate staff, and little stimulation are the norm. Romanian orphans in particular were known to experience severe deprivation. Twenty to thirty infants were kept in cribs in a sterile room with little sensory stimulation. Due to poor caretaker-to-child ratios (one caregiver for 10 to 20 infants), children were left in their cribs, without toys, for 20 hours per day. The children rarely interacted with adults. In one investigation, 46 of these orphans, who had spent an average of 18 months in a Romanian orphanage and were subsequently adopted by Canadian parents, were compared to other Canadian children (Fisher, Ames, Chisholm, & Savoie, 1997). Many differences were found. The Romanian children had a larger total number of problems as well as more internalizing problems, eating problems, medical problems, stereotyped behavior problems, and relationship problems with peers and siblings.

A prominent aspect of the early experiences of an adoptive child is the attachment process, both before and after the adoption. In adoptions, the attachment process is potentially complicated due to parents’ difficulties accepting the child as their own, unresolved fertility

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**Table 11.1 Total Adoptions in the United States and Top Seven Countries for International Adoptions in 2013**

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<thead>
<tr>
<th>Country</th>
<th>Number of Adoptions</th>
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<td>United States</td>
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<tr>
<td>China</td>
<td>2,306</td>
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<tr>
<td>Ethiopia</td>
<td>993</td>
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<tr>
<td>Ukraine</td>
<td>438</td>
</tr>
<tr>
<td>Haiti</td>
<td>388</td>
</tr>
<tr>
<td>Congo</td>
<td>313</td>
</tr>
<tr>
<td>Uganda</td>
<td>276</td>
</tr>
<tr>
<td>Russia</td>
<td>250</td>
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considerations, lack of family support, or disappointment when the child does not meet parental expectations (Brodzinsky & Pinderhughes, 2002). In addition, when children are adopted past the early infancy period, their prior attachment experiences (or lack thereof) are risk factors for attachment problems. See Box 11.5 for a description of the problem of reactive attachment disorder (RAD).

**Box 11.5 Reactive Attachment Disorder**

Orphanages and institutions have been raising children in the United States since the 18th century (Mintz, 2004). Today, few children are raised in institutional care in the United States, but the practice continues to be common in developing nations, such as Romania. Although many children who come from institutions are physically and mentally healthy, some exhibit serious problems with forming new relationships and show extensive deficits in social interaction skills (Fox, Nelson, & Zeanah, 2013).

(Continued)
Another common issue associated with adoptions concerns the child’s identity. Beginning in the late preschool or early grade school years, children begin to differentiate biological from adoptive status. Adopted children are curious about their birth mothers and families. Some parents, however, fear that talking about the adoption may confuse the child or negatively affect his or her self-esteem, so they are secretive about the child’s biological status. Investigations into the question, however, find just the opposite. Adoptive families who promote openness in communication about the adoption do not confuse children or lower their self-esteem. Rather, children who had contact with their birth mothers were more satisfied and well-adjusted than other adopted youth (Grotevant, McRoy, Wrobel, & Ayers-Lopez, 2013). During adolescence, a child’s need for identity is especially pronounced, and parents must negotiate the challenges with care. The issues can be even more complex with special needs, transracial, and international adoptions (Brodzinsky & Pinderhughes, 2002; Leslie, Smith, Hrapczynski, & Riley, 2013).

The type and severity of problems that adopted children have are linked to the type of adoptive group. For example, children adopted from the child welfare system tend to have higher rates of school problems than do children adopted as infants, children adopted internationally, or children adopted within their birth families (Howard, Smith, & Ryan, 2004). The severity of the problems is often increased when the child has experienced abuse, neglect, or multiple primary caregivers. Of all nontraditional groups studied in the Regnerus (2012a) New Family Structures Study, adopted children most resembled the children from biologically intact families; they differed on only 17.5% of the outcome variables.

RAD refers to a syndrome concerning the inappropriate development of attachment relationships that can begin in infancy and appears prior to age five. It may take one of two forms: inhibited/emotionally withdrawn or indiscriminant/disinhibited (where children are unselective in their attachment behavior). The children may also be hypervigilant or ambivalent in their responses (frozen watchfulness, resistance to comfort, etc.). Children with RAD do not have a preferred adult as a source of comfort when distressed, they don’t respond to comforting when offered, they don’t show social or emotional reciprocity, and they have difficulties with emotional regulation.

This disorder, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013), is a result of serious neglect or repeated changes in caregivers that precluded forming a stable, secure attachment. It occurs most often in children who have been maltreated (Kay & Green, 2013; Zeanah et al., 2004).

What is the prognosis for a child with RAD? Indiscriminant attachment behavior can last for years, and some children have persistent and serious developmental problems into the teen years and beyond (Kay & Green, 2013). Parenting a child with RAD is a very challenging and stressful task characterized by an unstable relationship (Follan & McNamara, 2013). Fortunately, most children with RAD who are adopted into good homes are able to develop attachments, many of which develop into secure ones (e.g., O’Connor & Zeanah, 2003).
Adoption serves a vital function for adults who want to be parents, and it provides a dramatic and powerful intervention for many adoptees. A meta-analysis of 62 studies including more than 17,000 adopted children found that adoption significantly improved a child’s intelligence scores and school performance compared with siblings or peers who remained in orphanages or in deprived environments (van Ijzendoorn & Juffer, 2005). So although adopted children do not score as high on school performance or IQ tests as their nonbiologically related siblings or peers raised in biological families, they perform much higher than their biological siblings and peers left behind in subpar environments.

**GAY AND LESBIAN PARENTS**

Since the early 1980s, another type of nontraditional family structure has been investigated: one where both parents are the same gender (see Photo 11.4). According to a Gallup Poll of more than 120,000 interviews, 3.4% of Americans identify themselves as lesbian, gay, bisexual, or transsexual (Gates & Newport, 2012). It is estimated that 16% of same-sex couples have children under the age of 18 years (Gates, 2012). Gays, bisexuals, or lesbians (sometimes called lesbigay parents) become mothers and fathers in various ways. Some bore children in previous heterosexual marriages and continue to rear them either as a single parent or with a same-sex partner. Others become parents through ARTs (such as donor insemination) or adoption. Empirical studies, gradually accumulating on this topic, address two central questions: Do gay/lesbian parents differ from heterosexual parents in their parenting? What are the effects on children of having gay/lesbian parents?

Given the low percentage of gay/lesbian parents, it is difficult to collect samples. Most of the research on this topic could be characterized as limited by small (sometimes less than 10 families per group), convenient, and nonrepresentative samples. Among those samples, the evidence is consistent: There are few significant differences in the reported parenting practices, beliefs, or attitudes of gay/lesbian parents compared to traditional parents (Golombok et al., 2013; Patterson, 2004; Tasker, 2005). When differences are found, studies often find more positive functioning in gay-father families (Golombok et al., 2013) or that gay/lesbian parents are more likely than heterosexual parents to share childcare tasks more evenly (Farr & Patterson, 2013). Some investigations reveal benefits of same-sex parenting. Compared to heterosexual parents, lesbian mothers showed more awareness of their children, perhaps because of their concern about raising a child in a nontraditional environment (Flaks, Ficher, Masterpasqua, & Joseph, 1995) and were observed to engage in more supportive co-parenting than gay or heterosexual couples (Farr & Patterson, 2013).

How do children of gay/lesbian parents fare when they grow up? Do these children become homosexuals themselves? On most of the variables investigated, children of homosexual parents are largely indistinguishable from their heterosexual peers; they appear to be typically developing children and youth. In general, studies do not find negative effects from this nontraditional parenting on the children’s psychological well-being as assessed by anxiety and self-esteem, behavior problems, alcohol and drug use, school grades, and sexual behavior and preferences (Farr & Paterson, 2013; Golombok et al., 2013;
That is not to say that there are no effects from being reared by same-sex parents. Not surprisingly, one difference uncovered is that children with gay/lesbian parents are more open to same-sex relationships. However, children raised in these nontraditional families often face antigay prejudice, teasing, and harassment from peers (Gartrell, Deck, Rodas, Peyser, & Banks, 2005). It is likely that these children develop coping skills, just like children from other nontraditional families or minority groups.

Other findings reveal that this particular type of nontraditional family may face certain hardships. For instance, these families are more likely to report receiving less social support from family members than do heterosexual parents (Kurdek, 2004). In a meta-analytic review, Stacey and Biblarz (2001), after reviewing 21 studies on the topic, concluded that researchers have downplayed findings regarding children’s gender interests and sexual preferences. They also identified significant methodological weaknesses of the research conducted to date, including the nonrepresentative samples used, ambiguity in definitions of sexual orientation, and the lack of developmental research on these children. The investigators argued that future researchers should avoid these problems.

Many of those problems were remedied in the large study of alternative family structures by Mark Regnerus (2012a) mentioned previously. Regnerus compared the outcomes
of young adults who were reared by lesbian mothers or gay fathers with those reared by intact biological parents. In contrast to previous studies, he found a number of differences. In fact, the adult children of the lesbian mothers differed from the biological families on 62.5% of the variables examined (e.g., educational attainment, depression, physical health, quality of current relationship); adult children from gay families differed from biological families on 25% of the variables. The study can be faulted for not accounting for the frequency of family transitions or other possible determinants of adjustment problems. Not surprisingly, the study elicited considerable criticism (Regnerus, 2012b) despite its strong methodology (Amato, 2012).

In sum, there is conflicting evidence regarding the specific effects of children being reared by homosexual parents [Preview Question]. More research is needed to carefully identify what processes may account for possible effects on children raised in this nontraditional parent environment.

Box 11.6 Military Parents: A Case of Occupation Affecting the Family

Today, there are more than 1.4 million members of the military, with many more in military-connected employment. Fifty-six percent of them are married and almost 44% in active duty have children (U.S. Department of Defense, 2012). Being a parent in the military poses a variety of challenges for families, including frequent moves, high levels of stress and conflict due to the long deployments, disruptions to family roles and routines, extended duty hours, possible trauma from the deployments, and the threat of injury or death (e.g., Paley, Lester, & Mogil, 2013; Park, 2011).

Not surprisingly, military family members are at risk for various problems. When military parents were compared with civilians, two studies reported higher rates of child maltreatment, two studies found lower rates, and two studies had mixed findings (Rentz et al., 2006). Military children report higher rates of emotional problems than representative nonmilitary children (Chandra et al., 2010). Nevertheless, from attachment and family systems theoretical perspectives, despite the challenges, a number of strengths can be identified in well-functioning military families (Riggs & Riggs, 2011). For example, parents who are adept at navigating the separation-reunion transitions and adopt positive approaches to the frequent changes are likely to have more resilient children (Milburn & Lightfoot, 2013). In fact, military-connected youth function better than other children in some domains such as self-regulation and academic performance (Easterbrooks, Ginsburg, & Lerner, 2013).

BLENDED/STEPPARENT FAMILIES

Over the past decade, there were more than 2 million marriages each year in the United States. However, each year also had more than 840,000 divorces (Tejada-Vera & Sutton, 2010). Remarriages represent about 29% of existing marriages and 38% of new marriages (Whitton, Stanley, Markman, & Johnson, 2013). Approximately 9% of children in the United States live in a family with a stepparent, who is most often a stepfather (Payne, 2013).
Due to the relationship dynamics, stepfamilies represent an especially heterogeneous nontraditional structure. Consider the relationship in just a three-person family, where the child is living with the biological mother. The couple may or may not be married. There are stepfather-child and biological mother-child relationships. The quality of these relationships can depend on the gender of the child, the child’s age and temperament, the child’s acceptance of the stepfather, and the quality of the stepfather-biological mother relationship. The quality of the relationship with the stepfather can depend on the degree of hostility toward the former spouse or the child’s relationship with the biological father. Or if the biological parent is dead, there are other issues to deal with (Coleman, Ganong, & Russell, 2013).

Nevertheless, reviews of the research into the parenting of stepparents (e.g., Coleman, Ganong, & Leon, 2006; Coleman et al., 2015; Hetherington & Stanley-Hagan, 2002) indicate that children in stepfamilies experience more problems than children in two-biological-parent homes. Children living with a stepparent may have problems due to various issues, such as disruption of relationships with the noncustodial parent and multiple transitions as well as the quality of relationships with new family members (Dunn, Davies, O’Connor, & Sturgess, 2000). Not surprisingly, the evidence is that children in stepfamilies are likely to experience adjustment problems, especially in the first few years after the remarriage. However, problems can persist. In the Regnerus (2012a) study of the well-being of young adults from different family structures, he found that children raised in stepfamilies differed from those raised in intact biological families on 60% of the variables assessed.

At the same time, there is evidence that the quality of parenting in cases of divorce does affect the well-being and resilience of children. Such variables as being involved, providing warmth, monitoring, supervising, disciplining, and helping with the child’s emotional adjustment have been shown to be affected by divorce and, in turn, relate to children’s behavior problems and well-being (Coleman et al., 2013; Lansford, 2009).

**GRANDPARENTS AS PARENTS**

Grandparents are the first alternative as surrogate parents of children (see Photo 11.5). According to the Pew Research Center, 7.7 million children in the United States live with a grandparent, the most common type of next-of-kin that children live with. Of those, the primary caregiver for about 2 million children is a grandparent (Livingston, 2013). Grandparents are not just older parents; in as many as one-third of cases, the grandparent-headed families are below the poverty line (U.S. Census Bureau, 2013). This nontraditional family situation occurs for multiple reasons, including financial problems, incarceration, illness, maltreatment, substance abuse, or death of the child’s parent.

Grandparents have both strengths and challenges when being a parent the second time around. They have more wisdom and knowledge, time, and gratitude—though less energy, more problems with discipline, and being faced with a generation gap (Dunifon, 2013). They also may have dual roles to negotiate as well as their own identity issues and feelings of resentment at having to be a parent again at this later stage in life (Backhouse & Graham, 2012).

Typically, grandparents-as-parents are found to be highly committed to the well-being of their grandchild and their parenting is in the normal range (Kirby & Sanders, 2013). However, different parenting styles of grandparents depend on the age and personality of the grandparent. Older
individuals (more than 65 years) tend to adopt a formal parenting role compared with the “fun-seeker” grandparents who are younger and maintain informal and playful relations with their grandchildren. A second group of younger grandparents can be characterized as having benevolent but distant relationships (see review by Thomas, Sperry, & Yarbrough, 2000). Involved grandparents can serve as positive influences on children’s lives. In one study of European American single mothers, living with both a single mother and grandmother was associated with positive child development. In particular, children who also lived with a grandmother received more cognitive stimulation and had higher reading scores compared to children in homes with just a single mother (Dunifon & Kowaleski-Jones, 2007).

Although caring for grandchildren is good for the children and can be rewarding for the grandparent, it is also taxing. Grandparents who are surrogate parents react with anger and resentment at their adult child for putting them in this situation (Glass & Huneycutt, 2002). Not surprisingly, they are more likely to report mental health problems (e.g., depression) than non-caregiver grandparents (Fuller-Thomson & Minkler, 2000; Thomas et al., 2000). Financial strains and physical problems are other difficulties commonly experienced by grandparents who are surrogate parents (Thomas et al., 2000).

**FOSTER PARENTS**

There are almost 400,000 children in foster care in the United States because their parents provide an unsafe environment or cannot provide for them. About one-quarter of them are in relatives’ homes (Child Welfare Information Gateway, 2013). Foster parents are temporary parents; the long-term goal for more than half of the children is to reunify them with their biological parents. Being in foster care means a disruption in caregiving, transitions into a new environment, and, in many cases, a history of maltreatment. Thus being a foster parent requires not just the normal parenting ability but extraordinary abilities to provide nurturing and responsive care along with skills in dealing with attachment and behavior problems.
Foster parents also have the added burden of frequent contacts with state agencies, social workers, and other child welfare individuals (Rhodes, Orme, & Buehler, 2001). Many well-meaning parents are not up to this challenge, and 30% to 50% of foster parents quit each year. This is due to many reasons, including high levels of stress, financial burden, lack of preparedness for the challenges, or dissatisfaction with caseworkers. Other factors also contribute to foster parents’ situation: moving, change in employment, health, or family situations (e.g., problems coping with the foster parents’ own biological children) (Rhodes et al., 2001; Rodger, Cummings, & Leschied, 2006; Serbinski & Shlonsky, 2014). Another common problem is sibling conflict between maltreated children in the foster homes. Physical aggression between siblings was reported in 82% of the foster homes samples (Linares et al., 2014).

What are the key caregiving qualities needed to foster parent vulnerable children? According to Mary Dozier and her colleagues (Dozier, Zeanah, & Bernard, 2013) four qualities are essential: love (or nurturance), synchrony to the child so he or she can develop better self-regulatory skills, stability of care, and commitment. Foster mothers who were more committed to the foster child had previously fostered fewer children, were fostering younger children, and took more delight in the child. Parents who showed more commitment were more likely to still have the foster child at least two years after placement (Dozier & Lindhiem, 2006).

PARENTING EMERGENT ADULTS

One of the newest nontraditional family structures in the United States is for adult children to continue to live with their parents or perhaps return after graduating from college. Living with what Jeffrey Arnett (2000) labeled emergent adults (ages 18 to 29 years) poses various novel problems for parents. For one, the young adults often don’t consider themselves as adults (Nelson et al., 2007). Consequently, that results in a dilemma for parents. How should the child/adult be treated? To what extent, if any, should the child continue to be parented? If living at home, should they live under the same rules that they did as adolescents?

To date, most of the research into parenting emergent adults has not separated out families where the children have returned home from other families. What studies are available indicate that parents of the young adults remain highly involved. Parents frequently offer practical advice as well as emotional and financial support (Fingerman, Cheng, Tighe, Birditt, & Zarit, 2012). After collecting data from more than 400 parents of emerging adults, three parenting patterns emerged: uninvolved, controlling-indulgent, and authoritative (Nelson, Padilla-Walker, Christensen, Evans, & Carroll, 2011). It is easy to predict which type of parenting would be most effective and satisfying to the emerging adult.
parents, ART parents, gay/lesbian parents, stepparents, grandparents as parents, foster parents, and parenting emerging adults. There are other types of nontraditional families, such as children living in group homes and commuter families (where one parent works—and may live at—a different location from the rest of the family), but those family forms are much less common than those covered here.

It should be kept in mind that it is difficult to make broad generalizations about the groups because they are heterogeneous, and parenting as well as child adjustment depends on many considerations. The research evidence generally indicates that the structure of the family, the sexual orientation of the parents, and the biological status of the children are not nearly as important as how the family members interact. It is the within-family processes (e.g., quality of parenting), factors external to the family, and transitions that are responsible for positive or negative effects on children. Nevertheless, there is some evidence indicating that children in nontraditional homes are at risk for greater number of behavioral problems than children from two-biological-parent homes, all other things being equal. More extensive research, with better group definitions, will continue to enhance our understanding of the many factors that play into parenting outcomes and help parents from all sorts of family structures better cope with the many challenges of parenting well.

THOUGHT QUESTIONS

• Are the labels traditional and nontraditional still meaningful in today’s society? Why or why not?

• What are some of the different ways you could classify or group the nine nontraditional family structures discussed in this chapter?

• In what ways might the political debate about the legal definition of marriage (between a man and a woman—or not) affect children in nontraditional families?

• For children living in nontraditional families, what are some of possible effects on children not discussed? What role might stigmatization play?

CHAPTER GLOSSARY

**cumulative risk model** A model depicting the accumulation of separate risks or problems; when multiple risk factors add up to create negative effects on a child.

**nontraditional family** Any family structure that does not contain two heterosexual biological parents.

**polygamy** When one adult has more than one spouse.

**polygyny** When a man has two or more wives.

**reactive attachment disorder (RAD)** A syndrome of developmentally inappropriate behavior with regard to interpersonal relationships.