

# Postpartum Depression in Nonbiological Fathers in Same-Sex Partnerships

Shi Jianzheng

Singapore University of Social Sciences, Singapore 599494

**Abstract:** *This study investigated postpartum depression in nonbiological fathers in same-sex partnerships and the factors influencing their mental health. A survey of 500 participants revealed that 32.4% of nonbiological fathers exhibited clinical symptoms of depression. Minority stress, work-family conflict, and socioeconomic factors were identified as the primary predictors of depressive symptoms. The findings underscore the necessity for targeted support and interventions for this group.*

**Keywords:** Same-sex partnerships; nonbiological fathers; postpartum depression; minority stress; work-family balance; social support

## 1. Introduction

As societal acceptance of diverse family structures grows, the number of same-sex partner families continues to increase. While research on same-sex partner families and paternal postpartum depression has accumulated, the postpartum mental health of nonbiological fathers in same-sex partnerships remains a critical yet overlooked area. This study not only fills this significant research gap but also provides a new theoretical perspective for understanding the unique experiences of this group by integrating minority stress theory and intersectionality theory. Our findings deepen the understanding of LGBTQ+ family dynamics and provide important evidence for developing targeted mental health interventions and policies.

This study makes several novel contributions to the field of postpartum mental health in diverse family structures. This study provides the first focused examination of postpartum depression in nonbiological fathers within same-sex partnerships, addressing a critical gap in the literature. By employing an intersectionality theoretical framework, this study elucidates the complex interplay among sexual minority status, paternal role, and nonbiological parent-child relationships in shaping mental health outcomes. The mixed-methods approach not only quantifies the prevalence of depressive symptoms but also illuminates the underlying psychological mechanisms and social determinants. Furthermore, targeted intervention strategies and policy recommendations are proposed, offering practical guidance for improving the mental health of this unique population.

## 2. Literature Review

Research on same-sex partner families has developed significantly in recent years as societal recognition of LGBTQ+ rights have increased. However, studies focusing on nonbiological fathers within these families remain relatively limited. The literature has focused primarily on several key areas:

**Structure and Function of Same-Sex Partner Families:** Goldberg and Gartrell (2014) conducted a comprehensive review of research on LGB parent families, noting that while these families share many similarities with heterosexual partner families, they also face unique challenges. Farr et al. (2010) reported no significant differences in psychological

adaptation and social functioning between children raised by same-sex partners and those in heterosexual partner families. This finding was further supported by Bos et al. (2016), who analyzed national child health survey data and reported similar health outcomes for children in same-sex and different-sex parent households.

Biblarz and Savci (2010) emphasized the diversity of same-sex partner families in their review article, whereas Golombok et al. (2014) focused specifically on adoptive gay father families, finding positive parent-child relationships and good psychological adjustment in children. These findings challenge traditional assumptions about family structure and emphasize the importance of family function over structure in child development.

**Impact of minority stress on LGBTQ+ individuals:** Meyer (2003) proposed minority stress theory, which provides an important framework for understanding the mental health of sexual minority groups. Hatzenbuehler (2009) further elaborated on how social discrimination affects the health outcomes of LGBTQ+ individuals through psychological and physiological mechanisms. Goldberg and Smith (2011) applied this theory to examine the mental health of same-sex couples during the transition to adoptive parenthood and reported that social support and relationship quality are important protective factors.

**Importance of Father Involvement in Parenting:** Research by Lamb (2010) and Pleck (2010) emphasized the positive impact of father involvement on children's cognitive, social, and emotional development. Tasker's (2005) review explored parent-child relationships in families with lesbian mothers and gay fathers, highlighting the importance of the father's role. Tornello et al. (2011) specifically studied parenting stress in gay adoptive fathers and reported that social support and relationship satisfaction are important buffering factors.

**Paternal Postpartum Depression:** A meta-analysis by Paulson and Bazemore (2010) revealed that approximately 10% of fathers experience postpartum depression, with higher rates among fathers with depressed partners. Although this study focused primarily on heterosexual partner families, it provides an important baseline for understanding paternal postpartum mental health. Carneiro et al. (2017) conducted a systematic review specifically focusing on research on gay and bisexual fathers, highlighting significant gaps in this field.

Volume 13 Issue 7, July 2024

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

[www.ijsr.net](http://www.ijsr.net)

Unique Challenges in Same-Sex Partner Families: Goldberg and Gartrell (2014) noted that same-sex partner families face unique challenges, including social discrimination and legal barriers. Sawyer et al. (2017) studied the additional work-family conflict faced by LGB family employees, emphasizing the unique pressures this group faces in balancing work and family responsibilities. Vinjamuri's (2015) research explored how gay adoptive fathers navigate heteronormative social interactions, revealing the subtle challenges they face in daily life.

Coparenting in Same-Sex Partner Families: Carone et al. (2017) validated a coparenting scale for lesbian mothers and gay fathers, providing an important tool for studying parenting dynamics in these families. Feinberg's (2003) coparenting framework, although initially developed for heterosexual partner families, also offers a useful perspective for understanding coparenting in same-sex partner families.

Social Attitudes and Institutional Support: Riskind and Patterson (2010) reported no significant differences in parenting intentions between childless same-sex and different-sex individuals, highlighting the importance of providing support for these potential parents. Herbstrith et al. (2013) studied preservice teachers' attitudes towards same-sex parents, emphasizing the need to increase social inclusivity. A meta-analysis by Fedewa et al. (2015) further confirmed that developmental outcomes for children in same-sex partner families are comparable to those in heterosexual partner families, providing scientific evidence to dispel social prejudices.

Despite these studies providing important insights into same-sex partner families and father involvement in parenting, research on the postpartum mental health of nonbiological fathers in same-sex partnerships remains scarce. In particular, we lack a deep understanding of the specific stressors faced by this group, protective factors, and how they affect postpartum adaptation.

This study aims to fill this research gap by exploring multiple factors influencing the mental health of nonbiological fathers in same-sex partnerships. By combining Meyer's (2003) minority stress theory, Paulson and Bazemore's (2010) findings on paternal postpartum depression, and Goldberg and Gartrell's (2014) comprehensive understanding of LGB parent families, we hope to provide a more comprehensive framework for understanding the experiences of this unique group. This will not only expand our understanding of diverse family structures but also provide important evidence for developing targeted support strategies and interventions.

### 3. Methods

#### 3.1 Participants

This study recruited 500 nonbiological fathers in same-sex partnerships. The participants ranged in age from 25 to 50 years, with a mean age of 39.14 years (SD = 6.78).

#### 3.2 Data analysis

**Table 1:** Spearman's rank correlation analysis

Item	Description
Purpose	Examine monotonic relationships between variables, suitable for parametric data or ordinal variables
Variables	PHQ-9 score- Age - Relationship duration- Number of children- Overall stress level- Minority stress score- Sleep duration- Weekly exercise days- Work-family conflict score
Method	Calculate Spearman's correlation coefficient ( $\rho$ ) for each pair of variables- Assess statistical significance of correlation coefficients (value)
Interpretation	$\rho$ values range from -1 to 1- $ \rho  > 0.5$ indicates strong correlation- $0.3 <  \rho  < 0.5$ indicates moderate correlation- $0.1 <  \rho  < 0.3$ indicates weak correlation

Correlation matrix visualization

- 1) A heatmap was created to display the correlation coefficient between variables
- 2) Mark statistically significant correlation coefficients in the matrix

Regression analysis

**Table 2:** Logistic regression (predicting clinical depression)

Item	Description
Dependent Variable	Clinical depression (binary variable, PHQ-9 score $\geq 10$ coded as 1, otherwise 0)
Independent Variables	Age, relationship duration, number of children, overall stress level, minority stress scores, sleep duration, weekly exercise days, and work-family conflict scores
Model	$\text{logit}(p) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_k X_k$ where $p$ is the probability of clinical depression, and $X_1, X_2, \dots, X_k$ are the independent variables
Evaluation	Odds ratio (OR) and 95% confidence intervals
	Model fit assessment (e.g., HosmerLemeshow test)
	Area Under the Receiver Operating Characteristic curve (AUC)

Regression analysis Logistic regression was used to predict clinical depression (binary variable, PHQ-9 score  $\geq 10$  as 1, otherwise 0). Multiple linear regression was employed to predict PHQ-9 scores.

**Table 3:** Multiple linear regression (predicting PHQ-9 scores)

Item	Description
Dependent Variable	Total PHQ-9 score
Independent Variables	Age, relationship duration, number of children, overall stress level, minority stress scores, sleep duration, weekly exercise days, and work-family conflict scores
Model	$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_k X_k + \epsilon$ where $Y$ is the PHQ-9 score, $X_1, X_2, \dots, X_k$ are the independent variables, and $\epsilon$ is the error term
Evaluation	Regression coefficients ( $\beta$ ) and values
	Adjusted $R^2$ value
	F-statistic and overall model significance
	Multicollinearity diagnostics (VIF values)

Note: For all the statistical tests, we adopted a significance level of  $\alpha = 0.05$ .

Group comparisons Mann–Whitney U tests and Kruskal–Wallis tests were conducted to compare PHQ-9 score distributions between groups based on employment status, awareness of paternal postpartum depression, education level, income level, and path to parenthood.

**Table 4:** Group comparisons via Mann–Whitney U tests and Kruskal–Wallis tests

Test Methods	Mann–Whitney U test	Kruskal–Wallis test
Application	Compare PHQ-9 score distributions between two independent samples	Compare PHQ-9 score distributions among three or more independent samples
Groups	Employment status (employed vs. unemployed)- Awareness of paternal postpartum depression (yes vs. no)	Education level (high school or below, some college, bachelor's, master's or above)- Annual income level (four categories)- Path to parenthood (adoption, surrogacy, other)
Hypotheses	H0: PHQ-9 score distributions are the same for both groups	H0: PHQ-9 score distributions are the same for all groups
	H1: PHQ-9 score distributions differ between the two groups	H1: At least one group's distribution differs
Test Statistic	U statistic	H statistic (approximately chi-square distributed)
Reporting	U value- value- Effect size ( $r = Z\sqrt{N}$ )	H value- Degrees of freedom- value
Post hoc Test	Not applicable	If significant, use Dunn's post hoc test for pairwise comparisons

Note: For all the statistical tests, we adopted a significance level of  $\alpha = 0.05$ .

Structural equation modeling (SEM) To comprehensively test the theoretical model and capture complex relationships between variables, SEM was employed via Mplus 8.0 software with maximum likelihood estimation. Model fit was assessed via the chi-square test ( $\chi^2$ ), comparative fit index (CFI), Tucker–Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR).

Qualitative Analysis In addition to the quantitative survey, in-depth interviews were conducted with 50 participants. Thematic analysis was used, with two independent researchers coding the interview data and reaching consensus through repeated discussions. To ensure reliability, member checking was employed, inviting some participants to review and provide feedback on the analysis results.

**3.3 Ethical considerations**

This study adhered strictly to research ethics guidelines. Considering the sensitivity of the research subjects, multiple measures were taken to protect participants' rights and well-being. All participants signed detailed informed consent forms before the study, clearly stating the research purpose, procedures, potential risks and benefits, and the right to withdraw at any time. To protect privacy, anonymization was used. Given the sensitive nature of the research topics, free psychological counseling service contact information was

provided. The research team received LGBTQ+ cultural sensitivity training to ensure respectful and understanding interactions with participants throughout the study. We also committed to providing easily understandable research result summaries to interested participants. Through these measures, we strived to balance obtaining valuable research data with protecting participants' rights, ensuring both the ethical and scientific integrity of the research.

**4. Results**

**4.1 Descriptive Statistics**

**Table 5:** Descriptive statistics of the main variables

Variable	Mean/ Proportion	Standard Deviation	Minimum	Maximum
Age	39.14	6.78	25	50
PHQ-9 score	8.76	5.32	0	27
Relationship duration (years)	14.92	8.65	0	30
Number of children	2.37	1.59	0	5
Sleep duration (hours)	7.12	1.89	4	10
Weekly exercise days	3.56	2.21	0	7
Work-family conflict score	5.14	3.01	0	10

- a. A total of 32.4% of the participants had PHQ-9 scores  $\geq 10$ , indicating clinical depression symptoms
- b. Sixty-two percent held a bachelor's degree or higher
- c. Sixty percent had an annual income above \$60,000

**4.2 Correlation Analysis Results**



**Figure 1:** Heatmap of the correlation matrix of the main variables

The PHQ-9 scores showed moderate to strong positive correlations with stress levels ( $r = 0.52$ ) and minority stress ( $r = 0.36$ ), weak to moderate negative correlations with age ( $r = -0.15$ ), sleep duration ( $r = -0.22$ ), and exercise duration ( $r = -0.18$ ), and a moderate positive correlation with work-family conflict ( $r = 0.29$ ).

4.3 Regression Analysis Results

Table 6: Logistic regression results (predicting clinical depression)

Predictor	Odds Ratio	95% CI	value
Age	0.97	[0.94, 0.99]	0.023
Minority stress score	1.42	[1.28, 1.58]	<0.001
Work-family conflict score	1.23	[1.11, 1.37]	<0.001
Sleep duration	0.89	[0.81, 0.98]	0.015
Weekly exercise days	0.93	[0.86, 1.01]	0.084

Model fit:  $\chi^2(9) = 89.72, p < 0.001, Nagelkerke R^2 = 0.23, AUC = 0.76$

Table 7: Multiple linear regression results (predicting PHQ-9 scores)

Predictor	$\beta$ coefficient	Standard Error	value	value
Intercept	12.45	1.87	6.66	<0.001
Age	-0.08	0.03	-2.67	0.008
Minority stress score	0.58	0.09	6.44	<0.001
Work-family conflict score	0.39	0.07	5.57	<0.001
Sleep duration	-0.31	0.11	-2.82	0.005
Weekly exercise days	-0.18	0.09	-2	0.046

Adjusted  $R^2 = 0.28, F(9, 490) = 22.34, p < 0.001$

Table 8: Group comparison results

Comparison Group	Statistical Result	value	Effect Size	Conclusion
Employment status and PHQ-9 score	U = 22150	0.003	r = 0.13	Unemployed participants had significantly higher PHQ-9 scores than employed
Participants Education level and PHQ-9 score	H(3) = 12.34	0.006	-	Participants with master's degrees or higher had significantly lower PHQ-9 scores than those with high school education or below (p = 0.004)
Income level and PHQ-9 score	H(3) = 15.87	0.001	-	Participants with annual income $\geq$ \$100,000 had significantly lower PHQ-9 scores than those with income <\$30,000 (p < 0.001)
Path to parenthood and PHQ-9 score	H(2) = 2.56	0.278	-	No significant differences in PHQ-9 scores among different paths to parenthood

The SEM analysis supported our theoretical framework, with good model fit:  $\chi^2(df) = 245.67(120), p < .001; CFI = .96; TLI = .95; RMSEA = .048$  (90% CI: .039, .057); SRMR = .052. Minority stress had significant direct effects ( $\beta = .35, p < .001$ ) and indirect effects through work-family conflict ( $\beta = .12, p < .01$ ) on depressive symptoms. Social support had significant negative direct effects on depressive symptoms ( $\beta = -.28, p < .001$ ) and moderated the relationship between minority stress and depressive symptoms ( $\beta = -.15, p < .01$ ).

4.6 Thematic analysis results

Four main themes emerged from the thematic analysis: identity struggle, importance of social support, institutional barriers, and positive personal growth. Many participants expressed redefining and struggling with their identity after becoming nonbiological fathers. One participant said, "Sometimes I feel like I'm not a 'real' father, even though I know that thought is absurd." Social support, especially from partners and "chosen family," was emphasized as a key protective factor. Institutional barriers, such as challenges encountered in legal, medical, and educational systems, were described as ongoing sources of stress. Despite these challenges, many fathers also reported positive personal growth and family well-being. One participant reflected, "Becoming a father has made me a better person. Despite the difficulties, every moment is worth it."

5. Discussion

Our findings revealed a postpartum depression prevalence of 32.4% among nonbiological fathers in same-sex partnerships, substantially higher than the previously reported rate of approximately 10% among heterosexual fathers (Paulson & Bazemore, 2010). This marked disparity may be attributed to several factors: minority stress from societal discrimination and internalized homophobia; role ambiguity due to a lack of

societal role models; legal barriers in certain jurisdictions; and insufficient social support from families of origin and society at large. These factors collectively constitute the unique challenges faced by nonbiological fathers in same-sex partnerships, underscoring the necessity for tailored support strategies for this population.

This study provides comprehensive and in-depth insights into the postpartum mental health of nonbiological fathers in same-sex partnerships. The results reveal multiple sources of stress faced by this group and their complex interactions while also highlighting the important role of social support and personal resources in promoting mental health.

First, the finding that 32.4% of the participants presented with clinical depression symptoms highlights the significant mental health risks faced by this group. This rate is considerably higher than the postpartum depression rate reported for heterosexual fathers (approximately 10%, Paulson & Bazemore, 2010), underscoring the unique challenges faced by nonbiological fathers in same-sex partnerships. This high prevalence likely reflects the cumulative effects of multiple factors, including minority stress, work-family conflict, identity struggles, and institutional barriers. This complex stress environment calls for a holistic approach to understanding and supporting these fathers.

Minority stress was identified as one of the strongest predictors of depressive symptoms, which is consistent with minority stress theory (Meyer, 2003). Social discrimination and internalized homophobia not only directly affect mental health but also indirectly exacerbate stress by increasing work-family conflict. This finding emphasizes the importance of reducing social prejudice and increasing the societal acceptance of LGBTQ+ individuals while also



highlighting the necessity of personal-level stress management strategies.

Work–family conflict, as another key predictor, reflects the challenges nonbiological fathers face in balancing new family responsibilities with career development. This may partly stem from societal stereotypes and expectations regarding male roles, particularly gay male fathers' roles. Improving workplace policies, such as implementing inclusive parental leave and flexible work arrangements, may help alleviate this pressure.

The buffering effect of social support was validated in this study, which is consistent with the stress-buffering hypothesis (Cohen & Wills, 1985). Social support not only directly reduces depressive symptoms but also mitigates the negative impact of minority stress. This finding underscores the importance of strengthening social networks and providing targeted support services, especially considering that many same-sex couples may face a lack of support from their families of origin.

The qualitative analysis results further enriched our understanding of this group's experiences. The theme of identity struggle revealed the unique challenges nonbiological fathers face in constructing and maintaining their father identity. This identity uncertainty may be a significant source of psychological stress that requires special attention in mental health interventions. The theme of institutional barriers highlighted the lag in social institutions adapting to diverse family structures, which not only increases daily life stress but also may reinforce these fathers' sense of being "outsiders."

Despite facing numerous challenges, many participants reported positive personal growth and family well-being. This finding resonates with posttraumatic growth theory (Tedeschi & Calhoun, 2004), suggesting that while we focus on risk factors, we should also recognize and cultivate the resilience and growth potential of this group.

Based on our findings, we recommend the following: 1) revising existing parental leave policies to ensure that nonbiological fathers can access paid parental leave; 2) implementing cultural sensitivity training for LGBTQ+ families in healthcare systems to increase awareness of this group's needs among medical professionals; and 3) promoting flexible work arrangements and family-friendly policies in workplaces to help alleviate work–family conflict.

The SEM analysis results provided a more comprehensive validation of our theoretical model. This study not only confirmed the direct effects of minority stress and work–family conflict on depressive symptoms but also revealed their complex interactions. In particular, the role of social support as a key moderating variable was further confirmed, providing important implications for intervention strategy design.

#### Limitations and Future Research Directions

Despite providing valuable insights into the postpartum mental health of nonbiological fathers in same-sex partnerships, this study has several limitations. First, the

cross-sectional design limits our ability to infer causality. Future longitudinal studies could better capture the developmental trajectory of depressive symptoms and the long-term effects of various factors on mental health. Second, although we strived to obtain a diverse sample, the participants were predominantly from urban areas with relatively high education levels, which may affect the generalizability of the results. Future research should include more diverse samples, including participants from different geographic locations, with different cultural backgrounds, and with different socioeconomic statuses.

Moreover, this study focused primarily on risk factors, with relatively limited exploration of protective factors. Future research could delve deeper into factors promoting resilience in nonbiological fathers' mental health, such as personal coping strategies, relationship quality, and community involvement. Considering that families are dynamic systems, future studies should also explore coparenting dynamics in same-sex partner families and the attachment formation process between nonbiological fathers and their children.

Another direction worthy of attention is cross-cultural comparative research. Different cultural backgrounds and social policy environments may significantly influence nonbiological fathers' experiences. By conducting comparative studies across different countries and cultural contexts, we can better understand the role of cultural factors and social policies in shaping these fathers' experiences.

Finally, given the institutional barriers identified in this study, future research should systematically assess the specific obstacles that nonbiological fathers encounter in legal, medical, and educational systems and explore the effectiveness of policy changes in reducing these barriers. This will provide more concrete guidance for policymakers.

Future research in this field could benefit from several novel methodological approaches and unexplored directions. Biomarker studies could integrate psychometric assessments with physiological indicators to explore the physiological impacts of PPD. Social network analysis could be used to examine how network structures influence psychological well-being and parenting stress. Ecological moment assessment could provide deeper insights into daily stressors and emotional fluctuations. Family systems research could encompass relationship quality, coparenting dynamics, and attachment formation processes. Cross-cultural comparative studies could elucidate the influence of cultural factors and social policies. Finally, longitudinal intervention studies could evaluate the long-term impact of targeted psychological interventions on the mental health of nonbiological fathers in same-sex partnerships.

## 6. Conclusion

This study provides comprehensive and in-depth insights into the postpartum mental health of nonbiological fathers in same-sex partnerships. We found that this group faces significant depression risks associated with the cumulative effects of multiple stressors, including minority stress, work–family conflict, identity struggles, and institutional barriers.

Moreover, social support and personal resources were identified as important protective factors.

The results emphasize the importance of adopting a multifaceted, holistic approach to support this group. At the societal level, continued efforts are needed to reduce discrimination and increase the public acceptance of diverse families. At the institutional level, existing policies and practices need to be adjusted to better accommodate and support diverse family structures. At the individual and family levels, providing targeted mental health services, support groups, and educational resources may help enhance these fathers' coping abilities and promote positive family dynamics.

Despite facing numerous challenges, many nonbiological fathers reported positive personal growth and family well-being. This finding reminds us that while focusing on risks and challenges, we should also recognize the resilience and potential of this group. By providing appropriate support and resources, we can not only alleviate the mental health burden of these fathers but also help them fully realize their potential as fathers and family members.

Overall, this study not only fills an important gap in research on same-sex partner families but also points to the way for future research, policy-making, and practical interventions. As society continues to move towards greater inclusivity and diversity, understanding and supporting all types of families becomes increasingly important. By focusing on the needs and experiences of nonbiological fathers in same-sex partnerships, we can not only improve the quality of life for this specific group but also contribute to building a more equitable and inclusive society. By integrating minority stress theory (Meyer, 2003) and intersectionality theory (Crenshaw, 1989), our research reveals how nonbiological fathers in same-sex partnerships experience unique pressures and challenges at the intersection of multiple identities (sexual minority, father, and nonbiological father). This theoretical perspective not only helps explain the high depression rates we observed but also provides new insights for understanding this group's resilience and positive adaptation.

## References

- [1] Biblarz, T. J., & Savci, E. (2010). Lesbian, gay, bisexual, and transgender families. *Journal of Marriage and Family*, 72(3), 480-497.
- [2] Bos, H. M., Knox, J. R., van Rijn-van Gelderen, L., & Gartrell, N. K. (2016). Same-sex and different-sex parent households and child health outcomes: Findings from the National Survey of Children's Health. *Journal of Developmental & Behavioral Pediatrics*, 37(3), 179-187.
- [3] Carone, N., Baiocco, R., Ioverno, S., Chirumbolo, A., & Lingiardi, V. (2017). Same-sex parent families in Italy: Validation of the Coparenting Scale-Revised for lesbian mothers and gay fathers. *European Journal of Developmental Psychology*, 14(3), 367-379.
- [4] Carneiro, F. A., Tasker, F., Salinas-Quiroz, F., Leal, I., & Costa, P. A. (2017). Are the fathers alright? A systematic and critical review of studies on gay and bisexual fatherhood. *Frontiers in Psychology*, 8, 1636.
- [5] Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- [6] Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139-167.
- [7] Farr, R. H., Forssell, S. L., & Patterson, C. J. (2010). Parenting and child development in adoptive families: Does parental sexual orientation matter? *Applied Developmental Science*, 14(3), 164-178.
- [8] Fedewa, A. L., Black, W. W., & Ahn, S. (2015). Children and adolescents with same-gender parents: A meta-analytic approach in assessing outcomes. *Journal of GLBT Family Studies*, 11(1), 1-34.
- [9] Feinberg, M. E. (2003). The internal structure and ecological context of coparenting: A framework for research and intervention. *Parenting: Science and Practice*, 3(2), 95-131.
- [10] Goldberg, A. E., & Gartrell, N. K. (2014). LGB-parent families: The current state of the research and directions for the future. *Advances in Child Development and Behavior*, 46, 57-88.
- [11] Goldberg, A. E., & Smith, J. Z. (2011). Stigma, social context, and mental health: Lesbian and gay couples across the transition to adoptive parenthood. *Journal of Counseling Psychology*, 58(1), 139-150.
- [12] Golombok, S., Mellish, L., Jennings, S., Casey, P., Tasker, F., & Lamb, M. E. (2014). Adoptive gay father families: Parent-child relationships and children's psychological adjustment. *Child Development*, 85(2), 456-468.
- [13] Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, 135(5), 707-730.
- [14] Herbstrith, J. C., Tobin, R. M., Hesson-McInnis, M. S., & Schneider, W. J. (2013). Preservice teacher attitudes toward gay and lesbian parents. *School Psychology Quarterly*, 28(3), 183-194.
- [15] Lamb, M. E. (2010). *The role of the father in child development* (5th ed.). John Wiley & Sons.
- [16] Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- [17] Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. *JAMA*, 303(19), 1961-1969.
- [18] Pleck, J. H. (2010). Paternal involvement: Revised conceptualization and theoretical linkages with child outcomes. In M. E. Lamb (Ed.), *The role of the father in child development* (5th ed., pp. 58-93). John Wiley & Sons.
- [19] Riskind, R. G., & Patterson, C. J. (2010). Parenting intentions and desires among childless lesbian, gay, and heterosexual individuals. *Journal of Family Psychology*, 24(1), 78-81.
- [20] Sawyer, K., Thoroughgood, C., & Ladge, J. (2017). Invisible families, invisible conflicts: Examining the added layer of work-family conflict for employees

with LGB families. *Journal of Vocational Behavior*, 103, 23-39.

- [21] Tasker, F. (2005). Lesbian mothers, gay fathers, and their children: A review. *Journal of Developmental & Behavioral Pediatrics*, 26(3), 224-240.
- [22] Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- [23] Tornello, S. L., Farr, R. H., & Patterson, C. J. (2011). Predictors of parenting stress among gay adoptive fathers in the United States. *Journal of Family Psychology*, 25(4), 591-600.
- [24] Vinjamuri, M. (2015). Reminders of heteronormativity: Gay adoptive fathers navigating uninvited social interactions. *Family Relations*, 64(2), 263-277.