

# The Advantages of Gay Parents: Examining the Outcomes of Children of Same and Different- Sex Parents

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## **Abstract:**

*In Canada, approximately 0.8% of couples are of the same sex, and there are approximately 10,000 children living with a same-sex couple (Statistics Canada 2015). At this time, there are no Canadian studies examining outcomes of children raised by same-sex parents compared with their peers raised by different-sex parents. Given that mental health, physical health, and educational outcomes among children from Western nations are generally comparable, it follows that data from multiple American, European, and Australian studies may be expected to predict trends for outcomes in Canadian children. A remarkable number of studies on the topic have emerged in recent years in the United States, Europe, and Australia. This paper reviews international studies on various outcomes of children of same-sex parents, and seeks to apply the findings in a Canadian context. Specifically, this paper will review outcomes of children with same-sex versus different-sex parents on measures related to three broad categories: psychological well-being, physical health, and education. After*

*adjusting for socioeconomic factors such as income and education, no significant differences are discernible in health and development between children of same-sex couples versus children of different-sex couples. Additionally, some scholars have noted that children of same-sex couples outperform their peers on matters of education and civic engagement. Perceived differences between the two groups are more likely attributable to secondary factors such as parental income, level of education, and parental engagement with their children. Reference: Statistics Canada. 2015. Same-sex couples and sexual orientation... by the numbers. Retrieved from: [https://www.statcan.gc.ca/eng/dai/smr08/2015/smr08\\_203\\_2015](https://www.statcan.gc.ca/eng/dai/smr08/2015/smr08_203_2015)*

In Canada, approximately 0.8% of couples are of the same sex, and there are approximately 10,000 children living with a same-sex couple (Statistics Canada, 2015). These numbers reflect similar patterns among developed nations worldwide. However, the study of health, well-being, and development outcomes in children of same-sex partners in Canada is challenging due simply to a shortage of appropriate subjects, and their spread over large geographical regions. This study examines the relationship between parental sexual orientation and health, well-being, and development outcomes in children. A remarkable number of studies on the topic have emerged in recent years in the United States, Europe, and Australia (Bertocchi 2017; Trub *et al.* 2017; Prickett *et al.* 2015; Crouch *et al.* 2014; Rivers *et al.* 2008; Wainright *et al.* 2004). Given that health and development outcomes of children in Western nations are generally comparable, it is reasonable to extrapolate large volumes of data and apply it to expected outcomes in Canadian children. These studies show that after adjusting for socioeconomic factors such as income and education, no significant differences are discernible in health and development between children of same-sex couples versus children of different-sex couples. Additionally, some scholars have noted

that children of same-sex couples outperform their peers on matters of education and civic engagement (Reczek, *et al.* 2016; Crouch, *et al.* 2017). Perceived differences between the two groups are more likely attributable to secondary factors such as parental income, level of education, and parental engagement with their children. Specifically, this paper will review outcomes of children with same-sex versus different-sex parents on outcome measures related to three broad categories: psychological well-being, physical health, and education.

Up until the late 1990s, medical professionals generally adhered to the Freudian viewpoint that children from same-sex households experienced greater stigma, and therefore greater mental health challenges compared with their peers (Farr & Tornello 2016; Gates 2015). There was no scientific data corroborating this view. Current research has shown quite the opposite to be true: despite, or perhaps because of, this stigma, children of same-sex parents generally exhibit healthier attachment, better resilience and generally greater mental health than children of different-sex parents (Bertocchi 2017; Trub *et al.* 2017; Prickett *et al.* 2015; Crouch *et al.* 2014; Rivers *et al.* 2008; Wainright *et al.* 2004). The first major known study of the psychological outcomes of these children was conducted in the United States by Wainright *et al.* in 2004, and examined groups of adolescents for age-appropriate psychosocial adjustment, school outcomes, romantic relationships, delinquent behaviour and substance use. This study found no discernable difference between groups of adolescents based on parental sexuality. The same results were found in the United Kingdom by Rivers *et al.* in 2008. In 2014, Crouch *et al.* conducted a study on over 500 Australian children, specifically examining behaviour, mental health and family cohesion. This study found no significant differences between children of different-sex vs. same-sex parents.

In his 2015 research on American children, Gates observed that there were no notable difference in outcomes, and suggested that children of same-sex

parents may actually have a slight advantage: “Gay couples, unable as they are to produce children wanted or unwanted, are model parents—model citizens really [...] Heterosexuals get drunk and pregnant, producing unwanted children [...] Homosexual couples do not produce unwanted children” (Gates 2015). Research in the United States by Maxwell and Kelsey (2014) confirms Gates’ theory: homosexual couples generally have a longer lag time between deciding to conceive or adopt and the arrival of their child. Additionally, as noted, unplanned children are biologically impossible. Therefore, it follows that all children being raised by homosexual parents are both planned and wanted children. Similar findings have resulted from studies in Italy, (Bertocchi 2017), Spain, (Muñoz-Martínez 2016), and America (Trub *et al.* 2017). While some parents of unplanned children may indeed be very good parents, the process of adopting children includes filters to ensure that certain criteria are met in all prospective parents, including passing the ‘social fitness’ criteria for parenting.

More recent research in the United States by Prickett *et al.* (2015) built on Gates’ ideas: Prickett *et al.* studied parental engagement with children, measured as minutes of undivided attention per day. This study examined data from 44,188 couples over an eleven-year period. Her results were remarkable: female parents in same-sex partnerships spent on average 111 minutes each with their children (total of 222 minutes per couple) and male parents in same-sex partnerships spent on average 103 minutes (total of 206 minutes per couple) (Prickett *et al.* 2015). By comparison, women in different-sex partnerships spent, on average 99 minutes per day with their children, versus 51 minutes per day for men in different-sex partnerships. While the time spent with children for lesbian women, gay men, and heterosexual women does not differ significantly, heterosexual men are spending, on average, 50% less time with their children than all other types of parents. This means that, on average, children of same-sex parents receive on average 214 combined minutes of time with their parents each day, compared with 150

minutes (30% fewer minutes) for children of different-sex parents. Moreover, Prickett *et al.* also examined the proportion of time parents engaged with children as a proportion of time not committed to work and found no relationship between these factors (2015). Additionally, this data shows that these differences are not caused by differences in work hours between the two groups. While the reasons behind these discrepancies are still unclear, this data suggests that homosexual parents, in particular, men, may prioritize time with their children higher than heterosexual parents do. This is the first clear example of homosexual parents significantly exceeding metrics set by heterosexual parents. Prickett *et al.* notes that while they did not control for levels of education in the sample, homosexual parents had, on average, more education than heterosexual parents (2015). This data is consistent with research from Gates (2015) and Muñoz-Martínez (2016) and suggests that parental education may help explain these significant results. In particular, Gates found that in the United States, 46% of homosexual parents have college degrees, compared with 30% of heterosexual parents (2015). This level of education likely contributes to prioritizing healthy parenting behaviours, including giving children undivided attention (2016).

Subsequently, two independent studies in the United States examined levels of healthy attachment in children: Farr & Tornello (2016) and Trub *et al.* (2017). Healthy levels of attachment are generally correlated with quality time spent between parents and children (Muñoz-Martínez 2016). Both Farr & Tornello (2016) and Trub *et al.* (2017) found that children of same-sex parents were moderately more likely to exhibit behaviours consistent with secure (healthy) attachment than were children of different-sex parents. However, both studies also noted that when they controlled for societal stigma related to homosexual parents, these differences virtually disappeared, suggesting that differences in attachment behaviours stem from differences in external factors, and not differences in parental sexual orientation. Both studies concluded that

social stigma may lead to heightened levels of conscious parenting behaviours by homosexual parents, which in turn may bolster healthy attachment in young children (Farr & Tornello 2016; Trub *et al.* 2017). Trub *et al.* (2017) also suggest that dealing with stigma may lead to additional resilience, which in turn has positive mental health outcomes. Coupled with the results from the Prickett *et al.* (2015) study there appears to be no direct correlation between parental sexuality and mental health outcomes in children. Rather, differences appear to relate more to external factors, such as parenting style and level of education.

Fewer studies have been conducted on children's physical health outcomes than on mental health outcomes, as they relate to parental sexuality. Those that have been conducted show that children with same-sex parents fare the same or better than do the general population. Notably, gay and lesbian parents are more likely to immunize their children, and lesbian mothers are significantly more likely to breastfeed their children than are heterosexual mothers (Crouch *et al.* 2014). Additionally, children of same sex parents tend to have higher than average health scores; in particular, these children generally have higher levels of physical activity and physical fitness (2014). Furthermore, a statistical review of physical health outcomes in American children by Sullins (2017) shows no relationship between children's health and the parents' sexuality. Quite the opposite, this research showed that when socioeconomic factors were taken into account, children of same-sex and different-sex parents were equally healthy. Crouch *et al.*'s 2014 Australian study did not indicate levels of education of either set of parents, however, given that Gates (2015) and Muñoz-Martínez (2016) both found that homosexual parents tend to have, on average, higher levels of education than heterosexual parents, it is possible that education and not sexuality *per se* contributed to these findings. Both Canadians (Quon & McGrath 2015) and Americans (Zheng, 2017) with higher levels of education generally produce healthier children; since homosexual parents tend to have higher levels of

education, it follows that children with homosexual parents are healthier. Other studies have shown that parental education is positively correlated with increased likelihood of breastfeeding (Acharya & Khanal 2015) and on-time immunization (Nankabirwa *et al.* 2010). Income may also be a factor: homosexual parents earn, on average, 8-10% more per couple per year than heterosexual parents (Gates 2015). Numerous studies have pointed to the positive correlation between parental income and children's health in Germany, the United States, Canada, and the United Kingdom (Reinhold & Jürges 2012). Regardless of reason, it is clear that children of same-sex parents are not suffering from poor physical health outcomes compared with their peers. Further research in the United States by Reczek, *et al.* (2016) and Crouch, *et al.* (2017) in Australia echoed these findings: both studies showed no differences in children's nutrition, preventive health care, or health outcomes between groups with same-sex vs. different sex parents. Hence, it is reasonable to conclude that parental sexuality does not directly contribute to the physical health of their children.

Finally, it appears that while children of same-sex parents tend toward higher levels of educational achievement than children of different-sex parents, (Reczek, *et al.* 2016; Crouch, *et al.* 2017) these results can largely be explained by compounding variables: educational achievement in children is positively correlated with educational achievement in parents. As previously stated, homosexual parents generally have higher levels of education than their heterosexual counterparts (Gates 2015; Muñoz-Martínez 2016). Other American research by Adams & Light (2015) suggests that educational outcomes for children of homosexual parents are indistinguishable from those of heterosexual parents. Accounting for parental education, there is virtually no distinction between the two groups (Adams & Light 2015; Reczek, *et al.* 2016; Crouch, *et al.* 2017).

An interesting study out of the Netherlands suggests that children of same-sex parents may, however, be more educated in the civic sphere than their peers: Children of same-sex parents scored significantly higher on civic competencies, specifically on virtues such as acting democratically, dealing with conflicts, and dealing with differences (Bos, *et al.* 2016). These disparities remained, even when parental education was taken into account. These results lend support to Trub *et al.*'s (2017) conclusion that growing up with the stigma of homosexual parents may provide unintended advantages for these children. Based on these findings, Bos, *et al.* (2016) propose that children raised in non-traditional families may have a greater appreciation of diversity, which may lead to stronger development of engaged citizens. In this study, children raised by homosexual parents were more likely to consider the standpoint of their peers, more willing to collaborate on an acceptable solution when they disagreed, and also more willing to learn about other people's opinions and lifestyles than were children raised by heterosexual parents (Bos, *et al.* 2016). Therefore, it may be worth considering that contrary to the opinion of medical professionals from the 1990s, having same-sex parents may actually prove advantageous for children in specific areas of development.

At this time, there are no Canadian studies comparing outcomes of children raised by same-sex parents compared with their peers raised by different-sex parents. However, given that mental health, physical health and educational outcomes among children from Western nations are generally comparable, it follows that data from multiple American, European, and Australian studies may be expected to predict trends for outcomes in Canadian children. It should be noted that between 70% and 80% of same-sex parents studied worldwide are lesbian couples; (Prickett *et al.*) therefore further study on outcomes specific to the children of gay men is warranted. Also, there are limitations in the current research available, specifically there is no research investigating the role of race



or of single parents in health and development outcomes. In conclusion, having examined multiple studies from several continents, it appears that no significant differences are discernible in health and development between children of same-sex couples versus children of different-sex couples.

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