Adoption of Black children by White parents in heterosexual and homosexual relationships: Exploring mental health trainees' explicit and implicit attitudes

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To link to this article: http://dx.doi.org/10.1080/10538720.2017.1320256

Published online: 25 May 2017.
Adoption of Black children by White parents in heterosexual and homosexual relationships: Exploring mental health trainees’ explicit and implicit attitudes

Tony Xing Tan, Vernon L. S. Smith, and Aaron L. Norton

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ABSTRACT

We investigated 163 (82.2% female; 73% White; and 91.4% heterosexual) mental health trainees’ explicit and implicit attitudes toward heterosexual, lesbian, and gay White couples adopting and raising Black children. Explicit attitudes were assessed with a vignette depicting a Black child in need of a home. Implicit attitudes were assessed with the multifactor implicit association test (IAT) protocol. Explicit data showed that most participants indicated no strong family preference. However, IAT data showed that most trainees had implicit preference, with a moderate preference for lesbian couples over heterosexual couples and a moderate-to-strong preference for lesbian couples over gay couples. The trainees only demonstrated a very weak preference for heterosexual couples over gay couples. Overall, congruence between explicit and implicit is very low. Implications for training are discussed.

KEYWORDS

implicit attitudes; transracial adoption; same-sex adoption; mental health trainees

Introduction

According to the United States (U.S.) Census (2010; www.census.gov), 4% of American children who were adopted live in households headed by same-sex couples. Adoption is an increasingly common method for gay couples and lesbian couples to start a family (Appell, 2001; Pertman & Howard, 2011). Gay couples and lesbian couples are more likely than heterosexual couples to adopt transracially (Farr & Patterson, 2009; Goldberg, 2009) and to face more, and sometimes unjustified, obstacles throughout the adoption process (Brooks & Goldberg, 2001). Within transracial adoptive families headed by gay parents and lesbian parents, stress related to sexual minority status may increase the parents’ vulnerability to mental health concerns (Herek & Garnets, 2007), while transracial adoption-specific factors (e.g., racial difference from adoptive parents) might increase the adopted children’s mental health service needs and utilization (Tan & Marn, 2013). Thus, transracial adoptive families headed by gay couples and lesbian couples might...
experience a combination of vulnerabilities associated with minority-related stress and adoption-related risks. Mental health service providers who are well-trained to address the needs of diverse families will play an important role in the well-being of these families. In reality, however, mental health service providers have been shown to regard homosexual identity as pathological (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005) and are less willing to provide them clinical services (Barrett & McWhirter, 2002). One way to address these issues is to ensure that future mental health trainees are equipped to meeting the needs of all types of families.

In the current study, we examine how future mental health practitioners’ (hereafter termed mental health trainees) perceived different types of families formed through transracial adoption. We operationally defined mental health trainees as students enrolled in the following graduate programs: Clinical Psychology, Mental Health Counseling, Marriage and Family Therapy, School Counseling, School Psychology, and Social Work, as graduates from these programs will likely have professional interactions with adoptive families, adoptee children, or adoptive parents. We focused on adoptive families that were headed by White parents who adopted Black children, following the operationalization outlined by Tinkler and Horne (2011), as well as the general notion that transracial adoption in the United States refers to White parents adopting Black children (Perry, 2010). We aimed to investigate mental health trainees’ attitudes towards transracial adoptive families headed by gay couples and lesbian couples, in comparison to their attitudes toward transracial adoptive families headed by heterosexual couples. Because there is often incongruence between participants’ explicit attitudes and implicit attitudes toward groups of minority status (e.g., homosexual identity; Boysen, 2009), we obtained data on both explicit and implicit attitudes, although our primary focus was on implicit attitudes.

Literature review

To our knowledge, no previous study has focused on the attitudes of mental health trainees toward adoptive families that have all three characteristics—lesbian/gay (LG) identity, transracial adoption, and gay and lesbian parenting. To provide a context for the current study, we broadened the literature review to include studies on attitudes toward at least one of the three features of adoptive families. We also incorporated proximal literature that focused on the attitudes of participants who are not in the field of mental health or social services when necessary.

Explicit and implicit attitudes toward homosexual identity

Recent research on mental health trainees’ and professionals’ explicit attitudes (i.e., consciously experienced and expressed) has generally shown relatively positive views on homosexuality or low prevalence of homophobia. For instance, Rainey and Trusty (2007) reported that master’s students in counseling (N = 132; 86% were women, 77% were White, 76% were in school counseling) had positive explicit views on gay and lesbian identity. In a recent study, Chonody, Woodford, Brennan,
Newman, and Wang (2014) found that heterosexual faculty members in Social Work ($N = 303$; 73% were women, 75% were White) had an overall low level of explicit prejudice toward gays and lesbians. In terms of homophobia, Berkman and Zinberg (1997) reported that only 0.5% of the heterosexual social workers in their study ($N = 187$; most were females in their mid-forties) were highly homophobic.

It should be noted, however, that due to the sensitivity of topics about attitudes toward sexual minorities, participants’ response might be influenced by social desirability. To address this issue, some researchers have instead focused on implicitly held attitudes or the incongruence between explicit attitudes and implicit attitudes (Boysen, 2009; Cochran, Peavy, & Cauce, 2007; Herbstrith, Tobin, Hesson-McInnis, & Schneider, 2013; Rowatt et al., 2006). Research on implicit attitudes is informed by the implicit social cognition (ISC) theory (Underwood, 1996). The ISC theory posits that social judgment is influenced by an automatic cognitive process of favorable or unfavorable feeling, thought, or action toward a social object. This type of social judgment, termed implicit attitude, is defined by Greenwald and Banaji (1995) as introspectively unidentified or inaccurately identified traces of past experience. The process is under the control of automatically activated cognitive mechanisms without the individual becoming aware of the causation.

The ISC theory has been informative in understanding subconsciously held beliefs toward socially sensitive topics (Levy, Stroessner, & Dweck, 1998). Implicit attitude studies utilizing different types of stimuli (e.g., symbols, drawings, pictures, and stick figures) to indirectly assess participants’ subconsciously have converged on the finding that homosexuality is often perceived negatively while heterosexuality is usually perceived positively. For instance, Boysen and Vogel (2008) found that the trainees in counseling psychology implicitly preferred heterosexual couples to lesbian couples and gay couples. Using gender symbols, morphed pictures, and drawings as stimuli, Rowatt and colleagues (2006) similarly showed that undergraduate students had negative implicit attitudes toward gays and lesbians relative to heterosexuals. More recent research using the implicit association test (IAT) protocol not only replicated the general finding that heterosexuality was perceived more favorably than homosexuality, but further revealed differential implicit attitudes toward gay men and lesbians (Breen & Karpinski, 2013; Sabin, Riskind, & Nosek, 2015). Breen and Karpinski (2013) showed that heterosexual undergraduate students ($N = 95$; most were females and most were White) had positive explicit attitudes toward both gay men and lesbians. However, in terms of implicit attitudes, they preferred heterosexuals over gay men, but did not have a clear preference between heterosexuals and lesbians. In a very large-scale study on 233,093 participants’ implicit attitudes toward gays and lesbians, Sabin and colleagues (2015) found clear evidence of implicit preference for heterosexuals over lesbians and gay men. Of particular relevance to the current study were the results from the subsample of 8,531 mental health providers. The authors found that both male and female mental health providers showed moderate-to-strong implicit preference for heterosexuals over gay men and lesbians. However, the magnitude of their implicit preference for heterosexuals was stronger in the heterosexual-gay male comparison than in the
heterosexual-lesbian comparison, suggesting that mental health providers may also have a differential preference between gay men and lesbians.

Explicit and implicit attitudes toward transracial adoption, gay male and lesbian adoption

In terms of attitudes toward transracial adoption, existing research has typically focused on White parents adopting Black children (Perry, 2010). Findings on explicit attitudes have generally shown favorable attitudes toward transracial adoption by graduate students in social work (Lee, Crolley-Simic, & Vonk, 2013) as well as undergraduate students (Whatley, Jahangardi, Ross, & Knox, 2003); however, the racial background of the study participants appears to matter. For instance, White social workers were more likely than Black social workers to favor transracial adoption (Fenster, 2002). Existing research further reveals that participants’ explicit attitudes toward transracial adoption are more positive than implicit attitudes (Tinkler & Horne, 2011). For instance, Tinkler and Horne (2011) found that White community college students (N = 43; 31 females) implicitly perceived White parents adopting Black children significantly more negatively than same-race White adoption. In other words, the participants had an implicit preference for same-race White adoptive families over White families that had adopted Black children.

In terms of explicit attitudes toward gay and lesbian adoption, existing studies showed both acceptance (Averett & Hegde, 2012; Brodzinsky, Patterson, & Vaziri, 2002; Camilleri & Ryan, 2006; Hall, 2010; Hollingsworth, 2000) and rejection (Crawford, McLeod, Zamboni, & Jordan, 1999; Henke, Carlson, & McGeorge, 2009; Jayaratne, Faller, Ortega, & Vandervort, 2008). Gay and lesbian adoption was perceived more negatively than heterosexual adoption (Katz & Doyle, 2013; Weiner & Zinner, 2015), however. Furthermore, there is evidence that social service providers’ attitudes toward gay men and lesbians affect their behaviors in interacting with gay and lesbian adopters (Kimberly & Moore, 2015). In an earlier study using vignettes, Crawford and colleagues (1999) found that practicing clinical or counseling psychologists (N = 388; 93% were heterosexual, 93% were White, mean age = 50 years) were less likely to recommend adoption by gay couples and lesbian couples than by heterosexual couples. In addition, heterosexual males were more likely than heterosexual females to be against gay males adopting children (Herek, 2000; Maney & Cain, 1997). However, Choi, Thul, Berenhalt, Suerken, and Norris (2006) also documented that school psychologists who had social interactions with sexual minorities had more positive attitudes toward them than those who did not have such interactions.

In terms of implicit attitudes, Herbstrith and colleagues (2013) found that the participants’ implicit attitudes were more negative toward homosexual parenting than heterosexual parenting and perceived gay parenting more negatively than lesbian parenting. The authors used the affect misattribution procedure (AMP) to assess the participants’ implicit attitudes within a large group setting by projecting the images of stimuli (e.g., photographs of couples kissing or families with children) on the
screen. There are obvious limitations in this approach (Boysen, Vogel, & Madon, 2006). For instance, the group setting might influence the participants’ perception or distract the participants. Furthermore, it is not clear how the AMP measure could eliminate the possibility that participants might be evaluating other features of the individuals in the photos (e.g., looks or clothes). With this in mind, we sought to minimize the potential influence of these factors in our study.

**Summary and hypotheses**

While no study has investigated mental health trainees’ explicit and implicit attitudes toward families that encompass all three features—adoptive parenting, same-sex parenting, and transracial adoption—two key findings can be extrapolated from the existing literature. First, homosexual identity, transracial adoption, gay parenting, and lesbian parenting are explicitly and implicitly perceived more negatively than the corresponding heterosexual identity, same-race adoption, and heterosexual parenting. However, implicit attitudes are more negative than explicit attitudes, resulting in well-documented incongruence between explicit and implicit attitudes toward homosexual identity, transracial adoption, and gay and lesbian parenting. Second, being male, older in age, a racial minority, heterosexual, lacking in interactions with sexual minorities and adoptive families, and being from families and religious backgrounds that are unaccepting toward sexual minorities are associated with negative perceptions of homosexual identity, transracial adoption, and gay and lesbian parenting (Besen & Zicklin, 2007; Dasgupta & Rivera, 2008; Donaldson, Handren, & Lac, 2016; Jäckle & Wenzelburger, 2014; Lubbers, Jaspers, & Ultee, 2009; Raja & Stokes, 1998; Satcher & Schumacker, 2009). Based on these findings, we tested the following two hypotheses in the current study:

**H1**: Heterosexual couples will be implicitly, but less so explicitly, preferred over same-sex couples.

**H2**: Participants’ demographic backgrounds and socialization experiences will be associated with their attitudes toward transracial adoptive families headed by gay, lesbian, and heterosexual parents.

**Method**

**Research design**

In the current study, we used the recently available multifactor implicit association test (IAT) protocol (Inquisit 4, 2015) as a key tool to gather data on the participants’ implicit attitudes. To overcome the typical limitations in the existing studies that have used various types of stimuli (e.g., morphed photos), in the current study three sets of stick figure family portraits were created to ensure that the only difference across different types of families was the gender constellation of the adults (see Appendix Figure 1). Each set includes four stick figure portraits depicting one type of transracial adoptive family.
Field testing of the implicit association test

Because our study utilized newly designed stimuli to collect implicit data, we field tested the main measure (i.e., implicit association test) among 60 mental health trainees prior to collecting data for the current study. The field testing occurred in three steps. Step 1 was descriptor generation. Following the procedure used by Steffens (2005), each trainee was instructed to write down a list of positive and negative words that they believed to be frequently used to describe transracial adoption, gay and lesbian identity, and gay and lesbian adoption. We selected the top four positive (i.e., joy, helpful, moral, and normal) and top four negative (i.e., sad, harmful, wrong, and perverted) words. We altered these words slightly such that the positive words and their corresponding negative words contained similar numbers of letters. In Step 2 we then randomly and evenly divided the trainees into two groups and administered the IAT. For the first group, we used publicly available photos of transracially adoptive families as stimuli. Great efforts were made to ensure that all selected photos had similar backgrounds, numbers of people, and positioning of people in the photo. For the second group, we used the stick figure portraits that we created. Because we were primarily interested in finding out how the stick figure portraits would function as stimuli in the IAT, the first author closely observed the trainees’ test-taking behaviors, and the trainees were informed that they could ask questions while taking the test. As a result, the results from the two different types of stimuli could not be meaningfully compared. Finally, in Step 3 we conducted a debriefing with the trainees to discuss their experiences taking the IAT tests. We learned that stick figures helped eliminate some of the distracting features the photos contained (e.g., hairstyle, clothing, facial expression, and attractiveness of the individuals in the photos). We also learned that some trainees thought the term gay described both homosexual males and homosexual females, and the first few blocks of the IAT were confusing. Based on the feedback, we decided to choose the IAT protocol with the stick figure portraits as stimuli for the current study. We also revised the instruction to explicitly explain to the participants, along with sample stick figure portraits, that the term gay was exclusively used to describe homosexual males and that in the study homosexual females were referred to as lesbians. We informed each participant beforehand that it might take a few minutes for the participant to become used to the test. The field testing allowed the subsequent data collection process to run smoothly.

Participants

The participants were recruited from graduate programs at a large public research university in a southern state. Following the institutional review board approval, we utilized several methods to recruit participants. First, we contacted faculty members who were teaching graduate-level classes in the target programs to ask if they would be willing to distribute a brief description of our study to their students. For those who agreed to distribute the information, we then set up the time and location to
Table 1. Sample characteristics ($N = 163$).

<table>
<thead>
<tr>
<th>Participants</th>
<th>$N$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>134 (82.2%)</td>
</tr>
<tr>
<td>Male</td>
<td>29 (17.8%)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>119 (73.0%)</td>
</tr>
<tr>
<td>Black</td>
<td>13 (8.0%)</td>
</tr>
<tr>
<td>Other (Hispanic, Multiracial, Asian)</td>
<td>31 (19.0%)</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Exclusively attracted to opposite sex</td>
<td>131 (80.4%)</td>
</tr>
<tr>
<td>Strongly attracted to opposite sex</td>
<td>18 (11.0%)</td>
</tr>
<tr>
<td>Equally attracted to male and female</td>
<td>5 (3.1%)</td>
</tr>
<tr>
<td>Strongly attracted to same sex</td>
<td>3 (1.8%)</td>
</tr>
<tr>
<td>Exclusively attracted to same sex</td>
<td>6 (3.7%)</td>
</tr>
<tr>
<td>Personal knowledge of adoptive families headed by</td>
<td></td>
</tr>
<tr>
<td>Heterosexual White couples with Black children</td>
<td>61 (37.4%)</td>
</tr>
<tr>
<td>Gay White couples with Black children</td>
<td>9 (5.5%)</td>
</tr>
<tr>
<td>Lesbian White couples with Black children</td>
<td>6 (3.7%)</td>
</tr>
<tr>
<td>Families’ view on homosexuality when growing up</td>
<td></td>
</tr>
<tr>
<td>Strongly against homosexuality</td>
<td>22 (13.7%)</td>
</tr>
<tr>
<td>Against homosexuality</td>
<td>36 (22.4%)</td>
</tr>
<tr>
<td>No strong opinion for or against homosexuality</td>
<td>63 (39.1%)</td>
</tr>
<tr>
<td>Accepting toward homosexuality</td>
<td>20 (12.4%)</td>
</tr>
<tr>
<td>Very accepting toward homosexuality</td>
<td>20 (12.4%)</td>
</tr>
</tbody>
</table>

meet with students who volunteered to participate. No incentives to participate were offered to those students. Second, all co-authors reached out to graduate programs with which they were affiliated to recruit participants. Overall, 163 graduate students volunteered to participate (80 were recruited via faculty members; 83 were recruited by the co-authors from their respective programs). The participants were enrolled in Clinical Psychology, Mental Health Counseling, Marriage and Family Therapy, School Counseling, School Psychology, and Social Work graduate degree programs.

Data collection

Background information

The participants first completed a brief paper-and-pencil questionnaire individually in a quiet room. The questionnaire included items related to their age, gender, ethnicity, and sexual orientation ($1 = $exclusively attracted to the opposite sex$, $5 = $exclusively attracted to the same sex$). The participants also responded to a question about the family environment in which they grew up ($1 = $very against homosexuality$; $5 = $very accepting toward homosexuality$) and whether they personally knew (Yes or No) any of the three types of White couples that have adopted Black children: heterosexual couples, lesbian couples, and gay couples. Table 1 summarizes the participants’ demographic and background information.

Overall, similar to existing studies, most of the participants were female, White, and heterosexual. As shown in Table 1, 61 (37.4%) participants reported that they personally knew heterosexual couples, nine (5.5%) reported that they knew gay couples, and six (3.7%) reported that they knew lesbian couples who had adopted Black children. In subsequent analysis, we created a composite variable to reflect whether
the participant personally knew any of the three types of families (Yes: 71; 43.6%; No: 92; 56.4%). Finally, the views of the families of participants toward homosexuality ranged from strongly against it (13.7%), against it (22.4%), no strong opinion for or against it (39.1%), accepting toward it (12.4%), to very accepting toward it (12.4%). In subsequent data analysis, the participants’ family view was used as a continuous variable, with higher scores indicating more accepting toward homosexuality.

**Explicit attitude**
Following the demographic information, the participants responded to a vignette adopted and modified from Crawford and colleagues (1999):

An African-American child is legally available for adoption by the following equally qualified potential adopters. Now, imagine you are charged with making the decision on which couple the child should be placed with. In each of the following pairing, please circle the couple that you think should adopt the child. If you do not have a strong preference, write “No Strong Preference.”

The three types of families were presented as three pairs: (a) heterosexual couple versus lesbian couple, (b) heterosexual couple versus gay couple, and (c) lesbian couple versus gay couple. The pairing was made to be consistent with the subsequent implicit data collection protocol.

**Implicit attitude**
Following the demographic questionnaire and the vignette, the computer-based multifactor IAT was administered. Informed by an early report (Boysen et al., 2006) that a group setting may artificially lower implicit bias toward gays and lesbians, we administered the IAT with each participant individually in a quiet room. The IAT is a latency-based measure to assess automatic operation of implicit attitudes (Greenwald, McGhee, & Schwartz, 1998). Because of its capacity to minimize social desirability toward sensitive topics, IAT is especially well-suited in studying stereotype and prejudice (Greenwald, Poehlman, Uhlmann, & Banaji, 2009; Nosek, Hawkins, & Frazier, 2011).

Essentially, the IAT is a computer-programmed categorization task that requires the participant to pair like-valenced and unlike-valenced concepts by responding to one type of pair on a left-hand key (the E Key on the keyboard) and the other type of pair on a right-hand key (the I key on the keyboard; Fiske & North, 2015). Each pairing includes one target category (e.g., flower or insect) and one evaluation (e.g., positive or negative words). The multifactor IAT protocol (Inquisit 4, 2015) has the capacity to yield a participant’s implicit attitude scores toward up to six pairs from four target categories (e.g., heterosexual couple versus gay couple). The validity of the IAT protocol has been supported by several meta-analyses (Costa, Bandeira, & Nardi, 2013; Greenwald et al., 2009; Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005).

The IAT determines implicit attitudes by associative strength between the given pair of target categories (e.g., flowers and insects) and associated pair of evaluations.
(e.g., good and bad). These categories and evaluations are presented in compatible-association pairs (e.g., flower + good; insect + bad) and incompatible-association pairs (e.g., flower + bad; insect + good). Based on the ISC theory, compatible associations have been established in the mind and thus need less time for the participant to recognize them (i.e., automatic association) than incompatible associations. Thus, the strength between compatible association is greater than that of incompatible association.

The evaluation attributes that we used included four positive descriptors—“joy,” “helpful,” “moral,” and “normal”—and four negative descriptors—“sad,” “harmful,” “wrong,” and “perverted.” The target category included three sets of four stick figure portraits of transracial adoptive families headed by heterosexual couples, gay couples, and lesbian couples (see Appendix Figure 1 for the entire set of 12 stick figure portraits). The portraits were created to be identical across the three family types except for the gender constellations of the parent figures in an effort to circumvent possible shortcomings of using pictures as target stimuli in existing studies (e.g., Breen & Karpinski, 2013).

In administering the IAT (see Appendix 2 for a screenshot of one example of the IAT), the participant was first seated in front of a laptop computer and was given instructions on how to take the IAT. To familiarize the participant, the IAT is programmed to start with several trials. The participant responded to the two types of stimuli by pressing the designated left (E) and right (I) keys on the laptop as quickly as possible and as accurately as possible (Morris & Ashburn-Nardo, 2010).

For each set of the three pairs (e.g., heterosexual couple versus lesbian couple), the IAT generates a D-score that indicates the direction and strength of associations between the categories and evaluations. According to Nosek (2005), the directionality of the participant’s preference is indicated with a positive (+) or negative (−) sign. The possible D-score ranges from −2.00 to +2.00. A positive D-score indicates that the participant has a preference for the former category over the latter category (vice versa for a negative score). The IAT protocol recommends that in practice, scores between −.15 and +.15 suggest that the participant has no strong preference between the two categories, scores between +.15 and +2.00 suggest that the participant prefers the left-hand category, and scores between −2.00 and −.15 suggest that the participant prefers the right-hand category.

Results

H1: Heterosexual couples will be implicitly, but less so explicitly, preferred over same-sex couples.

To test this hypothesis, we computed the participants’ average IAT scores toward the three types of families. As described earlier, a positive IAT score indicates that the participants have a preference for the former category, while a negative IAT score indicates that the participants have a preference for the latter category. Based on their average IAT scores, the participants demonstrated a moderate implicit preference
<table>
<thead>
<tr>
<th>Gender</th>
<th>Transracial Adoptive Families Headed by Different Types of Couples</th>
<th>Heterosexual vs. Lesbian</th>
<th>Heterosexual vs. Gay</th>
<th>Lesbian vs. Gay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (N = 134)</td>
<td></td>
<td>−.09 (.50)</td>
<td>.07 (.49)</td>
<td>+.27 (.47)</td>
</tr>
<tr>
<td>Male (N = 29)</td>
<td></td>
<td>−.16 (.52)</td>
<td>.0 (.55)</td>
<td>+.10 (.51)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (N = 119)</td>
<td></td>
<td>−.18 (.48)</td>
<td>.03 (.53)</td>
<td>+.25 (.46)</td>
</tr>
<tr>
<td>Black (N = 13)</td>
<td></td>
<td>−.13 (.55)</td>
<td>+.42 (.35)</td>
<td>+.27 (.64)</td>
</tr>
<tr>
<td>Other (N = 31)</td>
<td></td>
<td>−.23 (.56)</td>
<td>+.01 (.40)</td>
<td>+.19 (.48)</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual (N = 149)</td>
<td></td>
<td>−.17 (.50)</td>
<td>+.04 (.49)</td>
<td>+.25 (.49)</td>
</tr>
<tr>
<td>Non-heterosexual (N = 14)</td>
<td></td>
<td>−.27 (.42)</td>
<td>+.16 (.62)</td>
<td>+.20 (.33)</td>
</tr>
<tr>
<td>Personal knowledge of transracial adoptive families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (N = 71)</td>
<td></td>
<td>−.14 (.46)</td>
<td>+.07 (.48)</td>
<td>+.24 (.45)</td>
</tr>
<tr>
<td>No (N = 92)</td>
<td></td>
<td>−.22 (.53)</td>
<td>+.04 (.52)</td>
<td>+.25 (.51)</td>
</tr>
<tr>
<td>Families’ view on homosexuality when growing up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly against homosexuality (N = 22)</td>
<td></td>
<td>−.10 (.47)</td>
<td>.23 (.58)</td>
<td>.17 (.53)</td>
</tr>
<tr>
<td>Against homosexuality (N = 36)</td>
<td></td>
<td>−.06 (.52)</td>
<td>.03 (.53)</td>
<td>.25 (.56)</td>
</tr>
<tr>
<td>No strong opinion for or against homosexuality (N = 63)</td>
<td></td>
<td>−.23 (.48)</td>
<td>.05 (.49)</td>
<td>.22 (.48)</td>
</tr>
<tr>
<td>Accepting toward homosexuality (N = 20)</td>
<td></td>
<td>−.34 (.47)</td>
<td>−.14 (.34)</td>
<td>.32 (.30)</td>
</tr>
<tr>
<td>Very accepting toward homosexuality (N = 20)</td>
<td></td>
<td>−.27 (.54)</td>
<td>.10 (.52)</td>
<td>.28 (.44)</td>
</tr>
</tbody>
</table>

Note. No statistical significant difference at $p < .05$ level was detected in the participants’ IAT scores based on differences in gender, ethnicity, sexual orientation, personal knowledge of transracial adoptive families, and family view on homosexuality. Positive values indicate a preference for the left category of the two types of families; negative values indicate a preference for the right category of the two types of families.

for lesbian couples over heterosexual couples ($M = −.18; SD = .50; 95\% CI = −.26, −.11; Cohen’s $d = .36$), and a very weak implicit preference for heterosexual couples over gay couples ($M = +.05; SD = .50; 95\% CI = −.02, +.13; Cohen’s $d = .03$). These findings have not been reported in the existing literature. However, the participants had a moderate-to-strong implicit preference for lesbian couples over gay couples ($M = +.24; SD = .48; 95\% CI = +.17, +.32; Cohen’s $d = −.52$). Subsequently, we also compared the participants’ average IAT scores by their gender, ethnicity, sexual orientation, personal knowledge of transracial adoptive families, and their families’ view on homosexuality when growing up. Results were similar to findings from the sample as a whole (see Table 2). These findings were not entirely consistent with the hypothesis.

Subsequently, we then divided the participants’ IAT scores into three categories following the IAT guidelines—“no strong preference,” “prefer former,” and “prefer latter”—to determine congruency between implicit preference and explicit preference. As shown in Table 3, the congruence rates between explicit data and implicit data were quite low, confirming the hypothesis that there was incongruence between implicit and explicit attitudes. Contrary to the very high rates of “no strong preference” according to the explicit data, less than 20% of the participants fell into this category based on their IAT scores. When there was a preference, slightly more participants implicitly preferred heterosexual couples over gay couples (46.0% versus
<table>
<thead>
<tr>
<th></th>
<th>Prefer heterosexual</th>
<th>No strong preference</th>
<th>Prefer lesbian</th>
<th>Prefer heterosexual</th>
<th>No strong preference</th>
<th>Prefer gay</th>
<th>Prefer heterosexual</th>
<th>No strong preference</th>
<th>Prefer gay</th>
<th>Prefer heterosexual</th>
<th>No strong preference</th>
<th>Prefer gay</th>
<th>Prefer heterosexual</th>
<th>No strong preference</th>
<th>Prefer gay</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAT Data</td>
<td>10 (27.6%)</td>
<td>30 (18.4%)</td>
<td>88 (54.0%)</td>
<td>75 (46.0%)</td>
<td>32 (19.6%)</td>
<td>56 (34.4%)</td>
<td>96 (58.9%)</td>
<td>35 (21.5%)</td>
<td>32 (19.6%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explicit Data</td>
<td>31 (19.9%)</td>
<td>130 (79.8%)</td>
<td>2 (1.2%)</td>
<td>32 (19.6%)</td>
<td>128 (78.5%)</td>
<td>3 (1.8%)</td>
<td>19 (11.7%)</td>
<td>199 (88.3%)</td>
<td>5 (3.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Congruent</td>
<td>15 (9.2%)</td>
<td>24 (14.7%)</td>
<td>2 (1.2%)</td>
<td>18 (11.0%)</td>
<td>25 (15.3%)</td>
<td>1 (0.6%)</td>
<td>13 (8.0%)</td>
<td>30 (18.4%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4. Summary of Generalized Linear Model (GLM) results predicting participants’ implicit attitudes (N = 161).

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual-Lesbian Comparison</th>
<th>Heterosexual-Gay Comparison</th>
<th>Lesbian-Gay Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimate</strong></td>
<td><strong>SE</strong></td>
<td><strong>Estimate</strong></td>
<td><strong>SE</strong></td>
</tr>
<tr>
<td>Intercept</td>
<td>−.51</td>
<td>−.06</td>
<td>−.01</td>
</tr>
<tr>
<td>Age</td>
<td>.01*</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>Family view</td>
<td>−.06*</td>
<td>−.04</td>
<td>.02</td>
</tr>
<tr>
<td>Female</td>
<td>−.01</td>
<td>.10</td>
<td>.17*</td>
</tr>
<tr>
<td>Male (reference)</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
</tr>
<tr>
<td>White</td>
<td>.07</td>
<td>.10</td>
<td>.09</td>
</tr>
<tr>
<td>Black</td>
<td>.11</td>
<td>.17</td>
<td>.11</td>
</tr>
<tr>
<td>Other racial backgrounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>.08</td>
<td>−.12</td>
<td>.02</td>
</tr>
<tr>
<td>Non-heterosexual</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
</tr>
<tr>
<td>Personally knew transracial adoptive families</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
</tr>
<tr>
<td>Personally knew no transracial adoptive families</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
<td>0 (reference)</td>
</tr>
<tr>
<td><em>F</em></td>
<td>1.35</td>
<td>1.67</td>
<td>.65</td>
</tr>
<tr>
<td><em>R^2</em></td>
<td>5.83%</td>
<td>7.08%</td>
<td>2.89%</td>
</tr>
</tbody>
</table>

*p < .10.

34.4%) and about 3 times as many participants implicitly preferred lesbian couples than gay couples (58.9% versus 19.6%). However, contrary to our hypothesis, twice as many participants implicitly preferred lesbian couples over heterosexual couples (54.0% versus 27.6%).

Explicit data from the vignette showed that most participants indicated no strong preference for the type of White families that they believed should adopt and raise the Black child. For those who expressed a preference, heterosexual couples were heavily favored over lesbian couples (19% versus 1.2%) and over gay couples (19.6% versus 1.8%). For participants who expressed a preference between lesbian and gay couples, lesbian couples were heavily favored over gay couples (11.7% versus 3.1%).

**H2:** Participants’ demographic backgrounds and socialization experiences will be associated with their attitudes toward transracial adoptive families headed by gay, lesbian, and heterosexual parents.

To test this hypothesis, we performed multivariate general linear model (GLM) analyses of the participants’ IAT scores against the participants’ age, gender, race (White, Black, and other), sexual orientation (heterosexual versus non-heterosexual), family view on homosexuality, and contact with transracial adoptive families (Yes or No). We did not perform a parallel analysis on explicit attitude due to the very small percentage of the participants who indicated a preference for sexsame couples (i.e., most participants indicated that they had no strong preference). As shown in Table 4, these variables were not associated with the outcome variables. These results were not consistent with the hypothesis.
Discussion

In this study we focused on mental health trainees’ explicit and implicit attitudes toward transracial adoptive families that were headed by gay, lesbian, and heterosexual couples. In designing the key component (i.e., IAT) of the study, we used stick figure family portraits to depict the three types of adoptive families. Our design was informed by Rowatt and colleagues (2006), Boysen and Vogel (2008), and Breen and Karpinski (2013). In these studies, the researchers were cognizant that participants’ implicit perceptions might be influenced by peripheral characteristics that the stimuli often contain (e.g., differences in the appearances of the parents, clothes, or background colors; differences in the children’s appearances and clothes) and attempts had been made to reduce potential effects of these characteristics. For instance, in the existing studies, male and female symbols (i.e., ♂ and ♀) and stick figure silhouettes have been used to depict sexual identity. Our design reduced the possibility of the participant making implicit judgment on the differences in physical characteristics that typical family portraits might depict. There are three main findings from our study.

First, there was strong incongruence between the participants’ explicit and implicit preference for the three types of adoptive families. This finding has been widely documented in existing studies (e.g., Steffens, 2005). The incongruence may be evidence that the explicit measure (i.e., vignette) tends to inflate rates of no strong preference due to participants’ social desirability. The IAT protocol, however, is informed by the implicit social cognition theory that social judgment is not necessarily conscious. As such, the IAT protocol is designed to probe into subconsciously held beliefs. In so doing, it minimizes the impact of social desirability. Nonetheless, we also suspect that there are likely substantial and meaningful differences in how individuals openly express their views toward sensitive topics and their actual beliefs. Apart from social desirability, how implicit and explicit attitudes develop may play a role. According to Dunham, Baron, and Banaji (2008), implicit attitudes are formed early on in childhood, while explicit attitudes seem to develop and mature later. This suggests that the acquisition of implicit and explicit intergroup preferences follows two distinct models throughout childhood, adolescence, and beyond.

Second, contrary to our hypothesis, implicit data showed that lesbian couples were actually perceived more favorably than heterosexual couples and gay couples. While the literature has indicated that lesbian couples would be perceived more favorably than gay couples, no published research has shown that lesbian couples were perceived more favorably than heterosexual couples. This was the case for the entire sample, as well as the subsample of female participants, White participants, and heterosexual participants. This finding has not been reported before. Because adoption tends to be associated with infertility, we speculate that adoption might have minimized the element of sexuality, thus leading the participants to focus more on gender roles, rather than sexual orientation. The participants may also have implicitly associated child-rearing with maternal figures. As such, they
perceived families with two mothers (i.e., lesbian couples) to be more beneficial to the children than families with one mother (i.e., heterosexual couples), followed by families with no mother (i.e., gay couples). These speculations are provocative and need to be rigorously tested in future studies.

Third and finally, in addition to the two key findings, our study revealed that implicit attitude scores were not predicted by the participants’ sexual orientation, ethnicity, age, or their families’ views towards homosexuality when they were growing up, nor their personal knowledge of transracial adoptive families. These findings are inconsistent with the existing literature. This is likely to due to the fact that the participants in our study were drawn from fairly homogenous backgrounds (e.g., they were similar in age, educational experiences). Another likely explanation is that we primarily conceptualized these variables as covariates. As such, our design was not sophisticated enough to tap into the nuances of the participants’ experiences in some of these domains (e.g., family views toward homosexuality). Research with more comprehensive assessments of some of these areas will be valuable.

Limitations

As the first study to address mental health trainees’ implicit attitudes toward transracial adoptive families headed by gay couples, lesbian couples, and heterosexual couples, our study has four limitations. First, our sample may not be representative of the mental health trainee population in the United States, as the sample was drawn from a southern university. Second, we had a rather small number of male, non-White, and non-heterosexual participants, which limited conclusions that may be drawn regarding their attitudes. Third, although we field tested the protocol among 60 trainees prior to collecting data for the current study, the reported data represented the first time that the protocol was formally used. More investigations using this protocol will help determine the validity for the protocol and move this field of research forward. Finally, we administered the IAT after the participants provided data on their explicit attitudes toward the three types of families. It is unknown how this sequence might have influenced the participants’ IAT results. Future research should consider testing possible effects of different sequences in data collection.

Implications

Our research has implications for graduate training. In the existing studies, implicit attitudes have been linked to biases in behaviors (McConnell & Leibold, 2001) and transracial adoptive families headed by same-sex gay couples and same-sex lesbian couples are vulnerable to discrimination (Wegar, 2000). Our study further suggests that future mental health service professionals, who are often gatekeepers in the adoption process (Hall, 2010), may inadvertently treat transracial adoptive families differently based on the adoptive parents’ sexual orientation. Thus, it is important to integrate implicit bias into training to allow students to critically examine the roots of the incongruence between their explicit and implicit attitudes toward
sensitive topics (Boysen, 2010). Furthermore, our findings also indicate that mental health trainees implicitly prefer families headed by two female caregivers over families headed by one male and one female parent and families headed by two male parents; thus training curriculum that is aimed at reducing trainees’ gender stereotypes will be helpful. Institutions training future mental health professionals also need to incorporate efforts to address the multiple minority status of transracial same-sex gay and same-sex lesbian adoptive families (e.g., race/ethnicity, sexual orientation, and family structure and family composition).

Our study is a timely response to a drastically changing social landscape in America. In the United States, the number of gay men and lesbian women getting married and starting families has been increasing (Pertman & Howard, 2011) and social attitudes toward same-sex marriage and homosexuality have changed drastically in recent years (Daunach, 2012). Public support for gay and lesbian adoption nearly doubled from 1994 to 2012 (Montero, 2014), and gay and lesbian adoption is now legal in all 50 states as well as the District of Columbia (Gorman, 2015), although gay and lesbian couples still face several unique challenges to adoption (Kimberly & Moore, 2015). Gay and lesbian households with adopted children of a different racial background carry multiple minority statuses, including sexual minority status of the parents, racial minority status of the adopted children, as well as social minority status as visible adoptive families. It is important that future mental health professionals be well equipped with a multicultural and social justice orientation in their service delivery. Finally, although the implicit association test (IAT) protocol has been available for about two decades, the multifactor IAT only became available in the past few years and more research on its validity will be valuable.

**Acknowledgment**

The authors would like to acknowledge the contribution of Ms. Lydia Newland for creating the stick figure portraits used in the study. Ms. Newland is a Mental Health Counseling Associate (MHCA) at the Children's Center in Vancouver, Washington.

**Funding**

This work was supported, in part, by the authors’ university’s Research & Innovation Internal Awards Program under Grant No. 0052672.

**References**


Appendix 1

*Stick figure family portraits of transracial adoptive families by heterosexual, lesbian, and gay couples*

![Stick figure family portraits](image)

Appendix 2

*One screenshot example of the IAT*

![Screenshot example](image)