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RESEARCH ARTICLE

Lesbian, Gay, and Heterosexual Parents' Perspectives on Their Adopted Children's Puberty and Approaches to Puberty-Related Communication

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ABSTRACT

This study explored how adoptive parents perceive their children's adoptive status as impacting their experience of puberty, how they manage uncertainty associated with their children's transition to puberty, and how they communicate with their children about puberty, using data from 60 adoptive parents, including lesbian mothers, gay fathers, and heterosexual mothers and fathers. Findings revealed that some parents used information gleaned from birth family, the adoption community, and pediatricians to reduce uncertainty associated with puberty. Parents, particularly lesbian/gay parents and parents of girls, described an open, progressively nuanced approach to communicating about puberty; other approaches included one-sided and information-oriented, avoidant and "hands off," and delayed due to perceived lack of child "readiness." Parents' approach to puberty-related communication overlapped with how they conceptualized and approached communication about adoption.

Parents who adopt children inevitably approach the transition to puberty and adolescence with limited information, unable to fully draw on knowledge of their own pubertal timing and experiences (given that these are genetically mediated; Banerjee & Clayton, 2007) to anticipate and guide their children through this pivotal life stage. Individuals who parent their children with a same-sex partner may feel especially ill-prepared if they have a different-sex child, lacking personal familiarity with the anatomy and biological changes associated with the "other" sex.

This study explores how adoptive parents perceive their children's adoptive status as impacting their experience of puberty, how they manage uncertainty associated with their children's transition to puberty, and how they communicate about puberty with their children, using data from 60 adoptive parents (20 lesbian mothers, 20 gay fathers, 20 heterosexual parents: 14 mothers, 6 fathers) of 25 girls and 27 boys, plus eight trans/nonbinary children (68.3% of color, 31.7% White). Although a small amount of research has explored aspects of the transition to adolescence in same-sex parent (Gartrell & Bos, 2010) and adoptive parent (Ranieri et al., 2021) families, little research has explored the transition to puberty specifically in these families, much less in the context of family communication.

Puberty and parent-child communication in heterosexual, two-parent families

Adolescence, or the period of physical and psychological development between childhood and adulthood, is a time of emotional and behavioral turmoil. Difficulties with emotional and behavioral regulation during this period are related to the rapid increases in emotional arousal and reward sensitivity that occur at the onset of puberty (Loman et al., 2014).

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This article has been corrected with minor changes. These changes do not impact the academic content of the article.

The beginning of adolescence is loosely anchored to the onset of puberty, a biological transition that entails neuroendocrine changes, corresponding hormone and physical changes, such as body hair growth, change in body mass, height increase, breast development, and onset of menstruation. Biological sex differences, genetics, and environmental factors all contribute to the timing of puberty, with about 50% of the variance in timing being attributed to genetic factors (Banerjee & Clayton, 2007; Negriff & Sussman, 2011). Children navigate these changes with the help of parents, particularly mothers. In heterosexual biological-parent families, mothers more often than fathers engage children in discussions about puberty (Sprecher et al., 2008). Menarche, the onset of menstruation, is a major pubertal event that is often the focus of mother-daughter communication; indeed, mothers tend to handle these conversations, as opposed to fathers (Marván & Molina-Abolnik, 2012). The little research that has focused on conversations about menstruation among girls raised by fathers suggests that girls tend to experience such discussions as awkward and may avoid them, seeking out friends or adult women for information (Kalman, 2003a, 2003b). Conversations about menstruation are significant, in that their tone, messaging, frequency, and timing have implications for girls' perceptions of menstruation and their experience of "becoming a woman" (Lee, 2008; Rubinsky et al., 2020).

Similar to menstruation, parent-child communication about other aspects of puberty, such as sexuality and erections, is also largely initiated by mothers in heterosexual-parent families (Angera et al., 2008; DiIorio et al., 2003; Wyckoff et al., 2008). When they do discuss puberty and sexuality, fathers talk more with sons than daughters – but such discussions tend to be infrequent (DiIorio et al., 2003). Wilson et al. (2010) found that fathers reported being better suited to discussing male puberty than female puberty, including menstruation. Independent of parent gender, parent comfort discussing puberty and sexuality, and perceptions of child 'readiness' for such discussions, also impact the nature, timing, and frequency of parent-child communication about such topics (Ballard & Gross, 2009; Malacane & Beckmeyer, 2016).

Little research has examined how adoptive parents communicate about puberty, specifically. In a rare study of biological, foster, and adoptive families with teenagers, in which both parents and children were interviewed, Rosnati et al. (2007) found that mothers experienced more open communication with children than fathers, and girls communicated better with their mothers than with their fathers, in all three family groups. Significantly, Rosnati et al. found that parents' and children's perceptions of communications were not always aligned, and there were greater perceptual discrepancies between mothers and children than fathers and children. Other research has found that adopted teens are more comfortable discussing adoption related issues with their mothers than their fathers (Ranieri et al., 2021). Open communication about adoption within the family is linked to various psychosocial outcomes in children, including more positive adoption identities (Le Mare & Audet, 2011; Messina & Brodzinsky, 2020; Ranieri et al., 2021).

Puberty within the context of adoption

Some research has examined adopted children during adolescence. This work suggests that adolescence is often associated with an increase in emotional/behavioral problems in adopted children, particularly those who experienced early adversity, deprivation, and neglect; such experiences can have significant impacts on brain development, which undergoes major changes during the teen years (Loman et al., 2014; Pace et al., 2021). Further, compared to non-adopted adolescents, adopted adolescents may have more conflictual relationships with their parents (Rueter et al., 2009), especially those with a history of maltreatment, who may struggle with trust and a need to control their environment (Selwyn & Meakings, 2016). Heightened emotional/behavioral difficulties and family conflict may coincide with key issues related to identity exploration (who am I, where do I belong), and corresponding increased interest and curiosity about birth family (Messina & Brodzinsky, 2020; Skinner-Drawz et al., 2011; Walkner & Rueter, 2014), including information related to health, medical background, and physical characteristics (Cai et al., 2020; Wrobel & Grotevant, 2019).

Some research suggests that not only do adopted children encounter particular difficulties during adolescence but may enter puberty earlier than their same-age peers (Brooker et al., 2012), which is notable in that early puberty is linked to behavioral challenges (Negriff & Sussman, 2011), suscept-ibility to negative peer influences (Mrug et al., 2014), and, at least among girls, negative feelings about pubertal maturation (Güre et al., 2006). Higher instances of early puberty have been found among children adopted domestically (Brooker et al., 2012) and internationally (Teilmann et al., 2006), which may reflect early exposure to stressful experiences (Belsky et al., 2012; DePasquale et al., 2018), trauma (Lei et al., 2018), and frequent residential moves (Clutterbuck et al., 2014), all of which have are linked to earlier menarche. Early puberty among internationally adopted youth may also reflect higher rates of precocious puberty in certain countries (e.g., Torres-González et al., 2019).

Of note, too, is that children of color, especially girls, may enter puberty earlier than white children. Studies of Latinx (Jean et al., 2011) and African American (Salsberry et al., 2009) girls have found that they experience earlier menarche compared to White girls. Children of color are disproportionately represented in samples of adopted youth (e.g., Goldberg & Garcia, 2020). In turn, adoptive parents may be especially likely to encounter – and possibly be caught off guard by, and experience uncertainty surrounding – their children's early puberty, which may be amplified by racial/ethnic and/or sex/gender differences between themselves and their children.

Puberty within the same-sex parent context

Same-sex parent families are uniquely characterized by the absence of male or female gender representation, respectively, within the parental unit, and the fact that parents' relational context implies non-heterosexuality and challenges heteronormativity. Little is known about how parents in same-sex relationships navigate conversations about puberty – although a small literature examines how lesbian mothers talk to children about sexuality. These studies have found that lesbian mothers emphasize the importance of using real names for body parts (Mitchell, 1998), normalize a range of sexual orientations (Cohen & Kuvalanka, 2011; Gabb, 2004; Mitchell, 1998), cultivate a sense of sexuality as normal and healthy (Cohen & Kuvalanka, 2011; Gabb, 2004) and differentiate between conception types (donor assisted vs. "straight sex"; Mitchell, 1998). Thus, this work has often described lesbian mothers' approach to talking about sexuality as open and inclusive, and guided by feminist principles. The research is limited by small samples, inclusion of children who varied widely in age, a focus on lesbian mothers of children conceived via insemination or prior heterosexual relationships, and a focus on sexuality, rather than the broader context of pubertal changes. Yet they suggest the possibility that lesbian mothers may find it easier to discuss certain sensitive topics with their children, perhaps in part because they hold certain values that emphasize openness and transparency, or, because the multiple visible ways in which their families differ from dominant norms encourages more open communication in general (Lev, 2010; Mendez, 2020). This possibility is supported by research showing that lesbian/gay adoptive parents generally strive to talk openly about their family structure and other dimensions of difference with their children (Goldberg et al., 2016; Wyman Battalen et al., 2019), and, high levels of LGBTQ family socialization tend to be accompanied by high levels of racial socialization, among lesbian/gay adoptive parents (Simon & Farr, 2022).

Little work has addressed the reality that lesbian mothers with sons and gay fathers with daughters must navigate a transition – puberty – that is inherently sexed (and gendered). Some research has explored parents' concerns regarding navigating developmental milestones with different-sex chil-dren, including teaching boys to pee standing up and buying bras and menstrual products for girls (Berkowitz & Ryan, 2011; Goldberg, 2009; Goldberg & Allen, 2007). These studies suggest that parents often expect to enlist the help of male/female friends and siblings, as a means of reducing or offsetting their sense of "anxiety" or "apprehension" (Berkowitz & Ryan, p. 337) surrounding the management of their different-sex children's bodily changes and functions. Yet this work focused on parents with young children, who have not yet navigated puberty, when issues of role models and socialization agents are no longer abstract, but immediately relevant. Notably, one study of adopted youth (aged

10–13) with lesbian and gay parents suggests that interest in both birth parents and adult same-gender role models may take on heightened significance during early adolescence (Messina & Brodzinsky, 2020).

In sum, adopted children's experience of puberty may occur earlier than they or their parents expect, and may coincide with an intensified period of identity exploration and heightened emotions. Puberty may therefore present a unique set of challenges for adopted youth and their parents, which are potentially further nuanced by their two mother/two father family structure.

Theoretical framework

The current study is grounded in uncertainty management theory. Uncertainty exists when details are ambiguous, complex, unpredictable, when information is unavailable or inconsistent, or when people feel insecure about their own knowledge; in turn, people respond to uncertainty in a variety of ways, possibly seeking out or avoiding certain types of information or resources (Brashers, 2001). Adoptive parents often face the challenge of managing (and helping children to manage) uncertainty because they have limited, vague, or inconsistent information about children's backgrounds and/or birth family (Colaner & Kranstuber, 2010). Adoptive parents may, in open adoptions, seek to mitigate uncertainty by consulting with birth family or facilitating conversations between birth family and children to address key questions (Goldberg et al., 2020). Of interest is if and how adoptive parents consult with, or use information gleaned from, birth parents – or other sources – regarding pubertal timing, physical characteristics, and other details that may be salient during puberty. Indeed, a general question is how adoptive parents seek to help children manage a transition that may be uniquely challenging or nuanced amidst their physical/genetic dissimilarity from their parents and the identity-related questions that may arise.

Also relevant to this study is the concept of communicative openness (D. Brodzinsky, 2006; D. M. Brodzinsky, 2005). Important regardless of the amount of contact between adoptive families and birth families (i.e., structural openness), it refers to the creation of "an open, honest, non-defensive, and emotionally attuned family dialogue" regarding adoption (D. M. Brodzinsky, 2005, p. 151). The level of communicative openness theoretically develops as a function of reciprocal influences between parents and children – yet parents' values and behaviors create the initial context that supports children's comfort with asking questions about adoption, birth family, and identity (Wrobel et al., 2003). Likewise, in the presence of an ambiguous family climate (e.g., one that lacks flexible and open communication about adoption), children may feel reluctant to ask questions (D. M. Brodzinsky, 2005; Wrobel et al., 2003). As children move into adolescence and become more curious about their origins, communicative openness becomes increasingly important. It may also overlap with other aspects of family communication, such as conversation orientation (Koerner & Fitzpatrick, 2002). Families high on conversation orientation value exchange of ideas and self-disclosure and cultivate a climate that encourages members to participate in "unrestrained interactions about a wide array of topics" (Koerner & Fitzpatrick, 2002, p. 85), such as menstruation and sexuality (Horstman et al., 2016). Families low on conversation orientation engage in lower levels of interaction and communicate about a more limited array of topics (Koerner & Fitzpatrick, 2002).

This study is also framed by queer theory, which enables an exploration of how lesbian and gay parents may deconstruct and "queer" parenting (Lev, 2010; Oswald et al., 2005). That is, lesbian and gay parents may, by virtue of the ways in which their sexual identities, relational structures, and family form deviate from dominant heteronormative scripts, be primed to engage in parenting practices that challenge and deconstruct dominant sexuality and gender binaries and ideals. For example, they may be intentional about cultivating family norms that emphasize openness and communication, particularly about differences, amidst a broader societal climate that stigmatizes their families for failing to meet societal ideals (e.g., mother/father families; gender/sexuality norms; Berkowitz & Ryan, 2011; Oswald et al., 2005). In turn, they may be especially likely to acknowledge and engage directly with

difference (e.g., between parents and children) and to provide scaffolding and support surrounding identities and experiences that deviate from their own and/or dominant norms (Lev, 2010; Mendez, 2020; Simon & Farr, 2022).

The current study

The study explores the transition to puberty from the perspective of 60 lesbian, gay, and heterosexual parents with adopted children (ages 11–14, *M*age = 12), approximately half of whom were assigned female at birth (AFAB) and half were assigned male at birth (AMAB); some children identify as trans or nonbinary. The key research questions were:

(1) At a descriptive level, what physical and emotional shifts or changes do parents observe during puberty in their adopted children?
  (a) In parents' eyes, how does their children's adoptive status shape or intersect with their experience of puberty?
(2) How do parents manage the uncertainty associated with genetic dissimilarity in terms of anticipating and responding to pubertal changes?
  (a) What resources do they draw on in their efforts to anticipate and respond to such changes?
(3) How do parents communicate with their children about puberty?
  (a) How do parent gender and sexual orientation, and child gender and race, intersect with how parents communicate about puberty with their children?

Method

The sample consists of data from 60 families: 20 lesbian mothers (LM; 19 White, 1 Latinx), 20 gay fathers (GF; 18 White, 2 Black), and 20 heterosexual parents (HP), including 14 heterosexual mothers (HM; 12 White, 1 Latinx, 1 Black) and 6 heterosexual fathers (HF; 5 White, 1 Biracial). All parents adopted their children about 12 years earlier: 28 via private domestic adoption, 22 via public domestic adoption, 10 via international adoption. Our analysis focused on parents' oldest (first adopted) children; 26 families (43.4%) adopted subsequent children.

A majority of the parents were White, whereas a majority of children were of color (i.e., Black, Asian, Latinx, Biracial). Parents were generally well-educated and employed in professional jobs. Children were 12.37 years old, on average when parents were interviewed (*SD* = 1.10). Families lived in a variety of U.S. states, across a range of geographic regions. There were roughly an equal percentage of girls (25) and boys (27) in the sample, with four of these children – two girls, two boys – currently exploring or questioning their gender, and eight children identifying as trans/nonbinary. Detailed demographic information appears in Table 1.

Procedure

Participants completed an interview with the principal investigator or a trained doctoral student in psychology. Interviews lasted 1–1.5 hours and were transcribed verbatim. The study was approved by Clark University's internal human subjects review board. Interviews focused on parents' experiences navigating the physical, emotional, and social changes associated with the transition to adolescence, and included questions such as: (1) What physical signs of puberty did you notice first? How did you approach this, if at all, with [child]? (2) What hormonal, emotional, and social changes have you noticed? (3) Are there aspects of puberty that have been especially challenging to navigate? (4) What resources/supports have you drawn on as you navigate [child's] puberty/adolescence? (5) Are there any ways that adoption has been more salient/come up in new ways as [child] transitions into adolescence? (6) What have you shared, with your child, if anything, about what they might expect in terms of puberty and physical development? (7) Has there been anything about your child's

Table 1. Family, Parent, and Child Variables for the Full Sample and by Family Type.

	Lesbian (n = 20)	Gay (n = 20)	Hetero (n = 20)	Full Sample (n = 60)
Family Variables				
Family Income ($) (M,SD)	$115,500 ($56,622)	$251,500 ($162,134)	$137,900 ($68,014)	$164,914 ($118,673)
Parent Demographics				
Parent Race (N,%)				
White	19 (95.0%)	18 (90.0%)	17 (85.0%)	54 (90.0%)
Black	0	2 (10.0%)	1 (5.0%)	3 (5.0%)
Latinx	1 (5.0%)	0	1 (5.0%)	2 (3.3%)
Biracial	0	0	1 (5.0%)	1 (1.7%)
Level of Education				
Some college/associates	0	2 (10.0%)	2 (10.0%)	4 (6.7%)
Bachelor's	6 (30.0%)	7 (35.0%)	6 (30.0%)	19 (31.7%)
Master's	11 (55.0%)	7 (35.0%)	7 (35.0%)	25 (41.7%)
PhD/MD/JD	3 (15.0%)	2 (10.0%)	4 (20.0%)	9 (15.0%)
Child Demographics				
Child Race (N,%)				
White	5 (25.0%)	7 (35.0%)	7 (35.0%)	19 (31.7%)
Black/African American	2 (10.0%)	5 (25.0%)	1 (5.0%)	8 (13.3%)
Asian/Asian American	1 (5.0%)	0	4 (20.0%)	5 (8.3%)
Latinx	6 (30.0%)	3 (15.0%)	3 (15.0%)	12 (20.0%)
Biracial/Multiracial	6 (30.%)	5 (25.0%)	5 (25.0%)	16 (26.7%)
Child Age (M, SD)	12.55 (1.1)	12.35 (1.1)	12.2 (1.1)	12.4 (1.1)
Child Gender (N, %)				
Cis Girl[a]	9 (45.0%)	7 (35.0%)	9 (45.0%)	25 (41.7%)
Cis Boy[b]	8 (40.0%)	10 (50.0%)	9 (45.0%)	27 (45.0%)
AMAB/Trans Girl	1 (5.0%)	1 (5.0%)	0	2 (3.3%)
AFAB/Trans Boy	0	1 (5.0%)	1 (5.0%)	2 (3.3%)
Nonbinary	2 (10.0%)	1 (5.0%)	1 (5.0%)	4 (6.7%)
Siblings (N, %)				
Yes	9 (45.0%)	8 (40.0%)	9 (45.0%)	26 (43.4%)
Coast (N, %)				
Northeast	7 (35.0%)	8 (40.0%)	8 (40.0%)	23 (38.3%)
West	8 (40.0%)	6 (30.0%)	7 (35.0%)	21 (35.0%)
South	2 (10.0%)	3 (15.0%)	3 (15.0%)	8 (13.3%)
Midwest	3 (15.0%)	2 (10.0%)	1 (5.0%)	6 (10.0%)
Canada	0	0	1 (5.0%)	1 (1.7%)
Adoption Type (N, %)				
International	3 (15.0%)	2 (10.0%)	5 (25.0%)	10 (16.7%)
Domestic private	11 (55.0%)	8 (40.0%)	9 (45.0%)	28 (46.7%)
Domestic public	6 (30.0%)	10 (50.0%)	6 (30.0%)	22 (36.7%)

[a]2 girls with LM were currently exploring or questioning their gender. [b]2 boys with GF were currently exploring or questioning their gender.

adoption or conception story that has affected the ease of talking about sex, sexuality and puberty? (8) As your child continues to mature into adulthood, what kinds of things do you worry about or hope for? Are any of your worries/hopes for the future specifically related to adoption? (9) How have conversations about adoption changed over the past year or so? What about your child's interest in adoption?

Sample selection

The sample of 60 families was selected from a larger sample of 125 families who were interviewed 12 years after they transitioned to adoptive parenthood. Each set of parents was asked to select one parent to be interviewed. We chose to analyze data from a subsample (i.e., about half) of the larger sample because of the extensive resources involved in an in-depth qualitative analysis, and our wish to (a) ensure relative representativeness of the larger sample in terms of parent and child demographics, but also (b) not sacrifice depth or nuance in our analysis, which is a risk in qualitative analyses of very large datasets (Roy et al., 2015). Given that larger sample sizes do not imply a higher-quality or deeper

understanding of data, a subsample was chosen with an effort to select interviews based on the richness (i.e., length, detail, complexity) of the data in response to the topic of interest, while being mindful that our subsample mirrored the overall sample in key demographic characteristics (Roy et al., 2015). The subsample mirrored the larger sample in terms of parent sexual orientation, race, education, and income, and child race, age, and gender; that is, we detected no statistically significant differences between the two samples on any of the major demographic variables.

Data analysis

Parents' responses were transcribed and examined using thematic analysis, a rigorous and deliberate yet theoretically flexible approach to analyzing qualitative data involving exploration of recurrent patterns in the data (Braun & Clarke, 2006; Goldberg & Allen, 2015). Data analysis focused on parents' perspectives on their children's puberty and descriptions of puberty-related communication, as well as the salience of family structure and parent gender, and child gender, race, and developmental stage, in parents' narratives. The authorship team consisted of two White cisgender women, of varying sexual and parent identities. The first author initiated the coding process with open coding by reading the transcripts multiple times to gain a deep understanding of each parent's perspective, and highlighting relevant passages. Then, she wrote memos for each participant to process her understanding and generate ideas about emerging codes. She documented salient patterns related to their descriptions of puberty and puberty-related communication. Selective coding was then used to sort the data into initial theoretical categories that stayed fairly close to the data. For example, initial codes labeled participants as embodying "open, process-oriented" or "closed, fact-based" communication approaches.

These codes were refined and elaborated upon as she moved through the coding process, and the scheme became more nuanced and detailed. For example, the typology of communication approaches evolved such that participants were characterized as open and progressively nuanced; didactic and information-driven; limited and "hands off"; and delayed based on perceived lack of readiness. The first author also examined whether codes varied by parent characteristics (e.g., race, gender, sexual orientation) and child characteristics (e.g., race, gender) and explored overlap across codes (e.g., approaches to puberty- and adoption-related communication). These focused codes, which are more conceptual and selective, became the basis for the "themes" developed in the analysis (Goldberg & Allen, 2015). At this stage, the second author reviewed the coding scheme against all transcripts and provided input, resulting in minor changes to the scheme.

At the final stage, both authors attended to the "storyline" of the findings, such that the data are organized in terms of parents' (a) observations of the physical and emotional changes associated with puberty, and the salience of adoption during this period; (b) experiences with navigating uncertainty associated with the timing and nature of puberty; and (c) approaches to communicating about puberty. We indicate parent type (LM, GF, HM, HF) and child gender, race, and age where most relevant. Not all families could be coded for every theme; we indicate where this is the case in the Findings section.

Findings

Physical and emotional changes during puberty

Our first research question centered on the physical and emotional shifts that parents observed during puberty, and how children's adoptive status nuanced or shaped their experience of puberty. We found that all parents remarked on a wide range of physical changes that they had observed in their children amidst puberty. Parents of boys and AMAB children most often mentioned height changes, hair growth, and body odor, and sometimes voice changes and acne, whereas parents of girls and AFAB children most often mentioned breast development and hair growth, with some parents also noting

growth spurts, weight gain, and acne. Some parents (4 LM, 1 GF) with different-sex children commented on how fascinating or surprising aspects of their physical development was, given their own unfamiliarity with male or female puberty. Helen, a LM with a 13 year-old Latinx son, shared: "When I went through puberty I didn't grow muscles, I grew fat (*laugh*). So it's really interesting to watch [him] naturally grow muscles! I'm like, 'Wow, I didn't know that happened!' So we'll talk about that, we'll talk about the facial hair, like, 'Oh that's so cool!'"

Eleven parents (4 LM, 5 GF, 2 HM) highlighted how the physical changes of puberty were especially challenging for their trans/nonbinary (TNB; 8) or gender questioning (3) children, echoing clinical evidence that gender dysphoria may be more common among adopted youth than non-adopted youth (possibly due to presentation bias: adoptive parents are more likely to seek support resources than non-adoptive parents; Shumer et al., 2017). Entering puberty exacerbated gender dysphoria for these children, and intensified family explorations of hormones and other supports. Audra, a LM of a Latinx 12 year-old trans girl, had "talked a lot about [puberty] because of the changes that would be happening to her body when she got to Tanner [stage] 2. We wanted to make sure she knew what would happen if she didn't take the hormone blocking implant."

The majority of parents also commented on emotional changes in their children, including mood swings, withdrawal, and increased irritability and anger, which tended to accompany the physical changes outlined above. These mood changes tended to exacerbate family conflict (e.g., parent-child; sibling), but parents tried to normalize the changes of puberty while also setting boundaries on acceptable ways of expressing emotion. Rachel, a LM of a 13 year-old Black girl, said, "Partly because of hormones and emotions, she has times where she will get angry or get upset. Last night, she was slamming her hand on the ottoman, and I was like, 'It's okay to be mad but think about how you want to express that.'" Twelve parents (7 LM, 1 GF, 3 HM, 1 HF) said that their children's mental health conditions (depression, anxiety, ADHD) were exacerbated by puberty – such that their mood swings, irritability, and inattention, for example, seemed worse.

Adoptive identity issues

We were also interested in how adoption intersected with children's experiences during puberty and early adolescence. One-third of parents (*n* = 20; 6 LM, 5 G, 7 HM, 2 HF) identified issues related to adoptive identity as becoming more salient during the transition to puberty, and, in turn, as potentially related to some of the emotional upheaval that they witnessed in their children. For these children, who were mostly girls (*n* = 11; 6 boys, 3 TNB), such adoption-related issues included feelings of abandonment and loss, questions of "who am I," and curiosity and interest about birth family, all of which were described by their parents as becoming activated by or intensifying during puberty. Heather, a LM of an 11 year-old White daughter, reflected, "I think with maturity and being in this stage of development, identity is such a big focus. I think it's coming into play around that kind of, 'who am I and what does it all mean.'" Gail, a HM of a 12 year-old biracial daughter, spoke to how her daughter Lila's interest and longing related to her adoption and birth parents had intensified during puberty:

> Prior to the tween years and puberty she has really not wanted to talk about her adoption. She's pretty much an easy-going kid. [Now] Lila has gotten very moody, disrespectful, talking back. She's been having an extremely difficult time dealing with her adoption and her identity. That on top of starting middle school, finding the right group of friends, trying to figure out who she is . . . She sees the commercials on TV . . . for 23andme, and so she thinks . . . that if she takes this test, that she can find out who her birth parents are . . . And we're trying to explain to her that that's not really how it works . . . We're just afraid that it's going to lead to more disappointment.

Lila was not the only child who expressed interest in or sought out genetic testing as a means of identity exploration and/or uncertainty reduction. Five parents (2 LM, 1 GF, 2 HM) noted that their children had done 23andme, and seven parents (2 LM, 1 GF, 4 HM) said that their children had expressed interest in it. Paul, a GF of a 13 year-old biracial boy, observed that his son's interest in knowing more about his birth father, who was unknown, had "gone up" over the past year: "We did

23andme, and Ancestry.com, and he's now asked us to a hire [like] a private detective – someone who basically takes his DNA stuff and combs every database and tries to track it down. It seems really important to him." Parents like Gail and Paul sought to support their children while trying to maintain a realistic sense of what such services could offer in the way of information and uncertainty mitigation. As Missy, a LM of a 13 year-old AFAB nonbinary child who had expressed interest in DNA testing, said, "I don't want them to think like, 'Oh, I just do this and then I'm going to find my family,' because it doesn't work that way for everyone."

The timing and nature of pubertal changes

Our second research question focused on how parents managed uncertainty associated with genetic dissimilarity from their children, in terms of both anticipating and responding to pubertal changes, as well as what resources they drew on to assist them in this process. We found that some parents detailed challenges and/or concerns related to the unexpected and/or unknown timing of puberty. Typically, parents of early developing children (usually girls) described the early onset of puberty to be stressful. Parents of late developing children (usually boys) were less concerned.

Specifically, 12 parents (5 LM, 3 GF, 4 HM) of mostly girls (*n* = 11; 1 boy), noted that their children had begun puberty and in most cases menstruation earlier than expected, which caught them "off guard." Most said that their daughters began menstruating at age 10 or 11, with a few starting at age 9 – earlier than the U.S. average age of 11.9 (Martinez, 2020). Most parents had already begun educating their children about "what to expect," but still scrambled to make sense of and respond to early puberty. They often interpreted early puberty through the lenses of adoption and ethnicity, in several cases invoking the fact that their children were from Guatemala, which is characterized by high rates of precocious puberty (Torres-González et al., 2019). Early puberty meant challenges for children, too, who were emotionally unprepared. About her 13 year-old daughter, Lexi, a LM, said: "Being from Guatemala, they enter it really early. She got her period when she was in fourth grade. When she was little it was really hard because she didn't know what it was. It threw us all off-guard." Regarding her 13 year-old daughter, also adopted from Guatemala, Emma, a LM, said: "That's what was so surprising about her period. She was so little – 10. Sure, her breasts were developing a little, but hair wasn't growing. I was so caught off guard."

Nine parents (1 LM, 6 GF, 1 HM, 1 HF) of mostly boys (*n* = 8; 1 AFAB TNB) voiced surprise that their children had not hit certain pubertal milestones, but rarely expressed concern about it. Similarly, their children were not typically described as distressed – but occasionally as impatient. Cari, a HM, noted that her 13 year-old Latinx son had not had a major growth spurt or hit many of the major pubertal milestones, but she was unconcerned, given the wide range of "normal": "If he gets to be 16 and 17 . . . we'll have to address that."

Parents' uncertainty around the timing of puberty extended to the timing and nature of various physical changes associated with puberty (e.g., height, weight, hair). Most grounded their sense of uncertainty in the fact that they possessed limited information about their children's medical background or birth family, which left them "guessing." Cari, quoted above, shared that her son was "delayed" in meeting all developmental milestones, which she could not have been prepared for: "We have no idea how much he's going to grow, how fast he's going to go through things, because of where he was and where he comes from and his biological parents versus us."

Twelve parents (6 LM, 3 GF, 3 HM) invoked race or ethnicity in addition to adoption as an element of their uncertainty, confusion, or surprise regarding the nature and timing of their children's (7 girls, 4 boys, 1 TNB) physical changes, such that, for example, they could not draw on their experiences as White European American parents of genetically related children to make sense of their children's dark body hair, heavy build, short stature, and timing of hair, height, and weight changes. Allie, a LM of a multiracial 13 year-old son, said, "I knew the facial hair would start; I didn't know it would be so dark so quickly . . . He's a quarter African American, so we were kind of surprised when he was born and he had dark, dark

hair, but there wasn't a bit of it that was curly. I just didn't think that his facial hair would come in so dark the way it's coming now." Bill, a GF, said, about his 14 year-old son, "He's Native American – I don't know what his – I don't know what to expect regarding pubic hair development during puberty."

Birth parents as resources

We were also interested in parents' use of resources in anticipating and responding to their adopted children's pubertal changes. We found that some parents drew on birth parents to anticipate and make sense of such changes, thus using communication and information gathering as key strategies to reduce uncertainty and enable them to better support their children (Brashers, 2001; Powell & Afifi, 2005). Specifically, five parents (1 LM, 2 GF, 2 HM) drew directly on birth parents as agents of knowledge and guidance regarding the timing and nature of their children's puberty and/or menstruation. Karen, a LM whose 12-year-old White daughter began menstruating at age 10, said that when she started developing, "We were like, 'Oh my gosh, really!' I texted her birth mom, and I was like, 'When did you get your period?' And she was like, 'Nine.' I'm like, 'Oh, okay.'" Charlie, a GF of a 13 year-old biracial girl, said, "I did happen to know that her birth mother got her period when she was 10 and we did talk about that; [child] got hers when she was almost 11. So, it was right in around the same time."

Eight parents (1 LM, 3 GF, 4 HM) looked to birth parents or birth relatives as sources of information for weight, height, and general developmental milestones. Marianne, a HM, maintained regular contact with her 12 year-old White son's birth grandmother, and turned to her for information related to medical background and developmental milestones. She said:

> As much as I can talk to [child]'s birth mother, she's not really a mother, 'cause she just had him and then gave him up . . . So, I'll have conversations with his birth grandmother about . . . his teeth [being] late coming out" and she'll be like, "Oh don't worry." Or she'll keep telling me, 'cause [child] is so short, she can say, "Oh, [birth mother]'s brother, he grew really late."

In five cases (2 LM, 2 GF, 1 HM), parents did not have regular contact with birth family but possessed background information about birth family members' history, acquired when they adopted their child and/or in the intervening years, which they used as a guide for approaching or anticipating puberty, including menarche, eventual height/weight, and even moodiness. Said Paul, a GF of a 13 year-old biracial boy, "We know from his birth family that his mom's brothers are tall, big – not fat – but tall, big guys," which helped him to make sense of – and not "overreact" to – their son's placement in the 99th percentile for weight and height. Karen, a LM of a 12 year-old White daughter who became very withdrawn during puberty, relied on knowledge of her child's birth relatives to make sense of her stoicism: "The birth mom and the birth grandma are pretty locked down on their feelings . . . So I just think it's helpful to see it's genetic." Such knowledge, then, provided parents with a framework for interpreting and reacting to their children's physical and behavioral changes – changes that were rendered less ambiguous in the presence of birth family information (Black et al., 2016; Powell & Afifi, 2005).

Nineteen parents (7 LM, 7 GF, 5 HP) indicated that they had contact with birth parents but did not discuss puberty or ask for information that would help them to anticipate or navigate it. Some shared that they had not considered the possibility that such conversations would be useful, while others said that communication with birth family members was challenging or intermittent, which undercut their motivation to try to communicate about puberty-related topics. Missy, a LM, whose AFAB nonbinary biracial child was 13, had not yet begun to menstruate, and had endured significant emotional turbulence during puberty, "had not thought about asking [child]'s birth mom, like, 'When did you start your period, what was puberty like for you?' She's really hard to get information out of so I don't even know if she would answer, but it might be worth asking."

The adoptive parent community as a resource

Eight parents (4 LM, 2 HM, 2 GF), six of whom had adopted internationally, relied on the adoption community, including online and in-person support groups, as a resource in forecasting their children's pubertal experience. Such actions – using technology and support groups as a means of reducing uncertainty and enhancing knowledge – represent a common information-seeking strategy among adoptive families (Powell & Afifi, 2005). Risa, a LM of a 12 year-old Latinx son, said: "We're on newsletters and Facebook pages for adoptive parents of Guatemalan kids. It's very useful . . . Parents are out there like, 'We had to get a razor . . . because he needs to shave' or 'I don't seem to recall puberty hitting this early, but it seems like it is with my son or daughter.'" Lexi, a LM, reflected that her 14 year-old Latinx daughter was "tiny by US standards" but not by Guatemalan standards: "That's why it's helpful to be in these Guatemalan groups, because a lot of people are in the same boat." Amidst phenotypic and genetic differences between themselves and their children, these parents grounded themselves in communities that centered their children's identities and enabled them to anticipate their children's physical trajectory with the appropriate racial, ethnic, and cultural lenses.

Pediatricians as resources

Seven parents (2 LM, 3 GF, 2 HM), five with daughters, relied on their pediatricians as resources in anticipating and interpreting puberty. Pediatricians were helpful in supporting parents to recognize the environmental and cultural factors that might impact the timing and nature of puberty, thus reducing the ambiguity that characterized this developmental transition for adoptive parents. Expert opinion served a different function than birth parent contact and background information but nevertheless was valuable in reducing uncertainty and empowering parents, echoing prior work (Brashers et al., 2006; Mulligan et al., 2012). Sean, a GF of a 13 year-old Latinx daughter who started menstruating at age 10, described how the pediatrician had prepared him for the reality that "coming to the United States and then adapting an American diet, and all of the hormones we pump into our food, puberty would [kick in] early." Greg, a GF, had also been prepared for his 11 year-old biracial daughter's early puberty by the pediatrician, which informed how Greg talked to her: "[It's like], 'This is how your body will develop. You're both Hispanic and African-American, so you're going to be ahead of your friends . . . especially Caucasian [friends].'"

Communication about puberty

Our third research question centered on how parents communicated with their adopted children about puberty – and how parents' communication approach was nuanced or shaped by their own gender and sexual orientation as well as their children's gender and race. We found that parents' communication about puberty varied in style and approach, with some parents emphasizing openness and preparation, others focusing on "factual information" on an "as needed" basis, and still others taking an more restrained, "hands off" approach. Most (n = 55; 92%) parents could be described in terms of their communication approach (19 LM, 20 GF, 12 HM, 4 HF). Families also varied in terms of whether one or both parents facilitated puberty talk.

Communication approach: how do parents communicate about puberty?
Open, developmentally graded, and progressively nuanced. More than half of parents (n = 37; 17 LM, 12 GF, 7 HM, 1 HF), more often parents of girls (22) and AFAB TNB children (5) than boys (10), noted the importance of honesty, having things "out in the open," and starting early in their puberty communication. This approach, which was especially common among lesbian and gay parents, was characterized by communications that became more complex and nuanced over time and emphasized the importance of using real anatomical terms for body parts (e.g., vulva). Several women made a point of using the toilet and menstrual products in front of their children, to model body comfort ("I've been

very open about how I care for my body; she's seen me with pads, with my menstrual cup"), and some parents purchased menstruation kits for their children, complete with period underwear, pads, and Advil.

Most parents supplemented their communications with puberty and "body" books and educational websites. Many described reading books with their children to stimulate conversation and set the mood for open conversation early on, then gradually giving children more privacy to explore them alone. Helen, a LM of two boys, said, "A couple of years ago we got a book about puberty and we all read it together. Then we left the book in their room so they could look at it whenever they wanted to. I think that helped . . . We noticed the book moving back and forth between their beds (*laugh*)." Many shared that as their children grew less comfortable asking questions about puberty, bodies, and sexuality, they nevertheless continued to casually initiate conversations with their children as well as to "leave books around the house."

Lesbian moms with sons, gay dads with girls

Notable are the parents who engaged an open approach with their different-sex children despite not having experienced male/female puberty. Lesbian mothers described talking about erections, mastur-bation, and "sweaty balls" with their sons, and gay fathers detailed discussing menstruation and breast development with their daughters. Several men spoke to the societal assumption that they would need to rely on a woman to help them or their daughters through "the change." They were passionate about engaging their daughters in open and ongoing communication about puberty, providing them with support and resources, and not backing away because the subject matter was unfamiliar or uncom-fortable or because of societal norms that fathers should not discuss such things with their daughters. These men downloaded period apps, secured pads "just in case," and bought puberty books, thus disrupting (or queering) dominant norms for what fathers "should" do in relation to their daughters' pubertal development and menstruation specifically (Oswald et al., 2005). Charlie said:

> I know a lot of guys who are parents who are very much, "Do you want to talk to a woman about it?" Of course that was also on the menu, but I was hell bent on, "I'm your father and you have two dads and this is going to happen and we're going to talk about it." Now if I got a sense from her that that was just mortifying, things would have been different.

At the same time that these parents were confident, engaged communicators about puberty with their different-sex children, almost all acknowledged that their children might want to ask questions of trusted female/male adults. Hal said: "We started reading books way before she was in puberty. The most important part to me was just, 'Feel free to ask me any questions, and if you don't feel comfortable asking a question, we have other people you can talk to, close friends.'"

Information-Oriented and didactic. While the above group sought to cultivate an open environ-ment for dialogue, which involved initiating conversation early on to normalize and demystify puberty, another group (4 HM, 2 HF) focused on ensuring that facts were accurately communicated, and described communication as "one way" rather than a dialogue. These parents often provided children with books, but did not necessarily look for opportunities to explore issues related to puberty or bodily changes. All but one were parents of boys, who were described as relatively uninterested in or resistant to such information as they grew older, which may help to explain why communication was neither frequent nor reciprocal. Leigh said, "We had books that we gave him . . . he's a kid who likes details and facts . . . [but now], he does not want to discuss the details anymore." Several HMs said they provided basic information to their sons but also directed them to their fathers for more details ("I can tell you what things feel like from my side, but you can talk to your dad about stuff that happens with boys").

Limited and "hands off.". Eight parents, mostly men (1 LM, 5 GF, 1 HM, 1 HF), six with sons, described a more stilted, limited approach to puberty talk, often highlighting their own religious or conservative upbringings or "generational shifts" in explaining why they found such conversations challenging and/or avoided them. Lars, a GF, mused, "I grew up in a time and a place with a generation that was so shut down about all of that." Dwight, a GF, drew on his own upbringing in how he (minimally) addressed puberty. Noting that his parents told him "nothing," he recalled "a book that our church gave us to read about what things that were going to change . . . Like, boys' nipples kind of can swell a little bit and get tender . . . So we talked about, your private parts will get a lot bigger. And you'll probably start having leg hair, and you may get hair on your face. That's the extent of it." In explaining their hands-off approach, a few also noted their children's lack of interest or their sense that puberty was "covered elsewhere" (e.g., at school).

In contrast to many gay fathers who described communicating openly with their daughters about puberty, Derek, a GF, described discomfort with puberty talk: "I was dreading the whole period thing . . . I did things like buy the tween tampons and the tween pads, but all I did was say, 'I just want you to know they're there.' I've been very hands-offish on the puberty stuff."

Delayed based on perceived "readiness.". In contrast to parents who initiated puberty conversations early, before they could be rejected as embarrassing, four parents (1 LM, 3 GF), all with boys or children AMAB, and all of whom were deemed late developers or had recently started puberty, had timed puberty talk to begin on the cusp of puberty so as to ensure that their children were "ready" to digest the material. Several introduced puberty talk in the wake of health class discussions, "piggy-backing" on the formal education their children received. They tended to describe their children as emotionally less mature than their peers, or as not fully acknowledging that they were in puberty. Andreas, a GF, "briefly spoke" to his son about "growing hair, masturbation, erections, crushes" after his fifth grade health module. His son was "extremely embarrassed; even though he's growing body hair, he might be a little in denial about [puberty]."

Communication approach: who communicates about puberty?

Solo. Often, one parent took on the primary role of talking with children about puberty. In same-sex parent families where this was the case, parents generally attributed this to differences in comfort level with the topic or closeness to the child. Twelve parents (6 LM: 4 boys, 2 girls; 6 GF: 3 boys, 2 girls, 1 AFAB TNB) said that they took on the primary role because they felt more at ease communicating about puberty, often because of their profession (e.g., therapists, doctors) and/or a closer, less conflictual relationship to their child. Ten parents (3 LM: 2 AMAB TNB, 1 boy; 7 GF: 4 boys, 3 girls) conceded that their partners were the primary communicators, because they were more comfortable and "articulate" regarding puberty, or were the primary caretakers. Thus, in 22 same-sex parent families (9 LM, 13 GF), one parent took the lead.

In HP families, when one parent was described as taking on the primary communicator role (*n* = 12), it was always the child's same-sex parent, with the exception of one divorced HM of a son. HPs rarely provided an explanation for this; or, they briefly identified their shared sex as the "obvious" reason. Yet HMs also emphasized that while they did not take the lead in puberty discussions with their sons, they were "involved." Anna said: "[Husband] is in charge. I kind of leave more to him. They're both males." When asked if she "weighed in," Anna said, "I tell him what he needs to get across. I just let him be the deliverer . . . he knows that I'm around the school [and] the other moms and I'm kind of aware of when certain things should happen." Thus, Anna saw herself as overseeing the content of, but did not participate in, puberty communication. Gail noted that "talking to [daughters] about body changes and all that, it's 100% me; he was like, 'I'm not talking to them about body changes I don't know.'" Indeed, men's discomfort was in some cases mentioned as an additional reason for their "hands off" approach to female puberty talk.

Shared. Parents who took a shared approach described it as 50–50 but typically involving one-on-one conversations between a parent and their child. This pattern applied to 21 parents, mostly of girls: 7 LM: 6 girls, 1 boy; 6 GF: 4 girls, 1 boy, 1 AMAB TNB; 5 HM: 4 boys, 1 girl; 3 HF, all with girls – illustrating a tendency for heterosexual parents to depict their approach as shared only when they were parenting a different-sex child; otherwise, they tended to describe a solo approach based on "match" in parent-child sex. Grace, a LM of a daughter, said that she and her partner "tag teamed" it, "so that it's just one of us going in and having the best chance . . . then it's, 'Ok, just tell me how it went.'"

In five families (4 LM: 2 boys, 1 girl, 1 AFAB TNB; 1 HM, of a girl), parents described a shared, collaborative approach to puberty communication, whereby they sought to discuss puberty-related information *together*, with both parents present, and/or to talk about puberty-related content "within earshot" of their child. Said Allie, a LM of a son, "Most of the time, it's all three of us. Because it's easier sitting around the table [or] before we watch a show."

Intersections between puberty communication and adoption communication

We found that for some parents, their approach to puberty-related communication was similar to how they approached adoption related communication. Participants who described engaging an open, progressively nuanced approach to puberty talk could be characterized as either (a) similarly open in their adoption communication, or (b) open, but more inclined to take their children's lead in such conversations, as opposed to always being the one to initiate ($n = 36$; 16 LM, 9 GF, 7 HM, 4 HF). Participants who took a more didactic, factual approach to puberty, as well as those who took a more limited and hands off in their puberty talk, tended to take a similar approach with adoption talk: they were more minimalist and/or restrained, ostensibly because they perceived their child as uninterested in, and/or they themselves were uncomfortable with, adoption talk ($n = 16$: 7 GF, 4 LM, 4 HM, 1 HF). Eight parents could not be categorized because of missing data.

Parents who characterized their communication about both puberty and adoption as open, developmentally appropriate, starting early, and progressively more nuanced often spoke about trying to cultivate a family environment of openness and honesty, with no secrets or shame, whereby both puberty and adoption were normalized and framed as "no big deal" as opposed to taboo. This ideology permeated how they communicated about these topics and other challenging subjects, thus suggesting that their communicative openness around adoption overlapped or intersected with a generally high conversation orientation (Koerner & Fitzpatrick, 2002). Charlie, a GF who described reading books and engaging with his 13 year-old biracial daughter about puberty and sexuality "early on, way before any major changes were coming" connected this to how he approached adoption talk: "My philosophy – I mean, I'm comfortable with what it is, [and it's] also just knowing your kid. It's like the adoption talk – you start off really general and light and see what kind of questions flow from that, and then when the time came and she learned more about [puberty] in school, we went to YouTube."

Likewise, after his son's school health class discussed puberty, Travis, a HF, found his 12 year-old Asian son on "under the covers, looking up wet dreams, because he was afraid what was going to happen to him," prompting an "in-depth conversation about wet dreams, what's going to happen, what it means." Travis's efforts to reassure his son and ensure that he had accurate information was similar to how he approached adoption talk (no big deal, not taboo). He made this connection explicitly, when, about puberty, he said "We're both pretty open – like, when it comes up, we're going to talk about it. Nothing to be ashamed of, and I think it's probably best for someone like [child] not to have anything taboo. Kind of like his adoption and his Korean ethnicity. This is who you are, this is how it is."

In contrast to parents who underscored a philosophy of openness and normalization, others described a more selective, limited approach to puberty and adoption talk, which often seemed grounded in their own discomfort. These parents, then, could be characterized as low in both adoption communicative openness and general conversation orientation (Koerner & Fitzpatrick, 2002; D. M. Brodzinsky, 2005). Anna regarded puberty talk as occurring on an "as needed basis" and largely between her husband and 12 year-old White son. Regarding adoption, she noted that her son was "well aware that he's adopted" – yet also said that she rarely discussed his adoption or birth family with him.

Further, she expressed minimal interest in contact with his birth family, acknowledging anxiety related to the fact that several years ago, "his birth father made a comment about when he's 18 he can't wait to meet him. And I've never really responded to that."

Dwight, a GF quoted earlier as engaging in limited puberty communication (which was informed by his church upbringing) with his 12 year-old biracial son, said adoption-related communication was "minimal. It's a non-issue. We don't even talk about it anymore." Regarding birth family, he said: "He understands from what we've told him that we will commit to try to find her when he is 18." Derek, a GF quoted earlier as "dreading" menstruation and as "stand-offish" regarding puberty, said, about his 13 year-old White daughter: "She doesn't feel adopted. Both our kids feel like they're in a family that somehow has biological origins." These families took an approach to both puberty and adoption related communication that was characterized by minimal engagement and, in some cases avoidance, reflecting a generally more restrictive conversation orientation overall, especially with sensitive topics (Koerner & Fitzpatrick, 2002).

Discussion

The current study explored aspects of the transition to puberty from the perspective of adoptive parents, who inevitably navigate additional uncertainties related to the unpredictable nature and timing of their children's physical and emotional changes, which are made more complex when parents differ from children in their assigned sex at birth and associated experience of puberty. Indeed, adopted children may enter puberty earlier than non-adopted children, a phenomenon that is associated with negative psychosocial changes (Brooker et al., 2012). Therefore, early pubertal timing warrants special attention, and possibly specialized preparation of adoptive parents, especially given the identity questions that may arise for adopted youth during adolescence (Messina & Brodzinsky, 2020; Walkner & Rueter, 2014).

In general, the adoptive parents in this sample described puberty as encompassing salient physical changes. Such changes were described as particularly challenging by parents of TNB children, which is notable since trans/gender diverse identities may be more common among adopted children (Shumer et al., 2017), and puberty can be an especially difficult time for individuals with gender dysphoria (Wolf & Long, 2016). Although unanticipated, these findings are important as they highlight a specific group of adopted youth that may encounter unique challenges during the transition to puberty. Pediatricians, therapists, and adoption professionals should be aware of such added challenges so that they can effectively prepare and support adoptive parents (Child Welfare Information Gateway, 2020).

Many parents detailed emotional changes in their adopted children, which sometimes escalated family tensions (Rueter et al., 2009). Notably, a minority of parents described amplification of emotional/behavioral issues in their adopted children around puberty, echoing prior work suggesting that mental health difficulties may intensify for certain adopted children (e.g., those with more adverse early histories) during adolescence (Loman et al., 2014; Pace et al., 2021). One third noted that aspects of their children's adoptive identity had become more salient during the transition to puberty, consistent with other work finding that adopted youth often engage in an intensified period of identity exploration during adolescence, possibly becoming more attuned to physical differences between themselves and their parents (Brodzinsky et al., 1995) as well as increasingly curious about their origins, including birth family (Messina & Brodzinsky, 2020; Walkner & Rueter, 2014). Communicative openness can help adoptive parents to support their children during a potentially turbulent developmental period (Loman et al., 2014), ensuring that they feel encouraged to ask questions and seek out information – interests that may take on increased urgency and intensity during this stage (Cai et al., 2020; Wrobel & Grotevant, 2019). Parents of girls were especially likely to note the increased salience of adoption, echoing prior work showing that during adolescence and young adulthood, girls tended to think about their adoptions (Kohler et al., 2002), and seek out more information about their origins (Skinner-Drawz et al., 2011), compared to boys. Significantly, some

parents described how this intensified interest in origins and birth family had manifested in a desire to pursue genetic testing – consistent with prior work showing that almost 50% of adolescents in one sample were interested in services like 23andme (Cai et al., 2020). Some parents, in parallel, voiced concerns that genetic testing would not effectively satisfy children's curiosity and/or uncertainty. Mindful of the limits of such services, they expected that their children's questions, and continued uncertainty, would likely persist alongside whatever answers such tests provided (Brashers, 2001; Cai et al., 2020).

Some parents were surprised by the timing of pubertal changes, particularly menstruation; indeed, pubertal timing is genetically mediated and thus somewhat unpredictable to adoptive parents (Banerjee & Clayton, 2007), although some participants were aware that adopted youth and nonwhite youth may enter puberty earlier than their non-adoptive and White counterparts, respectively (Brooker et al., 2012; Jean et al., 2011). Specifically, some parents indicated that their uncertainty surrounding the timing of puberty was amplified in the context of their children's race or ethnicity, underscoring the need for future research to more explicitly probe for and examine whether and how the timing and nature of puberty-related communication may vary by child race and/or transracial adoption status. Amidst uncertainty surrounding the nature and timing of puberty, parents strategically sought information and support to help mitigate their anxieties and enable them to support and prepare their children as best they could (Colaner & Kranstuber, 2010; Powell & Afifi, 2005). Some consulted with birth family members to help to prepare for what was to come – a tendency that appeared more likely in the context of regular communication and contact with birth family. Prior work has found that ongoing, positive relationships with birth family may be regarded by adoptive parents as a precursor to seeking sensitive information from them (Goldberg et al., 2020); in the context of shaky or lapsed communication with birth family, parents may feel less comfortable soliciting puberty information. Others drew on what they knew about birth family members' developmental milestones and appearance to make projections about and/or interpret pubertal changes among their children, thus minimizing uncertainty (Colaner & Kranstuber, 2010). Still others relied on pediatricians for guidance – an excellent strategy when providers are adoption-competent, yet one that may be less successful or yield inaccurate information when they lack adoption competence (Goldberg et al., 2020; Jones et al., 2020). Finally, some parents, especially those who adopted internationally, turned to the adoption community (e.g., online groups) for guidance regarding the nature and timing of puberty. Adoptive parents often seek out online support amidst a lack of in-person support resources in their communities, and such communities can be a key source of connection and information, especially during difficult periods of parenting (Miller et al., 2019).

Parents' communication about puberty varied in terms of style and approach, with some emphasizing openness, normalization, and preparation as goals that guided their communication, others focusing on "factual information," and still others taking an even more restrained, "hands off" approach, with a few delaying puberty communication based on perceptions of children's physical development and emotional readiness. Parents who described an open, developmentally graded approach demonstrated elements of a high conversation orientation, whereby no topics are deemed "taboo" and family members feel free to participate in self-disclosure and dialogue (Koerner & Fitzpatrick, 2002); such an approach was especially common among lesbian/gay parents and parents of girls. Prior work on lesbian mothers' sexuality talk suggests that they often seek to "queer" or destabilize traditional ideas about what parents "should" talk to their children about related to sex, sexuality, and bodies – in part as a means of offsetting the heteronormative sexuality education that children receive at school (Gabb, 2004; Lev, 2010; Mitchell, 1998). Gay fathers may be similarly primed to cultivate an open dialogic approach, particularly with their daughters, possibly reflecting conscientiousness around raising different-sex children (Berkowitz & Ryan, 2011), or because girls are more open to engaging in conversation about puberty and sexuality than boys, as some work indicates (Keijsers & Poulin, 2013; Schouten et al., 2007). Lesbian/gay

adoptive parents appear to be especially likely to embrace a queer socialization approach with their children (Goldberg et al., 2016; Mendez, 2020), whereby differences are acknowledged and sensitive topics are more easily broached.

Likewise, information-oriented and "hands off" approaches were more often described by heterosexual parents, male parents, and parents of boys, perhaps reflecting more traditional notions about what puberty communication should entail, and/or boys' lesser interest in or reluctance to engage in such conversations (Keijsers & Poulin, 2013; Schouten et al., 2007). Further of note is that the "hands off" parents tended to acknowledge how their own religious or conservative upbringing may have undermined their ability to engage in open conversations, which may have contributed to an atmosphere of ambiguity within the family climate, potentially discouraging children from broaching pubertal topics (D. M. Brodzinsky, 2005; Wrobel et al., 2003).

We observed overlap in parents' communication orientation related to puberty and related to adoption, such that some parents detailed an open orientation (i.e., high communicative openness; high conversation orientation) to both, and others described a more limited and restrained (i.e., low communicative openness; low conversation orientation) to both (Koerner & Fitzpatrick, 2002; D. M. Brodzinsky, 2005). Such findings echo prior work showing overlap and similarity in lesbian/gay adoptive parents' approach to racial socialization, family structure or LGBTQ family socialization, and communication about adoption (Goldberg et al., 2016; Mendez, 2020; Simon & Farr, 2022).

Families also varied in terms of whether one or both parents facilitated puberty talk, with a shared approach being somewhat more common among parents of girls, and lesbian mothers. When one parent took the lead, in lesbian/gay parent families, parents attributed it to parental role or closeness to the child; in heterosexual parent families, it was more often the child's same sex parent, although mothers often emphasized that they were also "involved" in their sons' puberty education. The findings on heterosexual adoptive parents parallel those on heterosexual biological parents, which find that mothers are generally the ones to communicate about sexuality with daughters, while mothers and fathers may be equally likely to communicate about sexuality with sons (Wyckoff et al., 2008), reflecting mothers' tendency to engage their children in discussions about puberty regardless of children's gender (Sprecher et al., 2008) and fathers' greater sense of confidence regarding talking about male puberty compared to menstruation (Wilson et al., 2010).

Limitations and conclusions

This study has numerous limitations. First, our sample contained few heterosexual adoptive fathers; in turn, their voices were not as prominent in our analysis as other types of parents. Second, our sample was highly educated, which may have impacted their attitudes and communication about puberty and sexuality (Kee-Jiar & Shih-Hui, 2020). Third, most children were in early puberty, and may not have yet experienced the intensified emotional and behavioral challenges that are documented in some research on adopted adolescents, and which may impact parent-child relationships and communication (Loman et al., 2014). Indeed, the current study is cross-sectional, and parent-child communication may change as children move from early to middle- and late-adolescence. For example, Keijsers and Poulin (2013) found that youth generally reported a decline in open communication with parents in early adolescence, which was then followed by a higher level of communication with parents that was generally stable for boys and increasing for girls. Fourth, we studied parents' perspectives only: Prior research suggests that parents' and teens' perceptions of communication, including frequency and level of openness (Xiao et al., 2011), may differ; and, even amidst frequent communications, adolescents may not always find the content of such communications effective or useful (Holman & Koenig Kellas, 2018). Further, research on adoptive families specifically suggests that parents' and children's reports of communication may differ (Rosnati et al., 2007) and may even deviate from observational data of adoptive family dynamics (Walkner & Rueter, 2014). Fifth, while our

sample of children is racially diverse, our sample of parents is racially homogenous and mostly White, limiting our ability to engage in a truly intersectional analysis of race, adoption, puberty, and communication.

Nevertheless, our study makes unique contributions in that it addresses puberty-related concerns and experiences from the perspective of adoptive parents, who may need additional support during their children's transition to puberty, amidst (a) the possibility that puberty may begin earlier than expected, and (b) the genetically mediated and thus uncertain nature of puberty, and associated changes in physical, emotional, and identity related processes. In turn, our findings inform contemporary understanding of uncertainty management during a key developmental transition – puberty – that has particular salience for both adopted youth and their parents. Our study also has implications for our understanding of family communication among lesbian, gay, and heterosexual adoptive parent families, and how general openness and conversational style may overlap and intersect with puberty-related and adoption-related communication in particular.

Implications

Adopted children may be more likely to enter puberty early, highlighting the need for pediatricians and adoption professionals to prepare parents for this possibility, and to support them in guiding their children to anticipate and navigate what may be a challenging stage. Our findings suggest that the transition to puberty may be especially turbulent for certain groups of adopted youth, such as children who are experiencing gender dysphoria as well as youth with preexisting emotional and behavioral challenges. Practitioners who support adoptive families should be sensitized to the unique experiences of these groups and aim to support them and their families. We also found that some youth, especially girls, experienced puberty as a time of intensified identity exploration that encompassed questions about their origins and genetic background. Adoptive parents should be prepared for an increase in information-seeking during this stage, and seek to foster communicative openness within the family to ensure that children feel safe and empowered in their quest for information (D. Brodzinsky, 2006; D. M. Brodzinsky, 2005). In turn, adoptive parents and adoption professionals should be knowledgeable about both the possibilities and limitations associated with genetic testing, genealogy research services, and other services that adoptees may become especially interested in pursuing during this time.

We found that adoptive parents often expressed great uncertainty surrounding the nature and timing of puberty. It is important for pre- and post-adoption education and training to address, with parents, the reality that their children may experience certain aspects of puberty earlier and/or differently than them. In turn, parents should be prepared to (a) learn to tolerate some degree of uncertainty surrounding their children's pubertal timing, (b) seek out information and resources (e.g., such as via adoption-competent pediatricians), and (c) recognize the potential benefits of continued contact with birth family during this developmental stage in particular. Given that adoptive parents may feel especially overwhelmed as they navigate their children's transition to puberty, health care providers and adoption professionals should not only prepare them to navigate puberty with resources and information, but also seek to be a source of comfort and empowerment for parents via providing encouragement and support, ultimately working to reduce their uncertainty while bolstering their confidence (Mulligan et al., 2012).

Parents varied in their approach to puberty-related communication, with some parents describing an open, dialogic orientation, others focusing primarily on conveying factual information, and still others describing a more hands-off approach. Lesbian/gay parents and parents of girls more often engaged in open communication about puberty, and heterosexual parents and parents of boys more often endorsed more limited and/or restrained approaches. Further, we documented overlap in parents' approach to puberty-related and general adoption-related communication. These findings have implications for how we understand family communication at various life stages of adoptive families, such that certain families may embody styles of communication that ultimately become

increasingly maladaptive in adolescence, as youth may desire more information about birth family or struggle with their increasingly visible dissimilarities with their adoptive family (D. M. Brodzinsky, 2005; Messina & Brodzinsky, 2020). Amidst evidence that high conversation orientation and communicative openness surrounding adoption within families can help to facilitate better identity development and more positive psychosocial outcomes among adoptees (Horstman et al., 2016), efforts to educate adoptive parents on the benefits of these elements of communication in relation to but also beyond adoption and puberty may ultimately serve to support adoptees' well-being as a whole (Horstman et al., 2016; Schrodt et al., 2008).

Our findings ultimately hold many important implications for providers, including pediatricians and therapists, who, in possession of a nuanced understanding of the complexities associated with the transition to puberty for adoptive families, can better guide them through this stage of development (Child Welfare Information Gateway, 2020; Jones et al., 2020). Our findings also raise many questions for future research. Future scholarship should, for example, examine how adopted individuals themselves experience puberty, particularly early puberty; whether and how parents shift their communication approach in response to information gleaned from outside sources, including birth family; and how communication about puberty, sexuality, adoption, and other sensitive topics intersect and evolve over time.

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