

**Adolescents with Same-Sex Parents:
Findings from the National Longitudinal Study of Adolescent Health**

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Should the sexual orientation of prospective adoptive parents be considered as a factor when making placements of minor children into adoptive homes? This question is one of several legal and policy controversies surrounding lesbian and gay parents and their children (Patterson, 2007; Patterson, Fulcher, and Wainright, 2002). Like others, it is of special interest to many people, including social workers, attorneys, child advocates, prospective adoptive parents, and - not least of all - children who are in need of permanent homes. Some have argued that there should be a presumption against placing children with adoptive parents who are not heterosexual (e.g., Wardle, 1997). Others have argued that sexual orientation should be considered irrelevant to such decisions (e.g., Wald, 2006). The question of how children fare in adoptive homes provided by non-heterosexual parents is prominently featured in these debates.

In view of the controversy, it is perhaps not surprising that there is considerable variation in laws and policies governing adoptions by lesbian and gay adults across the United States (Gates, Badgett, Macomber & Chambers, 2007; Wald, 2006). At the time of this writing, adoption of minor children by lesbian or gay adults is specifically barred by statute only in Florida. Adoption of minor children by same-gender couples is forbidden in Mississippi. In Utah, adoption by unmarried couples is forbidden; since same-sex couples do not have access to the legal institution of marriage, this law effectively rules out adoptions by same-sex couples. In

other states, such as California, Maryland, Massachusetts, and New York, the law allows adoptions by openly lesbian and gay prospective adoptive parents. For instance, in a landmark New York adoption case, In re Adoption of Evan (1992), the court noted that “(t)he fact that the petitioners here maintain an open lesbian relationship is not a reason to deny adoption... A parent’s sexual orientation or sexual practices are presumptively irrelevant...” (In re Adoption of Evan, 1992, pp. 1001-1002).

In many other jurisdictions, there is active debate of issues relevant to sexual orientation and adoption. Bills to bar openly lesbian or gay applicants from becoming adoptive or foster parents have been introduced in a number of states (e.g., Virginia) in the last several years. To date, all these initiatives have been defeated, but observers suggest that more such attempts to bar lesbian and gay adults from becoming adoptive parents may be expected to emerge in the future.

In these debates, there is agreement among the parties that the interests of children should be considered ahead of other concerns. For this reason, discussions about sexual orientation and adoption often resolve to questions about how parental sexual orientation may affect children. Advocates of allowing adoptions by lesbian and gay adults argue that many children need homes, that sexual orientation is unrelated to parenting abilities, and therefore that lesbian and gay parents should be allowed to adopt children. Opponents of such adoptions suggest that lesbian and gay adults do not provide supportive homes for children and that any children adopted by them will suffer. In short, all agree that children’s welfare should be paramount, but those on different sides of the debate disagree about what policies best serve children’s interests.

In this discussion, reliable information about the actual development and adjustment of children who are being reared by lesbian and gay parents can be useful. The most directly

relevant research would be that which assesses growth and development of children who have been adopted by lesbian or gay parents. Also relevant, however, are data about the development of children who have been born to lesbian or gay parents and who are being reared by them. In the next section, we consider the findings of such research.

Research on Offspring of Lesbian and Gay Parents

To date, only a single study of children adopted by lesbian and gay parents has been published (Erich, Leung, & Kindle, 2005). Working with a convenience sample of 68 families in which parents were lesbian or gay and 43 families in which parents were heterosexual, Erich and his colleagues studied behavior problems of six year old children and family functioning. Their findings revealed that children and families were functioning well. They reported no significant differences in children's conduct or in family functioning associated with parental sexual orientation (Erich et al., 2005).

Although the study by Erich and his colleagues (2005) is the only research to date to focus specifically on adoptive children, the findings are quite consistent with those of a substantial literature on the development and adjustment of children with lesbian and gay parents. Both in longitudinal and in cross-sectional studies, both in the United States and abroad, children of lesbian and gay parents have been found to show good adjustment and to develop in ways that are very similar to other children (Gartrell, this volume; Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Patterson, 2000, 2006; Perrin & Committee on Psychosocial Aspects of Child and Family Health, 2002). Many questions have been studied, including children's adjustment at home, at school, with peers, and in other domains of their lives. In all these domains, the strength of parent-child relationships has been an important predictor of child adjustment, but

parental sexual orientation has been less important (Patterson, 2006, 2007).

The strength of these findings has been reflected in statements by many mainstream professional organizations. For instance, after a careful review of the research findings, the American Psychological Association (2004) has gone on record as opposing “any discrimination based on sexual orientation in matters of adoption, child custody and visitation, foster care and reproductive health services”. After their review of the research in this area, the American Academy of Pediatrics (2002) similarly recognized “that a considerable body of professional literature provides evidence that children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment and development as can children whose parents are heterosexual”. These and other respected professional groups, including the American Bar Association, the Child Welfare League of America, and the National Association of Social Workers, have based their policies on findings from social science research suggesting that parental sexual orientation is not a good predictor of parenting ability or child adjustment.

Very little research, however, has been conducted on *adolescent* offspring of lesbian or gay parents, and some writers have suggested that caution be used when generalizing the results of research conducted with young children to adolescents (e.g., Perrin & Committee on Psychosocial Aspects of Child and Family Health, 2002). Because adolescence is a time during which issues such as personal identity, peers, and dating become very important, and because of concerns about the possible effects of same-sex parenting during adolescence (e.g., Baumrind, 1995), it is an especially important period in which to examine the development of youth with non-heterosexual parents.

A small body of research exists that focuses on development of adolescent offspring of families headed by lesbian couples. Huggins (1989) reported a study of 18 adolescents with divorced heterosexual and 18 with divorced lesbian mothers, in which she found no differences in adolescent self-esteem as a function of mothers' sexual orientation. O'Connor (1993) studied 11 young men and women who were the offspring of divorced or separated lesbian mothers. Her participants expressed strong loyalty and protectiveness toward their mothers, but also described worries about losing friends or being judged by others, because of their mothers' sexual orientation. Gershon, Tschann, and Jemerin (1999) studied self-esteem, perception of stigma, and coping skills among 76 adolescent offspring of lesbian mothers, and reported that adolescents who perceived more stigma related to having a lesbian mother had lower self-esteem in five of seven areas, including social acceptance and self-worth.

A slightly older population was studied in Tasker and Golombok's (1997) longitudinal study of 23 young adult offspring of lesbian mothers and a matched group of 23 young adult offspring of heterosexual mothers. In this generally well-adjusted sample, young men and women who were reared by lesbian mothers were no more likely than those raised by heterosexual mothers to experience depression or anxiety, or to have sought professional help for psychiatric problems. They reported having close friendships during adolescence, and were no more likely to remember peer group hostility than were those from other families. Offspring of lesbian mothers were also no more likely to report same-sex sexual attraction or a gay/lesbian/bisexual identity than were those from heterosexual families. They were, however, more likely to have considered a gay or lesbian relationship as a possibility for themselves and to have been involved in a same-sex relationship, suggesting that while sexual attraction and

identity may not be related to parental sexual identities, the likelihood of considering or entering a same-sex relationship may be associated with parents' sexual orientation.

In general, like the literature on children, the studies of adolescents have found few differences in adjustment as a function of parental sexual orientation. Research on younger children (e.g., Chan et al., 1998) has found that variables representing families' organization of daily life, such as division of household labor and childcare, are more likely than parental sexual orientation to be associated with children's outcomes. The research on adolescent offspring of same-sex couples described above, however, did not address this issue.

A substantial body of research indicates that parenting style influences the effectiveness of parents' efforts to socialize their children (Steinberg & Silk, 2002). In particular, a warm, accepting style of parenting is related to optimal outcomes for adolescents (Rohner, 1999), especially if it is combined with appropriate limit-setting and monitoring of adolescent behavior (Steinberg, Lamborn, Dornbusch, & Darling, 1992). The relationship between parental warmth and positive outcomes has been found for adolescents from a wide variety of ethnic, socioeconomic, and family structure backgrounds, and by researchers working with a variety of different methodological approaches (Khaleque & Rohner, 2002). That these linkages have been found among such a diverse group of adolescents suggests that they might also be expected among the offspring of gay and lesbian parents.

In summary, the research on adolescent and young adult offspring of lesbian mothers suggests that they are developing in positive ways. However, research has been limited and generally based on small samples, the representativeness of which can be difficult to assess (Stacey & Biblarz, 2001). One recent study has assessed adjustment of 7-year-old children with

lesbian and heterosexual mothers, using data from a large geographic population study (Golombok et al., 2003). To the best of our knowledge, however, the research we describe below is the first to assess adjustment of adolescents living with same-sex parents with data are drawn from a large national sample. Our sample is drawn from the National Longitudinal Study of Adolescent Health (Add Health), which includes participants from many different backgrounds, from many parts of the United States (Bearman, Jones, & Udry, 1997; Resnick et al., 1997).

Examination of the existing research indicates that there is a need for analysis of a comprehensive set of outcomes for adolescents who live with same-sex parents. The Add Health study assessed adolescent adjustment in many different ways, including various aspects of adolescents' psychosocial well-being, school functioning, romantic relationships and behaviors, risky behaviors such as substance use, and peer relations. This study also examined several family and relationship variables that have not been included in past research, such as adolescents' perceptions of parental warmth, care from adults and peers, integration into the neighborhood, and autonomy; and parents' assessment of the quality of the parent-child relationship. The Add Health database thus afforded a broad overview of adolescent adjustment.

Our research assessed normative levels of adjustment among adolescent offspring of same-sex parents, and also explored factors that are associated with individual differences in adjustment and behavior within this group. We assessed structural variables such as family type (i.e., whether parent has a same-sex or opposite-sex partner), as well as family and relationship variables such as adolescents' perceptions of parental warmth, care from adults and peers, autonomy, and integration into the neighborhood, and parents' perceptions of the quality of their relationship with their child. Based on the previous findings with children (e.g., Chan et al.,

1998; Flaks et al., 1995; Golombok et al., 2003), we expected to find few differences in adjustment between youth living with parents who had same-sex versus opposite-sex partners. Consistent with the literature on sources of individual differences among adolescents (e.g., Steinberg & Silk, 2002), however, we did expect to find associations between family and relationship variables and adolescent adjustment outcomes.

In summary, this chapter describes our research on adjustment and development among adolescents living with same-sex couples. Our data were drawn from the Add Health study, which provided a nearly representative sample of adolescents and their parents in the United States during the 1990s. By selecting those youngsters in Add Health who were living with same-sex parents, and comparing them both to a matched group of youngsters living with other-sex parents, and to the overall sample, we aimed to address questions about adjustment among teens living with same-sex parents.

Introduction to the National Longitudinal Study of Adolescent Health

For this research, participating families were drawn from a large national sample of adolescents in the United States collected by Quality Education Data for the National Longitudinal Study of Adolescent Health (Add Health; Bearman, Jones, & Udry, 1997). Add Health is a school-based study of the health-related behaviors of adolescents in grades 7-12. A sample of 80 eligible high schools was initially selected. Schools were stratified to ensure that this sample was representative of U.S. schools with respect to region of country, urbanicity, school type, ethnicity, and school size. More than seventy percent of the originally sampled high schools were recruited by AddHealth. If a high school refused to participate, a replacement school within its stratum was selected. Participating schools provided rosters of their students

and, in most cases, agreed to administer an In-school Questionnaire during one class period. They also assisted in identifying their feeder schools (i.e., those schools that include 7th grade and send their graduates to that high school). The final sample consisted of a pair of schools in each of 80 communities, with the exception of some high schools that spanned grades 7 to 12, and therefore functioned as their own feeder schools (Bearman et al., 1997).

All students who completed an In-school Questionnaire plus those who did not complete a questionnaire but who were listed on a school roster were eligible for selection into the core in-home sample. Students in each school were stratified by grade and sex and approximately 17 students were randomly chosen from each stratum so that a total of approximately 200 adolescents was selected from each of the 80 pairs of schools. A total core sample of 12,105 adolescents was interviewed.

Most interviews were conducted in 1995 in the participants' homes. All data were recorded on lap-top computers. For less sensitive sections, the interviewer read the questions and entered the respondent's answers. For more sensitive sections, the respondent listened to pre-recorded questions through earphones and entered the answers directly.

A parent, preferably the resident mother, was asked to complete a questionnaire covering topics including, among others, parents' marriages and marriage-like relationships; neighborhood characteristics; involvement in volunteer, civic, or school activities; education and employment; household income; and parent-adolescent relationships.

Data employed in the studies to be described below were collected through the in-home interviews and surveys, as well as in-school surveys of students (Wave I, collected in 1994-1995) and through the in-home questionnaires of parents.

Identification of Current Sample and of Comparison Groups

Offspring of same-sex couples were identified using a two-step process. We first identified families in which parents reported being in a marriage or marriage-like relationship with a person of the same sex. Because no data had been collected on parents' sexual identities as such, families headed by gay, bisexual, or lesbian parents who did not report that they were in a marriage or marriage-like relationship at the time of data collection could not be identified.

In the second step, the consistency of parental reports about gender and family relationships was examined. To guard against the possibility that some families may have been misclassified due to coding errors, we retained only those cases in which parental reports of gender and family relationship were consistent (e.g., a parent reported being female, and described her relationship to the target adolescent as "mother"). This procedure was designed to ensure that, insofar as possible, only adolescents whose parents reported being involved in a marriage or marriage-like relationship with a person of the same sex were selected for further study.

The number of families headed by *male* same-sex couples was very small (n=6). Results of preliminary analyses that included these families were nearly identical to those including only families headed by female same-sex couples. Because of their small numbers, and to simplify interpretation of results, however, we excluded these 6 families from the final sample.

The focal group of families identified through this process included those of 44 adolescents, 23 girls and 21 boys. Approximately 68% of the adolescents identified themselves as European-American or white, and 32% identified themselves as non-white or as biracial. On average, the adolescents were 15 and their parents were 41½ years of age. Average household

income for families in the focal group was approximately \$45,500 per year, and 48% of the parents in this group had been college-educated. Because only two adolescents in the focal group had been adopted, their data are not reported separately here.

The resources of the Add Health database allowed the construction of a well-matched comparison group of adolescents. Each of the offspring of same-sex parents was matched with an adolescent from the Add Health database who was reared by opposite-sex parents. This matching was accomplished by generating a list of adolescents from the Add Health database who matched each target adolescent on the following characteristics: sex, age, ethnic background, adoption status (identified via parent reports), learning disability status, family income, and parent's educational attainment. The first matching adolescent on each list was chosen as the comparison adolescent for that target adolescent. The final sample included 88 families, including 44 families headed by mothers with female partners and 44 comparison families headed by opposite-sex couples.

To assess the degree to which our focal group of 44 families with same-sex parents was representative of the overall population from which it was drawn, we compared the demographic characteristics of the focal group with those for the entire Add Health core sample ($n = 12,105$). Using one-sample t -tests and X^2 tests, as appropriate, we compared adolescent age, parent age, household income, adolescent gender, racial identification, adoption status, and parental education in the two groups. None of these comparisons was statistically significant. We conclude that our focal group of 44 families was demographically similar to the population from which it was drawn.

Psychosocial Adjustment and School Outcomes Among
Adolescents Living with Same-Sex Couples

Our first set of questions concerned psychosocial adjustment and school outcomes among adolescents with same-sex parents. How strong was the adolescents' self-esteem? To what extent did these youth experience depressive symptoms, or anxiety? What were their grades at school? How much trouble had they encountered at school, and how connected did they feel to other people in their school environments? And how close were their relationships with parents? Information addressing these questions allowed us to obtain an overview of adolescent functioning in different domains of life.

Assessment of Psychosocial Adjustment, Family Relationships, and School Outcomes

We examined data from Add Health regarding different aspects of adolescent adjustment and relationships with parents. Composite variables were created from the Add Health Home Interviews and In-School Questionnaires for adolescents' self-reported levels of depressive symptoms, anxiety, self esteem, school grades, trouble at school, and school connectedness. Composite variables were also formed for adolescents' reports of their perceptions of parental warmth, caring from adults and peers, their integration into their neighborhood, and their autonomy. Adolescents' romantic attractions, relationships, and behaviors were assessed with individual items. Unless otherwise specified, these are all self-report variables. Parent reports about their relationships with adolescent offspring were also included.

Psychosocial adjustment. Adolescent depressive symptoms were assessed with a 19-question version of the CES-D (Radloff, 1977) scale from the In-Home Interview. This scale of depressive symptoms included questions about the frequency of symptoms such as feeling lonely,

depressed, or too tired to do things. Possible scores on this scale, based on the sum of the 19 items, ranged from 0 to 57, with higher scores indicating greater levels of depressive symptoms. Cronbach's Alpha for this scale was .85 for this sample.

Adolescent anxiety was measured with a 7-item scale that included questions about the frequency of symptoms such as feeling moody or having trouble relaxing. Items were measured on a scale of 0 (never) to 4 (every day), with scores ranging from 0 to 28, and higher scores indicating higher levels of anxiety. Cronbach's Alpha for this anxiety scale was .68 for this sample.

Self esteem was assessed using a 6-item scale that included items such as feeling socially accepted and feeling loved and wanted. Items were measured on a scale of 1 (strongly disagree) to 5 (strongly agree), with scores ranging from 6 to 30, and higher scores indicating higher self esteem. Cronbach's Alpha for this scale was .80 for this sample.

School functioning. School outcomes measured included grade point average (GPA), school connectedness, and trouble in school. GPA was measured on a 4-point scale where 4=A, 3=B, 2=C, and 1=D or lower. It was assessed by taking the mean of grades received in four school subjects (English, Mathematics, History/Social Studies, and Science) in the current or most recent school year. Cronbach's Alpha for GPA was .79 in this sample.

School connectedness was measured using a 5-item scale that assessed respondents' feelings of integration into their school. Items, which were averaged to form the adolescent's score, included the degree to which adolescents felt close to other students, felt like part of their school, and felt that teachers treated students fairly. Possible scores ranged from 1 (strongly

disagree) to 5 (strongly agree). Cronbach's Alpha for the school connectedness scale in this sample was .82.

Adolescents' trouble at school was assessed with a 4-item scale that included items such as problems getting homework done and problems in getting along with classmates. Items were measured on a scale of 0 (never) to 4 (every day) and the mean of the four items was taken, with higher scores indicating more trouble in school. Cronbach's Alpha for this scale was .71 for this sample.

Romantic relationships, attractions, and behaviors. Adolescents' romantic attractions were assessed with two yes/no questions, "Have you ever been attracted to a female?" and "Have you ever been attracted to a male?" Female adolescents who answered yes to the first question and male adolescents who answered yes to the second question were classified as having had a same-sex attraction. To assess dating behavior, adolescents were asked three yes/no questions: whether they had had a romantic relationship in the past 18 months, whether they had had a same-sex romantic relationship in the past 18 months, and whether they had ever engaged in sexual intercourse.

Family and Relationship Variables. Parental warmth toward the adolescent was assessed using the mean of 5 items from adolescent reports. Self-report items included adolescents' perceptions of parents' warmth and caring toward adolescent, perceived level of family's understanding and attention, and adolescents' feelings of closeness to parents. For questions in which adolescents were asked about each of their parents, we used the response for the parent who was described as more warm and loving. Scores ranged from 1 (not at all) to 5 (very much),

with higher scores indicating greater warmth. Cronbach's Alpha for the parental warmth scale was .70.

Adolescents' perceptions of their integration into the neighborhood in which they lived were measured using a scale of three yes/no (1=yes, 0=no) items. Items included whether adolescents know people in their neighborhood, talk with neighbors, or feel that their neighbors look out for each other. The three items were summed, and possible scores ranged from 0 to 3, with higher scores indicating greater neighborhood integration. Cronbach's alpha for neighborhood integration was .54.

Adolescents' perceived autonomy was assessed with a scale of 7 yes/no (1=yes, 0=no) items that addressed the extent to which adolescents are allowed to make decisions about aspects of their lives such as food, bedtime, TV viewing, and friends. The seven items were summed, and possible scores ranged from 0 to 7, with higher scores indicating greater autonomy. Cronbach's alpha for autonomy was .60.

Adolescents' perceived care from adults and friends was measured with 3 items regarding how much the adolescent believed that adults, teachers, and friends care about them. The mean of the three items was taken as the adolescent's score, and possible scores ranged from 1 (not at all) to 5 (very much), with higher scores indicating perceptions of more caring. Cronbach's Alpha for this scale was .58 for this sample.

Parents' perceptions of the quality of their relationship with their child were assessed with a scale of 6 items from the parent's in-home interview. Items included questions about the parent's assessment of trust, understanding, communication, and the general quality of their

relationship with their child, and were measured on a scale of 1 to 5, with scores ranging from 6 to 30, and higher scores indicating closer relationships. Cronbach's Alpha was .70 for this scale.

Results for Psychosocial Adjustment, Family Relationships, and School Outcomes

We conducted analyses in two steps. The first set of analyses evaluated the degree to which adolescents living with same-sex couples differed in their adjustment from the comparison group. The second set of analyses explored associations of adolescent adjustment with assessments of family and relationship processes. We expected that the makeup of adolescents' households would be less important than the strength of family relationships in accounting for variation in adolescent adjustment.

Overall, adolescents reported positive psychosocial outcomes, with low levels of anxiety and depressive symptoms, and high levels of self esteem. Similarly, adolescents reported positive school outcomes, with average GPAs of 2.8, high levels of school connectedness, and low levels of trouble in school.

As expected, we found no differences in adolescents' psychosocial adjustment, which included depressive symptoms, anxiety, and self esteem, between offspring of same-sex couples and offspring of comparison families headed by opposite-sex couples. We found a significant multivariate effect for family type for the school outcomes, which was also significant in the univariate analyses for school connectedness. Unexpectedly, adolescents with same-sex parents reported feeling more connected at school than did those living with opposite-sex parents, but we found no differences as a function of gender for psychosocial adjustment or school functioning. As expected, there were no significant interactions between gender and family type for

psychological adjustment or school outcomes. Demographic covariates (e.g., adolescent age, family income, and parent's education) were not associated with these outcomes.

Analyses of adolescents' reports of romantic attractions and behaviors revealed no differences between the groups in the percent of adolescents who reported ever having engaged in sexual intercourse (34% of adolescents living with same-sex couples and 34% of those living with other-sex couples). There was also no significant difference between the groups in the percent of adolescents who had had a romantic relationship in the past 18 months (68% of adolescents living with same-sex couples and 59% of those living with other-sex couples). Fewer than ten adolescents reported same-sex attractions and same-sex romantic relationships in the last 18 months, so under stipulations that permit use of these data, group comparisons are not presented. Reports of romantic relationships, attractions, and behaviors did not differ as a function of age or gender except that older adolescents were more likely than younger ones to report having had a romantic relationship in the past 18 months. In summary, adolescent psychosocial, romantic attractions and behaviors, and school adjustment did not differ as a function of family type or adolescent gender.

Overall, adolescents reported positive family relationships. Adolescents' reports of parental warmth were high. Adolescents' perceptions of others' (teachers, adults, and friends) care for them were also high, as were their reports of autonomy. Their average assessment of their integration into their neighborhoods was just above the middle of the scale, with higher scores indicating greater integration. Parents' perceptions of the quality of the parent-child relationship were also high. In short, this was a well-adjusted sample.

Consistent with results for psychosocial and school outcomes, we found no differences in

adolescent reports of family and relationship processes, including parental warmth, care from others, personal autonomy, or neighborhood integration, as a function of family type. We did, however, find a significant multivariate difference in family and relationship processes that was attributable to adolescent gender. Further analysis revealed, as expected from earlier research, that girls reported higher levels of care from adults and peers than did boys.

To what degree did outcomes for adolescents in our focal and comparison samples differ from those for the population from which the samples were drawn? To explore this question, we obtained mean scores (or percentages for categorical variables) for each of the dependent variables. Using one-sample t-tests and X^2 tests, as appropriate, we compared means for our focal sample to those for the entire Add Health core sample. None of these comparisons was statistically significant. Thus, outcomes for adolescents with same-sex parents in our focal sample did not differ significantly from those for a representative group of American adolescents.

Having found almost no associations between family type and adolescent adjustment, we wanted to examine possible associations between adolescent outcomes and processes in the adolescent's environment. In particular, we examined correlations among adolescents' perceptions of parental warmth, care from adults and peers, autonomy, and neighborhood integration; parents' perceptions of the quality of the parent-child relationship; and measures of adolescent adjustment. We also conducted simultaneous multiple regression analyses to determine whether these family and relationship variables were significant predictors of adolescent adjustment, while controlling for family type, adolescent gender, and socioeconomic status. Regression analyses were conducted separately for adolescents' depressive symptoms, anxiety, self esteem, GPA, school connectedness, and trouble in school. Family type,

adolescent's gender, parental education, and family income were also included as predictors. We did not examine romantic attractions and behavior because of the small number of adolescents in either group reporting same-sex attractions or romantic relationships.

Our results showed that, as expected, quality of family relationships was significantly associated with many adolescent outcomes, including school connectedness, anxiety, and trouble in school. The association between adolescents' depressive symptoms and parental report of the quality of the parent-adolescent relationship was not statistically significant. There was, however, a non-significant trend in the expected direction, with more positive relationships associated with lower levels of depressive symptoms. Levels of self esteem were significantly associated with the adolescents' reports of caring from adults and peers, with more care associated with higher self esteem. Adolescents' anxiety was associated with adolescent gender, with boys reporting lower levels of anxiety. Adolescents' reports of trouble in school were associated with the quality of the parent-child relationship and level of parental education; less trouble in school was associated with more positive relationships with parents and having parents with higher levels of education. School connectedness was associated with family type, the quality of the parent-child relationship, and care from adults and peers, with a significant interaction between family type and care from adults and peers. Greater school connectedness was associated with having same-sex parents, reporting higher levels of care from adults and peers, and having parents who reported a more positive parent-child relationship. Adolescents' perceived care from adults and peers had a stronger effect on school connectedness for adolescents living with same-sex parents than for those living with opposite-sex parents. Adolescents' GPAs were not associated with any family and relationship variable or SES

variable. In summary, adolescents' and parents' reports of family and relationship processes such as quality of the parent-child relationship and care from adults and peers were associated with several measures of adolescent functioning, and were better predictors of adolescent adjustment than was family type or adolescent gender.

Substance Use, Delinquency, and Victimization

Among Adolescents Living With Same-Sex Couples

We also studied substance use, delinquency and victimization among youngsters living with same-sex couples. To what extent did youth use alcohol, tobacco, or illegal drugs? To what extent did youth participate in delinquent activities? And to what extent were they victimized by others? Our methods and findings for these questions are described below.

Assessment of Substance Use, Delinquency, and Victimization

Substance use. All of the substance use assessments were based on adolescents' self-reports. Adolescents' use of tobacco was assessed with a composite self-report variable (Sieving et al., 2000) that uses four items to classify adolescents into one of seven levels of tobacco use (1 = "never smoked," 3 = "currently smoking 1-2 cigarettes / day," 5 = "currently smoking 6-10 cigarettes / day," 7 = "currently smoking > 20 cigarettes / day"). Friends' use of tobacco was assessed by asking how many of 3 best friends smoke at least 1 cigarette per day.

Use of alcohol was assessed with 3 variables. We used a composite variable (Sieving et al., 2000), which uses 2 items to create an eight-level variable about adolescents' use of alcohol in their lifetime and in the past 12 months (1 = "2-3 drinks lifetime," 3 = "drank alcohol on 1 or 2 days in the past 12 months," 5 = "drank 2-3 days a month in the past 12 months," 7 = "drank 3-5 days a week in the past 12 months," 8 = "drank every day or almost every day in the past 12

months”). Adolescents were instructed to exclude “a sip or taste of someone else’s drink”.

Individual items measured how often in the past 12 months adolescents had binged on alcohol (5+ drinks in a row) and had gotten drunk. Scores for these items ranged from 1 (never) to 7 (every day or almost every day).

Lifetime and current marijuana use were assessed with a composite variable (Sieving, et al., 2000), which uses 2 survey items to form a seven-level variable (1 = “never used marijuana,” 3 = “> 3 times in lifetime, no use in past 30 days,” 5 = “2-3 times in past 30 days,” 7 = “> five times in past 30 days”).

Adolescents’ risky use of alcohol and drugs was assessed with a scale of 8 items (1=yes, 0=no; $\alpha = .78$) that asked whether the adolescent had driven a car, gone to school, gotten into a fight, or carried a weapon while consuming alcohol or drugs. The sum of the 8 items was taken, with higher scores indicating more risky use.

Relationship and physical problems caused by adolescents’ use of alcohol were assessed with a scale of 9 items (Cronbach’s $\alpha = .84$), asking about the frequency of being hung over, sick, in a fight, in a situation that was later regretted, or in trouble with parents, school, or friends or dates because of alcohol use in the past 12 months. Items were measured on a scale of 0 (never) to 4 (5 or more times) and the mean of the 9 items was taken, with higher scores indicating more problems.

Adolescents’ joint occurrences of substance use and sexual activity were assessed using a scale of 6 items (1=yes, 0=no; Cronbach’s $\alpha = .68$) asking whether the adolescent had used drugs, alcohol, or been drunk the first time (3 items) or most recent time (3 items) he or she had

sexual intercourse. The sum of the six items was taken, and higher scores indicated more joint occurrences.

Delinquent behavior. Adolescent delinquent behavior was assessed with 10 items (Cronbach's alpha = .74) in which adolescents listened to questions through headphones and recorded their answers on a laptop computer. These items ask about the occurrence of activities such as damaging others' property, shoplifting, and getting into fights in the past 12 months. Scores on this scale were the sum of the 10 items (1=yes, 0=no), with higher scores indicating more delinquent behaviors.

Victimization. Adolescents' experiences as victims and witnesses of violence were assessed with 5 items (Cronbach's alpha = .97) asking how often adolescents had been shot at, cut, or jumped, had a gun or knife pulled on them, or had seen someone shot or stabbed. Scores were the sum of 5 items (1=yes, 0=no). Higher scores indicated more victimization.

Family and Relationship Variables. Adolescents' perceived care from adults, teachers, and friends was measured with 3 items (described above) regarding how much the adolescent believed that others care about them, with higher scores indicating perceptions of more caring. Parental perceptions of the quality of their relationships with their adolescents were assessed with a scale described above, on which higher scores indicated closer relationships.

Results for Substance Use, Delinquency, and Victimization

The adolescents reported some use of cigarettes and alcohol, with 25% reporting that they had ever smoked regularly and 44% reporting that they had consumed alcohol when they were not in the company of their parents. Reports of adolescents' frequency of alcohol use and tobacco use were low. Adolescents also reported low levels of alcohol abuse, including binge

drinking and getting drunk. Their reports of physical and relationship problems because of alcohol use were also low, as were their reports of risky use of drugs and alcohol and their reports of joint occurrences of sexual activity and drug or alcohol use. They also reported low levels of delinquent behavior and victimization.

As expected, we did not find a statistically significant difference in adolescents' reports of their frequency of alcohol, tobacco, or marijuana use as a function of family type. In addition, our analyses revealed no significant difference in the number of 3 best friends who smoke or frequency of getting drunk or binge drinking. Consistent with results for the substance use, we found no significant difference in problems arising from alcohol or drug use (relationship and physical problems, risky use of alcohol and drugs, and sex while under influence of alcohol or drugs) as a function of family type. Analyses also revealed no difference in adolescents' delinquent behavior between offspring of same-sex couples and offspring of comparison families headed by different-sex couples. Similarly, we found no difference in adolescents' experiences as victims or witnesses of violence as a function of family type.

Overall, as reported above, adolescents and their parents also reported positive family relationships. Adolescents' perceptions of others' care were also high. Consistent with our expectations, analyses revealed no differences as a function of family type in parent reports of the quality of the parent-adolescent relationships or adolescent reports of care from others.

Having found no associations between family type and adolescent risk behavior, we explored possible associations between processes in the adolescent's environment and adolescent outcomes. We conducted regression analyses separately for use of tobacco, alcohol, and marijuana, as well as victimization and delinquent behavior. Family type, gender, parental

education, and family income were included as predictors. Variables and interactions that were not statistically significant predictors were removed from the models.

Results showed that, as expected, quality of family relationships was significantly associated with many adolescent outcomes. Adolescents' tobacco use was significantly associated with parental report of the quality of the parent-adolescent relationship and with adolescents' reports of caring from adults and peers. As expected, greater perceived care from others and more positive relationships were associated with lower levels of tobacco use. Adolescents' use of alcohol, use of marijuana, and delinquent behavior were significantly associated with parental report of the quality of parent-adolescent relationships. Closer parent-adolescent relationships were associated with less alcohol use, less marijuana use, and less delinquent behavior on the part of youth. Boys reported more victimization than did girls, but interactions between family type and predictor variables were not significant. In summary, adolescents' reports of family and relationship processes such as quality of parent-child relationships and care from adults and peers were associated with several measures of adolescent outcomes, and were better predictors of adolescent risk behavior than was family type.

Peer Relations Among Adolescents Living With Same-Sex Couples

Another important dimension of adolescent adjustment is peer relations. To explore experiences with peers among the offspring of same-sex and other-sex couples, we studied not only the adolescents' self-reported friendships but also their popularity among their peers, as described by their peers. In this way, we sought a comprehensive view of peer relations among adolescents living with same-sex couples.

Assessment of Peer Relations

Adolescents' reports of the quality of their peer relationships were measured with a scale of 9 items, including questions about how much the adolescent feels friends care about him or her, feels close to people at school, and feels like a part of their school; as well as frequency of trouble getting along with other students, feeling that people were unfriendly, getting into any physical fights or serious physical fights, and being jumped. Negative items were reverse-coded. These items were standardized ($M = 0$, $SD = 1$) and the sum was taken, with higher scores indicating more positive relationships. Cronbach alpha was .68 for this sample.

The adolescent's perceived support from and amount of time spent with his or her 5 best male friends and 5 best female friends were measured with 10 yes/no items (3 items each about time with male friends and time with female friends; 2 items each about support from male friends and support from female friends). The support items asked whether the adolescent had talked to the friend about a problem or talked to the friend on the telephone during past seven days. The time items asked whether the adolescent had gone to the friend's house, hung out with the friend during the past 7 days, or spent time with the friend during the past weekend. The 3 support items were summed for all five friends of each gender, and possible scores ranged from 0 to 15. The 2 time items were summed for all five friends of each gender, and possible scores ranged from 0 to 10. Higher scores indicated more support from or time spent with friends. Cronbach alpha was .88 for time with female friends, .83 for time with male friends, .82 for support from female friends, and .70 for support from male friends.

Adolescents' self-report data on their friendship networks were available for a subset ($n = 56$) of adolescents in our sample. Analyses revealed that this subset of adolescents did not differ

on family income or parental education from those adolescents for whom these data were not available. Our analyses of network variables are limited to this smaller sample.

The number of friends the adolescent reported having in his or her school was measured as the number of friendship nominations (up to 10) the adolescent made for students in his or her school. The presence of a best female friend was assessed with a yes / no item indicating whether the adolescent nominated a female friend in the school as his or her best friend. Similarly, the presence of a best male friend was assessed with a yes / no item that indicates whether the adolescent nominated a male friend in his or her school as a best friend.

Peer-report network data were available to augment the information provided by adolescents regarding their friendship networks. As with the adolescent self-report network data, analyses of these data are limited to the subset of adolescents ($n=56$) for whom network data were available. Variables constructed by Add Health staff (Carolina Population Center, 1997) from peer-report data include adolescent popularity, network centrality, network density, network heterogeneity, and several network traits.

Adolescents' popularity was calculated as the number of times an adolescent was nominated as a friend by other students in his or her school, with higher scores indicate greater popularity in the adolescent's several network traits. Adolescents' centrality within their friendship network (Bonacich, 1987; Carolina Population Center, 1997) assesses whether adolescents are located in prominent positions within their friendship network and connected to many peers in their peer group. Higher numbers indicate greater centrality.

The density of adolescents' friendship networks, including students who were nominated by the adolescent as a friend and students who nominated the adolescent as a friend, assesses

how many interconnections exist among students in the peer group, which is related to how likely adolescents are to know others in their school (Haynie, 2000). Higher numbers indicate greater network density.

In order to assess the degree of diversity in adolescents' friendship networks, which included students who were nominated as friends by the adolescent and students who nominated the adolescent as a friend, we used heterogeneity measures of grade, age, and race computed by Add Health staff. Higher numbers indicate greater diversity in a trait. We assessed two characteristics of adolescents' friendship networks with the mean value on that characteristic or behavior for students in the adolescent's peer network. These characteristics included grades and number of extracurricular activities. Higher scores indicate higher grades or more activities (Carolina Population Center, 1997).

Adolescents' perceived care from adults and friends was measured with 3 items regarding how much the adolescent believed that adults, teachers, and friends care about them. The mean of the three items was taken as the adolescent's score, and possible scores ranged from 1 to 5, with higher scores indicating perceptions of more caring. Cronbach Alpha for this scale was .58 for this sample.

Perceived parental warmth toward the adolescent was assessed using the mean of 5 items from adolescent reports. Self-report items included adolescents' perceptions of parents' warmth and caring toward adolescent, perceived level of family's understanding and attention, and adolescents' feelings of closeness to parents. For questions in which adolescents were asked about each of their parents, the response for the parent who was described as more warm and

loving was used. Scores ranged from 1 to 5, with higher scores indicating greater warmth.

Cronbach's Alpha for the parental warmth scale was .70 for this sample.

Adolescents answered 8 yes/no items describing activities adolescents sometimes engage in with their mothers. Adolescents reported whether or not they had engaged in each of the activities with their resident mother in the past 4 weeks. These items included going shopping, playing a sport, talking about someone the adolescent is dating, going to the movies, discussing a personal problem, talking about grades, talking about a school project, and talking about other things going on in school. The 8 items were summed, with possible scores ranging from 0 to 8. Cronbach alpha for this variable was .67 for this sample.

Parents' perceptions of the quality of their relationship with their adolescent were assessed using a scale made up of 6 items described above, with higher scores indicating closer relationships.

Results for Peer Relations

Analyses were conducted in two major steps. The first set of analyses evaluated the degree to which adolescents living with same-sex couples differed in their family relationships and peer relations from the comparison group, and they employed two-way (family type: same-sex vs. opposite-sex parents X gender of adolescent) ANOVAs and MANOVAs. The second set of analyses explored associations of adolescent peer relations with assessments of family and relationship processes. Simultaneous multiple regression analyses were used to determine whether these processes were significant predictors of adolescent adjustment, while controlling for family type, adolescent gender, and socioeconomic status. We expected that family type would be less important than family relationships and processes in accounting for variation in the

quality of adolescent peer relations, and that processes related to positive outcomes for adolescents would be similar, regardless of family type, and that no interactions between family type and relationship processes would emerge.

Overall, this sample of adolescents reported positive peer relations, with adolescents reporting an average of about 5 friends in their school. Adolescents also reported that they spent time with between one and two male friends and between one and two female friends, on average, in the past week engaging in activities such as going to the friend's home, hanging out, and talking on the phone.

As expected, there were no differences in the number of friends that adolescents nominated in their school nor in the quality of their peer relations as a function of family type. Girls rated the quality of their peer relations slightly more positively than did boys, but this comparison did not reach statistical significance. There was no significant difference between groups in the percent of adolescents who reported having a best male friend; 64% of adolescents with same-sex parents and 68% of those with opposite-sex parents reported this. Adolescents who reported having a best female friend (68% of adolescents with same-sex parents and 40% of adolescents with opposite-sex parents, *ns*) were somewhat more likely to be living with same-sex couples, but this difference did not reach statistical significance.

Analyses of adolescents' reports of time spent with and support received from male and female friends also revealed no significant differences as a function of family type. There was, however, a significant effect for gender; girls reported more support from female friends than did boys. All of the analyses were run again with family income and parent's education as covariates. As the results did not differ between the two analyses and as the influence of

demographic characteristics was not a focus of our research, demographic results are not presented here. Overall, adolescent reports of peer relations did not differ as a function of family type.

With regard to peer reports of peer relations, adolescents in this sample were nominated as a friend by an average of almost five schoolmates. As expected, analyses of peer reports of the adolescent's peer relations, including popularity, network centrality, and network density, revealed no significant differences as a function of family type. There was, however, a significant effect for adolescent gender, with girls having higher popularity ratings than did boys.

We also used peer report data to calculate the heterogeneity of the adolescent's friendship network with respect to age, race, and school grades. On average, this sample of adolescents had networks that were moderately diverse, and there were no significant differences as a function of family type or adolescent gender. In summary, adolescents living with same-sex parents had friendship networks that were very similar in heterogeneity and member characteristics to those of adolescents living with opposite-sex parents.

Overall, as reported above, adolescents reported positive family relationships. Adolescents' reports of parental warmth were high. With regard to time spent with their parents, adolescents reported an average of more than three activities with their mother in the past four weeks. As described above, adolescents' perceptions of others' care for them were high, as were parents' perceptions of the quality of the parent-adolescent relationship.

In line with our expectations, there were no significant differences in adolescent reports of family and relationship processes, including parental warmth, activities with mother, or care

from others as a function of family type. Girls did, however, report higher levels of care from adults and peers, and greater participation in activities with their mothers, than did boys.

In order to assess the degree to which outcomes for adolescents in our focal and comparison samples differed from those for the population from which the samples were drawn, we obtained mean scores from the Add Health Core Sample for each of the dependent variables. Using one-sample t-tests and chi-squared tests, we compared means for our focal sample to those for the entire Add Health core sample. None of these comparisons was statistically significant. Thus, peer relations for adolescents with same-sex parents in our focal sample did not differ significantly from those of a nationally representative group of American adolescents.

We also explored possible associations between processes in the adolescent's environment and adolescent peer relations. Simultaneous multiple regression analyses were used to determine whether these family and relationship variables were significant predictors of adolescent peer relations, while controlling for family type, adolescent gender, and socioeconomic status. Regression analyses were conducted separately for adolescents' reports of the quality of their peer relations and the number of friends nominated by the adolescent as friends, as well as for peer reports of popularity, network centrality, and network density. Family type, adolescent's gender, parental education, and family income were also included as predictors, with family type and adolescent gender remaining in all models for comparison. Demographic variables and family and relationship variables that were not statistically significant predictors were removed from the models.

Results showed that, as expected, family and relationship variables were significantly associated with many measures of adolescent peer relations. Adolescents' reports of the quality

of their peer relations were significantly associated with parents' reports of the quality of the parent-adolescent relationship and with the adolescents' reports of caring from adults and peers, with more positive parent-adolescent relationships and more perceived care from adults and peers associated with more positive peer relations. Similarly, the number of school friends reported by adolescents was associated with the quality of the parent-adolescent relationship and the number of activities done with mother, with more positive parent-adolescent relationships and more activities with mother associated with having more friends at school.

Peer reports of adolescent peer relations were also significantly associated with family and relationship variables. Peer reports of adolescents' popularity were significantly associated with the number of activities with mother, with more activities with mother associated with greater popularity. Adolescents' centrality in their peer networks was associated with the quality of the parent-adolescent relationship; more positive relationships were associated with greater network centrality. There was also a significant association between network centrality and parental education, with higher levels of parental education associated with greater network centrality. There were no significant associations among the density of adolescent's peer networks and family and relationship variables.

In summary, adolescent peer relations were associated in expected ways with several family and relationship variables. Adolescent reports of care from adults and peers and number of activities with mother, as well as parental reports of the quality of the parent-adolescent relationship, were significantly associated with numerous measures of adolescent peer relations. Also as predicted, family type was not significantly associated with any measure of adolescent peer relations, but several associations were found among these measures and adolescent gender.

Overall, these results suggest that family and relationship process variables are more important predictors of adolescent peer relations than is family type.

Discussion and Conclusions

The results of this research, which is the first to draw participants from a large, national sample to examine the adjustment, school outcomes, substance use, family and peer relations of adolescents living with same-sex couples, have revealed few significant differences in adolescent functioning as a function of family type. Regardless of family type, however, family and relationship variables such as the quality of the parent-adolescent relationship were significantly associated with many aspects of adolescent functioning. These results, which are consistent with the findings of past research on children living with lesbian mothers, suggest that qualities of relationships within the family are more important in predicting adolescent psychosocial adjustment, substance use, school outcomes, family and peer relations than is family type (Chan, Raboy, et al., 1998; Patterson, 2006).

Our research included assessments of multiple facets of adolescent adjustment, including the adolescents' psychosocial adjustment, school outcomes, substance use, and relationships with parents and peers. Indeed, assessments of each of these variables were themselves multifaceted. For instance, our assessments of peer relations included adolescents' perceptions of the number of friends they have in school, the quality of their peer relations, and the amount of support they receive from both male and female friends. Our assessments of peer relations also included peer reports about adolescent popularity within the school, centrality within peer networks, network density, and network heterogeneity. The consistency of our results, which failed to reveal significant differences among adolescents living with same-sex parents versus those living with

opposite-sex parents in a geographically, racially, and economically diverse sample, leads to the conclusion that adolescents living with same-sex parents are developing well (e.g., Wainright & Patterson, 2006, 2008; Wainright et al., 2004).

We did not find significant associations between adolescents' functioning and family type, but we did uncover associations between several aspects of adolescent social and personal adjustment, on the one hand, and family and relationship variables on the other. For instance, parents' reports of the quality of the parent-adolescent relationship were significantly associated with adolescents' self-reports of the quality of their peer relations, number of friends in school, and peer network centrality. Also supporting the view that adolescent peer relations are strongly associated with qualities of other relationships, results revealed that adolescents' reports of care from others were significantly associated with their reports of the quality of their peer relations. Similarly, adolescents' reports of the number of activities with their mothers were significantly associated with their reports of the number of friends they have in school as well as with peer reports of their popularity. Overall then, these results support past findings that suggest that family processes are more important predictors of adolescent functioning than are structural variables such as family type (e.g., Allen, Moore, Kuperminc, & Bell, 1998).

Major theories of human development have often been interpreted as predicting that offspring of same-sex parents would encounter important difficulties in their adjustment, especially during adolescence (Baumrind, 1995). Results from this large sample of American adolescents have failed to confirm these predictions, suggesting that the theories may need reevaluation, especially in their application to outcomes for offspring of same-sex parents (Patterson, 2000, 2006). Results of numerous recent studies on children and adolescents who do

not live with heterosexual parents (e.g., Gartrell, this volume; Patterson, 2000, 2006; Perrin & Committee on Psychosocial Aspects of Child and Family Health, 2002; Stevens, Perry, Burston, Golombok, & Golding, 2003), as well as those of the current research, suggest that theorists may need to reconsider the importance of opposite-sex parents for human personal and social development.

The current findings also have implications for public policies that involve children of lesbian mothers (Patterson et al., 2002). Inasmuch as these findings suggest that adolescents living with same-sex parents experience relationships with peers in much the same way as do adolescents living with opposite-sex parents, they provide no justification for discrimination on the basis of sexual orientation in matters such as adoption and child custody. Our results suggest that relationships and processes that occur within the family are important factors in the development of adolescents' personal and social development.

Our confidence in the present findings is bolstered by the strengths of the Add Health study (Bearman et al., 1997) from which the data have been drawn. The Add Health study was designed and conducted by experienced researchers who did not collect data for the purpose of studying adolescents living with same-sex parents. This fact addresses one of the concerns sometimes expressed about some earlier studies, namely that samples may have been biased toward lesbian mothers who have higher incomes and greater educational attainment, as well as toward those families whose children are developing well. Regardless of whether earlier samples were or were not biased in any way, the present sample cannot have been subject to any such limitations.

The use of the Add Health database has allowed us to identify an ethnically, economically, and geographically diverse sample of adolescents living with same-sex couples. This is one of the most heterogeneous samples employed in research with this population to date. The continuing but understandable reluctance of some same-sex parents to identify themselves as such, however, limits our ability to assess the exact degree to which the current sample is representative of all lesbian-headed families. In addition, the Add Health database does not make it possible to determine how long adolescents have lived in their current family situations, so we cannot reach any conclusions on that topic. Despite these limitations, the Add Health database was a useful resource for this research.

This research is the first to involve information collected from parents and peers as well as from adolescent self-reports in the study of adolescent peer relations among youth reared by same-sex couples. This feature of the study allowed us to evaluate the possibility that youngsters' self-reports might provide overly optimistic estimates of their development. To the contrary, we found that both adolescents themselves and their peers at school described the peer relations of youngsters reared by same-sex couples as satisfactory. Thus, our peer report data represent a major asset that is helpful in ruling out possible alternative interpretations of our findings.

Despite the issues in past research that were addressed by the design of our study, the current research has some limitations. Among these is the fact that parents were not asked directly about their sexual identities. As a result, we were forced to rely on indirect assessments of sexual identity such as parent-report items that asked parents whether they were in a "marriage or marriage-like relationship" together with information about the gender of that partner. The

design of the Add Health study allowed identification and study of adolescents living with mothers who have female romantic partners, but not adolescents with lesbian mothers who lived in other types of households (e.g., single lesbian mothers or mothers who did not consider their relationship with a female romantic partner to be a marriage or marriage-like relationship). The current research would have been strengthened if parents had been asked to describe their sexual identities in terms of their sexual attractions, fantasies, behaviors, and identities. As in all studies with gay and lesbian populations, it is likely that some parents chose not to disclose their same-sex relationships and therefore could not be identified for study in this research.

In summary, the present study has assessed several aspects of overall functioning among adolescents living with same-sex versus opposite-sex couples. Although family type had few significant linkages with any aspect of adolescent social or personal development, the qualities of adolescents' relationships with parents were associated with many aspects of their personal adjustment, substance use, delinquent behavior, and relations with peers. Whether they lived with same-sex or opposite-sex couples, adolescents whose parents reported having close relationships with them were likely to report higher self-esteem, fewer depressive symptoms, less use of alcohol and tobacco, and less delinquent behavior. They were also likely to have more friends in school, more supportive friends, and greater centrality within their friendship networks than other adolescents. These results do not support the idea that adolescent outcomes are shaped by parental sexual orientation, but they are consistent with views that emphasize the importance of adolescent relationships with parents. Overall, the results suggest that important decisions about adolescent lives should focus not on parental sexual orientation, but on the qualities of adolescents' relationships with parents.

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