

BRIEF REPORTS

Delinquency, Victimization, and Substance Use Among Adolescents With Female Same-Sex Parents

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The question of whether parental sexual orientation has an impact on human development has important implications for psychological theories and for legal policy. This study examined associations among family type (same-sex vs. different-sex parents), family and relationship variables, substance use, delinquency, and victimization of adolescents. Participants included 44 adolescents living with female same-sex couples and 44 adolescents living with different-sex couples, matched on demographic characteristics and drawn from a national sample. Analyses indicated that adolescents were functioning well and that their adjustment was not associated with family type. Adolescents whose parents described closer relationships with them reported less delinquent behavior and substance use, suggesting that the quality of parent–adolescent relationships better predicts adolescent outcomes than does family type.

Keywords: sexual orientation, parenting, substance use, delinquency, victimization

The question of whether parental sexual orientation has an impact on human development has received considerable attention recently from a variety of sources (Stacey & Biblarz, 2001). This topic has important implications for theories of socialization (Golombok, 1999) and for law and social policy (Patterson, Fulcher, & Wainright, 2002; Perrin & the Committee on Psychosocial Aspects of Child and Family Health, 2002). A growing body of empirical research has examined outcomes among children who are reared by gay and lesbian parents.

Studies reported to date have identified few associations between parental sexual orientation and young children's well-being (Patterson, 2000), but have suggested that processes within the family may be associated with child outcomes (Chan, Raboy, & Patterson, 1998). We still have relatively few studies of adolescent offspring of lesbian or gay parents, however, and some have advised caution when generalizing the results of research conducted with young children to adolescents (e.g., Baumrind, 1995; Perrin & the Committee on Psychosocial Aspects of Child and Family Health, 2002).

The small body of research that has focused on adolescent offspring of families headed by same-sex couples found no differences in young people's self-esteem (Huggins, 1989); depression, anxiety, and peer group hostility

(Tasker & Golombok, 1997); or depressive symptoms, anxiety, grade-point average, trouble in school, sexual behavior, and romantic relationships (Wainright, Russell, & Patterson, 2004) as a function of mothers' sexual orientation. Wainright et al. (2004), however, did report significant associations between parental perception of parent–adolescent relationship quality and adolescent school adjustment.

Considerable research indicates that parenting style influences the effectiveness of parents' efforts to socialize their children (Steinberg & Silk, 2002). A warm, accepting style of parenting is generally related to optimal outcomes for adolescents (Rohner, 1999), especially if it is combined with appropriate limit setting and monitoring of adolescent behavior (Steinberg & Silk, 2002). In particular, family processes such as the quality of the parent–adolescent relationship have been found to be associated with adolescent risk behaviors (e.g., Crosnoe, Erickson, & Dornbusch, 2002; Matherne & Thomas, 2001).

We assessed levels of risk behavior among adolescent offspring of female same-sex parents and explored factors associated with individual differences within this group. We assessed family type (i.e., whether parent has a same-sex or different-sex partner) as well as relationship variables. On the basis of previous findings with children (e.g., Chan et al., 1998), we expected to find no differences in substance use, risky and delinquent behaviors, or victimization based on family type. Consistent with the literature on sources of individual differences among adolescents (e.g., Steinberg & Silk, 2002), however, we did expect to find significant associations between relationship variables such as the quality of the parent–adolescent relationship and adolescent outcomes.

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Method

Participants

Participating families were drawn from a large, nationally representative sample of adolescents in the United States collected for the National Longitudinal Study of Adolescent Health (Add Health), a school-based study of the health-related behaviors of adolescents in Grades 7–12 (See Bearman, Jones, & Udry, 1997). Data used in the present study were collected through the In-Home Interview (IHI) and surveys, as well as in-school surveys of students (collected in 1994–1995), and through in-home questionnaires of parents. Details on sampling and methods used in the current research can be found in an earlier publication (Wainright et al., 2004) that focused on psychosocial outcomes, school functioning, and romantic attractions.

The focal group of families that were headed by a mother who reported having a marriage or marriage-like relationship with a woman consisted of 44 adolescents, 23 girls and 21 boys. Approximately 31.8% identified themselves as non-White. On average, the adolescents were 15.1 years of age ($SD = 1.5$ years), with a range of 12 to 18 years of age. Average household income was approximately \$45,500 per year. Each of these adolescents was matched with an adolescent from the Add Health database who was reared by different-sex parents, on the basis of gender, age, ethnic background, adoption status, learning disability status, family income, and parents' education. The final sample included 88 families, including 44 families headed by mothers with female partners and 44 comparison families headed by different-sex couples.

Dependent Measures

Substance use. Adolescents' use of tobacco was assessed with a composite 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 three best friends smoke at least 1 cigarette per day.

Use of alcohol was assessed with three variables from the Adolescent IHI. We utilized 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 in 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 binge 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 two survey items from the Adolescent IHI 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 = ">5 times in past 30 days").

Adolescents' risky use of alcohol and drugs was assessed with a scale of eight items (1 = yes, 0 = no; $\alpha = .78$) from the Adolescent IHI, which 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 eight 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 nine items ($\alpha = .84$) from the Adolescent IHI, 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 ranging from 0 (never) to 4 (5 or more times), and the mean of the nine items was taken, with higher scores indicating more problems.

Adolescents' joint occurrences of substance use and sexual activity were assessed with a scale of 6 items (1 = yes, 0 = no; $\alpha = .68$) from the Adolescent IHI asking whether the adolescent had used drugs or alcohol or had been drunk the first time (three items) or most recent time (three 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 ($\alpha = .74$) from the portion of the Adolescent IHI in which adolescents listen to questions through headphones and record 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 five items ($\alpha = .97$) from the Adolescent IHI 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 three items from the Adolescent IHI regarding how much the adolescent believed that others care about them. The mean of the three items ($\alpha = .58$) was taken, and possible scores ranged from 1 (not at all) to 5 (very much), with higher scores indicating perceptions of more caring. Parents' perceptions of the quality of their relationship with their child were assessed with a scale made up of the mean of six items ($\alpha = .71$) from the Parent's In-Home Questionnaire. Items included parents' assessment of trust, understanding, communication, and general quality of relationship and were measured on a scale ranging from 1 to 5, with higher scores indicating closer relationships.

Results

Overall, adolescents reported positive outcomes. They reported moderate use of cigarettes and alcohol, with 25% reporting that they had ever smoked regularly and 44% reporting that they had drunk alcohol when they were not with their parents. Reports of adolescents' frequency of alcohol use ($M = 2.91$, $SD = 1.88$) and tobacco use ($M = 1.94$, $SD = 1.59$) were low. Adolescents also reported low levels of alcohol abuse, including binge drinking ($M = 1.82$, $SD = 1.53$) and getting drunk ($M = 1.81$, $SD = 1.46$). Their reports of physical and relationship problems because of alcohol use ($M = 0.24$, $SD = 0.46$) were low, as were their reports of risky use of drugs and alcohol ($M = 0.53$, $SD = 1.27$) and reports of joint occurrences of sexual activity and drug or alcohol use ($M = 0.23$, $SD = 0.71$). They reported

low levels of delinquent behavior ($M = 1.81$, $SD = 1.86$) and victimization ($M = 0.39$, $SD = 0.88$).

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 who smoke among three best friends or frequency of getting drunk or binge drinking (see Table 1). Consistent with results for 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, adolescents and their parents reported positive family relationships. Parents' perceptions of the quality of the relationship were high, with a mean of 4.20 ($SD = 0.53$) and a range of 2.66 to 5.00. Adolescents' perceptions of others' care were high ($M = 4.07$, $SD = 0.65$), with a range of 2.33 to 5.00. Consistent with results for adolescent outcomes, analyses revealed no differences in parent report of the quality of the parent-adolescent relationship or adolescent report of care from others as a function of family type.

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.

We also conducted logistic regressions on dichotomized outcome variables, but because results were similar to those for the multiple regression models, we do not describe them further.

Results showed that, as expected, quality of family relationships was significantly associated with many adolescent outcomes (see Table 2). Adolescents' tobacco use was associated with parental report of the quality of the parent-adolescent relationship ($\beta = -.31$, $p < .01$) and with adolescents' reports of caring from adults and peers ($b = -.37$, $p < .01$). 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 associated with parental report of the quality of the parent-adolescent relationship ($\beta = -.26$, $p < .05$; $\beta = -.51$, $p < .001$; and $\beta = -.38$, $p < .001$, respectively), with more positive relationships associated with less use of alcohol and marijuana and less delinquent behavior. Boys reported more victimization than did girls ($\beta = -.25$, $p < .05$). Interactions between family type and predictor variables were not significant. In summary, adolescents' 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 outcomes and were better predictors of adolescent risk behavior than were family type and adolescent gender.

Discussion

The results of the present study revealed that, across a diverse array of assessments, including measures of delinquent behavior, victimization, substance abuse, and qualities of family relationships, adolescents with female same-sex parents did not differ significantly from a matched group of adolescents living with different-sex parents. Regardless of family type, adolescents were less likely to

Table 1
Adolescents' Mean (and Standard Deviation) Reports of Risk Behavior as a Function of Family Type

Variable	Family type	
	Different sex <i>M (SD)</i>	Same sex <i>M (SD)</i>
Tobacco use	2.50 (1.73)	2.60 (1.91)
Of three best friends, number who smoke	0.83 (0.91)	0.84 (1.12)
Alcohol use	2.91 (1.74)	2.91 (2.02)
Frequency of getting drunk	1.68 (1.20)	1.93 (1.69)
Frequency of binge drinking	1.61 (1.19)	2.02 (1.80)
Marijuana use	1.76 (1.57)	2.02 (1.78)
Risky use of alcohol and drugs	0.38 (0.92)	0.68 (1.54)
Problems related to alcohol use	0.18 (0.38)	0.30 (0.53)
Sex under influence of alcohol or drugs	0.14 (0.46)	0.32 (0.88)
Delinquent behavior	1.75 (1.82)	1.86 (1.92)
Victimization	0.25 (0.78)	0.52 (0.95)
Care from others	4.10 (0.62)	4.05 (0.68)
Parent report of quality of relationship	4.17 (0.50)	4.23 (0.57)

Note. According to Wilcoxon signed ranks test, there were no significant differences as a function of family type.

Table 2
Prediction of Adolescent Risk Behavior

Variable	<i>B</i>	<i>SE (B)</i>	β	<i>F</i>	<i>df</i>	<i>R</i> ²
Tobacco use				5.42***	4, 69	.24
Family type	.05	.36	.01			
Adolescent gender	.15	.37	.05			
Quality of relationship	-.96	.33	-.31**			
Care from adults & peers	-.95	.29	-.37**			
Alcohol use				3.09*	3, 69	.12
Family type	<.01	.43	.001			
Adolescent gender	-.86	.43	-.22†			
Quality of relationship	-.90	.40	-.26*			
Marijuana use				8.92***	3, 69	.28
Family type	.42	.36	.12			
Adolescent gender	.47	.36	.13			
Quality of relationship	-1.66	.33	-.51***			
Delinquent behavior				4.62**	3, 71	.16
Family type	.11	.41	.03			
Adolescent gender	-.56	.41	-.15			
Quality of relationship	-1.31	.38	-.38***			
Victimization				3.14*	2, 72	.08
Family type	.20	.20	.11			
Adolescent gender	-.45	.20	-.25*			

† $p < .10$. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

report risky behavior when parents described close relationships with them. Thus, as has been reported in studies of children with lesbian mothers (e.g., Chan et al., 1998), it was qualities of adolescent-parent relationships rather than family composition that was significantly associated with adolescent adjustment (Golombok, 1999).

Confidence in the present findings is bolstered by the strengths of the Add Health study (Bearman et al., 1997), which allowed for examination of important outcomes among adolescents living with female same-sex parents, as compared with a well-matched sample of adolescents living with different-sex parents, using data from a large national sample. Results of our current study add significantly to those from earlier studies, which were most often smaller in their size, less representative in their sampling, and less comprehensive in their assessment of adolescent outcomes (Stacey & Biblarz, 2001).

Despite the many strengths of the present study, however, we also acknowledge several limitations. For instance, parents were not asked directly about their sexual identities, and we were thus forced to rely on indirect assessments (e.g., parents' reports of being in a "marriage or marriage-like relationship" with a person of the same sex). The sample size of the current study is larger than those of much of the previous research with this population, but the finding of no group differences would be strengthened by replication in larger samples. Results that include variables with lower reliabilities should be interpreted with caution pending replication. Finally, our assessment of victimization did not include verbal harassment or bullying, and any interpretation of these data must consider this fact.

Major theories of human development have often been interpreted as predicting that adolescents living with same-sex parents would encounter important difficulties in their adjustment, especially during adolescence (Baumrind,

1995). The fact that results from a large national sample of American adolescents fail to confirm this view leads to questions about the extent to which predictions of the theories have been disconfirmed (Patterson, 2000). In particular, results of recent research on children and adolescents who are not living with different-sex parents (e.g., Patterson, 2000; Stevens, Golombok, Beveridge, & the ALSPAC Study Team, 2002) suggest that theorists may need to reconsider the importance of different-sex parents for human personal and social development (Silverstein & Auerbach, 1999).

Our current findings also have implications for public policies that involve children of lesbian parents (Patterson et al., 2002). Inasmuch as our findings suggest that adolescents living with same-sex parents develop in much the same ways as do adolescents living with different-sex parents, they provide no justification for limitations on child custody or visitation by lesbian parents. Our findings provide no warrant for legal or policy discrimination against adolescents with same-sex parents (Patterson et al., 2002).

In summary, the present study is the first to have assessed delinquent behavior, victimization, and substance use among adolescents living with same-sex versus different-sex couples. Family type was not linked to adolescent risk behavior, but the qualities of adolescents' relationships with parents were associated with several variables. Regardless of whether they lived with same-sex or different-sex couples, adolescents whose parents reported having close relationships with them were likely to have fewer problems with delinquency or substance use. Our results are consistent with theories that emphasize the importance of adolescent relationships with parents, and suggest that parental sexual orientation is not a major factor in shaping adolescent development or behavior.

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