

Psychosocial Adjustment, School Outcomes, and Romantic Relationships of Adolescents With Same-Sex Parents

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This study examined associations among family type (same-sex vs. opposite-sex parents); family and relationship variables; and the psychosocial adjustment, school outcomes, and romantic attractions and behaviors of adolescents. Participants included 44 12- to 18-year-old adolescents parented by same-sex couples and 44 same-aged adolescents parented by opposite-sex couples, matched on demographic characteristics and drawn from a national sample. Normative analyses indicated that, on measures of psychosocial adjustment and school outcomes, adolescents were functioning well, and their adjustment was not generally associated with family type. Assessments of romantic relationships and sexual behavior were not associated with family type. Regardless of family type, adolescents whose parents described closer relationships with them reported better school adjustment.

Does parental sexual orientation have an impact on children's development? The issue of parental sexual orientation has received a great deal of attention recently from a variety of sources, including the popular press, the research community (Stacey & Biblarz, 2001), and the medical profession (Perrin, 1998). This topic is important both because of its implications for theories of socialization (Golombok, 1999; Golombok & Tasker, 1994) and because of its relevance to recent controversies in law and social policy, both in the United States and abroad (Golombok, 2002; Patterson, Fulcher, & Wainright, 2002; Patterson & Redding, 1996; Perrin & Committee on Psychosocial Aspects of Child and Family Health, 2002). Thus, it is not surprising that a growing body of empirical research has examined psychosocial outcomes among children who are raised by parents who have same-sex partners.

Varied theoretical predictions about the development of children with lesbian mothers can be drawn from the psychological literature (Golombok et al., 2003). Some authors have suggested that parental sexual orientation might have an important influence on development during childhood and adolescence (e.g., Baumrind, 1995). Others have argued that the qualities of family relationships and interactions are likely to be more important influences than parental sexual orientation (e.g., Chan, Raboy, & Patterson, 1998). A growing number of studies have sought to evaluate these expectations by exploring linkages between parental sexual orientation, on the one hand, and children's development, on the other.

Research has identified few associations between parental sexual orientation and young children's well-being (Patterson, 2000), but it has suggested that processes within the family such as parents' division of labor (Chan, Raboy, et al., 1998; Patterson, 1995) may be associated with child adjustment. Research has focused on children who were born to or adopted by lesbian mothers (e.g., Brewaeys, Ponjaert, Van Hall, & Golombok, 1997; Chan, Brooks, Raboy, & Patterson, 1998; Chan, Raboy, et al., 1998; Flaks, Ficher, Masterpasqua, & Joseph, 1995; Golombok, Tasker, & Murray, 1997; Patterson, 1994) or who were born in the context of a heterosexual relationship (e.g., Golombok, Spencer, & Rutter, 1983; Green, 1978; Green, Mandel, Hotvedt, Gray, & Smith, 1986; Kirkpatrick, Smith, & Roy, 1981). Results of these studies suggest that children's development is similar in many respects, whether they are raised by lesbian or by heterosexual parents.

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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 important, and because of concerns about the possible effects of same-sex parenting during adolescence (e.g., Baumrind, 1995), it is an especially interesting period in which to examine the development of youth with nonheterosexual parents.

The small body of research that has focused on adolescent offspring of families headed by same-sex couples includes Huggins's (1989) study of 36 adolescents, ages 13 to 19, 18 with divorced heterosexual and 18 with divorced lesbian mothers. In this study, Huggins reported no differences in adolescent self-esteem as a function of mothers' sexual orientation. Daughters of lesbian mothers also had higher self-esteem if their mother had a romantic partner who lived in the home, if their fathers did not display negative attitudes about the mother's sexual orientation, and if they learned of their mother's sexual orientation at an early age. Huggins also reported that one adolescent with a heterosexual mother, but none with lesbian mothers, identified as nonheterosexual.

O'Connor (1993) studied 11 young men and women, ages 16 to 23, who were the children of divorced or separated lesbian mothers. Qualitative findings suggested that participants expressed strong love, loyalty, and protectiveness toward their mothers, and a desire for others to understand the benefits of having a lesbian mother, such as an increased sensitivity to prejudice. Informants, however, described worries about losing friends or being judged by others and their need to keep their mothers' sexual orientation a secret from at least some people external to the family.

Gershon, Tschann, and Jemerin (1999) studied self-esteem, perception of stigma, and coping skills among adolescent offspring of lesbian mothers. They conducted interviews with 76 adolescents, ages 11 to 18, and examined the impact of societal factors on self-esteem. The participants had either been born to women who identified as lesbians (25 adolescents) or had been born in the context of their mother's earlier heterosexual marriage (51 adolescents). Gershon et al. found that adolescents who perceived more stigma related to having a lesbian mother had lower self-esteem in five of seven areas, including social

acceptance, self-worth, behavioral conduct, physical appearance, and close friendship. They hypothesized that the presence of various types of coping skills would moderate this relationship between perceived stigma and self-esteem. However, their results showed that only good decision making had a moderating effect: In the face of high perceived stigma, adolescents possessing better decision-making skills had higher self-concept in the area of behavioral conduct.

A slightly older population was studied in Tasker and Golombok's (1997) longitudinal study of young adult offspring of lesbian mothers. Forty-six young adults, ages 17 to 35, were interviewed in this follow-up to Golombok et al.'s (1983) study of children raised in divorced lesbian mother or divorced heterosexual mother families. In this generally well-adjusted sample, young men and women who were raised by lesbian mothers were no more likely than those raised by heterosexual mothers to experience depression or anxiety. Adult children from lesbian mother families were also no more likely than those from other families 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, or 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 although sexual attraction and identity may not be related to parental sexual orientation, the likelihood of considering or entering a same-sex relationship may be associated with parents' sexual orientation.

In general, like the literature on children, these studies found few differences in adolescent adjustment associated with parental sexual orientation. Research on younger children (e.g., Chan, Brooks et al., 1998) found that variables representing families' organization of daily life, such as division of household labor and child care, are more likely than parental sexual orientation to be associated with children's outcomes. Research on adolescent offspring of same-sex couples, however, has not yet addressed 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, and the current research addressed this issue by assessing adolescents' perceptions of parental warmth and their own autonomy, as well as parents' perceptions of the quality of their relationship with their child.

Overall, the research on adolescent and young adult offspring of lesbian mothers suggests that they are developing in positive ways. However, existing research is still sparse and based on small samples, the representativeness of which is generally difficult to assess (Stacey & Biblarz, 2001). One recent study 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 current study is the first to assess adjustment of adolescents living with same-sex parents in which 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 (Bearman, Jones, & Udry, 1997; Resnick et al., 1997).

Examination of the existing research indicates that there is also a need for analysis of a more comprehensive set of outcomes for adolescents who live with same-sex parents. In the current research, adolescents were assessed on a wide variety of outcome variables, including various aspects of adolescents' psychosocial well-being, school functioning, and romantic relationships and behaviors. 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.

This research assessed normative levels of adjustment among adolescent offspring of same-sex parents and explored factors that are associated with individual differences in adjustment 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 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.

Method

Participants

Participating families were drawn from a large national sample of adolescents in the United States collected by Quality Education Data for Add Health (Bearman et al., 1997). Add Health is a school-based study of the health-related behaviors of adolescents in Grades 7 to 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 70% of the originally sampled high schools were recruited by Add Health. If a high school refused to participate, a replacement school within its stratum was selected. Personnel at 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., schools that include seventh 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 approximately 200 adolescents were 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 laptop computers. For less sensitive sections, the interviewer read the questions and entered the respondent's answers. For more sensitive sections, the respondent listened to prerecorded questions through earphones and entered the answers directly.

A parent, preferably the resident mother, of each adolescent respondent interviewed in Wave I of data collection 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; health-affecting behaviors; education and employment; household income and economic assistance; and parent-adolescent communication and interaction.

Data employed in the present study were collected through the In-Home Interviews and Surveys, as well as In-School Surveys of students (collected from 1994 to 1995) and through the In-Home Questionnaires of parents.

Offspring of same-sex couples were identified through 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, per se, 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 because of coding errors, we retained only 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 "biological mother"). Any families in which parental reports of gender and family relationships did not make sense or did not fit our criteria (e.g., a parent reported being female and described her relationship to the target adolescent as "biological father") were discarded. 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

Table 1
Demographic Characteristics as a Function of Sample

Variable	Family type		Opposite sex vs. same sex
	Same-sex parents	Opposite-sex parents	
Number of families	44	44	
Child's age in years	15.1 (1.5)	15.0 (1.4)	$t < 1$, <i>ns</i>
Parent's age in years	41.1 (6.6)	41.9 (5.1)	$t < 1$, <i>ns</i>
Annual household income ^a	45.5 (20.7)	43.0 (20.5)	$t < 1$, <i>ns</i>
Percentage female	52.3%	52.3%	$\chi^2 < 1$, <i>ns</i>
Percentage non-White	31.8%	31.8%	$\chi^2 < 1$, <i>ns</i>
Percentage adopted	4.5%	4.5%	$\chi^2 < 1$, <i>ns</i>
Percentage with college-educated parents	47.7%	47.7%	$\chi^2 < 1$, <i>ns</i>

Note. Standard deviations are given in parentheses.

^aIncome given in thousands of dollars.

including only families headed by female same-sex couples. To simplify interpretation of results, we excluded these 6 families from the final sample.

The focal group of families identified through this process consisted of 44 adolescents, 23 girls and 21 boys. Approximately 68% of the adolescents identified themselves as European American or White, and 31.8% identified themselves as non-White or as biracial. On average, the adolescents were 15.1 years of age ($SD = 1.5$ years), with a range from 12 to 18 years of age. Average household income for families in the focal group was approximately \$45,500 per year (see Table 1).

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 raised 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 through 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 chi-square tests, as appropriate, we compared adolescent age, parent age, household income, adolescent gender, racial identification, adoption status, and parental education in the two groups. For the entire Add Health core sample, average age of adolescent participants was 14.9 years and average age of parents was 41.7 years. Average household income was \$47,400 per year. The sample was 52.2% female, 38.5% non-White, and 1.5% adopted, and 42% of parents were college educated. 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.

We also explored a more stringent approach to identification of families with same-sex parents. In this approach, we used the two principal criteria described earlier: (a) parent described as being in a marriage or marriage-like relationship and (b) parental report data about gender and family relationships were clear and consistent; in addition, we required that (c) the responding parent reported being unmarried and (d) the adolescent reported no opposite-sex parental figure in his or her household. The fourth criterion required that if an adolescent reported living with his or her biological mother, he or she reported no male figure (e.g., biological father, stepfather) as residing in the household.

Because there was no way for adolescents to indicate that they lived in more than one household (e.g., in joint custody situations), we believe that application of the more stringent criteria effectively eliminated from the sample many adolescents from divorced families in which one or both parents were currently involved in same-sex relationships. Thus, use of the more stringent criteria had the disadvantage of failing to include many families of interest but had the advantage of including only clear cases in which adolescents described themselves as living only with two same-sex adults, and in which parents described themselves as unmarried and as involved in a marriage or marriage-like relationship with a person of the same sex. In short, these families conformed in every particular to an idealized image of lesbian mother families. We identified 18 such families and completed all analyses with this sample and a matched comparison group of 18 families (in which parents reported being involved in opposite-sex relationships). Results were essentially identical to those reported, revealing few group differences but

much within-group variation in outcomes that was significantly associated with the quality of family relationships. We present data from the larger sample, however, because we believe that it more nearly represents the real (rather than the idealized) variety of families in which parents are involved in same-sex relationships.

Dependent Measures

We examined data from Add Health regarding various aspects of adolescent adjustment and adolescent relationships with parents. Composite variables were created from the Add Health In-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, integration into their neighborhood, and autonomy. Adolescents' romantic attractions, relationships, and behaviors were assessed with individual items.

Psychosocial adjustment. Adolescent depressive symptoms were assessed with a 19-question version of the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) from the In-Home Interview. This scale of depressive symptoms includes questions about the frequency of symptoms such as feeling depressed, feeling too tired to do things, and feeling lonely. Possible scores on this scale, based on the sum of the 19 items, range from 0 to 57, with higher scores indicating greater levels of depressive symptoms. Cronbach's alpha was .85.

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

Self-esteem was assessed using a six-item scale from the In-School Questionnaire that included items such as feeling socially accepted and feeling loved and wanted. Items were measured on a scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), with scores ranging from 6 to 30, and higher scores indicating higher self-esteem. Cronbach's alpha was .80.

School functioning. School outcomes measured included grade point average (GPA), school connectedness, and trouble in school, all assessed in the

In-Home Interview. GPA was measured on a 4-point scale where 4 = A, 3 = B, 2 = C, and 1 = D or lower. Following Scal, Ireland, and Borowsky (2003), school functioning 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. For GPA, Cronbach's alpha was .79.

School connectedness was measured using a five-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, felt safe in their school, felt that teachers treated students fairly, and were happy at their school. Possible scores ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Cronbach's alpha was .82.

Adolescents' trouble at school was assessed with a four-item scale that included items such as problems getting homework done and problems getting along with classmates. Items were measured on a scale ranging from 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 was .71.

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 five items from adolescent reports collected during the In-Home Interview. 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 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 taken from the In-Home Interview. 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 was .54.

Adolescents' perceived autonomy was assessed with a scale of seven 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 was .60.

Adolescents' perceived care from adults and friends was measured with three 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 was .58.

Parents' perceptions of the quality of their relationship with their child were assessed with a scale of six items from the parents' In-Home Interview. Items included questions about the parents' assessment of trust, understanding, communication, and the general quality of their relationship with their child, and were measured on a scale from 1 to 5, with scores ranging from 6 to 30, and higher scores indicating closer relationships. Cronbach's alpha was .70.

Results

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 family relationships and processes in accounting for variation in adolescent adjustment. We also expected that processes related to positive outcomes for adolescents would be similar, regardless of family type; therefore, we predicted no interactions between family type and relationship processes. Means and

Table 2
Adolescent Reports as a Function of Family Type and Adolescent Gender

Variable	Same-sex parents		Opposite-sex parents		Family type	F	Gender × Family Type
	Boys	Girls	Boys	Girls			
	(n)	(n)	(n)	(n)			
Psychological well-being ^a	(14)	(13)	(17)	(20)	1.46, <i>ns</i>	1.73, <i>ns</i>	<1, <i>ns</i>
Depressive symptoms ^b	9.50 (3.63)	12.46 (11.66)	8.88 (5.28)	10.35 (7.02)	<1, <i>ns</i>	1.44, <i>ns</i>	<1, <i>ns</i>
Self-esteem ^b	4.06 (0.23)	3.91 (0.68)	3.96 (0.59)	4.11 (0.65)	<1, <i>ns</i>	<1, <i>ns</i>	1.03, <i>ns</i>
Anxiety ^b	6.36 (3.54)	7.54 (3.91)	4.00 (2.42)	6.40 (3.22)	4.47 [§]	4.70 [§]	<1, <i>ns</i>
School outcomes ^c	(17)	(18)	(15)	(20)	3.41*	<1, <i>ns</i>	<1, <i>ns</i>
GPA ^d	2.91 (1.05)	2.76 (0.76)	2.65 (0.83)	2.90 (0.75)	<1, <i>ns</i>	<1, <i>ns</i>	<1, <i>ns</i>
Trouble in school ^d	1.06 (0.53)	1.00 (0.84)	1.00 (0.88)	0.91 (0.62)	<1, <i>ns</i>	<1, <i>ns</i>	<1, <i>ns</i>
School connectedness ^d	4.00 (0.65)	3.91 (0.96)	3.48 (0.78)	3.40 (0.88)	6.65*	<1, <i>ns</i>	<1, <i>ns</i>
Family and relationship processes ^e	(21)	(22)	(21)	(22)	<1, <i>ns</i>	2.90*	1.51, <i>ns</i>
Parental warmth ^f	4.23 (0.50)	4.31 (0.59)	4.30 (0.36)	4.48 (0.31)	<1, <i>ns</i>	<1, <i>ns</i>	<1, <i>ns</i>
Care from adults and peers ^f	3.78 (0.67)	4.29 (0.63)	3.94 (0.70)	4.23 (0.52)	<1, <i>ns</i>	8.67**	<1, <i>ns</i>
Autonomy ^f	4.67 (1.60)	5.68 (1.44)	5.48 (1.15)	5.41 (1.46)	<1, <i>ns</i>	2.39, <i>ns</i>	3.11, <i>ns</i>
Neighborhood integration ^f	2.19 (0.81)	2.23 (1.02)	2.52 (0.98)	2.23 (0.87)	<1, <i>ns</i>	<1, <i>ns</i>	<1, <i>ns</i>

Note. Standard deviations are in parentheses. Cell *ns* for each subgroup are given in italicized parentheses.

^a $F(3, 58)$. ^b $F(3, 63)$. ^c $F(3, 64)$. ^d $F(3, 69)$. ^e $F(4, 79)$. ^f $F(3, 85)$. [§]Multivariate analyses of variance revealed no significant effects.

* $p < .05$. ** $p < .01$.

standard deviations for adolescent outcome variables as a function of family type and gender are presented in Table 2.

Structural Comparisons

Psychosocial and school outcomes. Overall, adolescents reported positive psychosocial outcomes, with low levels of depressive symptoms ($M = 10.73$, $SD = 7.25$, on a scale of 0 to 57) and anxiety ($M = 0.82$, $SD = 0.53$, on a scale of 0 to 4), and high levels of self-esteem ($M = 4.02$, $SD = .57$, on a scale of 1 to 5). Similarly, adolescents reported positive school outcomes, with fairly high GPAs ($M = 2.81$, $SD = 0.84$, on a scale of 1 to 4), high levels of school connectedness ($M = 3.69$, $SD = 0.84$, on a scale of 1 to 5), and low levels of trouble in school ($M = 1.05$, $SD = 0.78$, on a scale of 0 to 4). Higher scores indicated greater levels of that outcome for all variables.

As expected, multivariate analyses of variance (MANOVAs) revealed 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 effect for family type for the school outcomes MANOVA, which was significant in the univariate analyses for school connectedness. Adolescents with same-sex parents were more connected at school than were those living with opposite-sex parents. 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. As demographic covariates (e.g., adolescent age, family income, and parent's education) were not statistically significant in MANCOVAs, MANOVA results

are presented for clarity. Overall, adolescent psychosocial and school adjustment did not differ as a function of family type or adolescent gender.

Family and relationship process variables. Overall, adolescents reported positive family relationships. Adolescents' reports of parental warmth were high. On a scale from 1 to 5, with higher scores indicating greater warmth, the mean for the entire sample was 4.36 ($SD = 0.45$, range = 2.80 to 5.00). Very few youngsters reported low-quality relationships with parents. In fact, only 1 adolescent in the focal group and nobody in the comparison group had scores lower than 3 on the scale. Similarly, adolescents' perceptions of others' (teachers, adults, and friends) care for them were high ($M = 4.07$, $SD = 0.65$, range = 2.33 to 5.00). Adolescents also reported relatively high levels of autonomy ($M = 5.26$, $SD = 1.48$, range = 1.00 to 7.00) on a scale of 1 to 7, with higher scores indicating more autonomy. Their average assessment of their integration into their neighborhoods was 2.30 ($SD = 0.92$) on a scale of 0 to 3, with higher scores indicating greater integration. Parents' perceptions of the quality of the parent-child relationship were also high, with a mean of 4.20 ($SD = .53$) on a scale of 1 to 5, with higher scores indicating more positive relationships. Means and standard deviations for family and relationship variables as a function of family type and gender are presented in Table 2.

Consistent with results for psychosocial and school outcomes, MANOVAs revealed that there were 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, with univariate analyses indicating that girls reported higher levels of care from adults and peers than did boys.

Romantic relationships, attractions, and behaviors. Analyses of adolescents' reports of romantic attractions and behaviors revealed no difference between the groups in the percentage of adolescents who reported ever having engaged in sexual intercourse (34% of adolescents with same-sex parents and 34% of those with opposite-sex parents). There was also no significant difference between the groups in the percentage of adolescents who had had a romantic relationship in the past 18 months (68% of adolescents with same-sex parents and 59% of those with opposite-sex parents, *ns*). Fewer than 10 adolescents reported same-sex attractions and same-sex romantic relationships in the past 18 months; there-

fore, 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 adolescents to report having had a romantic relationship in the past 18 months.

Comparisons with Add Health core sample. 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 chi-square tests, as appropriate, we compared means for our focal sample with 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.

Associations Among Family Relationships and Outcome Variables

Having found almost no associations between family type and adolescent adjustment, we wanted to explore possible associations between processes in the adolescent's environment and adolescent outcomes. 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.

Bivariate correlations. As expected, several measures of adolescent adjustment, including depressive symptoms, school connectedness, and trouble in school, were significantly correlated with the quality of the parent-adolescent relationship. When parents

reported more positive relationships, adolescents reported lower levels of depressive symptoms, $r(85) = -.31, p < .01$; less trouble in school, $r(84) = -.25, p < .05$; and greater school connectedness, $r(84) = .31, p < .01$. Adolescents' reports of parental warmth were also positively correlated with several outcome variables. Adolescents' reports of higher levels of parental warmth were associated with fewer depressive symptoms, $r(87) = -.34, p < .01$; higher levels of self-esteem, $r(63) = .35, p < .01$; greater school connectedness, $r(86) = .42, p < .0001$; and less trouble in school, $r(86) = -.32, p < .01$. Similarly, adolescents' reports of care from adults and peers were significantly associated with adolescent outcomes. Higher levels of care from adults and peers were associated with higher self-esteem, $r(64) = .33, p < .01$; higher GPAs, $r(70) = .27, p < .05$; and greater school connectedness, $r(87) = .48, p < .0001$. Adolescent psychosocial and school outcomes generally were not significantly correlated with adolescent age or family socioeconomic status. Adolescent autonomy, however, was correlated with age, $r(87) = .32, p < .01$, with older adolescents

reporting greater levels of autonomy. Parents' level of education was also correlated with trouble in school, $r(87) = -.28, p < .01$, with better educated parents having adolescents who reported less trouble in school.

Regression equations. Predictions of adolescent adjustment based on process variables, family type, adolescent gender, and socioeconomic status (parental education and family income) are shown in Table 3. Demographic and family and relationship variables and interactions that were not statistically significant predictors were removed from the models. Adolescents' perceptions of parental warmth showed similar associations with adolescent outcomes, but the parent report of the quality of the parent-adolescent relationship was used in these analyses to avoid reporter bias.

Results showed that, as expected, quality of family relationships was significantly associated with many adolescent outcomes, with $p < .001$ for school connectedness, $p < .05$ for trouble in school, and $p < .10$ for depressive symptoms and self-esteem. The association between adolescents' depressive symptoms

Table 3

Simultaneous Multiple Regression of Family Type, Gender, and Family and Relationship Variables Onto Adolescent Adjustment

Variable	B	SE (B)	β	F	R ²
Psychosocial well-being					
Depressive symptoms ^a					
Family type	1.11	1.55	0.08	2.66†	.10
Adolescent gender	1.67	1.54	0.12		
Quality of parent adolescent relationship	-3.69	1.43	-0.29*		
Self-esteem ^b					
Family type	-0.02	0.14	-0.02	2.54†	.11
Adolescent gender	-0.04	0.14	-0.04		
Care from adults and peers	0.31	0.11	0.34**		
Anxiety ^c					
Family type	1.20	0.76	0.18	3.64*	.09
Adolescent gender	1.70	0.76	0.25*		
School outcomes					
Trouble in school ^d					
Family type	0.16	0.17	0.10	3.56*	.17
Adolescent gender	-0.24	0.17	-0.15		
Parent's education	-0.08	0.03	-0.25*		
Quality of parent adolescent relationship	-0.38	0.16	-0.26*		
School connectedness ^e					
Family type	2.28	0.97	1.35*	9.65***	.38
Adolescent gender	-0.28	0.16	-0.16		
Care from adults and peers	0.92	0.17	0.70***		
Quality of parent adolescent relationship	0.44	0.14	0.27**		
Family Type × Care From Adults and Peers	-0.49	0.24	-1.20*		
GPA				0.32	<i>ns</i>

^a $F(3, 76)$. ^b $F(3, 63)$. ^c $F(2, 76)$. ^d $F(4, 75)$. ^e $F(5, 83)$.

† $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

and parental report of the quality of the parent–adolescent relationship was not statistically significant. There was, however, a nonsignificant trend in the expected direction, with more positive relationships associated with lower levels of depressive symptoms. Levels of self-esteem were 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 being male associated with 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 socioeconomic status variable. 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 functioning and were better predictors of adolescent adjustment than were family type or adolescent gender.

Discussion

The results of the present study, which is the first based on a large national sample of adolescents living with same-sex couples, revealed that on nearly all of a large array of variables related to school and personal adjustment, adolescents with same-sex parents did not differ significantly from a matched group of adolescents living with opposite-sex parents. Regardless of family type, adolescents were more likely to show favorable adjustment when they perceived more caring from adults and 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 the qualities of adolescent–parent relationships rather than the

structural features of families (e.g., same- vs. opposite-sex parents) that were significantly associated with adolescent adjustment (Golombok, 1999; Patterson, 2000). These results are important both for their relevance to theories of development (Golombok & Tasker, 1994) and for their potential bearing on policies regarding foster care, adoption, and child custody by lesbian and gay parents (Patterson et al., 2002; Stacey & Biblarz, 2001).

Across a diverse array of assessments, we found that the personal, family, and school adjustment of adolescents living with same-sex parents did not differ from that of adolescents living with opposite-sex parents. Consistent with the findings of earlier research (e.g., Huggins, 1989), we found that adolescent self-esteem did not vary as a function of family type. In addition, we found no differences as a function of family type in measures of personal adjustment, such as depressive symptoms and anxiety; in measures of school adjustment, such as academic achievement, trouble in school, or feelings of school connectedness; or in measures of the qualities of family relationships, such as autonomy, care from adults and peers, neighborhood integration, or parental warmth. The clarity of results from this broad array of assessments strengthens our confidence that adolescents living with same-sex parents were functioning well in many domains, both at home and at school.

In part because it has so often been raised as a topic of potential interest with regard to the offspring of same-sex parents (e.g., Baumrind, 1995; Stacey & Biblarz, 2001; Tasker & Golombok, 1997), we also studied adolescents' reports of their own romantic relationships and sexual behavior and attractions. Most adolescents in our sample reported having had a romantic relationship in recent months, but only a minority reported having had sexual intercourse; there were no significant differences in this regard as a function of family type. As one would expect on the basis of earlier reports based on data from Add Health (Russell, Driscoll, & Truong, 2002; Russell, Seif, & Truong, 2001), only a small percentage reported experiencing romantic attractions to same-sex others. Overall, our results are consistent with the view that adolescents living with same-sex parents have romantic lives that are much like those of other adolescents.

Although family type was not related to most adolescent outcomes in this study, teenagers' adjustment was clearly linked with the qualities of relationships within the family. These results were consistent with expectations based on earlier work with adolescents in the population at large

(Khaleque & Rohner, 2002; Steinberg & Silk, 2002). We found that, regardless of family type, when parents reported more satisfying parent-adolescent relationships, adolescents reported significantly less trouble at school and greater feelings of connectedness at school. Thus, as expected, adolescent adjustment was not linked with family type (e.g., same-sex vs. opposite-sex parents) but was strongly associated with the qualities of adolescents' relationships with their parents.

An unexpected aspect of our results was the finding that adolescents' feelings of connectedness at school varied as a function of family type. Adolescents living with same-sex parents reported feeling more connected to school than did those living with opposite-sex parents. Inasmuch as school connectedness among adolescents has been associated with fewer problem behaviors and greater emotional well-being (Resnick et al., 1997), this finding suggests that adolescents with same-sex parents might be expected to show more favorable adjustment. For measures of adjustment such as self-esteem and depressive symptoms, however, we found no effects of family type. Consequently, the best interpretation of this intriguing finding remains unclear.

With only one exception, processes linked to positive outcomes for adolescents were similar across family type. Only one interaction of family type and relationship processes emerged as statistically significant. This single significant interaction revealed that adolescents' perceived care from adults and peers was a better predictor of feelings of connectedness at school for adolescents with same-sex as compared with those with opposite-sex parents. Although greater caring from adults and peers may be more tightly linked with school connectedness for the offspring of same-sex parents, it is not clear why that would be true of school connectedness but no other outcome. Pending replication in other samples, we believe that this result should be viewed with caution. Overall, the family relationships and processes associated with positive adjustment were remarkably similar for adolescents with same-sex and opposite-sex parents.

Confidence in the present findings is bolstered by the strengths of Add Health (Bearman et al., 1997), from which the data were drawn. The resources of Add Health allowed for examination of adjustment among adolescents living with same-sex parents, compared with a well-matched sample of adolescents living with opposite-sex parents, using data from a large national sample. Add Health was designed by experienced investigators whose main aims did not include a study of adolescents living

with same-sex parents and who collected large amounts of information describing the adjustment and well-being of American adolescents. Overall, then, 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 (Perrin, 2002; Stacey & Biblarz, 2001).

Despite its many strengths, however, we also acknowledge several limitations of our study that suggest directions for future research. Most obvious among these was that neither parents nor their adolescent offspring were 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). As a result, we were able to identify and study adolescents living with same-sex couples, but we were not able to identify or study adolescents with lesbian or gay parents who lived in other types of households (e.g., single lesbian or gay parents). The purposes of the present research would have been better served if all participants had been asked to reveal their sexual identities as well as to characterize their sexual attractions, fantasies, and behaviors. Given the resources of this study, we were also unable to determine the relationship between the adolescent and the reporting parent's partner, making it impossible to match for stepfamily status. Even allowing for these limitations, however, the present study has provided valuable information.

Additional limitations of the current study might also be noted. The study involved the use of data collected from both adolescents and their parents, but no observational data were available. Thus, we had no observational assessments of adolescents' actual interactions with parents, peers, or teachers, but relied instead on adolescents' and parents' reports about their interactions and relationships. We used multiple reporters in most analyses, lessening the chance of reporter bias in our results. Several measures were also taken to preserve the privacy of participants, and in this way to ensure the accuracy of adolescent reports. For example, to minimize adolescents' embarrassment and underreporting about personal issues, sensitive questions were presented through headphones, and adolescents recorded their answers on laptop computers (Bearman et al., 1997). Furthermore, the correlational nature of these data means that, although longitudinal designs have the power to clarify direction of effects, we cannot do so here (Steinberg et al., 1992). Also, though our sample size is larger than those of previous research in this

area, the finding of few differences between the groups would be strengthened by replication in a larger sample. Finally, results that include variables that have low Cronbach's alphas (e.g., care from adults and friends) or that have not been evaluated for reliability and validity (e.g., single items used to assess romantic attractions and relationships) should be interpreted with caution pending replication.

Major theories of human development have often been interpreted as predicting that youngsters living with same-sex parents would encounter important difficulties in their personal, social, and sexual adjustment (Golombok & Tasker, 1994), 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 opposite-sex parents (e.g., Patterson, 2000; Perrin, 2002; Stevens, Golombok, Beveridge, and the ALSPAC Study Team, 2002) suggest that theorists may need to reconsider the importance of opposite-sex parents for human personal and social development.

Our current findings also have implications for public policies that involve children of lesbian mothers (Patterson et al., 2002). Inasmuch as our findings suggest that adolescents living with same-sex parents develop in much the same way as do adolescents living with opposite-sex parents, they provide no justification for limitations on child custody or visitation by lesbian mothers. Similarly, results of our research do not support the idea that lesbian and gay adults are less likely than others to provide good adoptive or foster homes. Our findings provide no warrant for legal or policy discrimination against adolescents with same-sex parents or against their parents.

In summary, the present study has assessed personal, social, sexual, and school adjustment among adolescents living with same-sex versus opposite-sex couples. Although family type had few linkages with adolescent adjustment in any domain, the qualities of adolescents' relationships with parents were associated with many important outcomes. Regardless of whether they lived with same-sex or opposite-sex couples, adolescents whose parents reported having close and satisfying relationships with them were more likely to have made positive adjustments at school as well as at home. Thus, although our results do not support the view that adolescent development is shaped by parental sexual orientation, our findings are consistent with

theories that emphasize the importance of adolescent relationships with parents.

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