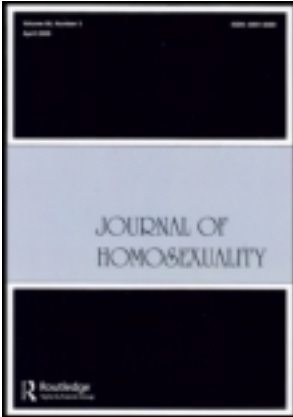


This article was downloaded by: [Nanette Gartrell]

On: 26 October 2012, At: 08:42

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## Journal of Homosexuality

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wjhm20>

### Adolescents with Lesbian Mothers Describe Their Own Lives

Nanette Gartrell MD<sup>a c</sup>, Henny M. W. Bos PhD<sup>b c</sup>, Heidi Peyser MA, Amalia Deck MSN & Carla Rodas MPH

<sup>a</sup> Williams Institute, UCLA School of Law, Los Angeles, California, USA

<sup>b</sup> Graduate School of Pedagogical and Educational Sciences, Research Institute of Child Development and Education

<sup>c</sup> Faculty of Social and Behavioral Sciences, University of Amsterdam, Amsterdam, The Netherlands

To cite this article: Nanette Gartrell MD, Henny M. W. Bos PhD, Heidi Peyser MA, Amalia Deck MSN & Carla Rodas MPH (2012): Adolescents with Lesbian Mothers Describe Their Own Lives, Journal of Homosexuality, 59:9, 1211-1229

To link to this article: <http://dx.doi.org/10.1080/00918369.2012.720499>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

## Adolescents with Lesbian Mothers Describe Their Own Lives

NANETTE GARTRELL, MD

*Williams Institute, UCLA School of Law, Los Angeles, California, USA; Faculty of Social and Behavioral Sciences, University of Amsterdam, Amsterdam, The Netherlands*

HENNY M. W. BOS, PhD

*Graduate School of Pedagogical and Educational Sciences, Research Institute of Child Development and Education, Faculty of Social and Behavioral Sciences, University of Amsterdam, Amsterdam, The Netherlands*

HEIDI PEYSER, MA, AMALIA DECK, MSN, and CARLA RODAS, MPH

*Empirical research on the everyday life experiences of adolescents reared by lesbian mothers is limited. The current study gathered self-report descriptive data from 78 adolescents enrolled in the largest, longest-running, prospective longitudinal study of planned lesbian families, with a 93% retention rate to date. Results revealed that the 17-year-old adolescents were academically successful in supportive school environments. They had active social networks and close family bonds. Nearly all considered their mothers good role models. The adolescents rated their overall wellbeing an average of 8.14 on a 10-point-maximum scale. The implications of these findings for research and practice are discussed.*

**KEYWORDS** *lesbian mother, same-sex parents, adolescents, lesbian families, longitudinal study*

---

The authors thank Esther Rothblum, PhD, for her guidance in the preparation of this manuscript.

The NLLFS has been supported in part by small grants from The Gill Foundation, the Lesbian Health Fund of the Gay and Lesbian Medical Association, Horizons Foundation, The Roy Scrivner Fund of the American Psychological Foundation, and The Williams Institute at UCLA School of Law. The Williams Institute has also provided personnel support to the NLLFS. Funding sources played no role in the design or conduct of the study; the management, analysis, or interpretation of the data; nor in the preparation, review, or approval of the manuscript.

Address correspondence to Nanette Gartrell, 3570 Clay Street, San Francisco, CA 94118, USA. E-mail: ngartrell@nllfs.org

For the past three decades, research on lesbian- and gay- (LG) parent families has focused on the psychosocial development and sexual orientation of the offspring (American Psychological Association, 2005; Goldberg, 2010; Perrin & American Academy of Pediatrics, Committee on Psychosocial Aspects of Child, Family Health, 2002). Studies on these families began in an era when stigmatization of lesbian, gay, bisexual, and transgender people (LGBT) was the norm, and only heterosexuals were presumed fit to parent (American Psychological Association, 2005; Golombok et al., 2003; Tasker, 2005). Since the late 1970s, social scientists on multiple continents have conducted systematic cross-sectional research to determine whether the wellbeing of children is influenced by their parents' sexual orientation, specifically targeting five topics of concern to legislators and litigators in matters pertaining to custody, visitation, adoption, and foster care by LG parents (American Psychological Association, 2005; Bos & Sandfort, 2010; Bos, 2010; Bos, Van Balen, Sandfort, & Van den Boom, 2004; Bos, Van Balen, & Van den Boom, 2007; Braeways, Ponjaert, Van Hall, & Golombok, 1997; Falk, 1989, 1994; Farr, Forssell, & Patterson, 2010; Golombok & Badger, 2010; Golombok et al., 2003; Perrin & American Academy of Pediatrics, Committee on Psychosocial Aspects of Child, Family Health, 2002):

1. Do the children of LG parents demonstrate atypical gender identity or gender role behavior?
2. Do they show evidence of psychological maladjustment?
3. Are they stigmatized by peers?
4. Are they at risk of sexual abuse by their own parents?
5. Will they identify as LGBT when they reach maturity?

Studies have consistently shown that young children with LG parents fare as well in psychosocial development as do those with heterosexual parents, and that child wellbeing is more likely influenced by the quality of family relationships than the sexual orientation of the parents (American Psychological Association, 2005; Goldberg, 2010; Golombok et al., 2003; Perrin & American Academy of Pediatrics, Committee on Psychosocial Aspects of Child, Family Health, 2002; Tasker, 2005).

As these empirical findings on younger children entered the public discourse, opponents of equality in marriage, adoption, and foster care pointed to the limited number of studies based on nationally representative samples, and the paucity of longitudinal data on adolescents reared since birth in planned LG families (e.g., those in which the parents identified as lesbian or gay before children became part of the family unit; Arkansas Department of Human Services, 2010; Supreme Court of Iowa, 2009; United States District Court, Northern District of California San Francisco Division, 2010). Although representative and longitudinal studies exist, with few exceptions, they focus on the same topics that have been addressed in research on

young children—continuing the historical precedent of conducting scientific investigations to determine whether homophobic stereotypes concerning LG families can be empirically validated (Biblarz & Stacey, 2010; Stacey & Biblarz, 2001).

The most recent cross-sectional and longitudinal data on adolescents with same-sex parents come from the investigations of three independent research teams—two in the United States, and one in the United Kingdom. Using data from the U.S. 1994 National Longitudinal Study of Adolescent Health (Add Health), Wainright and colleagues (Wainright & Patterson, 2006, 2008; Wainright, Russell, & Patterson, 2004) compared 44 adolescents in two-mother households with 44 adolescents in heterosexual parent households. Although the sexual orientation of the mothers in the same-sex parent families was unknown and the family constellation at the time of the offspring's birth was not documented, the adolescents were drawn from a stratified random sample of American high schools and matched on gender, age, ethnicity, family income, parental education, adoption status, and learning disability status. No significant differences were found between the two groups of adolescents in psychosocial adjustment, peer relations, romantic relationships, sexual behavior, school outcomes, substance use, delinquency, or victimization (Wainright & Patterson, 2006, 2008; Wainright et al., 2004).

In the United Kingdom, Golombok and colleagues (Golombok & Badger, 2010; Golombok, Tasker, & Murray, 1997; MacCallum & Golombok, 2004) conducted a longitudinal study comparing the offspring in planned lesbian families, solo heterosexual mother families, and two-parent heterosexual parent families (mean age of the offspring in the three groups ranged from 18 to 19.5 years). Although the three groups of offspring did not differ on measures of psychological adjustment, the late adolescent or young adult participants in female-headed families (lesbian and solo heterosexual mother) demonstrated lower levels of depression, anxiety, hostility, and problematic alcohol use than their peers in heterosexual two-parent families. Also, the offspring from female-headed families had significantly higher scores on global self-worth, scholastic competence, and sense of humor than offspring from heterosexual two-parent families.

The U.S. National Longitudinal Lesbian Family Study (NLLFS) was initiated in 1986 to provide prospective data on a cohort of planned lesbian families from the time that the offspring were conceived until they reach adulthood (Gartrell, et al., 1999, 1996, 2000; Gartrell & Bos, 2010; Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Gartrell, Rodas, Deck, Peyser, & Banks, 2006). At the age of 17, the NLLFS offspring were rated significantly higher in social, school and academic, and total competence, and significantly lower in social problems, rule-breaking, aggressive, and externalizing problem behavior than an age-matched normative sample of American youth (Gartrell & Bos, 2010). The development of psychological wellbeing over a seven-year period from childhood through adolescence was the same for NLLFS

offspring who were conceived with known and unknown donors (Bos & Gartrell, 2010a). None of the NLLFS adolescents reported physical or sexual victimization by a parent or other caregiver (Gartrell, Bos, & Goldberg, 2010). When compared with age-and gender-matched adolescents of the 7<sup>th</sup> Cycle of the National Survey of Family Growth, the NLLFS adolescents were no more likely to have had same-sex contact (Gartrell, Bos, & Goldberg, 2011). On the Kinsey Scale, nearly one in five NLLFS adolescent girls identified as bisexual, and none as lesbian; less than one in ten boys identified as gay or bisexual (Gartrell et al., 2010). Compared to matched adolescents from the 2008 Monitoring the Future survey, the NLLFS adolescents were no more likely to report heavy substance use (Goldberg, Bos, & Gartrell, 2011). Although nearly half the NLLFS adolescents had experienced homophobic stigmatization, family closeness helped counteract its negative effects (Bos & Gartrell, 2010b).

Despite these studies finding adolescents with lesbian mothers well-adjusted and coping with stigmatization, insufficient attention has been paid in the scientific literature to examining other aspects of these adolescents' lives (Golombok & Badger, 2010; Wainright & Patterson, 2006, 2008; Wainright et al., 2004). To fill the gap in this literature, the present investigation was designed to gather descriptive data on the everyday life experiences of the 17-year-olds in the NLLFS. The aim of the current study was to survey the NLLFS adolescents about their academic experiences, extracurricular activities, future goals, friendships, family interactions, role models, health problems, and overall wellbeing.

## METHOD

### Participants

The 78 adolescent participants (39 girls and 39 boys) were conceived through donor insemination and have been followed since birth as part of the NLLFS, an ongoing longitudinal study of lesbian families. The families were enrolled in the study between 1986 and 1992 when the prospective lesbian mothers were inseminating or pregnant with the index offspring. Volunteers were recruited via study announcements that were distributed at lesbian events, in women's bookstores, and in lesbian-oriented publications. Lesbians who were planning families through donor insemination were invited to telephone the researchers about the study. The nature of the study was discussed with each caller, and all interested callers became study participants, resulting in a total cohort at Time 1 (T1) of 84 families (70 lesbian couples and 14 singles; for additional information about the NLLFS sampling and data collection procedures, see Gartrell et al., 1996, 1999, 2000, 2005, 2010; Gartrell & Bos, 2010). The mothers were interviewed again when the index offspring were 2 (T2), 5 (T3), 10 (T4), and 17 (T5) years old. Data were also collected

from the offspring at T4 and T5. Currently, 78 families are still participating, constituting a 93% retention rate to date.

At T5, the mean age of the index offspring was 17.05 years ( $SD = .36$ ; range 16–18 years), and the mean age of the mothers was 52.30 years ( $SD = 3.99$ , range 44–61 years). The ethnic and racial composition of the T5 adolescent sample was 87.1% ( $n = 68$ ) White or Caucasian, 3.8% ( $n = 3$ ) Latino or Latina, 2.6% ( $n = 2$ ) African American, 2.6% ( $n = 2$ ) Asian or Pacific Islander, 1.3% ( $n = 1$ ) Armenian, 1.3% ( $n = 1$ ) Lebanese, and 1.3% ( $n = 1$ ) Native American. At T5, the family constellations consisted of 31 continuously coupled, 40 separated-mother, and 6 single-mother families. Of the 73 couples who were co-parenting when the index offspring were born, 56% had separated, and the average age of the index offspring at the time of their mothers' separation was 6.97 years ( $SD = 4.42$  years). At the time of enrollment, the participating families lived within 200 miles of Boston, Washington, DC, or San Francisco (Gartrell et al., 1996, 1999), but many have relocated. At T5, the families were residing in large urban communities, midsized towns, and rural areas of the northeastern (47%), southern (9%), Midwestern (1%), and western (43%) regions of the United States (Gartrell & Bos, 2010). Based on the Hollingshead Index (using the parent with the highest occupation and education to calculate socioeconomic status), 82% ( $n = 63$ ) of the T5 NLLFS families are middle- or upper-middle class (Gartrell et al., 2010).

Regarding the six families that are no longer participating in the NLLFS, most dropped out before the index children were five years old. Reasons for dropping out were as follows: one single mother is deceased; one single mother withdrew without explanation; two single mothers moved without providing new contact information; and two sets of couples indicated that they were too overcommitted with childrearing and careers to participate. Of the 78 families still participating in the NLLFS, one family did not return all portions of the T5 survey instruments. Consequently, the total  $N$  used for the T5 analyses was 77 families with 78 index adolescents (including one set of twins).

## Procedure

The Institutional Review Board of the California Pacific Medical Center approved this study. At T5, after consent had been obtained from the NLLFS mothers for their own participation as well as that of their offspring, the 17-year-old adolescents were contacted and provided assent under the assurance of confidentiality concerning their responses. Each adolescent was then given a unique identity code to complete a password-protected questionnaire on the study's secure Web site. The mothers also completed online questionnaires and telephone interviews.

## Measures

### ACADEMICS, EXTRACURRICULAR ACTIVITIES, AND ASPIRATIONS

Academic interests were measured by asking the NLLFS adolescents to indicate their favorite high school classes from the following list: “English, art, math, languages, natural science, music, athletics, computer science” (check all that apply). To assess academic performance, the adolescents were asked to provide their overall high school grade point average (GPA, in which 0 = F and 4 = A). Four yes/no items were used to assess LGBT visibility and support at the participants’ high schools: (1) “Does your school have a gay/straight alliance?” (If yes, a follow-up question was asked: “Do you participate in it?”) (2) “Are there out lesbian/gay teachers or administrators at your high school?” (3) “Are there adolescents from other lesbian/gay families at your high school?” (4) “Does your high school have a clear policy on LGBT-related discrimination?”

Extracurricular activities were assessed by asking the adolescents to indicate their involvement in any of the following: “academic competition (e.g., speech, debate), animals/agriculture, arts, athletics, peer counseling, student government, volunteer work” (check all that apply).

To assess career aspirations, the adolescents were asked to specify their educational goals after high school (vocational school, two-year college, or four-year college), and to indicate their career plans (a career requiring vocational training [e.g., plumber, hair stylist], a career in the arts [e.g., musician, filmmaker], a career requiring academic training [e.g., physician, teacher], or other). To assess the adolescents’ plans for families of their own, a single item asked, “Do you want to have kids?” (1 = no, 2 = yes).

### FRIENDSHIPS, FAMILY INTERACTIONS, AND ROLE MODELS

With regard to friendships, the adolescents were asked to specify the number of close friends they had, and to provide the ages of their four closest friends as well as the duration of those friendships. The adolescents were also queried about the sexual orientation and gender identity of their friends (most are heterosexual, approximately equal number of LGBT and heterosexual, most are LGBT). The adolescents were asked to indicate whether they felt comfortable bringing friends home. The final question regarding friendships was, “How many of your friends know that your mom(s) is/are lesbian?” (1 = *none*, 2 = *some*, 3 = *most*, 4 = *all*).

Information about family interactions was obtained through questions about the number of hours spent with the family in a typical week, and the types of family activities that took place during this interactive time (e.g., “playing sports”; 1 = no, 2 = yes). The adolescents were also asked, “Do you feel you can confide in your mom(s) about your life? (1 = no, 2 = sometimes, 3 = yes), and “Are you close to your grandparents?” (1 = no, 2 = yes).

Two questions inquired about role models: (1) "Has/have your mother(s) been (a) good role model(s)?" (1 = no, 2 = yes; open-ended follow up: "please explain"); and (2) "Do you have an important male role model?" (1 = no, 2 = yes).

#### HEALTH PROBLEMS, PSYCHOTHERAPY, AND WELLBEING

In an open-ended question, the adolescents were asked to list all health problems. To assess the adolescents' lifetime in-home exposure to second-hand smoke, at each interview from T1 to T5, their mothers were asked, "Do you smoke?" (1 = no, 2 = yes)

The Eating Attitudes Test (EAT-26) was used to assess eating disorders in the adolescent offspring (Garner, & Garfinkel, 1979; Garner, Olmsted, Bohr, & Garfinkel, 1982). The EAT-26 is a self-report, 26-item survey with Likert-scale items (e.g., "Feel extremely guilty after eating;" 1 = *always* to 6 = *never*). The EAT-26 identifies individuals with poor body image, excessive preoccupation with weight or food, and unhealthy eating practices. Possible scores range from 0 to 78, with scores of 20 or higher warranting evaluation for eating disorders. The scale has been validated within adolescent populations (D'Sousa, Forman, & Austin, 2005). In the present study, the Cronbach alpha of the EAT-26 was .87.

Mental health service utilization was assessed by asking the adolescents if they had ever been in psychotherapy (1 = no, 2 = yes), and if so, in an open-ended question, to specify the reasons why.

As a measure of overall wellbeing, the adolescents were asked to rate their lives on a 10-point Likert scale (1 = *poorest possible*, 10 = *highest possible*).

#### Statistical Methods

For forced-choice items, simple frequencies were calculated. Means and standard deviations were calculated for items that required a numerical response (e.g., GPA). For the open-ended questions (maternal role modeling, health problems, and psychotherapy), categories for qualitative data were developed from the responses themselves, rather than superimposed from theoretical constructs. The responses were read initially by a physician member of the research team who developed coding categories based on the themes of each response. These categories were used by a second analyst (also a physician, but not a member of the research team) who independently coded the open-ended responses. Responses were coded as positive for attention deficit/attention deficit hyperactivity disorder (ADD/ADHD), anxiety, bipolar, or depression based on diagnosis (listed by the participants as a specific health problem) or symptom (mentioned as a reason for psychotherapy). There was 100% agreement in the coding of each open-ended response.



## RESULTS

As shown in Table 1, the academic interests of the 17-year-old NLLFS adolescents were varied, with English and math topping the list of favorite classes. Their overall high school GPAs typically fell in the A- to B+ range. Although most attended schools with gay/straight alliances, only a third of the NLLFS adolescents participated. Other forms of support for the NLLFS

**TABLE 1** Percentages, or Means and Standard Deviations, for Academics, Extracurricular Activities, and Aspirations

	%/M/ <i>SD</i>
	<i>N</i> = 78
Academic interests—favorite classes (checked, %)	
English	55.3
Art	43.4
Math	32.9
Languages	32.0
Natural science	31.6
Music	28.9
Athletics	26.3
Computer science	7.9
Academic performance	
High school GPA	
<i>M</i>	3.56
<i>SD</i>	.44
Academic environment (yes, %):	
Attend high school with gay/straight alliance	88.2
Participate in gay/straight alliance	34.2
Out lesbian/gay teachers/administrators at high school	75.0
Other adolescents from lesbian/gay families at high school	69.7
High school has clear policy on LGBT-related discrimination	43.8
Extracurricular activities (checked, %)	
Volunteer work	55.3
Arts	53.8
Athletics	44.7
Animals/agriculture	11.8
Peer counseling	10.5
Academic competition (e.g., speech/debate)	10.5
Student government	6.6
Aspirations	
Educational goal after high school (%)	
Vocational school	1.4
two-year college	8.7
four-year college	89.9
Career (%)	
Requiring vocational training (e.g., plumber, hair stylist)	5.3
In the arts (e.g., musician, filmmaker)	21.3
Requiring additional academic training (e.g., physician, teacher)	50.7
Other	22.7

*Notes.* Responses to “favorite classes” and “extracurricular interests” are not mutually exclusive. U.S. GPA based on A = 4.0, F = 0.0.

adolescents included attending schools in which there were out lesbian/gay teachers or administrators, other adolescents from lesbian/gay families, and policies on LGBT-related discrimination. Volunteer work, arts, and athletics were the most popular extracurricular activities among the NLLFS adolescents. Nearly all planned to attend four-year colleges, with half anticipating professional careers. Regarding their future plans for childrearing, 85.3% of the NLLFS adolescents indicated that they expect to have children of their own some day.

The NLLFS adolescents had active social networks, as evidenced by numerous close friendships—generally with same-age peers—of many years duration (see Table 2). Their friends were predominantly heterosexual. Most of the adolescents felt comfortable bringing friends home, informing friends of their mothers' lesbianism, and confiding in their mothers about their lives. Those who felt comfortable bringing their friends home had a significantly larger number of friends who were aware of their mothers' lesbianism ( $F(1, 72) = 6.46, p = .013$ ).

Nearly all of the adolescents felt that their mothers had been good role models. Elaborating on their responses to this question, nine adolescents used words such as "smart," "loving," "caring," "fun," "beautiful," "powerful," and "enjoys life" to describe their mothers. For example, one girl wrote that her mothers "are very successful, powerful, and beautiful women who are happy with their lives and I would love to end up like them," another described her mothers as "strong, capable, smart, and loving women," and a boy wrote that his mothers were "honest, tough, smart." Twenty-one adolescents admired their mothers for being hardworking, accomplished, principled, and wise. As illustrations, one boy wrote that his mothers "have wonderful characters and a strong sense of values that I try to emulate," and a girl described her mothers as "hard workers, successful, motivated, and loving." Eighteen adolescents expressed appreciation that their mothers had taught them to be self-aware emotionally, open to/accepting of others, and morally just. "They teach me to be accepting of all people on this earth, no matter what differences they may have," wrote one boy in this group. He continued, "they also teach me good work ethics for both school and out in the real world." In this group, another boy admired that his mothers "try to instill in me proper morals and they teach me to make the most of my life," and a girl wrote, "my moms have taught me everything from acceptance, to how to control anger, to love." Three adolescents focused on their mothers' supportiveness. For example, a girl wrote that her mothers "are encouraging of my activities and have been my whole life. Their encouragement has led me to a love of knowledge. They have taught me about discipline and setting my priorities straight." Similarly, a boy in this group indicated that his mothers were "supportive and helpful if I need advice." He concluded, "I hope to be like them if I choose to parent someday." Four adolescents expressed mixed feelings about their mothers (e.g., a girl wrote, "sometimes

**TABLE 2** Percentages, or Means and Standard Deviations, for Friendships, Family Interactions, and Role Models

	%/M/ <i>SD</i>
	<i>N</i> = 78
Friendships	
Number of close friends	
<i>M</i>	6.88
<i>SD</i>	4.63
Ages of four closest friends	
<i>M</i>	17.81
<i>SD</i>	1.80
Duration of four closest friendships	
<i>M</i>	5.98
<i>SD</i>	3.26
Sexual orientation of friends (%)	
Most are heterosexual	82.9
Approximately equal number of LGBT and heterosexual friends	15.8
Most are LGBT	1.3
Comfortable bringing friends home (yes,%)	89.5
Friends that know that mother is a lesbian (%)	
None	1.4
Some	13.7
Most	30.1
All	54.8
<i>M</i>	3.38
<i>SD</i>	.78
Family interactions	
Time (in hours) spent with family in a typical week	
<i>M</i>	24.68
<i>SD</i>	17.29
Time spent with family (check, %)	
Eating meals	93.4
Watching TV	72.4
Shopping	50.0
Chores	50.0
Homework	46.1
Cooking	38.2
Playing games	32.9
Outdoor activities	31.6
Hobbies	23.7
Playing sports	14.5
Confide in your mom(s) about your life (%)	
No	15.8
Sometimes	40.8
Yes	43.4
Close to grandparents (yes,%)	71.1
Role models	
Has/have your mother(s) been (a) good role model(s)? (yes,%)	93.4
Do you have an important male role model? (yes, %)	50.0

*Notes.* Responses to “time spent with family” are not mutually exclusive. Data on male role models adapted from Bos, Goldberg, van Gelderen, & Gartrell (2012).

I think they have taught me the right things but other times I strongly disagree with what they think”), and only one (a boy) was negative, describing his mothers as “irrational.”

In terms of health problems, six adolescents reported major medical problems and three had asthma (see Table 3). Fourteen adolescents grew up in a household with at least one mother who smoked between T1 and T5, yet none of the adolescents with asthma had a smoking parent. Thirteen percent ( $n = 5$ ) of the adolescent girls and 2.7% ( $n = 1$ ) of the boys received scores suggestive of eating disorders on the EAT-26.

Table 3 also shows (in answers that were not mutually exclusive) the percentages of adolescents who had ever had a diagnosis or symptom of ADD/ADHD, anxiety, bipolar disorder, or depression. Over half the adolescents had been in psychotherapy at some point in their lives. Reasons given for the psychotherapy were: childhood issues ( $n = 5$ ), parental choice ( $n = 7$ ), mothers' separation ( $n = 8$ ), anxiety or depression ( $n = 10$ ), adolescent angst/personal choice ( $n = 13$ ), and unspecified ( $n = 5$ ). On the one-item question regarding overall wellbeing, the adolescents' average score was 8.14 ( $SD = 1.27$ ).

**TABLE 3** Percentages, or Means and Standard Deviations, for Health Problems, Psychotherapy, and Wellbeing

	%/M/SD N = 78
Physical health problems (yes, %)	
Major medical problems other than asthma (e.g., kidney disease)	7.7
Asthma	3.8
EAT-26 score $\geq 20$	7.7
Mental health problems (by symptom or diagnosis)	
ADD/ADHD	6.4
Anxiety	6.4
Bipolar disorder	1.3
Depression	15.4
Psychotherapy (ever) (yes, %)	65.7
Wellbeing: overall life rating	
1 Poorest possible	0.0
2	0.0
3	0.0
4	1.5
5	0.0
6	6.0
7	23.9
8	28.4
9	23.8
10 Highest possible	16.4

*Note.* Responses to physical and mental health problems are not mutually exclusive. If an adolescent reported a symptom or diagnosis of ADD/ADHD, anxiety, bipolar disorder, or depression, it was tabulated as a mental health problem.

## DISCUSSION

The current study gathered self-report descriptive data on the everyday life experiences of 17-year-old adolescents reared since birth by lesbian mothers. Salient findings were that the adolescents were academically successful while attending high schools that were supportive of LGBT issues. They also had active friendship networks, strong family bonds, routine health problems, and high self-ratings on overall wellbeing.

In academic performance, the NLLFS adolescents reported high overall GPAs. Nearly all planned to attend four-year colleges, and half expected to seek advanced professional degrees. The standards for such academic accomplishments and career aspirations may have been set by their mothers, most of whom were college-educated professionals or managers (Gartrell et al., 2005). In addition, the NLLFS mothers had consistently aimed to provide healthy educational environments for their offspring in the form of LGBT-affirmative schools (Gartrell et al., 2000, 2005). Even though 41% of the adolescents had experienced homophobic stigmatization, LGBT visibility and support at their schools may have helped counteract its negative effects (Gartrell & Bos, 2010).

The NLLFS adolescents had strong social networks, with numerous friendships involving similar-age, mostly heterosexual peers. In terms of their own sexual orientation, 13% of the NLLFS 17-year-olds self-identified in the LGB spectrum, with the remainder considering themselves predominantly to exclusively heterosexual (Gartrell et al., 2010). It is conceivable that the experience of growing up with mothers who were completely candid about their lesbianism may have contributed to the NLLFS adolescents' comfort in bringing friends home and disclosing their mothers' sexual orientation (Gartrell et al., 1996).

Although adolescence is often associated with an aversion to parental advice (Darling, Cumsile, Caldwell, & Dowdy, 2006), over four fifths of the NLLFS adolescents felt that they could confide in their mothers about their lives. Likewise, the adolescents were nearly unanimous in describing their mothers as good role models. In open-ended responses, the adolescents praised their mothers' parenting abilities, supportiveness, open-mindedness, accomplishments, and morality. Numerous studies have demonstrated that having a positive relationship with one's parents is associated with more favorable adolescent outcomes (Darling et al., 2006). Adolescents who disclose more about their day-to-day lives with their parents show lower levels of school problems, substance use, delinquency, and mood disorders (Baumrind, 1989, 1991; Darling & Steinberg, 1993; Dishion, & McMahon, 1998; Golombok & Badger, 2010; Wainright & Patterson, 2006, 2008; Wainright et al., 2004). The NLLFS adolescents' healthy psychological adjustment may be a reflection of their reportedly close and confiding relationships with their mothers: On standardized Child Behavior Checklists, the

NLLFS adolescents demonstrated more competencies and fewer behavioral problems than the normative sample of American youth (Bos & Gartrell, 2010b; Gartrell & Bos, 2010).

At T1, most prospective NLLFS mothers expressed a desire for their children to have male role models (Gartrell et al., 1996). In describing what they envisioned as such, the prospective mothers indicated that they had in mind men who demonstrated sensitivity, empathy, thoughtfulness, and morality—traits that are not gender specific. Of the T5 adolescents, more than a third had been conceived by known donors who had been incorporated into their family life (Gartrell & Bos, 2010). A majority of the remaining adolescents reported at T5 that they did not have male role models. Although studies have found that lesbian mothers are concerned that the absence of a male figure might affect children's wellbeing or peer-group fit (Clarke & Kitzinger, 2005; Goldberg & Allen, 2007), on standardized assessments of wellbeing, the NLLSF adolescents were comparable to same-aged peers (Gartrell & Bos, 2010; van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012).

Nearly 10% of American children suffer from asthma (U.S. Department of Health and Human Services, 2011); however, only 3.9% of the NLLFS adolescents were afflicted. Parental smoking is associated with childhood respiratory and other health problems (U.S. Department of Health and Human Services, 2006), yet none of the NLLFS adolescents with asthma had a mother who smoked. In addition, the likelihood that 12th graders will become daily smokers is strongly correlated with the number of their parents who smoke, but only one of the three NLLFS adolescents who were daily smokers had mothers who smoked (Goldberg et al., 2011; Peterson et al., 2005). At T6, when the index offspring are 25 years old, they will be asked to provide more information about their health practices that may shed light on these lower-than-expected reports of asthma and smoking at T5.

The EAT-26 scores of the NLLFS adolescents were similar to those of other American high school students: 13% of NLLFS girls and 2.7% of boys had EAT-26 scores suggestive of eating disorders, as did 15% of high school girls and 4 % of boys in the U.S. National Eating Disorders Screening Program (Austin et al., 2008). Likewise, the prevalence of ADD/ADHD, anxiety, bipolar disorder, and depression among the NLLFS adolescents was comparable to that of similar-age American teenagers (American Academy of Child and Adolescent Psychiatry, 2009; National Institutes of Mental Health, 2010; U.S. Department of Health and Human Services, 2008, 2010).

More than half of the NLLFS adolescents had been in psychotherapy at some point in their lives—a finding that is consistent with their mothers' willingness to seek professional guidance at times of stress or difficulty (Gartrell et al., 1996, 1999, 2000, 2006). Research has shown that lesbians use psychotherapy more than heterosexual women (Rothblum & Factor, 2001). The current study suggests that the use of preventative psychotherapy has been passed from the NLLFS mothers to their offspring. The NLLFS adolescents'

high self-ratings on wellbeing and high scores on psychological adjustment may be indications of the helpfulness of such interventions (Gartrell & Bos, 2010).

### Strengths and Limitations

A strength of the NLLFS is that it is a prospective, longitudinal study with a very high retention rate. Since the mothers enrolled in the NLLFS before the index offspring were born, the results of the present investigation are not skewed by overrepresentation of families who volunteer because their adolescents are already doing well. In addition, the data were gathered through confidential adolescent self-reports, increasing the likelihood of candor on sensitive topics such as mental health problems. Finally, the use of qualitative research questions makes it possible to have a broader and more nuanced perspective on lesbian family life through the narrations provided by the adolescent offspring.

Along with these strengths, the present study has several limitations. First, sensitivity to cultural homophobia may have motivated some NLLFS offspring to be particularly affirming of their mothers when asked to assess their parenting (Kuvallanka & Goldberg, 2009). Also, because it is a nonrandom sample, the findings may not be representative of the population of adolescents with LG parents as a whole. In addition, this study bears repeating with a larger, more demographically diverse sample that includes gay fathers and adoptive LG parents. Finally, despite being the largest, longest-running prospective American study of same-sex parent families, the study would be strengthened by comparing the responses of the NLLFS adolescents with those of a matched sample of adolescents from heterosexual-parent households.

### Summary and Implications

This study contributes to the scholarly literature on same-sex parent families in three primary ways: a) It adds to the limited research on adolescents who have been reared since birth in same-sex parent families; b) it supports previous studies on the wellbeing of adolescents with lesbian mothers; and c) it provides a perspective on the academics, activities, aspirations, friendships, role models, health problems, and overall life assessments of adolescents in planned lesbian families.

Future research is needed to determine whether the themes identified in the current study generalize to representative samples of adolescents in same-sex parent families. To determine whether the successful outcomes in the NLLFS adolescents are a reflection of lesbian parenting per se, or simply good or highly motivated parenting, comparing the NLLFS cohort with a matched group of adolescents conceived by donor insemination in

heterosexual-parent families would be illuminating (Golombok & Badger, 2010). It would also be interesting to compare the experiences of first-generation offspring conceived by American lesbian mothers through donor insemination—such as the NLLFS adolescents—to those of subsequent generations. Likewise, comparing outcomes in association with the sexual orientation of the offspring will enhance our understanding of a particular subset of LGBT youth—those who grew up in LGBT-affirmative households. If the findings of the present investigation are supported by other cross-sectional and longitudinal data, the factors that promote successful outcomes in these types of families warrant further exploration. For example, are same-sex parents, due to concerns about the impact of their marginalized status on their offspring, more willing to seek professional guidance for their families at times of difficulty? What types of therapeutic interventions do the families find most helpful? In addition, studies that monitor the impact of increasing LGBT acceptance on the offspring of same-sex parents will make it possible for clinicians who are consulted by LG parents to stay abreast of culturally relevant issues.

Historically, lesbian family research has focused on unraveling fact from fiction regarding the psychological adjustment and psychosocial development of the adolescent offspring. The present study has taken a broader perspective by gathering data on other aspects of their lives. Through their own self-reports, the 17-year-old participants in this longitudinal lesbian family study provided a window into everyday experiences that included success in academics and appreciation of their mothers. Most study participants had been in psychotherapy, and most viewed their lives very favorably. These findings underscore the importance of avoiding stereotypic assumptions about family functioning or potential outcomes if same-sex parents seek counseling for their adolescent offspring, since the mustering of effective supports may be a key ingredient in these adolescents' overall success.

## REFERENCES

- American Academy of Child and Adolescent Psychiatry. (2009). *Child and adolescent mental illness and drug abuse statistics*. Retrieved from [http://www.aacap.org/cs/root/resources\\_for\\_families/child\\_and\\_adolescent\\_mental\\_illness\\_statistics](http://www.aacap.org/cs/root/resources_for_families/child_and_adolescent_mental_illness_statistics)
- American Psychological Association. (2005). *Lesbian and gay parenting*. Washington, DC: Author.
- Arkansas Department of Human Services. (2010). *Cole v. Arkansas*. Retrieved from [http://www.aclu.org/files/assets/State\\_MSJ\\_Brief.pdf](http://www.aclu.org/files/assets/State_MSJ_Brief.pdf)
- Austin, S. B., Ziyadeh, N. J., Forman, S. F., Prokop, L. A., Keliher, A., & Jacobs, D. Screening high school students for eating disorders: Results of a national initiative. (2008). *Preventing Chronic Disease*. Retrieved from [http://www.cdc.gov/pcd/issues/2008/oct/07\\_0164.htm](http://www.cdc.gov/pcd/issues/2008/oct/07_0164.htm)



- Baumrind, D. (1989). Rearing competent children. In W. Damon (Ed.), *Child development today and tomorrow* (pp. 349–378). San Francisco, CA: Jossey-Bass.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, *11*, 56–95.
- Biblarz, T., & Stacey, J. (2010). How does the gender of parents matter? *Journal of Marriage and the Family*, *72*, 3–22.
- Bos, H. M. W. (2010). Planned gay father families in kinship arrangements. *Australian and New Zealand Journal of Family Therapy*, *31*, 356–371.
- Bos, H. M. W., & Gartrell, N. (2010a). Adolescents of the US National Longitudinal Lesbian Family Study: The impact of having a known or unknown donor on the stability of psychological adjustment. *Human Reproduction*, *26*(3), 630–637. doi:10.1093/humrep/deq359.
- Bos, H. M. W., & Gartrell, N. (2010b). Adolescents of the U.S. National Longitudinal Lesbian Family Study: Can family characteristics counteract the negative effects of stigmatization? *Family Process*, *49*, 559–572.
- Bos, H. M. W., Goldberg, N. G., Van Gelderen, L., & Gartrell, N. (2012). Adolescents with lesbian mothers: Male role models, stereotypic gender roles, and psychological adjustment. *Gender & Society*, *26*, 603–638. doi:10.1177/0891243212445465
- Bos, H., & Sandfort, T. (2010). Children's gender identity in lesbian and heterosexual two-parent families. *Sex Roles*, *62*, 114–126.
- Bos, H. M. W., Van Balen, F., Sandfort, T. G. M., & Van Den Boom, D.C. (2004). Minority stress, experience of parenthood, and child adjustment in lesbian families. *Journal of Reproductive and Infant Psychology*, *22*, 291–305.
- Bos, H. M. W., Van Balen, F. & Van den Boom, D. C. (2007). Child adjustment and parenting in planned lesbian-parent families. *American Journal of Orthopsychiatry*, *77*, 38–48.
- Brewaeys, A., Ponjaert, I., Van Hall, E., & Golombok, S. (1997). Donor insemination: Child development and family functioning in lesbian mother families. *Human Reproduction*, *12*, 1349–1359.
- Clarke, V., & Kitzinger, C. (2005). “We’re not living on planet lesbian”: Constructions of male role models in debates about lesbian families. *Sexualities*, *8*, 137–152.
- Darling, N., Cumsile, P., Caldwell, L. L., & Dowdy, B. (2006). Predictors of adolescents' disclosure to parents and perceived parental knowledge: Between- and within-person difference. *Journal of Youth and Adolescence*, *35*, 667–678.
- Darling, N., & Steinberg, L. (1993) Parenting style as context: An integrative model. *Psychological Bulletin*, *13*, 487–496.
- Dishion, T. J., & McMahon, R. J. (1998). Parental monitoring and the prevention of child and adolescent problem behavior: A conceptual and empirical reformulation. *Clinical Child and Family Psychology Review*, *1*, 61–75.
- D'Sousa, C. M., Forman, S. F., & Austin, S. B. (2005). Follow-up evaluation of a high school eating disorders screening program: Knowledge, awareness, and self-referral. *Journal of Adolescent Health*, *36*, 208–213.
- Falk, P. J. (1989). Lesbian mothers: Psychosocial assumptions in family law. *American Psychologist*, *44*, 941–947.
- Falk, P. J. (1994). The gap between psychosocial assumptions and empirical research in lesbian-mother child custody cases. In A. E. Gottfried & A. W. Gottfried (Eds.),

- Redefining families: Implications for children's development* (pp. 131–156). New York, NY: Plenum.
- Farr, R. H., Forssell, S. L., & Patterson, C. J. (2010). Parenting and child development in adoptive families: Does parental sexual orientation matter? *Applied Developmental Science, 14*, 164–178.
- Garner, D., & Garfinkel, P. (1979). The Eating Attitudes Test: An index of the symptoms of anorexia nervosa. *Psychological Medicine, 9*, 273–279.
- Garner, D., Olmsted, M., Bohr, Y., & Garfinkel, P. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine, 12*, 871–878.
- Gartrell, N., Banks, A., Hamilton, J., Reed, N., Bishop, H., & Rodas, C. (1999). The national lesbian family study: 2. Interviews with mothers of toddlers. *American Journal of Orthopsychiatry, 69*, 362–369.
- Gartrell, N., Banks, A., Reed, N., Hamilton, J., Rodas, C., & Deck, A. (2000). The national lesbian family study: 3. Interviews with mothers of five-year-olds. *American Journal of Orthopsychiatry, 70*, 542–548.
- Gartrell, N., & Bos, H. M. W. (2010). The US national longitudinal lesbian family study: Psychological adjustment of 17-year-old adolescents. *Pediatrics, 126*, 1–9.
- Gartrell, N., Bos, H. M. W., & Goldberg, N.G. (2010). Adolescents of the U.S. National Longitudinal Lesbian Family Study: Sexual orientation, sexual behavior, and sexual risk exposure. *Archives of Sexual Behavior, 70*, 1199–1209. doi:10.1007/s10508-010-9692-210.1007/s
- Gartrell, N., Bos, H. M. W., & Goldberg, N. G. (2011). New trends in same-sex sexual contact for American adolescents? Letter to the editor. *Archives of Sexual Behavior, 41*, 5–7.
- Gartrell, N., Deck, A., Rodas, C., Peyser, H., & Banks, A. (2005). The national lesbian family study: 4. Interviews with the 10-year-old children. *American Journal of Orthopsychiatry, 75*, 518–524.
- Gartrell, N., Hamilton, J., Banks, A., Mosbacher, D., Reed, N., Sparks, C. H., & Bishop, H. (1996). The national lesbian family study: 1. Interviews with prospective mothers. *American Journal of Orthopsychiatry, 66*, 272–281.
- Gartrell, N., Rodas, C., Deck, A., Peyser, H., & Banks, A. (2006). The national lesbian family study: 5. Interviews with mothers of ten-year-olds. *Feminism and Psychology, 16*, 175–192.
- Goldberg, A. E. (2010). *Lesbian and gay parents and their children: Research on the family life cycle*. Washington, DC: American Psychological Association.
- Goldberg, A., & Allen, K. R. (2007). Lesbian mothers' ideas and intentions about male involvement across the transition to parenthood. *Journal of Marriage and Family, 69*, 352–65.
- Goldberg, N. G., Bos, H. M. W., & Gartrell, N. (2011). Substance use by adolescents of the US National Longitudinal Lesbian Family Study. *Journal of Health Psychology, 16*, 1231–1240. doi:10.1177/1359105311403522
- Golombok, S., & Badger, S. (2010). Children raised in mother-headed families from infancy: A follow-up of children of lesbian and heterosexual mothers, at early adulthood. *Human Reproduction, 25*, 150–157.
- Golombok, S., Perry, B., Burston, A., Murray, C., Mooney-Somers, J., Stevens, M., & Golding, J. (2003). Children of lesbian parents: A community study. *Developmental Psychology, 39*, 20–33.

- Golombok, S., Tasker, F., & Murray, C. (1997). Children raised in fatherless families from infancy: Family relationships and the socioemotional development of children of lesbian and single heterosexual mothers. *Journal of Child Psychology and Psychiatry*, *38*, 783–791.
- Kuvalanka, K. A., & Goldberg, A. E. (2009). “Second generation” voices: Queer youth with lesbian/bisexual mothers. *Journal of Youth and Adolescence*, *38*, 904–919.
- MacCallum, F., & Golombok, S. (2004). Children raised in fatherless families since infancy: A follow-up of children of single and heterosexual mothers at early adolescence. *Journal of Child Psychology and Psychiatry*, *45*, 1407–1419.
- National Institutes of Mental Health. (2010). *Any anxiety disorder among children*. Retrieved from [http://www.nimh.nih.gov/statistics/1ANYANX\\_child.shtml](http://www.nimh.nih.gov/statistics/1ANYANX_child.shtml)
- Perrin, E. C., & American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health. (2002). Technical report: Coparent or second-parent adoption by same-sex parents. *Pediatrics*, *109*, 341–344.
- Peterson, A. V., Lerous, B. G., Bricker, J., Kealey, K. A., Marek, P. M., Sarason, I. G., & Andersen, M. R. (2005). Nine-year prediction of adolescent smoking by number of smoking parents. *Addictive Behaviors*, *31*, 788–801.
- Rothblum, E. D., & Factor, R. (2001). Lesbians and their sisters as a control group: Demographic and mental health factors. *Psychological Science*, *12*, 63–69.
- Stacey, J., & Biblarz, T. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review*, *66*, 159–183.
- Supreme Court of Iowa. (2009). *Varnum v. Brien*. Retrieved from [http://data.lambdalegal.org/in-court/downloads/varnum\\_ia\\_20080329\\_amicus-national-association-of-social-workers-et-al.pdf](http://data.lambdalegal.org/in-court/downloads/varnum_ia_20080329_amicus-national-association-of-social-workers-et-al.pdf)
- Tasker, F. (2005). Lesbian mothers, gay fathers and their children: A review. *Journal of Developmental and Behavioral Pediatrics*, *26*, 224–240.
- U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Centers for Disease Control and Prevention. Office of Public Health and Science. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet2.html>
- U.S. Department of Health and Human Services. (2008). *Depression among adolescents*. Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.oas.samhsa.gov/2k5/youthDepression/youthDepression.htm>
- U.S. Department of Health and Human Services. (2010). *Attention deficit/hyperactivity disorder*. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/ncbddd/adhd/>
- U.S. Department of Health and Human Services. (2011). *Healthy Youth! Asthma*. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <http://www.cdc.gov/HealthyYouth/asthma/>
- U.S. District Court Northern District of California San Francisco Division. (2010). *Perry et al v. Schwarzenegger et al*. Brief of Amici Curiae NDCA Case no. 09-CV-2292 VRW.
- van Gelderen, L., Bos, H. M. W., Gartrell, N., Hermanns, J., & Perrin, E. (2012). The U.S. National Longitudinal Lesbian Family Study: Quality of life of adolescents

- raised from birth by lesbian mothers. *Journal of Developmental and Behavioral Pediatrics*, *33*, 1–7.
- Wainright, J. L., Russell, S. T., & Patterson, C. J. (2004). Psychosocial adjustment, school outcomes, and romantic relationships of adolescents with same-sex parents. *Child Development*, *75*, 886–1898.
- Wainright, J. L., & Patterson, C. J. (2006). Delinquency, victimization, and substance use among adolescents with female same-sex parents. *Journal of Family Psychology*, *20*, 526–530.
- Wainright, J. L., & Patterson, C. J. (2008). Peer relations among adolescents with female same-sex parents. *Developmental Psychology*, *44*, 117–126.