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# The Use of Representative Data Sets to Study LGBT-Parent Families: Challenges, Advantages, and Opportunities

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## The Use of Representative Data Sets to Study LGBT-Parent Families: Challenges, Advantages, and Opportunities

New understandings of LGBT-parent families have emerged in the last decade through the analysis of several important national or population-based data sources. Until recently, heterosexism in the social, health, and behavioral sciences rendered LGBT-parent families invisible in large-scale surveys of family life: There simply were no attempts to identify LGBT-parent families in studies of families and children. It was not until the 1990s that scholars, along with the general public, began to recognize LGBT-parent families as a legitimate family form that was not going to go away. The growing research literature on LGBT-parent families during the 1990s (see Goldberg, 2010) prompted the designers of large-scale family surveys to begin to consider non-heterosexual family forms. Thus, new possibilities emerged with, for example, the U.S. Census (Simmons & O'Connell, 2003) and the National Longitudinal Survey of Adolescent Health

(Add Health: e.g., Wainright, Russell, & Patterson, 2004), which began to include the possibility for respondents to identify same-sex partners in families and households.<sup>1</sup>

With the growing visibility of LGBT people, we may anticipate that a growing number of large-scale data sets in the USA and around the world will be extended to include attention to LGBT-parent families. These studies offer the potential to greatly advance our understandings of contemporary families. In this chapter we consider the use of large-scale secondary data sources (many of which are population-based and nationally or regionally representative) for the study of LGBT-parent families. We include a detailed list of large-scale secondary data sources in the Appendix at the end of this chapter. We also discuss the advantages and opportunities that such data sets offer, as well as the challenges that define working with secondary data on such an understudied and marginalized population.

In this chapter we consider several types of data sets that hold potential for the study of LGBT-parent families. First are population-based, representative surveys that may be local,

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<sup>1</sup>We use “LGBT-parent families” to be consistent with the nomenclature of this book, acknowledging the complexities of individual personal LGBT identities and experiences. As we describe in more detail later in this chapter, the data sets to which we refer often include measures of same-sex partnerships in households, and thus the personal sexual identities of household members are often unknown.

regional, or national in scope, and typically are designed as samples that allow generalizations to the larger populations that they represent. Examples include the U.S. Census, which includes information on same-sex couple householders, or the Add Health study, which includes questions about young adult sexual identity and orientation as well as marital or family status. A second group of studies are large-scale cohort studies: The 1,970 British Cohort Study (BCS) and the 1958 National Child Development Study (NCDS) are unique in that the design of both studies includes a complete population (rather than a “sample” per se) at a given point in time (all births in 1 week, followed across childhood and into adulthood). Both studies ask respondents in adulthood about their marital (or marriage-like) relationships and household composition, including information about gender and how study members are related to other householders. Results from these studies are generalizable to similar age cohorts. A third group of studies are large scale but are not representative of or generalizable to a broader population. Nonrepresentative local, regional, or multisite samples that provide sufficient numbers of LGBT-parent families for study may not be specifically generalizable to a broader population, but may illuminate important associations or processes that characterize LGBT-parent family life. An example is the US National Longitudinal Lesbian Family Study (NLLFS). The Appendix includes examples of each of these types of data sets.

It is important to understand the potential of these data sources within the context of the body of existing research on LGBT-parent families. Historically, research on LGBT-parent families developed from and was grounded in a particular set of methodological approaches and disciplines. Early questions about child adjustment (with particular attention to sexual orientation, gender identity, and psychological adjustment) in LGBT-parent families emerged from the fields of psychology, child development, and family studies, fields that were already attuned to diverse family forms (Patterson, 1992). Further, studies based on small samples of distinct populations that are not population based were typical in those fields: Early studies were based largely on community

or regional samples (Patterson, 2006). These studies focused on child adjustment and the well-being of mothers, not only because these constructs were central in these fields but also because scholars were responding to fears that lesbians were mentally unwell and would therefore negatively influence their children (Goldberg, 2010). Over time, LGBT-parent research extended to include parenting, family processes, and the well-being of LGBT parents (Goldberg, 2010). As this body of work grew it attracted the attention of other fields of study relevant to families and children, including demography, sociology, economics, and health. Thus, beginning a decade ago a number of studies in these fields were among the first to provide a vantage point for understanding LGBT-parent families that was population based and generalizable to regions or countries and that allowed comparisons with heterosexual-parent families (see Biblarz & Savci, 2010, for a review).

Today there are a number of large-scale data sets available that afford the possibility of studying LGBT-parent families—but most have rarely or never been used for this purpose. Some nationally representative studies of families and households in the USA have begun to include questions about the LGBT identity status of adult householders, many of whom have children: The Survey of Income and Program Participation (SIPP); the Panel Study of Income Dynamics (PSID); and the U.S. Census. Other large-scale studies began as population-based, longitudinal studies of children: As the study members have grown up and been followed into adulthood, some have become LGBT parents themselves. For instance, it is possible with the Add Health study to follow those who reported same-sex attractions or relationships in adolescence into adulthood, affording the opportunity to study their coupling and parenting in adulthood. The prospective birth cohort studies such as the NCDS and the BCS make it possible to identify same-sex couple and parent households when cohort members are adults, but we know of few published studies that have capitalized on this opportunity. While the NCDS has been used, for example, to examine how family composition differences influence child well-being, published

comparisons only include two-parent heterosexual families with single mother households (e.g., Joshi et al., 1999). Unpublished analyses of the BCS and NCDS have examined the associations between relationship type (same-sex cohabitating, opposite-sex cohabitating, and marriage) and relationship stability. Results indicate that same-sex cohabitators have higher rates of relationship dissolution than do opposite-sex cohabitating and married couples, with male same-sex couples having slightly higher dissolution rates than female same-sex couples (Strohm, 2011).

In this chapter we review findings based on some of these existing data sources while identifying challenges as well as advantages of using population-based representative data sets to study LGBT-parent families. Given the growing number of large-scale representative studies that now allow for the study of LGBT-parent families, we identify a number of areas of research that are largely understudied, but from which much could be learned in the coming years.

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## Challenges in Using Secondary Data to Study LGBT-Parent Families

There are a number of challenges in any research based on analyses of existing secondary data sources, some of which are further complicated in studies of LGBT-parent families. We consider challenges associated with conceptual breadth as well as measurement inclusion in existing studies. The use of secondary data is relatively new among researchers of LGBT-parent families, in part because relevant measures have only recently been included in secondary data sources, and also in part due to the origins of the study of LGBT-parent families in disciplines where secondary data analysis was less common. Thus, we also briefly review other basic challenges and suggest strategies to address these challenges.

### Conceptual Challenges

At the most basic level, scholars who use secondary data sets must negotiate the discrepancies between their research question/s and available

data (Hofferth, 2005; Russell & Matthews, 2011). Unless the researcher was directly involved with the data collection process, it is unlikely that full information will be available to address their precise questions. However, they may find that sufficient data exist to partially address their questions, or to allow an adjustment of the question based on available data. Most data sets that are focused on broad populations have been developed by economists and sociologists who may not be concerned with many of the constructs important to family studies scholars and psychologists (Russell & Matthews, 2011). Thus, the researcher undoubtedly will be required to be flexible with the conceptual design and creative in posing research questions that can be addressed with available data. At a fundamental level this is a conceptual problem, but one that typically plays out as problems with measurement (what is measured and how).

The most obvious example of this conceptual (and measurement) challenge is that most of what is known from nationally representative studies is based on families in same-sex couple households rather than couples or individuals who specifically identify themselves as lesbian, gay, bisexual, or transgender (measurement strategies to identify LGBT-parent families are presented with each data set in the Appendix). For example, the U.S. Census includes the option that a primary householder may report an “unmarried partner.” There are no known examples of a single item question to ascertain LGBT-parent family status; rather, researchers must combine multiple questions to identify households with children in which the parent(s) are same-sex partners, householders, or engage in same-sex sexual practices or behaviors. Measures of self-identification as LGBT on large-scale surveys continue to be relatively rare; however, participant gender and the gender of their partner/s may be available (Gates & Romero, 2009). Of the 16 data sets included in the Appendix, only 7 include measures of self-reported sexual identity of parenting-aged adults: Add Health, the Behavioral Risk Factor Surveillance System (BRFSS; which varies by state), the National Health and Social Life Survey (NHSLS), the National Survey of Family Growth (NSFG), the California Health Interview Survey

(CHIS), the California Quality of Life Survey (CQLS), and the NLLFS.

Another conceptual challenge for using secondary data sources to study LGBT-parent families is that many of the important constructs in this field are LGBT specific and are unavailable in population-based studies. Thus, important questions specific to LGBT-parent families may be missing. For example: How and why do LGBT couples decide to have children? How do same-sex couples manage historically gendered parenting roles (Goldberg, 2010)? What is the impact of LGBT-specific minority stress (the experiences of stigma, prejudice, or discrimination due to LGBT status; Meyer, 2003) on parenting options, processes, and family life (Dudley et al., 2005)? These questions have been addressed using samples of LGBT-parent families, but not population-based samples. Given the low prevalence of LGBT people in the general population and pragmatic concerns for the cost of each item on large-scale survey (combined with pervasive heterosexism in science and sexual prejudice in the general public), it is unlikely that questions specific to LGBT populations will be included in population-based surveys. For example, one published study used the National Survey of Midlife Development in the United States (MIDUS) to show that discrimination partly explained compromised mental health among LGB adults (Mays & Cochran, 2001); however, the measure was a single item that included discrimination based on race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other reasons. Thus, although general minority stress was assessed in this population-based survey through questions about discrimination, the specific nature of the discrimination (as due to LGBT status versus some other personal characteristic) was unmeasured.

Overall, most of the research literature on LGBT-parent families concerns constructs that are generalizable to all populations: child adjustment, parent relationship quality, and parenting practices. Yet for questions about LGBT-specific dimensions of social or family life (e.g., LGBT-specific discrimination; method for becoming parents and related decision making), secondary data sources may simply not be suitable unless

purposefully constructed to investigate such areas (e.g., the NLLFS). There is one important exception involving methodological innovation to study LGBT individual and families. Strohm, Seltzer, Cochran, and Mays (2009) used the CHIS sample to identify LGB participants who were then recontacted for participation in the CQLS. They selected all participants of the CHIS who reported their sexual identity as gay, lesbian, or bisexual, or as having had same-sex sexual activity and who agreed to participate in future surveys on the CHIS (Strohm et al., 2009). The CQLS included questions specific to LGBT individuals and families. Through this innovative strategy these researchers were able to identify a population-based sample of LGBT adults for in-depth study.

## Measuring LGBT-Parent Families

In terms of measurement, there are a number of challenges specific to the availability of measures in secondary data sources. Research based on any one data source must be interpreted in light of other studies, yet there is variability across studies in the specific measures that can be used to identify LGBT-parent families. For example, several federally initiated surveys such as the BRFSS surveys are administered by states, and while some states have begun to include measures that would allow the study of LGBT individuals and thus LGBT-parents and families, the measures are not consistent across states.

Within the BRFSS, for example, Massachusetts is unusual because it includes measures since 2000 (some that differ across the years) for same-sex sexual behavior as well as sexual identity (whether one identifies as lesbian, gay, or bisexual); beginning in 2007, a measure for transgender identity was included (Behavioral Risk Factor Surveillance System, 2011). No one, to our knowledge, has used these data to examine LGBT-parent families. Other states have included either no measures or only a single measure of sexual identity or same-sex sexual behavior. Such variation limits comparisons to other states, and to studies published from other data sources, and thus limits conclusions regarding generalizability. Further, the inability to

make valid comparisons prevents the study of how state characteristics—such as state laws, policies, and practices—affect LGBT-parent families.

There are also a number of measurement challenges particularly relevant for longitudinal studies of LGBT-parent families. Sometimes the measures used in prospective studies change over the span of the study (measures for young children will not be identical to those for adolescents and adults; Russell & Matthews, 2011). For repeated cross-sectional studies there are challenges when measures are changed. For example, the U.S. Census maintains that, as a result of flaws in the way they classified same-sex households in 1990,<sup>2</sup> the data from 1990 to 2000 cannot be compared (Smith & Gates, 2001). In addition to data errors that result from classifications, some argue that there has been notable change over only a few decades in sexual self-identity labels: Some individuals or couples may prefer, for example, the term “queer” to “gay” or “lesbian.” The existing variability in measures across studies may only be compounded by changes over time in the ways that LGBT parents self-label and disclose their identities and family statuses to researchers.

There are well-known debates about the appropriate measurement of the multiple and distinct dimensions of sexual identity, orientation, and behavior (see Chandra, Mosher, Copen, & Sionean, 2011 for a review), as well as a growing body of research that points to fluidity or change in same-sex identities across adolescence and adulthood (Ott, Corliss, Wypij, Rosario, & Austin, 2010; Udry & Chantala, 2005). Family composition, as well, may change over time. Longitudinal studies will inevitably include participants who report change in the constructs that scholars hope to study, including LGBT identities, same-sex sexualities, and family composi-

tion. For example, “living apart together” or nonresidential partnerships are gaining visibility in Western countries (Strohm et al., 2009). As more studies add measures that allow for the study of LGBT family life, scholars will have to navigate differences between studies in available measures, potential differences in available measures across time within the same study, or changes over time in who qualifies as an LGBT-parent family. To our knowledge, no known study attempts such a complex undertaking regarding LGBT-parent families; however, demographers have utilized multiple data sources to examine characteristics of the gay and lesbian population. For example, Black, Gates, Sanders and Taylor (2000) used data from the General Social Survey (GSS), NHSLs, and the U.S. Census to examine geographical distribution, veteran status, family structure of the household, education, earnings, and wealth of the gay and lesbian population.

To address these challenges it is crucial at a most basic level to carefully sort out the opportunities and limitations of the match between one’s research question and the data available through secondary sources. For example, one could use the National Health Interview Survey (NHIS) to examine same-sex couple household access to health care (the NHIS collects respondents’ gender and the gender of others in the household and their relationship to the respondent). However, if one’s theory of health-care access and utilization relies on arguments about homophobic discrimination in the health-care setting, the absence of data for householders’ sexual identities is crucial. Clarity will help formulate a strong case for a study’s rationale and ultimately for persuading reviewers that the opportunity the data afford outweighs any limitations. In the example above, it may be an important first step for the field to simply document differences in health-care access and utilization based on householder couple status. The researcher must be flexible and creative in matching the research question to available data (Russell & Matthews, 2011). In addition to the need for conceptual and analytic flexibility and creativity with regard to measurement, we turn to several other basic challenges and suggestions for addressing them.

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<sup>2</sup>In the 1990 U.S. Census, when the responding householder identified two persons of the same sex as being spouses, or legally married, the Census Bureau administratively changed the reported gender of the spouse in most cases. Thus, same-sex couple households were undercounted, and reported as heterosexual married couple households.

## Basic Challenges to Consider

There are several challenges that are basic to all research with secondary data sets. Becoming familiar with a large and complex existing data set is time consuming and researchers often overlook the “costs” of learning. One must understand a study’s design, data structure, and distinct methodological characteristics that may influence analyses (Hofferth, 2005). Studies often employ complex sampling designs which require specialized statistical analytic techniques: Researchers may need to learn methods for adjusting for complex sample designs (e.g., nested samples or cluster designs), or methods for the use of weighted data responses (Russell & Matthews, 2011). There is a common perception that using existing data simply circumvents a data collection phase of research; however, recoding existing variables into useful constructs is time consuming (after 20 years of experience, the first author has found it necessary to estimate the time it will take, and multiple by four!). At the same time there are often opportunities for learning: Many large-scale studies have user groups or conferences designed to allow researchers to network with one another.<sup>3</sup> These networks offer possibilities for collaboration or the sharing of strategies for analysis, as well as for learning about others’ questions and research efforts. Although when working with publicly available data there is a possibility of having one’s idea “scooped” or taken, tested, and published before one is able to do so oneself, participating in scholarly networks of study users can keep one abreast of developments by other scholars in the field.

<sup>3</sup>For example, Add Health offers a reference list with over 3,800 publications, presentations, unpublished manuscripts, and dissertations that use Add Health data. Add Health is not alone, with MIDUS, NCDS, and others offering similar databases. Add Health also offers user seminars, conferences, and meetings that take place at various times and locations throughout the year. Beginning in 2010, The National Conference on Health Statistics began offering hands-on and education sessions on the full range of data systems they offer including the NHIS and NSFG.

Finally, a unique challenge is potential professional costs. In many fields and at many institutions, original data collection may be more highly valued, partly because of the higher costs and thus larger extramural grants required to collect data. As institutions place greater demand on researchers to receive external funding it is important to acknowledge that grants for secondary data analyses tend to require less overall time and staff.

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## Advantages of Secondary Data for Studies of LGBT-Parent Families

Having discussed some of the challenges, we now describe the potential advantages of using large-scale or population-based secondary data sets for the study of LGBT-parent families. Important advantages include generalizability to broad populations, large sample sizes (including sufficient numbers of underrepresented populations and power for statistical analyses), and the ability to conduct comparative analyses with populations of heterosexual-parent families. Some data sources allow for additional advantages: They may be longitudinal, include data from multiple reporters, allow insights about multiple contexts and processes of development, or allow cross-historical or cross-national comparisons (Russell & Matthews, 2011). An obvious practical advantage is low cost and ease of access (Hofferth, 2005) compared to the labor-intensive work of sample selection and data collection to begin a new study of LGBT-parent families.

First, the possibility for making generalizations to broader populations of LGBT-parent families is a crucial advantage that can advance this field of study. For example, the 2000 U.S. Census counted 594,391 same-sex couples (Simmons & O’Connell, 2003); of those same-sex couples, about a quarter reported a child under the age of 18 living in their household (Gates & Ost, 2004). Never before had there been a true census of LGBT-parent families (or more accurately, households headed by parenting same-sex couples): For the first time researchers

asserted that they had “identified same-sex couples in every state and virtually every county in the United States” (Sears, Gates, & Rubenstein, 2005, p. 1) and provided population estimates of the proportion of households headed by same-sex couples who are parenting in every state (the proportion of same-sex couples out of all households ranged from 27% to 80%). Notably, the same statistics have also been challenged because, with data only available for relationships among adult householders and thus on couples, it dramatically undercounts the total number of single LGBT people, and single LGBT-parent families in the USA. Yet these results have been groundbreaking for establishing the presence of these families for policy makers and planners. The results have also been instrumental in challenging stereotypes about LGBT-parent families—for example, that they are White, affluent, coastal, and urban. Indeed, these data have established that although same-sex couples without children are more likely to reside in California and Vermont, same-sex couples with children are more likely to reside in rural states (Mississippi, South Dakota, Alaska, South Carolina, and Louisiana; Gates & Ost, 2004). Yet California is where gay and lesbian adoptive and foster families are most likely to live (Gates, Badgett, Macomber, & Chambers, 2007). Further, African-American same-sex couples are more likely to include children compared to their White counterparts (Bennett & Gates, 2004; Black, Sanders, & Taylor, 2007; Carpenter & Gates, 2008).

Second, large sample sizes are beneficial because they allow for both the study of small and often marginalized subpopulations and statistical power for complex analyses (Russell & Matthews, 2011). Obviously, LGBT people and LGBT-parent families are present in all large-scale studies: The question is whether data are obtained to acknowledge them or whether they are invisible. Given their very small proportion within the total population, only huge studies will yield sufficient numbers of LGBT-parent families to allow for statistical analyses. For example, over 20,000 adolescents were included in the in-home portion of the Add Health study collected in 1994–1995; over 17,000 of their parents com-

pleted surveys. Wainright et al. (2004) were among the first investigators to use these data to investigate the well-being of adolescents growing up in same-sex parent households. They investigated psychosocial adjustment, school outcomes, and romantic relationships for 44 adolescents determined to be parented by same-sex couples based on parent reports of their gender and the gender of their partner (all were mothers; there were too few two-father families for inclusion in the study). Compared to a matched group of adolescents from heterosexual-parent families, no differences were found in adolescent adjustment (Wainright et al., 2004).

This study was the first of its kind based on a nationally representative sample to allow comparisons across family types, yet even with over 17,000 responding parents in that study only 44 adolescents parented by female same-sex couples were identified. It is important to note that these low numbers may also be explained by heteronormative assumptions in the design of the household measures in the original waves of the Add Health study that (a) did not ask the sexual orientation/identity of responding parents, (b) gave preference to female parents on the parent survey, and (c) precluded the possibility for adolescents to indicate on the adolescent-reported household roster that an adult living in the household could be the same-sex partner of a parent.

Add Health data have since been utilized for a number of studies examining children of mothers in same-sex couples. Wainright and Patterson (2006) found that regardless of family type, adolescents whose mothers described closer relationships with their children reported less delinquent behavior and substance use. Further, Wainright and Patterson (2008) found that regardless of family type, adolescents whose mothers described closer relationships with their children reported higher quality peer relations and more friends in school. These findings support the assertion that the quality of the parent–adolescent relationship better predicts adolescent outcomes than family type (Wainright & Patterson, 2006, 2008). Future studies should examine whether such findings remain true for children of male same-sex couples.

An additional benefit of very large samples is the possibility to study differences among LGBT-parent families based on race, ethnicity, age, and gender. Granted, perhaps the only data set large enough to make this possible is the U.S. Census. Gates and Romero (2009) report that African-American and Latina women in same-sex couples are more than twice as likely to be raising children as their White counterparts, and African-American and Latino men in such relationships are more than four times as likely to be raising children compared to their White counterparts (see also Bennett & Gates, 2004; Black et al., 2007; Carpenter & Gates, 2008). These findings are groundbreaking in identifying far more racial and ethnic diversity in LGBT-parent families than has been represented in the existing literature, because this literature has been largely derived from community-based samples of LGBT-identified parents of whom, until recently, consisted of primarily White lesbian mothers. As a result, these findings from the Census caution against generalizing from the existing literature to “all” LGBT-parent families.<sup>4</sup>

Another advantage to the use of population-based data sources is that some utilize longitudinal designs (Russell & Matthews, 2011). Some, like the GSS and the NHIS, collect data longitudinally by collecting representative data across time (but do not follow the same participants prospectively from year to year); few if any published studies based on these data have examined LGBT-parent families. Other data sets, such as Add Health, the NCDS and the BCS allow for the study of individuals across time so that hypotheses concerning human development and change can be explored. The members of the Add Health and both the NCDS and BCS cohorts are now adults or young adults, many of whom are becoming parents. These data sets offer unique opportunities to study characteristics from the early life course (childhood and adolescence) that may be associated with the well-being of LGBT adults and their children, or the adult lives of children

who were parented in same-sex households; again, we are aware of no studies that have taken this approach.

Other benefits of large-scale survey studies include reports from multiple reporters (children and parents), which allows for more than one perspective on family life. Finally, another potential advantage is the ability to conduct cross-historical or cross-national comparisons (Russell & Matthews, 2011). For example, a component of the GSS, the International Social Survey Program, was specifically developed to allow for cross-cultural comparisons between the USA, Australia, Great Britain, and West Germany. Such surveys may allow for future comparisons of LGBT-parent families across multiple countries.

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## Opportunities and Conclusions

There is a rich tradition of population-based survey research in the social and behavioral sciences that has provided a baseline for scientific and public understanding of the social and economic health and development of families, yet for generations, LGBT people and families have been invisible. Developments in recent decades have begun to change that. More large-scale surveys now include possibilities to identify, study, and understand LGBT-parent families. These developments come at the same time that many have begun to demand equal rights for LGBT people and families. Simultaneously, scholars are demanding both inclusion of LGBT people and families in research, as well as equal scientific rigor in the ways that LGBT families are studied. Large-scale representative studies are one path for building scientific understanding of LGBT-parent families. The Appendix includes descriptions of relevant data sources, some of which to our knowledge have never been used for the study of LGBT-parent families.

In addition to the challenges and opportunities we have discussed, we note some areas in the study of LGBT-parent families that have been particularly underexamined and for which the use of secondary data sources may provide important new possibilities. Gay fathers have

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<sup>4</sup>We note that while this work advances understandings of the racial and gender diversity among LGBT-parent families, we still know little about social class differences.

been underrepresented in existing studies of LGBT-parent families. In 1990, 1 in 5 female same-sex couples were raising children compared to 1 in 20 male same-sex couples (Gates & Ost, 2004). By 2000, 1 in 3 female same-sex couples were raising children and 1 in 5 male same-sex couples were raising children (Gates & Ost, 2004). No data source is comparable to the NLLFS (Gartrell et al., 1996) for the study of male same-sex couples raising children. Although it is not population based and thus is not representative of all lesbian-parent families, it is a large sample that includes a birth mother and a co-mother with at least one child from whom data have been collected five times (before the child was born, and then when the child was 2, 5, 10, and 17). Results find, for example, that the development of psychological well-being in children of lesbian mothers over a 7-year period from childhood through adolescence is the same for those with known and unknown donors (Bos & Gartrell, 2010); no similar information exists about the children of gay fathers. As the number of LGBT-parent families (including both female and male same-sex couples raising children) continues to increase, more attention to gay-male parenting is warranted.

Further, there are few, if any, studies based on population-representative data sources that examine bisexual- or transgender-parent families (further, there are few existing studies of bisexual or transgender persons and family life in general; examples are discussed in other chapters of this book). Large-scale population-based data sets are a strategic place to look to find samples large enough for studies of bisexual and transgender people and families. Of the sources included in the Appendix, the BRFSS (select states), BCS, and the NCDS include measures that allow identification of transgender people. Even these sources are largely untapped: They could afford unprecedented opportunities for scholarship. Lastly, little is known about LGBT-parent families and socioeconomic status; much of the existing research focuses on middle-class LGBT-parent families. Population-based data sets such as the NHLS, the GSS, the U.S. Census, and the ACS

allow for studies of same-sex headed households and their socioeconomic status.

In conclusion, we have identified challenges as well as opportunities for scholars who may pursue the study of LGBT-parent families through analysis of secondary data sources or large-scale surveys. There are many new possibilities for the study of LGBT-parent families (and even more possibilities to study LGBT individuals). To date, findings from such studies have been groundbreaking. Not only have they demonstrated, for example, that child and family well-being does not differ in LGBT-parent and heterosexual-parent families (Wainright & Patterson, 2006, 2008; Wainright et al., 2004); they have dispelled myths about who LGBT-parents are and where they live (Gates & Ost, 2004; Gates & Romero, 2009), and have shown simply—yet radically—that LGBT-parent families are everywhere (Simmons & O’Connell, 2003). There are remarkable possibilities waiting in these data sources—opportunities to propel the field of LGBT-parent families—and thus our understanding of all contemporary families—forward.

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## Appendix: Secondary Data Opportunities

*American Community Survey (ACS, 2010)*

Population: Representative of U.S. population.

Measure for LGBT-parent family: Combination of gender of participant, gender of others living in household, and type of relationship between participant and others living in household.

Parent Data: Demographic, financial, housing, and economic data.

Child Data: Assesses if children are in the home and their ages.

Parenting Data: Not applicable.

Description: Started in 2000, the yearly ACS mimics the decennial Population and Housing Census (commonly referred to as the U.S. Census), but rather than show the number of people who live in the USA the ACS shows how people live, with the goal of proportioning of funds for services.

*Behavioral Risk Factor Surveillance System (BRFSS, 2010)*

Population: Representative at state level.

Measure: Varies by state: sexual orientation; transgender status.

Parent Data: Demographic, health behaviors, and contextual factors (varies by state).

Child Data: If children live in household and demographics (varies by state).

Parenting Data: Assesses care giving to individuals (including children) with health problems, long-term illnesses, or disabilities, and the following vary by state: childhood asthma prevalence, childhood immunization, and child Human Papilloma Virus.

Description: The BRFSS is a state-based system of health surveys that tracks health conditions and risk behaviors in the USA on a monthly basis by telephone in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam; approximately 350,000 adults are included annually.

*British Cohort Study (BCS)*

Population: All infants ( $N=17,200$ ) born during a 1 week period in England, Scotland, Wales, and Northern Ireland in April 1970.

Measure: Combination of sex of respondent, marital status, sex of individuals living in household, and relationship between household members, and sex change status.

Parent Data: Demographics, physical health, mental health, drug and alcohol use, attitudes and beliefs, and economic development.

Child Data: Demographic.

Parenting Data: How often children see the other parent if parents are divorced, type of relationship child has with each member of the household.

Description: Six follow-up surveys, and plan for 2012; Initial survey data from midwives and information from clinical records; data have

also been collected from parents, teachers, school health services, and participants in subsequent waves. One wave included daily diary reports.

Relevant Reference: Strohm (2011).

*California Health Interview Survey: Adult (CHIS, 2011)*

Population: Representative of the state of California.

Measure: Gender of sexual partners, sexual orientation, and type of partnership assessed.

Parent Data: Demographic and health topics are primarily assessed. Topics cover health conditions, health behaviors, general health, disabilities, sexual health, women's health, mental health, and health insurance.

Child Data: Demographics and health insurance.

Parenting Data: Not applicable.

Description: The CHIS is a random-dial telephone survey conducted every 2 years. Each round more than 50,000 California residents, including adults, teenagers, and children, are surveyed. The sample is extensive enough to be statistically representative of California's diverse population.

Relevant Reference: Carpenter & Gates (2008).

*California Quality of Life Survey (Cal-QOS)*

Population: Gay, lesbian, and bisexual individuals in the state of California.

Measure: Data collected from the CHIS was used which assessed gender of sexual partners, sexual orientation, and type of partnership.

Parent Data: Demographic and health topics are primarily assessed. Topics cover health conditions, health behaviors, general health, disabilities, sexual health, women's health, mental health, and health insurance.

Child Data: Demographics and health insurance.

Parenting Data: Not applicable.

Description: The Cal-QOS was a follow-up survey to the CHIS. Participants who reported a gay, lesbian, or bisexual identity or same-sex sexual activity and who agreed to participate in future surveys on the CHIS were reinterviewed. Additionally, as a heterosexual comparison group, a random sample of remaining 18–70 year olds was also reinterviewed. Of those contacted, 56% were successfully

reinterviewed 6–18 months after they were contacted.

Relevant Reference: Strohm et al. (2009).

*General Social Survey (GSS, 2010)*

Population: Representative of U.S. population.

Measure: Sexual behavior can be assessed in older data (1972–1988); same-sex relationships can be addressed in newer data (1988–present).

Parent Data: Demographics, attitudes, and behaviors.

Child Data: Demographic.

Parenting Data: Extensive data on parenting attitudes and behaviors.

Description: The GSS is unique in its aim to “take the pulse of America” through data on opinions and beliefs, and the ability to conduct comparisons with other nations. Sample sizes range from 1,500 to 3,000 each year.

Relevant References: Black et al. (2000, 2007); Strohm et al., (2009).

*The National Survey of Midlife Development in the United States (MIDUS)*

Population: Over 7,000 Americans aged 25–74.

Measure: Sexual orientation assessed via a single item measure.

Parent Data: Primarily concerned with physical and mental health, including medical history, history or risk behaviors, work history, and demographics.

Child Data: Demographic.

Parenting Data: General feelings about relationship with children and how children affected their work situation.

Description: MIDUS began in 1994 with the intention of investigating the role of behavioral psychological and social factors in understanding age-related differences in physical and mental health. Data collection for the second wave began in 2004 and was completed in 2009. The second wave provides follow-up data on the psychosocial, sociodemographic, health, daily diary data collected at the first wave as well as new data including cognitive assessments, biomarker assessments (subsample), and neuroscience assessments (subsample).

Relevant Reference: Mays and Cochran (2001).

*National Child Development Study (NCDS)*

Population: All infants ( $N=17,500$ ) born during a 1 week period in England, Scotland, and Wales in March 1958.

Measure: Combination of sex of respondent, marital status, sex of individuals living in household, and relationship between household members; sex change status.

Parent Data: Demographic, physical health, mental health, drug and alcohol use, attitudes and beliefs, and economic development.

Child Data: Demographic.

Parenting Data: How often children see the other parent if parents are divorced, type of relationship child has with each member of the household.

Description: The NCDS included an interview and medical assessment of mothers during the week of birth and eight follow-up surveys regarding physical, educational, social, and economic development across the life span. Like the BCS early waves included multiple informants and school and medical records. In subsequent waves data when cohort members were adults, data were collected from partners and children.

Relevant Reference: Strohm (2011).

*National Health and Social Life Survey (NHLSL, 2010)*

Population: Approximately 2,500 adults, aged 18–44, from two middle-sized metropolitan areas.

Measure: Combination of gender of participant and gender of others they have cohabitated with longer than 1 month (cohabitation defined by sexual relationship), attraction, and identification.

Parent Data: Demographic, sexual practices, sexual histories, pregnancies, drug and alcohol use, physical health, attitudes.

Child Data: Demographic.

Parenting Data: Not applicable.

Description: The aim of NHLSL is to investigate social organization of sexual behavior, including identifying a full range of sexual behaviors and examining patterns associated with specific types of partnerships and attitudes.

Relevant References: Black et al. (2000, 2007)  
*National Health Interview Survey (NHIS, 2010)*

Population: Representative of U.S. population.

Measure: Combination of gender of participant, gender of others living in household, and type of relationship between participant and others living in household.

Parent Data: Demographic, health conditions, insurance, access to health care and utilization, and health behaviors.

Child Data: Child health status and limitations.

Parenting Data: Child access to health care and utilization.

Description: The purpose of the NHIS is to monitor the health of the U.S. population; approximately 36,000 households are included annually.

*National Longitudinal Study of Adolescent Health (Add Health, 2010)*

Population: Representative of U.S. population.

Measure: Sexual behaviors, romantic attractions, and orientation assessed (most recent wave).

Parent Data: Demographic, social, economic, psychological, and physical well-being, contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships.

Child Data: Demographics and health.

Parenting Data: Parent-child relationship, general feelings about being parent.

Description: Add Health began with a representative sample of over 12,000 adolescents in grades 7–12 and has since followed them into young adulthood. The most recent wave of data was collected in 2008 with an in-home interview of the now 24–32-year-old participants and includes biological data. Add Health offers data on respondent's social, economic, psychological, and physical well-being with contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships.

Relevant References: Wainright and Patterson (2006, 2008), Wainright et al. (2004).

*National Survey of Family Growth (NSFG, 2011)*

Population: Prior to 2002, the sample was representative of women 15–44 living in the USA. Starting with the sixth wave in 2002, the

population became representative of all people 15–44 living in the USA.

Measure: Sexual behavior, sexual attraction, and sexual identity are assessed.

Parent Data: Demographics and health.

Child Data: Demographics.

Parenting Data: Family life, marriage and divorce, infertility, use of contraception.

Description: Began in 1973, NSFG only surveyed women. During this period, five waves of data were collected. Starting with the sixth wave, in 2002, men were included. A seventh wave of data was collected in 2010.

Relevant Reference: Chandra et al. (2011).

*Survey of Income and Program Participation (2010)*

Population: Representative of U.S. population.

Measure: Combination of gender of participant, gender of others living in household, and type of relationship between participant and others living in household.

Parent Data: Demographics, poverty, income, employment, work experience, program participation, transfer income, asset income, and health coverage.

Child Data: Within topic module children's well-being is assessed.

Parenting Data: Within topic module child care, family activities, rules governing TV viewing, and quality of the neighborhood are assessed.

Description: SIPP provides detailed information on respondent's income and program participation, principal determinants of income and program participation, detailed information on various forms of income, and data on taxes, assets, liabilities, and participation in government transfer programs.

*United States Census (2010)*

Population: Representative of U.S. population.

Measure: Combination of gender of participant, gender of others living in household, and type of relationship between participant and others living in household.

Parent Data: Demographics.

Child Data: Demographics.

Parenting Data: Not applicable.

Description: The U.S. Population and Housing Census is collected every 10 years while the Economic Census and Census of Governments are conducted every 5 years. The Population and Housing Census offers the most comprehensive estimates of the number of LGBT-families living in the country.

Relevant References: Bennett and Gates (2004), Black et al. (2000), Gates and Ost (2004), Gates and Romero (2009), Gates et al. (2007), Sears et al. (2005), Simmons and O'Connell (2003), and Smith and Gates (2001).

*U.S. National Longitudinal Lesbian Family Study (NLLFS, 2010)*

Population: Recruitment occurred in Boston, Washington, DC, and San Francisco.

Measure: Self-identified as lesbian.

Parent Data: Demographics, parental relationships, social supports, pregnancy motivations and preferences, stigmatization, and coping.

Child Data: Peer and school contexts, socialization, externalizing problem behavior, and well-being.

Parenting Data: Family dynamics, parent-child relationship.

Description: The NLLFS follows a cohort of nearly 70 planned lesbian families with the goal of examining the social, psychological, and emotional development of the children, and the dynamics of planned lesbian families.

Relevant References: Bos & Gartrell (2010), Gartrell et al. (1996).

*Welfare, Children, & Families: A Three-City Study (WCF, 2010)*

Population: Low income families in Boston, Chicago, and San Antonio.

Measure: Combination of gender of participant, gender of others living in household, and type of relationship between participant and others living in household.

Parent Data: Demographics, self-esteem/self-concept, family routines, home environment, welfare participation, health and disability, illegal activities, and domestic violence.

Child Data: Behavior checklist, schooling, delinquency, and ages and stages (younger children).

Parenting Data: Parenting styles, farther involvement, parent-child relationships (older children), and parental monitoring.

Description: The WCF assesses the well-being of low income children and families in the Boston, Chicago, and San Antonio areas.

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