

Exhibit E

(Second Part)

Research on lesbian-mother families has helped dispel myths about the problems that were widely assumed to arise for children. The findings of the studies initiated in the 1970s and continuing to this day have contributed to policy making and legislation in relation to same-sex parenting, not just for lesbian women but also for gay men. Many changes have taken place over the past 30 years; it is now rare for lesbian mothers to lose custody of their children following divorce on the grounds of their sexual orientation; in some countries and some states of the United States, lesbian and gay individuals can adopt children, sometimes jointly; and an increasing number of fertility clinics are offering assisted reproductive technologies not only to lesbian women but also to gay men. Although gay men experience many more obstacles to parenthood than do lesbian women, there is a slow shift toward acceptance of gay men as fathers. This was highlighted in November 2008 when Florida's 30-year-old ban on gay adoption was declared unconstitutional. In her ruling, the judge stated:

Based on evidence presented from experts from all over this country and abroad, it is clear that sexual orientation is not a predictor of a person's ability to parent. . . . The most important factor in ensuring a well-adjusted child is the quality of parenting.

The move toward same-sex marriage and other forms of legal recognition of same-sex relationships (Herek, 2006; Wintemute, 2004, 2005, 2006), as well as the greater openness of adoption agencies (Brodzinsky et al., 2002) and fertility clinics to offer treatment to gay men (Ethics Committee of the American Society for Reproductive Medicine, 2006), is likely to produce an increase in, and greater acceptance of, gay-father families in the years to come.

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BRIEF REPORTS

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

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

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

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

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

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

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

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

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

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Method

Participants

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

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

Dependent Measures

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

Use of alcohol was assessed with three variables from the Adolescent IHI. We utilized a composite variable (Sieving et al., 2000), which uses 2 items to create an eight-level variable about adolescents' use of alcohol in their lifetime and in the past 12 months (1 = "2–3 drinks in lifetime," 3 = "drank alcohol on 1 or 2 days in the past 12 months," 5 = "drank 2–3 days a month in the past 12 months," 7 = "drank 3–5 days a week in the past 12 months," 8 = "drank every day or almost every day in the past 12 months"). Adolescents were instructed to exclude "a sip or taste of someone else's drink." Individual items measured how often in the past 12 months adolescents had binged on alcohol (5+ drinks in a row) and had gotten drunk. Scores for these items ranged from 1 (never) to 7 (every day or almost every day).

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

Adolescents' risky use of alcohol and drugs was assessed with a scale of eight items (1 = yes, 0 = no; $\alpha = .78$) from the Adolescent IHI, which asked whether the adolescent had driven a car, gone to school, gotten into a fight, or carried a weapon while

consuming alcohol or drugs. The sum of the eight items was taken, with higher scores indicating more risky use.

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

Adolescents' joint occurrences of substance use and sexual activity were assessed with a scale of 6 items (1 = yes, 0 = no; $\alpha = .68$) from the Adolescent IHI asking whether the adolescent had used drugs or alcohol or had been drunk the first time (three items) or most recent time (three items) he or she had sexual intercourse. The sum of the six items was taken, and higher scores indicated more joint occurrences.

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

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

Family and Relationship Variables

Adolescents' perceived care from adults, teachers, and friends was measured with three items from the Adolescent IHI regarding how much the adolescent believed that others care about them. The mean of the three items ($\alpha = .58$) was taken, and possible scores ranged from 1 (not at all) to 5 (very much), with higher scores indicating perceptions of more caring. Parents' perceptions of the quality of their relationship with their child were assessed with a scale made up of the mean of six items ($\alpha = .71$) from the Parent's In-Home Questionnaire. Items included parents' assessment of trust, understanding, communication, and general quality of relationship and were measured on a scale ranging from 1 to 5, with higher scores indicating closer relationships.

Results

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

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

As expected, we did not find a statistically significant difference in adolescents' reports of their frequency of alcohol, tobacco, or marijuana use as a function of family type. In addition, our analyses revealed no significant difference in the number who smoke among three best friends or frequency of getting drunk or binge drinking (see Table 1). Consistent with results for substance use, we found no significant difference in problems arising from alcohol or drug use (relationship and physical problems, risky use of alcohol and drugs, and sex while under influence of alcohol or drugs) as a function of family type. Analyses also revealed no difference in adolescents' delinquent behavior between offspring of same-sex couples and offspring of comparison families headed by different-sex couples. Similarly, we found no difference in adolescents' experiences as victims or witnesses of violence as a function of family type.

Overall, adolescents and their parents reported positive family relationships. Parents' perceptions of the quality of the relationship were high, with a mean of 4.20 ($SD = 0.53$) and a range of 2.66 to 5.00. Adolescents' perceptions of others' care were high ($M = 4.07$, $SD = 0.65$), with a range of 2.33 to 5.00. Consistent with results for adolescent outcomes, analyses revealed no differences in parent report of the quality of the parent-adolescent relationship or adolescent report of care from others as a function of family type.

Having found no associations between family type and adolescent risk behavior, we explored possible associations between processes in the adolescent's environment and adolescent outcomes. We conducted regression analyses separately for use of tobacco, alcohol, and marijuana, as well as victimization and delinquent behavior. Family type, gender, parental education, and family income were included as predictors. Variables and interactions that were not statistically significant predictors were removed from the models.

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

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

Discussion

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

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

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

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

Table 2
Prediction of Adolescent Risk Behavior

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

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

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

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

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

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

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

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

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

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Received April 12, 2004

Revision received September 1, 2005

Accepted October 26, 2005 ■



What Do We Know About Gay and Lesbian Couples?

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ABSTRACT—Research on gay and lesbian couples is highlighted with regard to household labor, conflict, satisfaction, perceived social support, stability, and the variables that predict relationship quality. Relative to partners from married heterosexual couples, partners from gay and lesbian couples tend to assign household labor more fairly, resolve conflict more constructively, experience similar levels of satisfaction, and perceive less support from family members but more support from friends. The limited data available indicate that gay and lesbian couples may be less stable than married heterosexual couples. The factors that predict relationship quality tend to be the same for gay, lesbian, and heterosexual married couples. Overall, research paints a positive picture of gay and lesbian couples and indicates that they tend to be more similar to than different from heterosexual couples.

KEYWORDS—gay couples; lesbian couples; relationship quality; relationship stability

In November 2004, Americans in 11 states voted on whether marriage should be legal for only heterosexual couples. The resounding message from the voters in each of these states was that marriage as a legal institution should, indeed, be reserved only for couples consisting of a man and a woman. One interpretation of voters' response to the gay-marriage issue is that most Americans regard gay and lesbian couples as being different from heterosexual couples. But what does research on gay and lesbian couples say on this matter? Does evidence support the view that gay and lesbian couples work in ways that are different from the way that heterosexual couples work? Before I examine aspects of these questions, I will address the question of the number of gay and lesbian couples in America.

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HOW MANY AMERICAN GAY AND LESBIAN COUPLES ARE THERE?

Because of the stigma associated with homosexuality, many gay and lesbian persons are reluctant to disclose their sexual orientation. Consequently, there are no definitive data on the number of gay and lesbian Americans. Perhaps the best available estimates were derived by Laumann, Gagnon, Michael, and Michaels (1994), who interviewed a national sample of 1,511 men and 1,921 women. Of this sample, 4.9% of the men and 4.1% of the women reported having engaged in sexual behavior with a person of their own sex since the age of 18, 6.2% of the men and 4.4% of the women reported having been attracted to a person of their own sex, and 2.8% of the men and 1.4% of the women identified themselves with a label denoting same-sex sexuality (e.g., homosexual).

Given the difficulty in estimating the number of gay and lesbian Americans, it is not surprising that there are also no definitive data on the number of gay and lesbian American couples. However, changes in the way information about households is collected in the United States Census have allowed estimates of the number of households headed by a person with a same-sex partner to be obtained. Data from the Census of 2000 (Simons & O'Connell, 2003) indicate that of the 5.5 million couples who were living together but not married, about 1 in 9 were same-sex couples. Of these couples, 301,026 involved male partners and 293,365 involved female partners. Children under the age of 18 resided with 22% of the male couples and with 33% of the female couples.

Because presenting oneself publicly as gay or lesbian opens the door to discrimination and even violence, estimates of the number of gay and lesbian individuals and couples are most assuredly underestimates. Nonetheless, it is clear that, despite a generally inhospitable social climate, being part of a couple is integral to the lives of many gay men and lesbians. Next, topics of particular relevance to gay and lesbian couples are reviewed.

TOPICS RELEVANT TO GAY AND LESBIAN COUPLES

Household Labor

One perception of partners from happy couples is that each partner does something to contribute to the overall well-being of



the couple. When members of a couple live together, the extent to which they depend on each other increases, making it likely that the general issue of "Who does what?" has to be confronted. For many heterosexual couples, biological sex is one major factor that determines which roles partners assume. For example, despite major changes in the number of American women who work outside the home, wives still do the majority of household tasks (Artis & Pavalko, 2003). Given the persistence with which biological sex is used to assign roles relevant to household labor in heterosexual couples, the division of household labor for gay and lesbian couples provides one way to examine how roles in relationships get assigned independently of biological sex.

Three conclusions emerge from studies of how members of gay and lesbian couples divide household labor (e.g., Carrington, 1999). First, members of gay and lesbian couples do not assign roles for household labor such that one partner is the "husband" and the other partner is the "wife." Second, although members of gay and lesbian couples do not divide household labor in a perfectly equal manner, they are more likely than members of heterosexual couples to negotiate a balance between achieving a fair distribution of household labor and accommodating the different interests, skills, and work schedules of particular partners. This pattern of negotiation holds true even when couples have children living with them (Patterson, 2000). Third, as couples become more established, partners are likely to specialize in the household tasks they do, perhaps as one way of getting household tasks done efficiently.

Conflict

Conflict is inevitable in any relationship. In heterosexual couples, conflict is often thought to occur because of systematic differences in how men and women perceive their worlds. If this view of relationship conflict is valid, then one might expect that partners from same-sex couples would resolve conflict better than partners from heterosexual couples do because they perceive their worlds through similar lenses. Research supports this expectation.

Cottman et al. (2003) videotaped partners from gay, lesbian, and married heterosexual couples discussing problems in their relationships and then coded the emotions expressed by the partners in the course of the discussions. The researchers found that, relative to heterosexual partners, gay and lesbian partners began their discussions more positively and were more likely to maintain a positive tone throughout the course of the discussion. Findings from survey data also indicate that partners from gay and lesbian couples resolve conflict more positively than spouses from married couples do: They argue more effectively, are less likely to use a style of conflict resolution in which one partner demands and the other partner withdraws, and are more likely to suggest possible solutions and compromises (Kurdek, 2004a). Cottman et al. speculated that partners from gay and

lesbian couples handle conflict more positively than spouses from heterosexual couples do because they value equality more and have fewer differences in power and status between them.

It is of note that, although partners from gay and lesbian couples tend to resolve conflict more positively than spouses from married couples do, partners from gay, lesbian, and heterosexual couples are likely to disagree over the same issues. In a study in which partners rated how frequently they fought over 20 specific issues (Kurdek, 2004b), differences between gay, lesbian, and heterosexual couples were largely nonexistent. Equally striking was the finding that partners from gay, lesbian, and heterosexual couples identified the same areas as sources of the most conflict: finances, affection, sex, being overly critical, driving style, and household tasks. Thus, differences in conflict resolution appear to be due to how conflict is handled rather than to what the conflict is about.

Perceived Support for the Relationship

Based on evidence that the level of support from members of one's social network affects the health of one's relationship, current theories about relationships (e.g., Huston, 2000) recognize that relationships develop within social contexts. Several studies have examined the extent to which members of gay and lesbian couples perceive support for their relationships (e.g., Kurdek, 2004a). Relative to spouses from heterosexual couples, partners from gay and lesbian couples are less likely to name family members as support providers and are more likely to name friends as support providers. These differences are notable because they are among the largest differences found in comparisons between heterosexual and gay or lesbian couples. The lack of family support for one's primary close relationship is often viewed as a unique stressor for gay men and lesbians and perhaps represents the overall lack of legal, social, political, economic, and religious support that gay and lesbian partners experience for their relationships. On the other hand, the high level of support that gay and lesbian partners enjoy from friends has been viewed as one way in which they compensate for the absence of institutionalized support.

Satisfaction

Nearly all available evidence indicates not only that gay men and lesbians are, on average, satisfied with their relationships, but that their level of satisfaction is at least equal to that reported by spouses from married heterosexual couples (Blumstein & Schwartz, 1983; Kurdek, 2001). Further, longitudinal data from partners from gay, lesbian, and heterosexual couples indicate that, for each type of couple, self-reported relationship quality is relatively high at the start of the relationship but decreases over time (Kurdek, 1998).

Stability

Perhaps the most important "bottom-line" question asked about gay and lesbian couples is whether their relationships last. Be-

cause survey data (see Kurdek, 2004b) indicate that between 8% and 21% of lesbian couples and between 18% and 28% of gay couples have lived together 10 or more years, it is clear that gay men and lesbians can and do build durable relationships. More detailed information on the stability of gay and lesbian relationships is limited because few studies have followed the same samples of gay and lesbian couples over time. Nonetheless, findings from three studies are relevant.

Kurdek (2004a) reported that for 126 gay couples and 101 lesbian couples assessed annually up to 12 times, 24 of the gay couples (19%) and 24 of the lesbian couples (24%) dissolved their relationships. With controls for demographic variables (e.g., length of cohabitation), the difference in the rate of dissolution for gay and lesbian couples was not significant. Over a comparable period of 11 annual assessments, 70 of 483 heterosexual married couples (15%) ended their relationships. With controls for demographic variables, the dissolution rate for heterosexual couples was significantly lower than that for either gay or lesbian couples.

In their 18-month follow-up survey of partners from 1,021 married heterosexual couples, 233 cohabiting heterosexual couples, 493 cohabiting gay couples, and 335 cohabiting lesbian couples, Blumstein and Schwartz (1983) found that 4% of the married couples, 14% of the cohabiting heterosexual couples, 13% of the cohabiting gay couples, and 18% of the cohabiting lesbian couples had dissolved their relationships. Although these authors reported no statistical comparisons, my analyses of their data indicated that, although rates of dissolution did not differ for either gay couples versus lesbian couples or for gay and lesbian couples versus cohabiting heterosexual couples, both gay and lesbian couples were more likely to dissolve their relationships than married heterosexual couples were.

Andersson, Noack, Seierstad, and Weedon-Fekjaer (2004) examined differences in the dissolution rates of gay and lesbian registered partnerships in Norway and in Sweden. Because registered partnerships were first made available in Norway in 1993 and in Sweden in 1995, dissolution rates are necessarily based on couples with legal unions of relatively short duration. For both countries, dissolution rates were significantly higher for lesbian couples than they were for gay couples. In Norway, 56 out of 497 lesbian partnerships were dissolved (11.26%) as compared to 62 out of 796 gay partnerships (7.78%). In Sweden, 117 out of 584 lesbian partnerships were dissolved (20.03%) as compared to 135 out of 942 gay partnerships (14.33%). In comparison, the percentage of dissolved heterosexual marriages in Sweden was 8%. For both countries, the higher rate of dissolution for lesbian couples than for gay couples persisted even when statistical analyses controlled for length of the partnership (which, if different between the two groups, can produce illusory differences in gay and lesbian couples' stability).

In sum, the data are too scant to warrant any conclusions about the relative stability of gay and lesbian couples. However, it is of note that Blumstein and Schwartz's (1983) data indicated that

the dissolution rate for cohabiting heterosexual couples was similar to that for both cohabiting gay couples and cohabiting lesbian couples. Unlike spouses from married heterosexual couples who experience social, religious, and legal barriers to leaving their relationships, cohabiting couples—whether gay, lesbian, or heterosexual—have no such institutionalized barriers. Further, although some gay and lesbian couples raise children, the majority do not (Simons & O'Connell, 2003), thereby removing another significant barrier to dissolution. Thus, perhaps what is most impressive about gay and lesbian couples is not that they may be less stable than heterosexual married couples, but rather that they manage to endure without the benefits of institutionalized supports.

Factors Predicting Relationship Quality

One way of determining whether the relationships of gay men and lesbians work the same way the relationships of heterosexual persons do is to see if the links between variables known to be relevant to relationship functioning and relationship quality are as strong for gay and lesbian partners as they are for heterosexual married partners. The predictors of relationship quality that have been examined usually come from four classes of variables commonly used in research on relationships (e.g., Huston, 2000). These include characteristics each partner brings to the relationship (such as personality traits), how each partner views the relationship (such as level of trust), how partners behave toward each other (such as communication and conflict-resolution styles), and perceived level of support for the relationship (such as that from family members and friends).

The relevant findings are easily summarized. Nearly all studies (e.g., Kurdek, 2004a) find that the links between variables from the four classes just listed and relationship quality for gay and lesbian couples do not differ from the parallel links for heterosexual married couples. That is, the extent to which relationship quality is predicted by these four kinds of variables tends to be as strong for gay and lesbian couples as it is for heterosexual couples. Thus, despite external differences in how gay, lesbian, and heterosexual couples are constituted, the relationships of gay and lesbian partners appear to work in much the same way as the relationships of heterosexual partners do.

Based on evidence that gay and lesbian relationships are influenced by the same set of factors that influence heterosexual marriages, institutionalized support for gay and lesbian relationships might be expected to enhance the stability of these relationships just as it does for heterosexual marriages. In fact, this reasoning formed one of the bases for the American Psychological Association's passing a resolution declaring it unfair and discriminatory to deny same-sex couples legal access to civil marriage and all its attendant benefits, rights, and privileges (American Psychological Association, 2004).

ISSUES FOR FUTURE RESEARCH

Future research on gay and lesbian couples needs to address several key issues. One is sampling: Because most studies have used convenience samples of mostly white and well-educated partners, the extent to which findings generalize to the larger population of gay and lesbian couples is unknown. Problems with regard to sampling may be eased as specialized populations—such as couples with civil unions from states with open records—become identified. Another issue is research methods: Most studies on gay and lesbian couples have used self-report surveys. Future work could address some of the biases associated with self-report data by employing behavioral observations as well as peer or partner ratings.

The life course of gay and lesbian relationships is another area requiring further research. Because gay and lesbian courtship is a fairly hidden process, little is known about how gay and lesbian relationships develop from courtship to cohabitation to marriage-like unions with high commitment. Recruiting dating couples for longitudinal research, however, remains a challenge. It is also necessary to establish what variables are unique to gay and lesbian persons. Most research has used theories and methods derived from work with heterosexual couples, so little is known about how variables unique to gay and lesbian persons—such as negotiating a private and public identity as a gay or lesbian person—affect the quality of their relationships. Finally, it is necessary to learn more about the forces that help stabilize relationships. Because it is unlikely that all American gay and lesbian couples will soon have the option to marry, they will need to continue to rely on less institutionalized forces to maintain the stability of their relationships. These include psychological processes such as commitment and social processes such as level of integration into the support systems of family, friends, and coworkers.

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