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To cite this article: Nanette Gartrell (2021): Overview of the 35-year U.S. National Longitudinal Lesbian Family Study and Its 92% Retention Rate, Journal of GLBT Family Studies, DOI: [10.1080/1550428X.2020.1861573](https://doi.org/10.1080/1550428X.2020.1861573)

To link to this article: <https://doi.org/10.1080/1550428X.2020.1861573>



Published online: 27 Jan 2021.



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Overview of the 35-year U.S. National Longitudinal Lesbian Family Study and Its 92% Retention Rate

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ABSTRACT

The U.S. National Longitudinal Lesbian Family Study was initiated in 1986 to follow a cohort from the first generation of planned lesbian-parent families in which the children were conceived through donor insemination. Since that time, 92% of the families in the original cohort are still involved in the study. During the most recent wave (6th) for which data gathering was completed in October 2017, 213 family members (135 parents and 78 index offspring) participated. The evolution of the study over 35 years and the strategies used to retain participants are discussed. Salient among these strategies were timing the data collection, meeting participants in their homes, creating a study identity, and updating contact information annually. Having the same principal investigator from the beginning to the present provided consistency. The study also benefited from cultural shifts over the past three decades that the researchers and participants could not have anticipated at the outset—co-parent adoptions, domestic partnerships, civil unions, and marriage equality. Despite the limitations of convenience sample surveys, there are lessons to be learned from the methodological strategies that the researchers employed to keep the cohort intact.

KEYWORDS

Retention rate; longitudinal study; lesbian-parent families; donor insemination; strategies to retain participants

In 1982, The Sperm Bank of California was the first family planning clinic in the United States to welcome all people, regardless of sexual orientation or marital status (The Sperm Bank of California, 2020). The clinic became very popular among women forming planned lesbian-parent families and conceiving through donor insemination (DI). Prospective lesbian mothers in other states began ordering shipments of sperm so that they too could begin to inseminate. Four years later, the U.S. National Longitudinal Lesbian Family Study (NLLFS) was launched to document this first generation of lesbian-parent families with children conceived through DI. The NLLFS is the largest, longest-running, ongoing, prospective investigation of its kind—spanning 35 years to date—with a 92% family retention rate. Six waves of data collection produced numerous reports on the effects of raising children on the parents' lives, relationships, careers, and activism (see Table 1). Studies also focused on the growth, development, mental health, and sexuality of the index offspring,¹ as well as on the impact of homophobic stigmatization on their well-being. Yet no prior NLLFS publication addressed the questions commonly raised by junior colleagues: (1) What motivated us to start this study? (2) How did we keep it going? (3) How did we achieve such a high retention rate over all these years? The current report, written in the first person by principal investigator Nanette Gartrell, MD, aims to answer these questions with information that



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Table 1. Summary of Selected Published Findings from NLLFS Surveys Over 6 Waves

Publication	Participants	Design	Findings
1st Wave Insemination/Pregnancy Gartrell et al., 1996	Prospective parents	Within-group, qualitative study	<p>70 Couples; 14 singles:</p> <ul style="list-style-type: none"> Couples together on average 6 years; nearly all monogamous <p>Social supports:</p> <ul style="list-style-type: none"> Families of origin, best friends, lesbian parenting groups <p>Sperm donors:</p> <ul style="list-style-type: none"> Evenly divided in using known vs. unknown <p>Stigmatization concerns for child:</p> <ul style="list-style-type: none"> Conception by DJ^a Nontraditional family and homophobic world Multiple minority identities (e.g., race/ethnicity) <p>Coping strategies:</p> <ul style="list-style-type: none"> Most were out as lesbian women in all aspects of their lives Flexible work schedules
2nd Wave 2-year-old offspring Gartrell et al., 1999	Parents	Within-group, qualitative study	<p>Parents:</p> <ul style="list-style-type: none"> 89% continuous couples; most sharing parenting Couple jealousy and competition over bonding/childrearing Adoptive co-mothers felt greater legitimacy as parents <p>Social supports:</p> <ul style="list-style-type: none"> Families of origin, chosen families; known donors <p>Stressors:</p> <ul style="list-style-type: none"> Less energy for relationship and friends Some regretted using unknown donor <p>Homophobic stigmatization by:</p> <ul style="list-style-type: none"> Health providers, childcare workers <p>Coping strategies:</p> <ul style="list-style-type: none"> Increased political involvement Legal protections for family Multicultural childcare and schools
3rd Wave 5-year-old offspring Gartrell et al., 2000	Parents	Within-group, mixed-methods study	<p>Parents:</p> <ul style="list-style-type: none"> 68% continuously coupled Most separated couples shared custody Separation and dating stressful to family <p>Social supports:</p> <ul style="list-style-type: none"> Grandparents, neighbors; lesbian community <p>Index children:</p> <ul style="list-style-type: none"> According to parents, related well to peers <p>Homophobic stigmatization:</p> <ul style="list-style-type: none"> According to parents, 18% of children had experienced
4th Wave 10-year-old offspring Gartrell et al., 2005	Parents and offspring	Comparative and within-group, mixed-methods study	<p>NLLFS offspring vs. population sample on CBCL:^b</p> <ul style="list-style-type: none"> Offspring scored comparably or better

(continued)

- Index children:**
- Most attended multicultural schools
 - Most were good students, relating well to peers
 - No CBCL differences based on donor type (known/unknown)
 - Most were out about family type and DI

Homophobic stigmatization:

- Reported by 43% of offspring, who felt bad, sad, angry
- Associated with more behavioral problems
- Most schools did not reprimand homophobia

Parents:

- 55% continuously coupled; 7 continuously single
- Separation, repartnering stressful to family
- More shared custody after co-parent adoption

Social supports:

- Grandparents, lesbian community, social justice movement

Within-group, mixed-methods study

Parents

Gartrell et al., 2006

Parents and offspring

Bos, Gartrell, Peyser et al., 2008

Comparative, (NLLFS vs. Dutch offspring) quantitative study

Parents and offspring

Bos, Gartrell, van Balen et al., 2008

5th Wave 17-year-old offspring

Within-group, quantitative study

Parents and offspring

Bos and Gartrell, 2010

- Homophobic stigmatization:
 - Reported by 41% of offspring
 - Associated with more behavioral problems

Protective factors:

- Close, positive relationships with their parents

Comparative and within-group, quantitative study

Parents and offspring

Gartrell and Bos, 2010

- **NLLFS offspring vs. population sample on CBCL:** Offspring had higher scores on competence
- Offspring had lower scores on behavioral problems
- **Within-group comparisons, no CBCL differences based on:**
 - Donor type (known, as-yet-unknown, anonymous)
 - Parental relationship continuity
- **Development of psychological well-being, CBCL, age 10-17:**
 - No differences in offspring based on donor type (known, unknown)
- **NLLFS offspring self-reports:**
 - None reported physical or sexual abuse by parent/caregiver
 - 18.9% of girls, 2.7% of boys identified in bisexual spectrum
 - 0% of girls, 5.4% of boys: predominantly-exclusively homosexual
- **NLLFS offspring vs. NSFSG^a population sample:**
 - No differences in same-sex sexual contact for girls or boys
 - NLLFS girls older at first heterosexual contact
 - NLLFS boys less likely to have had heterosexual contact

Parents

Bos and Gartrell, 2011

Offspring

Gartrell, Bos, and Goldberg, 2011; 2012

(continued)



Gartrell, Bos, Peyser et al., 2011	Parents and offspring	Within-group, quantitative study	<p>Parental relationship dissolution:</p> <ul style="list-style-type: none"> 40 separated couples; 71% shared custody Most separations occurred before civil unions were legalized Most parents rated communication with ex-partner as cordial <p>Psychological well-being of offspring with separated parents:</p> <ul style="list-style-type: none"> No differences based on co-parent adoption or shared custody Offspring closeness to both parents higher with co-parent adoption <p>NULLFS vs. MTF^e population sample:</p> <ul style="list-style-type: none"> Offspring more occasional substance use <p>NULLFS substance use:</p> <ul style="list-style-type: none"> No association with homophobic stigmatization, life satisfaction <p>Offspring with vs. without male role models:</p> <ul style="list-style-type: none"> Similar scores on Bem Sex Role Inventory, STPI, CBCL <p>Offspring describe their own lives:</p> <ul style="list-style-type: none"> Academically successful, active social networks Close family bonds Nearly all considered their parents good role models Rated their overall well-being 8.14 out of 10 <p>NULLFS quality of life vs. Washington HYS⁹ population sample:</p> <ul style="list-style-type: none"> No significant differences in the two samples <p>NULLFS quality of life:</p> <ul style="list-style-type: none"> Unrelated to donor type or homophobic stigmatization Unrelated to parental relationship continuity <p>Homophobic stigmatization of offspring:</p> <ul style="list-style-type: none"> At school, by peers Most used adaptive strategies to cope <p>Homophobic stigmatization and DSM¹¹-oriented CBCL scores:</p> <ul style="list-style-type: none"> Stigmatization negatively affected well-being <p>Homophobic stigmatization of offspring:</p> <ul style="list-style-type: none"> Negative impact on psychological adjustment Family compatibility ameliorated negative effects <p>Parents' satisfaction with sperm donor type:</p> <ul style="list-style-type: none"> No differences between birth- and co-mother satisfaction Greater satisfaction with open-identity than unknown donors
Goldberg et al., 2011	Offspring	Comparative and within-group, quantitative study	<p>NULLFS adult offspring vs. population sample on ASR:¹</p> <ul style="list-style-type: none"> No differences in adaptive functioning No differences in mental health <p>Homophobic stigmatization, effect on coping:</p> <ul style="list-style-type: none"> Finding meaning in life can be protective <p>NULLFS offspring sexuality vs. NSFSG population sample:</p> <ul style="list-style-type: none"> Most participants in each sample identified as heterosexual More offspring reported same-sex attraction More offspring identified as sexual minorities
Bos et al., 2012	Parents and offspring	Within-group, quantitative study	
Gartrell, Bos, Peyser et al., 2012	Offspring	Within-group, mixed-methods study	
van Gelderen, Bos et al., 2012	Parents and offspring	Comparative and within-group, quantitative study	
van Gelderen, Gartrell et al., 2012	Offspring	Within-group, qualitative study	
Bos et al., 2013	Offspring	Within-group, quantitative study	
van Gelderen et al., 2013	Offspring	Within-group, quantitative study	
Gartrell et al., 2015	Parents	Within-group, mixed-methods study	
6th Wave 25-year-old offspring Gartrell et al., 2018	Offspring	Comparative, quantitative study	
Bos et al., 2019	Offspring	Within-group, quantitative study	
Gartrell, Bos et al., 2019	Offspring	Comparative, quantitative study	

(continued)

<p>Gartrell, Rothblum et al., 2019</p>	<p>Parents</p>	<p>Within-group, qualitative study</p>	<ul style="list-style-type: none"> • More offspring reported same-sex sexual experience • Biggest challenges of childrearing in nontraditional families: <ul style="list-style-type: none"> • Homophobia toward child or family • Rejection by some in family of origin • Never-ending obligation to educate about family type • Lack of legal protections for family • Best parenting experiences over 25 years: <ul style="list-style-type: none"> • Being role models and increasing acceptance of LGBTQ people • Treasuring LGBTQ parent and family community • Teaching children to appreciate diversity of all types • Witnessing child's pride in non-traditional family • Predictors of mental health in adult offspring: <ul style="list-style-type: none"> • Unrelated to family characteristics (e.g., one parent or two) • Homophobic stigmatization: more behavioral problems • How do they relate to their sperm donors: <ul style="list-style-type: none"> • Among those with unknown donors, most felt comfortable not knowing them • Those who knew their doors mainly felt positively about these relationships
<p>Koh et al., 2019</p>	<p>Offspring</p>	<p>Within-group, quantitative study</p>	<ul style="list-style-type: none"> • Experienced homophobia during adolescence indirectly associated with: <ul style="list-style-type: none"> • Internalizing problems during emerging adulthood through psychological problems during adolescence and meaning in life in emerging adulthood • Externalizing problems during emerging adulthood through adolescent psychological problems
<p>Koh et al., 2020</p>	<p>Offspring</p>	<p>Within-group, qualitative study</p>	<ul style="list-style-type: none"> • Differences by donor type in the stability of psychological adjustment from childhood to adulthood: <ul style="list-style-type: none"> • In both relative and absolute stability, no differences were found in internalizing, externalizing, and total problem behaviors by donor type over 15 years • Irrespective of donor type, both externalizing and total problem behaviors significantly declined from age 10 to 17 and then increased from age 17 to 25. • The large majority of offspring with an anonymous, a known, or an open-identity sperm donor scored continuously within the normal range on internalizing, externalizing, and total problem behaviors
<p>Bos et al., 2021</p>	<p>Offspring</p>	<p>Within-group, quantitative study</p>	<ul style="list-style-type: none"> • Differences by donor type in the stability of psychological adjustment from childhood to adulthood: <ul style="list-style-type: none"> • In both relative and absolute stability, no differences were found in internalizing, externalizing, and total problem behaviors by donor type over 15 years • Irrespective of donor type, both externalizing and total problem behaviors significantly declined from age 10 to 17 and then increased from age 17 to 25. • The large majority of offspring with an anonymous, a known, or an open-identity sperm donor scored continuously within the normal range on internalizing, externalizing, and total problem behaviors
<p>Carone et al., 2021</p>	<p>Offspring</p>	<p>Within-group, quantitative study</p>	<ul style="list-style-type: none"> • Differences by donor type in the stability of psychological adjustment from childhood to adulthood: <ul style="list-style-type: none"> • In both relative and absolute stability, no differences were found in internalizing, externalizing, and total problem behaviors by donor type over 15 years • Irrespective of donor type, both externalizing and total problem behaviors significantly declined from age 10 to 17 and then increased from age 17 to 25. • The large majority of offspring with an anonymous, a known, or an open-identity sperm donor scored continuously within the normal range on internalizing, externalizing, and total problem behaviors

^a DI = donor insemination; ^b CBCL = Child Behavior Checklist; ^c LGBT = lesbian, gay, bisexual, transgender; ^d NSFG = National Survey of Family Growth; ^e MTF = Monitoring the Future; ^f State-Trait Personality Inventory; ^g HYS = Healthy Youth Survey; ^h DSM = Diagnostic and Statistical Manual of Mental Disorders; ⁱ ASR = Adult Self-Report

may be useful to social scientists who are initiating or conducting longitudinal studies on sexual minority (SM)–parent families.

Why study lesbian-parent families?

I could not have predicted a research career when I began my premed studies at Stanford in the fall of 1967. I was interested in clinical psychiatry. Yet within a couple of months, I fell in love with a woman, came out as lesbian, and ended up face-to-face with a conflict between my sexual identity and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; DSM-I American Psychiatric Association, 1952; Gartrell, 1995; Stanford Historical Society, 2018). According to the DSM, I was mentally ill; to our legal system, a criminal; and to the faith community, a sinner. I disagreed. I began looking for a way to provide a more accurate picture of who we were.

The concept of a healthy, happy, productive SM person was a novelty back then. Poring through journals in the medical library revealed a dearth of information about nonclinical populations of SM people. This discovery gave me a mission: I decided to become a researcher, with a goal of conducting scientific investigations on noninstitutionalized SM people. These studies seemed essential to educate the American Psychiatric Association (APA) Nomenclature Committee about the many layers of bias woven into the diagnosis of homosexuality as a mental illness.

When Human Biology was created as a Stanford undergraduate program in 1970, I was one of the first to enroll. The program required students to conduct an internship under a faculty member. I approached Keith Brodie, MD, an assistant professor of psychiatry recently hired from National Institutes of Health (NIH), to inquire about working under him. He accepted my application, became my mentor, and began teaching me how to do research. (Little did I know then that he would later become president of the APA and chancellor and then president of Duke University.)

To my great surprise, Dr. Brodie was delighted to find out that I was a lesbian woman with an interest in studying SM people. He, too, felt that homosexuality did not constitute a mental illness. In 1971, under his auspices, I designed my first research project—a survey of psychiatrists' attitudes concerning lesbianism (Gartrell et al., 1974)—thereby commencing my research career.

Coincidentally, Dr. Brodie was APA program chair for the 1973 Annual Meeting. He accepted a symposium, “Should Homosexuality Be in the APA Nomenclature?” Robert Spitzer, MD, was chair of the nomenclature subcommittee charged with addressing this topic. A new definition of mental disorders emerged at that meeting that led to the removal of homosexuality as a diagnosis from the *DSM II* (Drescher, 2015). However, *DSM III* was not published until 1980, and all pathological references to homosexuality (i.e., Sexual Orientation Disturbance; Ego Dystonic Homosexuality) were not removed from the *DSM* until 1987 (Rothblum et al., 2020). As a result, many people were unaware of the 1973 change. In addition, numerous mental health professionals—psychoanalysts in particular—disagreed with depathologizing homosexuality (Drescher, 2015). They continued to treat SM people as though we were mentally ill and viewed us through the lens of long-held stereotypes (cf., Dr. Robert Spitzer's 1974 interview of Nanette Gartrell for the psychiatric residency program at Columbia; Gartrell, 1997).

Nevertheless, SM people felt empowered by the 1973 *DSM* change. Women who had conceived children in heterosexual relationships and later came out as lesbian began to seek custody of their children during divorce proceedings (Gartrell, Rothblum et al., 2019). In most cases, judges denied those petitions, citing an absence of prospective, longitudinal data on children, adolescents, and adults raised since birth in lesbian-parent families (Golombok, 2015).

I first became aware of these custody battles in 1974 while following the case of Sandy Schuster and Madeleine Isaacson (Faber, 1979). I was introduced to lesbian parents who led deeply closeted lives to prevent their ex-husbands from gaining custody. I got to know Martha

Kirkpatrick, MD (Kirkpatrick et al., 1981), and Richard Green, MD (Green et al., 1986), while they were conducting the first U.S. cross-sectional studies of post-divorce lesbian-parent families. Del Martin and Phyllis Lyon, leading activists for lesbian civil and political rights (Barber, 2007; Stanford Historical Society, 2018), took me under their wings and shared a wealth of information about the challenges facing lesbian parents. I witnessed firsthand how these parents faced criticism from their families of origin, social and religious communities, and sometimes even the lesbian community.

At the same time, I was developing an intricate understanding of the inner workings of the APA when I was appointed to several national positions, first as a psychiatric resident and later as a faculty member at Harvard Medical School (HMS; Barber, 2007). I learned that we could change APA policies much more effectively when we had empirical data to support our arguments (Gartrell, 1995; 1997; Gartrell et al., 1986). Opponents of SM parenting who controlled access to custody, adoption, and foster care through their evaluations for placement had an effective argument in pointing to the lack of longitudinal data. When my lesbian colleagues began ordering frozen sperm from California to start their families, I realized that this new social phenomenon should be documented in real time. Fortunately, I was accustomed to working with volunteer collaborators, paying expenses from my own salary, and overcoming seemingly insurmountable obstacles to complete projects (Barber, 2007; Gartrell, 2001; Gartrell et al., 1986). We needed longitudinal data on SM-parent families, and I was determined to find a way to collect them. In 1986, over a cup of coffee, Jean Hamilton, MD (JH), and I hatched a plan to study the first generation of planned lesbian-parent families from conception into adulthood.

Launching the U.S. National Longitudinal Lesbian Family Study (1986→?)

After assembling a team of researchers—all lesbian mental health professionals—we designed our convenience sample survey. Between 1986 and 1992 we recruited a cohort of lesbian-identified prospective mothers who were conceiving through donor insemination and residing within 200 miles of Boston, Washington, DC, and San Francisco, where the researchers lived. The study was advertised through announcements distributed at lesbian events and placed in women's bookstores and lesbian/gay publications. The announcements invited lesbian women who were conceiving children through DI to participate in a 25-year study of lesbian-parent families. The announcements specified that the researchers were lesbian mental health professionals. Interested individuals were invited to contact the researchers by telephone. Callers were given information about the researchers' academic credentials and clinical training. They were provided with an overview of the study goals and methods. They were given an opportunity to ask questions and to have their concerns addressed.

All interested callers who felt they could commit to this long-term project became participants. At the outset, the participants were prospective parents in 84 families. The index offspring were enrolled by their mothers before they were born. After our first interview, we surveyed the mothers again when their children (the index offspring) were 2, 5, 10, 17 and 25 years old (Waves 2–6), and we surveyed their participating children at ages 10, 17, and 25. The study is approved by Sutter Health Institutional Review Board. The investigation is ongoing, and it has a 92% family retention rate to date (see Figure 1). In retrospect, we have identified many strategies that likely contributed to this retention rate. These strategies are described below.

Establishing credibility in the community

Dr. Hamilton and I were academic psychiatrists and established researchers who had honed our skills at the NIH (NG and JH) and Harvard Medical School (NG). We were well known in our communities (i.e., Washington, DC, for JH, and Boston for NG). That all members of the original

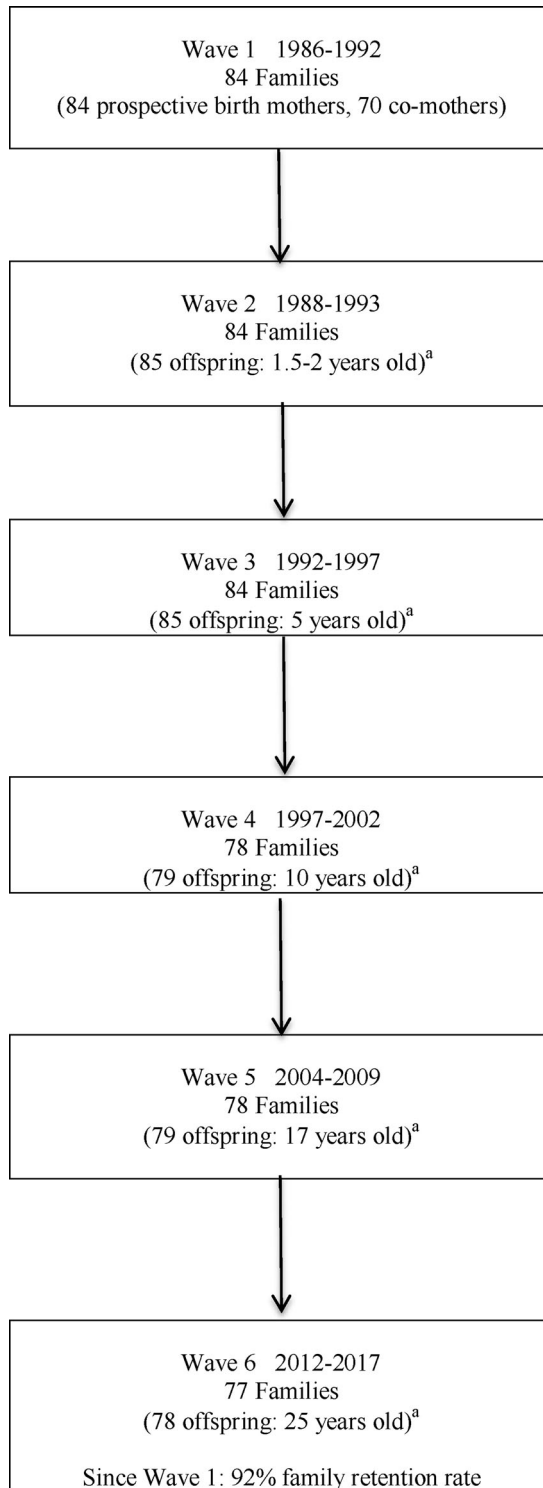


Figure 1. Study Samples at Each Wave.

^aOne set of twins.

research team were reputable mental health professionals enhanced our credibility during recruitment. In addition, my studies on sexual misconduct by psychiatrists had received major media attention (Gartrell et al., 1986; Newsweek Staff, 1992). I was the first out lesbian physician on the HMS full-time faculty, and my clinical work focused on helping closeted lesbian women come out.

Timing the onset of data collection

The lesbian baby boom was just beginning in Boston and Washington, DC, when we launched the study. The community was abuzz about DI. Parenting groups and networks were forming; information and resources were shared (e.g., which obstetricians welcomed lesbian patients). The enthusiasm expressed by women who responded to our study announcements suggested that these prospective lesbian parents wanted their stories heard. They were especially eager for the world to understand how strongly they desired children and how committed they were to becoming good parents (Gartrell et al., 1996, 1999). They told us that they hoped the NLLFS would be a repository for information about raising children in nontraditional families.

Describing the study

In obtaining consent, we informed prospective participants that if any topics in the survey prompted a need for psychological counseling or treatment, the researchers would provide suggestions for appropriate services. We explained that we were interested in learning about lesbian parenting and the effects of choosing to raise donor-conceived children on the parents' lives, relationships, careers, and activism. We also wanted to document the development and mental health of the children. We discussed the importance of collecting data over many decades to capture the essence of family life as their children grew up. These study goals seemed appealing to the first generation of prospective lesbian mothers undergoing DI who volunteered to participate.

Meeting participants in their homes

At Wave 1, our study design called for in-person, paper-and-pencil, tape-recorded interviews. A member of the research team met each prospective parent in her own home. This protocol enabled each family to associate the study with a specific researcher. It also gave the families an opportunity to welcome us into their homes and show us the environments in which they planned to raise their children. We returned to their homes at Wave 2 to interview the mothers and meet the index offspring. The mothers were very proud of their children and pleased that we spent time with them. We had hoped to continue the in-home interviews for Waves 3 through 5. However, 15 participants had moved out of state by Wave 3, and we did not have the funding to follow them. All Wave 3 through 5 interviews were conducted by telephone, but the in-person meetings during the first two waves fostered a connection between the parents and researchers. Although the telephone interviews did not hamper data collection, some researchers and parents expressed disappointment that we could no longer meet face-to-face.

Maintaining consistency in the principal investigator

With a few exceptions, each researcher met with the same group of participants at Waves 1 and 2. Ideally, we would have continued this protocol for subsequent waves, but that turned out to be unrealistic for a study spanning many decades. Personnel changes disappointed some participants

who preferred to be interviewed by the same person each time. Nevertheless, each collaborator has made invaluable contributions to keeping the study intact, collecting the data, and helping the participants stay onboard. I am the only team member who has been present since the beginning. I am also the principal investigator, and I have met most of the participants. I communicate annually with each participant. I suspect that my dedication to the study is matched by that of many participants who appreciate that it has continued to this day.

Creating a study identity

Because our study has a very long name—the U.S. National Longitudinal Lesbian Family Study—we commonly use the acronym “NLLFS.” Over time, the participants began using the acronym as well. We had a logo designed for the stationery we used for corresponding with participants before email became available. A number of participants commented favorably on the logo when they first saw it. Years later we put the logo on our website, where it still is. After others tried to appropriate it, our webmaster encrypted it.

Welcoming the new family member

As we were preparing the Wave 2 interviews, we discussed how awkward it would feel to arrive without a gift for the index offspring we would be meeting for the first time. Dr. Hamilton proposed toddler T-shirts: she designed one for two-parent families that said, “I was hatched by a couple of chicks” and another for single-parent families that said, “I’m here ’cause Mom’s a pioneer.” The T-shirts were a big hit with the families. Because we had to order in bulk, we sold the excess during Gay Pride. Decades later, we put a photo of an infant in one of the T-shirts on the home page of our website (www.nllfs.org). During the Wave 5 interviews, an adolescent participant asked if we had considered making the T-shirts in larger sizes for teenage and adult offspring. It occurred to us that T-shirt sales might contribute revenue to the study. Although I reproduced them in various sizes to sell at community events, the venture was not profitable.

Keeping in contact with participants

At Wave 1, in addition to providing name, address, and phone number(s), each participant also provided the contact information of a close friend or family member. Because our first three surveys took place within a five-year period, there were relatively few changes to our contact list. We did not anticipate how many families (or backup contacts) would relocate in the five years between Waves 3 and 4. Tracking missing families was challenging and time-consuming. We realized that the family information needed to be updated annually. Even at that frequency, we had difficulty locating participants. The advent of the internet and email did not make it easier, as Rothblum et al. (2019) also found in their follow-up studies of civil union couples. However, our annual requests for contact information (see [Appendix](#) for an example) had the unexpected benefit of contributing to the participants’ sense of belonging to the study. Many responded with family photos and news (e.g., the mothers’ marriage) or appreciation for our work. Some reiterated that they were pleased to contribute to the scientific documentation of lesbian-parent families. We thanked them for the photos/information and their continued participation. Although we do not disclose our private feelings to them, we care about these families and enjoy receiving their updates. Sometimes their correspondence generated ideas for future research.

Managing unanticipated crises

Before I moved from Boston to San Francisco in 1988, I shipped one set of completed paper questionnaires to my parents' home to ensure their safety while I was in transit. After I arrived, I stacked the NLLFS boxes on the floor of my new office, located on the ground floor of an old San Francisco building. Before I had a chance to unpack and move the files into a locked cabinet, a water pipe broke in the middle of the night, flooding my office. All consent documents and surveys were drenched. I spent the next three weeks drying each piece of paper with a hair dryer. Surprisingly, those original documents are still intact and not mildewed. From that time on, all NLLFS paper documents have been stored in locked files two feet above the ground. To prevent loss through fire, water, or earthquake, we have electronic copies of every file in multiple secure locations.

Maximizing compliance at each wave

After Wave 1, we identified the dates for follow-up surveys with two goals in mind: (1) gathering data at important developmental stages (i.e., when the offspring were 2, 5, 10, 17 and 25 years old) and (2) maximizing the participants' cooperation. We were not concerned about the parents' enthusiasm for the project since their rate of compliance continued to be very high. However, we had no way of knowing whether the children would be interested. We chose the age of 10 for our first child interview, anticipating that a preadolescent might be more willing to speak with us than a young teenager. We conducted the Wave 5 interviews when the offspring were 17 years old, because we suspected it might be more challenging to reach them after they left home. We expected a much lower response rate from the offspring at Wave 6, based on the assumption that the parents may have encouraged them to participate at earlier waves, and parental influence may have waned in the 8-year interval between Waves 5 and 6. The sixth wave was also the first time that the offspring were consented as legal adults. We were very surprised that all but one offspring at Wave 5 consented to Wave 6. Many young adult offspring told us that they were proud to take part in a longitudinal study that was informing people about SM-parent families.

Handling specific challenges

Questions for Wave 1 were developed from our clinical work with current and prospective lesbian parents. After pilot testing, we launched the study, not imagining that our study design and research questions would later serve as models for future investigators (e.g., Bos, 2004; Green et al., 2019). Our initial goal was to use many of the same measures during each wave so that we could compare the responses longitudinally. However, when we began the study, there were no standardized instruments or scales available to assess issues such as homophobic stigmatization, so we created our own questions. We developed questions on the effects of raising children on the NLLFS parents' relationships, careers, and activism. We were also interested in the mental health of children growing up in nontraditional families and a homophobic culture.

As family constellations changed (e.g., new siblings, parental separations) and the LGBTQ+ community evolved in unanticipated ways (e.g., co-parent adoption, marriage equality), we developed new items to reflect these dynamics. We designed the measures to encompass legal variations across states (e.g., some jurisdictions allowed domestic partnership and others did not). Although our qualitative questions provided a nuanced perspective on this first generation of planned lesbian-parent families (e.g., Gartrell et al., 1996, 1999, 2000, 2005, 2006, 2019; Koh et al., 2020; van Gelderen et al., 2012), the standardized, validated instruments that we added to the Wave 4 to 6 surveys enabled us to compare the well-being of NLLFS offspring to peers in population-based samples (Gartrell et al., 2018). One of our biggest frustrations is that many

standardized instruments for assessing well-being are still gender-binary, despite our wish to be more inclusive (Gartrell & Bos, 2010; Gartrell et al., 2019).

We adapted our terminology to remain culturally sensitive (e.g., including more expansive and fluid concepts of gender and sexuality). Our surveys evolved to include gender-neutral pronouns. We now refer to “mothers” as “parents,” because one birth mother later transitioned (Gartrell et al., 2006). Yet we retained the word “lesbian” in the study’s title, because lesbian identity was an eligibility requirement at Wave 1, informed consent was obtained under the original study title, none of the participants has ever objected to it, and the NLLFS has name recognition after 35 years. Nevertheless, we acknowledge that our study title has shortcomings that we could not predict in 1986.

At Wave 1, we did not anticipate that a majority of couples would break up. The percentage of continuous couples diminished at each wave. By the fifth wave, 56% percent of parents who were coupled at the child’s birth had separated (Gartrell & Bos, 2010). Over time, we created new questions to understand more about the breakups, the post-breakup parental relationships, custody arrangements, and child well-being. New items such as these revealed that nearly all separations happened before the couple could have obtained the legal equivalent of same-sex marriage in their state of residence (Gartrell et al., 2011). Also, 71% of separated couples were sharing custody, and they were more likely to do so if the co-mother had legally adopted their child.

Offering incentives

For the first four waves, participants volunteered their time. We offered \$60 in compensation to each offspring who completed a Wave 5 survey. Likely, this incentive increased the compliance of some. At Wave 6, we compensated the parents and offspring equally. Some parents refused the offer, stating that they preferred we use the money to support the study instead.

Being persistent

A member of the research team contacted each participant when it was time to complete a survey. If the participant agreed to do so, we had a protocol for the frequency of reminders. Our goal was to remind them often enough to have a successful outcome without becoming irritants. This required practice, patience, and persistence—especially with the offspring, who often said they would complete the survey by a specific date, but rarely did so. By Wave 6, most offspring only responded to texts. In the Appendix is an illustration (anonymized) of the effort required to obtain completed questionnaires from hard-to-reach offspring.

Publicizing our findings

We created our study website so that everyone—the participants and public alike—could have access to our peer-reviewed publications. We have no way of knowing whether participants peruse the website on a regular basis, but we do hear from them when our publications receive an enormous amount of publicity. For example, we received many emails after our 2010 article on the mental health of the 17-year-old offspring was published in *Pediatrics* (2010) during the hearings on California’s Proposition 8 and also after our report on the mental health of the adult offspring was published in *The New England Journal of Medicine* (2018). Whenever our research received major media attention (Moreau, 2019; Saint Louis, 2013), participants wrote to thank us for helping the world understand SM-parent families. On our website, our most highly cited articles have been translated into 10 languages so that they are accessible to people throughout the world.

Benefitting from factors outside our control

The changing cultural, legal, and political landscape for lesbian, gay, bisexual, and transgender people over the past 35 years may have motivated our participants to continue with the study. At the outset, prospective parents were fearful about the prospect of stigmatization and the lack of legal protections for their families (Gartrell et al., 1996, 1999). Many felt sad that the co-mother's name was not on the child's birth certificate. However, within a few years, co-parent adoptions began to legitimize the co-mother's official role as a parent. Some mothers later regretted the decision to use unknown donors based on a concern that the donor could seek custody (Gartrell et al., 1999). Increased visibility of SM-parent families led to greater cultural acceptance for the NLLFS participants. Schools began to incorporate LGBT curricula (Bos, Gartrell, Peyser et al., 2008), healthcare providers received training in culturally sensitive care, and queer families appeared on popular TV shows. The NLLFS parents (Gartrell, Rothblum et al., 2019) and other SM parents worked very hard to educate their communities about nontraditional families (Goldberg, 2010; Golombok, 2015). Although few could have anticipated the monumental legal victories that took place over the course of our study (e.g., co-parent adoptions, domestic partnerships, civil unions, and marriage equality), the NLLFS participants have been proud that we are documenting the triumphs, hardships, and everyday realities of their lives for posterity.

Future directions

Despite its very high retention rate shared by few other studies of this duration (Abshire et al., 2017), the NLLFS has many limitations that have been discussed in our publications (e.g., Gartrell, Rothblum et al., 2019). Noteworthy among them is that the NLLFS is a predominantly White, well-educated, nonrepresentative sample recruited at a time when most SM people were closeted. Moreover, the participants were recruited when our understanding of sexual and gender identities was more limited (Rothblum et al., 2020). Future prospective longitudinal studies would benefit from an intersectional approach that explores family dynamics in more diverse samples, including people of all sexual and gender identities, races/ethnicities, socioeconomic groups, and regions of residence. These investigations should also include SM and gender-minority parents with children who become family members through adoption, foster care, DI, surrogacy, shared biological motherhood, or stepparenthood. In doing so, it will be important not to lose track of key elements in our retention rate—meeting the families at their homes to establish a personal connection with each participant and engendering study identity and continuity by strategic branding and timed communications.

I hope that the methodological strategies for retaining participants outlined in this paper will be useful to researchers who are considering or conducting prospective longitudinal studies on SM and gender-minority people. Some of our strategies were carefully scripted, others figured out through trial and frustration, and still others evolved with the changing sociocultural landscape.

We plan to continue the NLLFS as long as we are able. As the common thread in this 35-year study, I hope to remain healthy to see it flourish for many years to come. We could never have come this far without the dedication of every member of our research team, and the willingness of 92% of a cohort of first-generation, planned lesbian-parent families to go the distance with us. We look forward to documenting the next stages of their lives.

Note

1. "Index offspring" refers to those who became NLLFS participants after conception through DI by NLLFS mothers. Since we follow only one child per family, "index" distinguishes these children from their siblings who are not participants in this study. As the children grew up, we used the term "offspring" more frequently to clarify that they had become adolescents and then adults.

Acknowledgements

I am deeply grateful to the NLLFS participants for sharing their lives with us, and to my collaborators Henny Bos, PhD, Audrey Koh, MD, Esther Rothblum, PhD, and Nicola Carone, PhD, for guidance in the preparation of this manuscript.

Disclosure statement

None.

Funding

The NLLFS received no funding for Waves 1 and 2; small grants from the Gill Foundation, the Lesbian Health Fund of the Gay Lesbian Medical Association, Horizons Foundation, and the Roy Scrivner Fund of the American Psychological Association to cover a portion of the cost of Waves 4 and 5 (1997–2009); and no funding for Wave 6.

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Appendix

Correspondence With Participants

Example of our annual email to update participant contact information

Dear [Name],

In November, 2017, we will complete the 6th wave of our study—when the last of the “children” reach the age of 25 years old. We look forward to analyzing your surveys and publishing our findings in peer-reviewed scientific journals. Each time a research paper is published, it will be available for downloading from the NLLFS website at <https://www.nllfs.org/publications/>. Meanwhile, thank you for 31 years! We are hoping you’ll check the contact information below for accuracy, make corrections, fill in any blanks, and send the information back to me. Thank you very much for your participation.

With appreciation, Nanette and the NLLFS research team

Example of reminders sometimes needed to facilitate the completion of surveys (texts below have been anonymized)

October 7

Nanette: Hi Bailey, I'm Nanette from the lesbian family study and hoping to get your current email to invite you to participate in the next phase. Your mom didn't have your email. Could you text it to me? Many thanks, Nanette

Bailey: I will call you tomorrow. (Bailey called to provide email.)

November 15

Hi Bailey, Nanette from the lesbian family study here. Just checking to see if you will be able to send your survey soon? Thanks so much.

Bailey: Yes I'm sorry I'll do it tomorrow

Nanette: Thank you

Bailey: No problem sorry I took so long

Nanette: Happy to include you

December 8

Nanette: Just checking on your availability to complete your survey, Bailey. Thanks.

December 17

Bailey: I'm having trouble getting into my email. Is there any way you can send my survey to my moms email?

Nanette: Here is your password: YYYY. I will send the link to your mom's email with subject line FOR BAILEY. When you have privacy, you can open it, click on the link to your survey and enter your password for access to your online survey. This can be done on any computer and it will transmit electronically to me when you finish. I am doing this now.

December 20

Nanette: Hi Bailey, Did you receive your survey link through your mom's email?

Bailey: Yes thank you

January 7

Hi Bailey, Nanette here checking on your survey. Do you think you might be able to complete it soon?

January 13

Hi Bailey, Do you need help accessing your survey? Let me know if you do. I am available all weekend. Thank you, Nanette

Bailey: Okay I'll call you for help on Sunday if I need it. Sorry it's taking me so long.

Nanette: Super. Thanks.

Sunday, January 19 late in the day

Nanette: I'm available to help you access your survey. Would you like me to call your cell phone to talk you through it? Nanette

January 24

Bailey: Yes please

(Participant was called and assistance was provided. Survey was completed eight days later.)

February 1

Nanette: Thank you so much. I received your survey. Which email should I use for your Amazon e-card? Nanette

Bailey: Here's my new email: bailey@gmail.com

Nanette: I'm sending it now. Many thanks!

Bailey: No problem thank you!

(Amazon e-card received by Bailey and redeemed that day.)