Adolescents in planned lesbian families in the U.S. and the Netherlands: Stigmatization, psychological adjustment, and resilience

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CHAPTER

5

Stigmatization and promotive factors in relation to psychological health and life satisfication of adolescents in planned lesbian families

5 Stigmatization and promotive factors in relation to psychological health and life satisfication of adolescents in planned lesbian families[4]

Abstract

The aim of this study was to investigate whether stigmatization was associated with psychological adjustment in adolescents from planned lesbian families and, if so, to examine whether individual and interpersonal promotive factors influenced this association. Seventy-eight adolescents (39 girls, 39 boys; mean age = 17.05 years) completed an online questionnaire about psychological health problems and life satisfaction. In addition, information was obtained about androgynous personality traits (an individual factor) of the adolescents. The adolescents were also queried about family compatibility and peer group fit (two interpersonal factors). Hierarchical multiple-regression analyses revealed that stigmatization was associated with more psychological health problems and less life satisfaction, but family compatibility and peer group fit ameliorated this. These findings suggest that stigmatization has a negative impact on the psychological adjustment of adolescents with same-sex parents. Interpersonal promotive factors decrease the strength of this association.

[4] This chapter is based on Van Gelderen, L., Gartrell, N., Bos, H. M. W., & Hermanns, J. M. A. (2012). Stigmatization and promotive factors in relation to psychological health and life satisfication of adolescents in planned lesbian families. *Journal of Family Issues, x,* 1-19 doi: 10.1177/0192513X12447269

5.1 Introduction

Prior to the 1980s, lesbian mothers had little chance of rearing their children if they had been conceived in the context of a heterosexual marriage, because the courts were generally opposed to granting custody to lesbians during divorce proceedings (Blumenfeld & Raymond, 1988). In the mid-1980s, sperm banks opened their doors to lesbians seeking to conceive children through donor insemination (e.g., Gartrell et al., 1996). By 2005, an estimated 270,313 American children were living in same-sex-parent households, and nearly twice that number had single lesbian or gay parents (Romero, Baumle, Badgett, & Gates, 2007). These numbers may even be conservative, because estimates suggest that the number of American same-sex couples is 10% to 50% higher than the census figures (Gates & Ost, 2004).

Despite the increasing number of children living in same-sex-parent households, this family type is not yet fully accepted within American society (Rosato, 2006). For example, same-sex marriage has been legalized in relatively few states; fostering and adoption by same-sex parents is prohibited in some states and complicated in others (Rosato, 2006). Also, public opinion still holds that the traditional mother-father family is the ideal environment in which to raise children (Cantor et al., 2006).

Historically, opposition to same-sex parenting has been reflected in various forms of stigmatization against lesbian mothers and their offspring. Stigmatization is an outcome of negative societal attitudes toward those who are different in some way from culturally agreed-upon norms (Goffman, 1963). Morris, Balsam, and Rothblum (2002) found that the children of nearly 25% of the mothers participating in a nationwide American survey had experienced rejection by peers because their mothers were lesbian. The self-reports of American children and adolescents corroborate that they have been exposed to homophobic stigmatization (Bos et al., 2008; Gartrell et al., 2005; Gershon et al., 1999). Studies conducted in countries other than the US (e.g., the Netherlands) have reported similar findings (Bos & Van Balen, 2008).

The impact of stigmatization on the psychological adjustment of children and adolescents in lesbian families has been investigated in few studies. Bos and van Balen (2008) showed that higher levels of stigmatization were associated with more problem behavior and lower self-esteem in a group of 63 Dutch children in planned lesbian families. The relationship between experiences of homophobic stigmatization and psychological adjustment was also shown in a sample of 78 American ten-year-olds (Bos et al., 2008): children who reported that they were treated unfairly because they have lesbian mothers had more problem behavior (as reported by their mothers) (Gartrell et al., 2005). Gershon and colleagues (1999) examined the relationship between adolescents' self-esteem and their perceptions of others' attitudes toward lesbian families. The researchers found that

adolescents who perceived more negative reactions on the part of others had lower self-esteem in five of seven self-esteem areas than adolescents who perceived fewer. These studies suggest that stigmatization based on homophobia can be a risk factor during psychological development (Masten & Powell, 2003).

However, research comparing children in lesbian families with their counterparts in heterosexual families has found few differences in psychological adjustment (Anderssen, Amlie, & Ytterøy, 2002). This is noteworthy, since children and adolescents with lesbian mothers are likely to experience stigmatization based on their mothers' sexual orientation, which in turn can influence their psychological well-being in a negative manner (Bos et al., 2008; Bos & Van Balen, 2008; Gartrell et al., 2005; Gershon et al., 1999), while children and adolescents in the comparison groups—typically from nuclear families—are not subjected to such stigmatization. These findings suggest the possibility of mechanisms that promote resilience in children and adolescents with lesbian mothers who experience stigmatization (Van Gelderen, Gartrell, Bos, & Hermanns, 2009).

The ability to cope with distress can be derived through personal strengths as well as influences of family (Bowman, Prelow, & Weaver, 2007) and peers. Influences that promote healthy development are considered promotive factors (Van der Laan, Veenstra, Bogaerts, Verhulst, & Ormel, 2010; Youngblade et al., 2007). An example of an individual promotive factor is having personality traits that enable one to regulate one's emotions and to develop coping strategies (Bem & Lewis, 1975; Masten & Powell, 2003). Having a warm and supportive relationship with one's parents is an example of an interpersonal promotive factor, in that such a relationship has the potential to minimize the destructive psychological impact of negative life events (Frosch & Mangelsdorf, 2001; Golombok, 2000; Hetherington & Stanley-Hagan, 1999).

Very few studies on planned lesbian families have investigated factors that could alleviate the negative impact of stigmatization on the offspring of lesbian mothers. Although Bos and van Balen (2008) found in a study of Dutch children that having frequent contact with other children who have lesbian or gay parents (an interpersonal factor) alleviated the negative influence of stigmatization on self-esteem, much less is known about how adolescents in lesbian families cope with discrimination. During adolescence, the beliefs and attitudes held by individuals outside the family unit– especially those of peers – become more important (Rivers et al., 2008). Since adolescents might be especially vulnerable to social stigma (Baumrind, 1995), it is important to investigate how adolescents with lesbian mothers fare.

Gershon and colleagues (1999) conducted the first American study to focus on resilience in adolescents reared by lesbian mothers (primarily in stepfamilies after the mothers divorced and identified as lesbian). The researchers looked for factors that

decrease the negative psychological impact of stigmatization (a risk factor). Their results showed that among adolescents who reported stigmatization, those with effective decision-making coping skills (a subschale of the Wills Coping Inventory; Wills, 1986) – in other words, adaptive coping skills - had higher self-esteem. Gershon et al. also found that adolescents who disclosed their mothers' sexual orientation to more people had higher self-esteem in the area of close friendships than those who were less open about their mothers' lesbianism, even though the former group reported more stigmatization. In sum, individual factors helped adolescents in Gershon's cohort cope with stigmatization.

Bos and Gartrell (2010) investigated the influence of interpersonal factors that promote resilience (family connection and compatibility) on American adolescents in planned lesbian families, and were the first to do so. Using data from the U.S. National Longitudinal Lesbian Family Study (NLLFS) that had been collected when the offspring were 17 years old, these researchers found that experiences of stigmatization were associated with more adolescent problem behavior, and that close, positive relationships with their lesbian mothers neutralized this negative influence (Bos & Gartrell, 2010). These data were obtained primarily from parental reports. The NLLFS also contains data on the adolescents' psychological adjustment and possible sources of resilience, based on their own self-reports. An analysis of these data forms the basis of the present investigation.

Previous studies on the role of promotive factors in the psychological development of adolescents in planned lesbian families focused only on negative aspects, such as problem behavior. Also, these studies considered promotive factors within only one context (e.g., the individual). The aim of the present study is to assess whether psychological health problems (a negative dimension of psychological adjustment) and life satisfaction (a positive dimension of psychological adjustment) differ in adolescents who experienced stigmatization and those who did not. If differences are observed, the subsequent question is whether promotive factors from different contexts, namely individual and interpersonal factors, account for these observed differences after controlling for experienced stigmatization.

The cross-sectional data for the current investigation were derived from the fifth wave of the NLLFS, which was initiated in 1986 to provide both descriptive and quantifiable longitudinal data on the first generation of American lesbian families in which the children were conceived through donor insemination. We hypothesized that the NLLFS adolescents who had experienced stigmatization (a risk factor) would have more psychological health problems and indicate less satisfaction with their lives. We also expected that three promotive factors (one individual factor and two interpersonal factors) would explain the differences in psychological health problems and life satisfaction after controlling for the negative impact of stigmatization on the NLLFS adolescents. The individual factor that we

studied was demonstrating high scores on androgynous personality traits reflecting both feminine-typed traits (such as warmth and caring) and masculine-typed personality traits (such as competence and rationality). The two interpersonal factors assessed in this study were family compatibility and experiencing a favorable connection to peers. We included androgynous personality traits as an individual promotive factor because various studies have shown that offspring of lesbian mothers are less bound by societal gender constraints (e.g., Sutfin, Fulcher, Bowles, & Patterson, 2008) and that having an androgynous personality gives one the opportunity to choose between stereotypically masculine behaviors (such as competence and rationality) and feminine behaviors (such as warmth and caring) – depending on the situation one is in at that moment (Bem & Lewis, 1975). This strength of androgony lies in its interactive nature: femininity compounds the positive effect of masculinity and vice versa. Androgynous adolescent girls and boys are expected to have the greatest behavioral flexibility and therefore are considered most adaptive to negative experiences such as stigmatization (Bem & Lewis, 1975; Bun Lam & McBride-Change, 2007).

5.2 Method

5.2.1 Participants

Seventy-eight adolescents (of whom two were twins) participated in the study. The group consisted of 39 girls and 39 boys, with a mean age of 17.05 years (*SD* = .36). Most adolescents were White/Caucasian (87.1%) (see Table 5.1). Twenty-eight (36%) had been conceived using a known sperm donor and 50 (64%) using an unknown donor. Of the unknown donors, 31 (62%) were permanently unknown and 19 (38%) could be identified when the adolescent reached the age of 18.

As shown in Table 5.1, most adolescents came from middle- or upper-middle class families and resided in the north eastern and western regions of the United States. Fifty-six percent of mothers who had been part of a couple when their adolescent was born had since separated; the mothers had been together on average for 12 years before separating (*SD* = 5.88). The mean age of the children at the time of their mothers' separation was 6.97 years (*SD* = 4.42 years).

5.2.2 Sample procedures

Between 1986 and 1992, prospective lesbian mothers were recruited via announcements distributed at lesbian events, in women's bookstores, and in lesbian newspapers throughout metropolitan Boston, Washington DC, and the San Francisco Bay Area. This resulted in a group of 84 planned lesbian families. Data were collected during insemination or pregnancy (T1) and when the children were 2 (T2), 5 (T3), 10 (T4), and

17 years old (T5). Before data collection, all participating mothers gave their consent, and the offspring assented. At T5, 93% of the families were still participating in the study. One family was excluded from the T5 data analyses, because not all parts of their T5 survey instruments were returned. Approval for the NLLFS has been granted by the Institutional Review Board of the California Pacific Medical Center.

Table 5.1 Demographic Characteristics of the NLLFS Adolescents.

Characteristic		NLLFS Adolescents
Gender, %		
	Girls	50
	Boys	50
Economic Background, %[a]		
	Working	18.2
	Middle	57.1
	Upper Middle and Upper	24.7
Race, %		
	White/Caucasian	87.1
	Latina/o	3.8
	African-American	2.6
	Asian/Pacific Islander	2.6
	Middle Eastern	2.6
	Native American	1.3
Family Region of Residence, %		
	Northeastern	47
	Southern	9
	Midwestern	1
	Western	43

a = Based on the Hollingshead Index and using the parent with the highest occupational and educational level (Gartrell et al., 1996; Gartrell et al, 2005).

5.2.3 Measures

Data for this study were gathered through an online questionnaire on the NLLFS Web site that was accessed by each adolescent using a unique password. The outcome variables were psychological health problems and life satisfaction, the risk factor was experienced stigmatization, and the promotive factors were androgynous personality traits, family compatibility, and peer group fit.

Psychological health problems. To measure the adolescents' psychological health problems, a mean score of the items of three scales (trait anxiety, trait anger, trait depression) of the State-Trait Personality Inventory (STPI; Spielberger et al., 1995) was calculated if no more than 5% of the items were missing. Each scale consists of 10 items; examples are "I feel anger" and "I feel gloomy" (1 = *not at all*, 4 = *very much so*). Cronbach's alpha for the total scale was .76.

Life satisfaction. Information about the life satisfaction of the 17-year-olds was obtained

by using three items of the Youth Quality of Life Scale – Research Version (YQoL-R; Topolski, Edwards, & Patrick, 2002). The mean score of the three items was calculated and used for further analyses. The items were "I enjoy life," "I am satisfied with the way my life is now," and "I feel my life is worthwhile" (0 = *not at all*, 10 = *completely*). In this study, Cronbach's alpha was .82.

Experiences of stigmatization. Whether the NLLFS adolescents had experienced stigmatization was assessed through the following question: "Have you been treated unfairly because of having (a) lesbian mom(s)?" (1 = *no*, 2 = *yes*).

Androgynous personality traits. To measure androgynous trait scores in NLLFS girls and boys, the short version of the Bem Sex Role Inventory (BSRI; Bem, 1978) was used. The inventory consists of 10 items, such as "sensitive to the needs of others", that were defined as feminine-typed personality traits, and 10 items, such as "having leadership abilities", that were considered masculine-typed traits. The NLLFS adolescents rated themselves on each item, using a 7-point scale (1 = *almost never true*, 7 = *almost always true*). Cronbach's alpha was .89 for the feminine-typed personality traits scale and .77 for the masculine-typed personality traits scale. To calculate the androgynous personality trait score, the formula (BSRI Trait Masculinity + BSRI Trait Femininity) – (BSRI Trait Masculinity – BSRI Trait Femininity) was used (see Heilbrun & Pitman, 1979; Strough, Leszczynski, Neely, Flinn, & Margrett, 2007). Continuous scores were used in the analyses instead of classifying the adolescents as androgynous or not androgynous.

Family compatibility. Compatibility with the adolescents' parents was measured by a question derived from the Youth Quality of Life Instrument (Topolski et al., 2002): "I feel I am getting along with my parents or guardians" (0 = *not at all*, 10 = *completely*).

Peer group fit. Among questions about the adolescents' high school experiences, they were asked whether they felt that they fit in well with other teenagers ("How well do/did you feel that you fit in with the other kids?"; 1 = *not at all*, 2 = *okay*, 3 = *well*); this question was used to measure peer group fit.

5.2.4 Analyses

To examine whether stigmatization was related to more psychological health problems and less life satisfaction, two separate 2 (stigmatization; 1 = *no,* 2 = *yes*) by 2 (1 = *girl,* 2 = *boy*) ANOVAs were conducted, with psychological health problems and life satisfaction as dependent variables. We also assessed whether androgynous personality traits, family compatibility, and peer group fit were related to problem behavior and life satisfaction by calculating Pearson correlations between the outcome variables and the promotive factors. To identify the factors that were responsible for the observed differences in psychological health problems and life satisfaction, hierarchical multiple-regression analyses were

conducted. Experienced homophobia was entered in Model 1. The factors that predicted psychological health problems and life satisfaction were entered in Model 2.

5.3 Results

5.3.1 Sample characteristics

The means and standard deviations for the study variables are shown in Table 5.2. Forty-one percent of the NLLFS adolescents reported that they had experienced stigmatization by T5. The mean score on androgynous personality traits was 9.01 (*SD* = 1.54), ranging from 4.60 to 12.00. On the variable 'family compatibility' the adolescents had a mean score of 8.11 (*SD* = 1.96), ranging from 0 to 10; the mean score on peer group fit was 2.72 (*SD* = .53), ranging from 0 to 3.

Table 5.2 Mean Scores and Standard Deviations on Psychological Health Problems, Life Satisfaction, and the Risk and Promotive Factors.

	Total *N* = 78	Adolescent Girls *n* = 39	Adolescent Boys *n* = 39	*F*-value Gender
Outcome variables				
1. Psychological Health Problems	1.87 (.47)	1.96 (.50)	1.77 (.43)	3.15
2. Life Satisfaction	8.04 (1.69)	8.03 (1.67)	8.06 (1.74)	.01
Risk variable				
3. Stigmatization (yes)	41%	46.2%	35.3%	.89
Promotive variables				
4. Androgynous personality traits[a]	9.01 (1.54)	9.30 (1.63)	8.70 (1.39)	2.89
5. Family compatibility[b]	8.11 (1.96)	8.00 (2.20)	8.23 (1.68)	.25
6. Peer group fit[c]	2.72 (.53)	1.25 (.55)	1.30 (.52)	.11

[a] Androgynous personality traits = Individual Promotive Factors; [b] Family compatibility = Interpersonal Promotive Factor; [c] Peer group fit = Interpersonal Promotive Factor

5.3.2 Stigmatization, psychological health problems, and life satisfaction

The results showed that the adolescents who indicated that they had been stigmatized had more psychological health problems than those who did not report experiences of stigmatization, F (1,72) = 8.74, p = .004 (see Table 5.3). In contrast, there was no main effect for gender, F (1,72) = .55, p = .461, and no interaction effect between stigmatization and gender, F (1,72) = .06, p = .810. Table 5.3 shows that the stigmatized adolescents were less satisfied with their lives compared to their non-stigmatized counterparts, F (1,73) = 10.94, p = .001, and that there was again no main effect for gender, F (1,73) = 2.98, p = .089, or interaction effect between stigmatization and gender, F (1,73) = 3.72, p = .058. Because

these results showed that there are no differences between girls and boys, further analyses are conducted with the total group.

Table 5.3 Psychological Health Problems and Life Satisfaction in NLLFS Adolescent Girls and Boys Who Experienced Stigmatization Versus Those Who Did Not.

	Girls		Boys		Total		*F*-value		
	Stigma	No Stigma	Stigma	No Stigma	Stigma	No Stigma	Stigma	Gender	Stigma x Gender
Psychological Health Problems[a]									
M	2.13	1.83	1.99	1.65	2.07	1.74	8.74**	.55	.06
SD	.57	.41	.43	.40	.51	.41			
Life Satisfaction[b]									
M	7.74	8.27	6.75	8.76	7.34	8.52	10.94**	2.98	3.72
SD	1.91	1.44	1.83	1.29	1.91	1.37			

**$p < .01$; [a] High scores reflect psychological health problems; [b] High scores reflect life satisfaction

5.3.3 Predicting psychological health problems and life satisfaction

Bivariate correlated between promotive factors and outcome variables.

As shown in Table 5.4, psychological health problems were not related to androgynous personality traits, but they were related to family compatibility and peer group fit in such a way that adolescents who reported more health problems were less positive about their relationships with their parents and peers. Life satisfaction was correlated with all predictor variables. Adolescents who scored higher on androgynous personality traits, getting along with parents, and peer fit also reported a higher score on life satisfaction.

Table 5.4 Correlations between Psychological Health Problems and Life Satisfaction and Stigmatization, Androgynous Personality Traits, Family Compatibility, and Peer Group Fit.

	Psychological Health Problems	Life Satisfaction
1. Stigmatization	.347**	-.342**
2. Androgynous personality traits	-.041	.266*
3. Family compatibility	-.431**	.384**
4. Peer group fit	-.377**	.520**

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

Table 5.5 Hierarchical Multiple Regressions of Experienced Stigmatization, Androgynous Personality Traits, Family Compatibility, and Peer Group Fit versus Psychological Health Problems and Life Satisfaction

	Psychological Health Problems			Life Satisfaction		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*
Model 1						
Experienced stigmatization	.337	.109	.347**	-1.163	.388	-.337**
R^2	.12			.11		
Model 2						
Experienced stigmatization (Risk factor)	.172	.109	.178	.471	.364	-.137
Androgynous personality traits (Individual factor)	-	-	-	.130	.117	.188
Family compatibility (Interpersonal factor)	-.079	.026	-.325**	.227	.089	.263*
Peer group fit (Interpersonal factor)	-.206	.100	-.231*	1.145	.367	.359**
R^2	.29			.37		
Δ R^2	.17**			.25***		

*** $p < .001$, ** $p < .01$, * $p < .05$

Hierarchical multiple regression analyses. A hierarchical multiple regression analysis was conducted to establish whether the assumed promotive factors could ameliorate the positive relationship between stigmatization and psychological health problems. We only included those factors that were correlated with psychological health problems, that is, stigmatization, family compatibility, and peer group fit.

Model 1 showed that the risk factor “experienced stigmatization” accounted for 12% of the variance in psychological health problems: adolescents who reported stigmatization had more psychological health problems than those who did not report stigmatization. After including family compatibility and peer group fit, a significant change in the coefficient of determination, ΔR^2 (2,68) = 0.167, p = .001, was found. Model 2 accounted for 29% of the variance in psychological health problems. In this second model, family compatibility and peer group fit contributed significantly to the percentage of explained variance in psychological health problems, while stigmatization did not. Those NLLFS adolescents who evaluated their relationship with their parents more positively had fewer psychological health problems. In addition, the adolescents who were more positive about their peer group fit had fewer psychological health problems (see Table 5.5).

We also conducted a hierarchical multiple regression analyses with life satisfaction: the risk factor “stigmatization” was added in Model 1 and the promotive factors that were related to life satisfaction (androgynous personality traits, family compatibility, and

peer group fit) added in Model 2. Table 5.5 shows that experienced stigmatization (a risk factor) explained 11% of the variance in life satisfaction: the adolescents who reported stigmatization had less life satisfaction than those who did not report stigmatization. The inclusion of androgynous personality trait, family compatibility, and peer group fit in Model 2 produced a significant change in the coefficient of determination, ΔR^2 (3,67) = 0.251, p = .000, for the dependent variable. The second model accounted for 37% of the variance in life satisfaction, and showed that compatibility with parents and peer group fit were significantly related to life satisfaction, whereas stigmatization and the individual factor "androgynous personality traits" were not. In other words, after controlling for stigmatization, adolescents who reported that they got along well with their parents and fit in well with peers were more satisfied with their lives than those who were less satisfied with those relationships.

5.5 Discussion and conclusion

As hypothesized, our results show that experienced stigmatization (a risk factor) was positively associated with psychological health problems and negatively associated with life satisfaction for the NLLFS adolescents in planned lesbian families. Our second hypothesis – namely that individual and interpersonal promotive factors would ameliorate the association between psychological health problems and life satisfaction – was partly confirmed. Regarding psychological health problems, positive relationships with parents and fitting well within peer groups were most strongly associated with psychological health problems after controlling for stigmatization. Androgynous personality traits were not related to psychological health problems. Concerning life satisfaction, the interpersonal promotive factors (having favorable relationships with parents and peers) predicted the observed differences after controlling for stigmatization. The individual promotive factor "androgynous personality traits" did not significantly account for the association relation between stigmatization and life satisfaction.

Important to note is that Gartrell, Bos, and Goldberg (2011) have shown that when the NLLFS adolescents were asked to identify their sexual identity on the Kinsey scale (between exclusively heterosexual and exclusively homosexual), 0% of the girls and 5.4% of the boys indicated that they are predominantly-to-exclusively homosexual. In addition, 18.9% of the adolescent girls and 2.7% of the adolescents rated themselves in the bisexual spectrum. Other studies have also shown that a majority of offspring with lesbian mothers identity as heterosexual, as do a majority of those reared by heterosexual parents (e.g., Tasker & Golombok, 1997; Wainright et al., 2004). However, it would be interesting to investigate whether adolescents with a sexual minority identity are more vulnerable to stigmatization if their parents also identify as lesbian or gay.

Prior to our current study, only Gershon and colleagues (1999) had studied the effect of individual promotive factors on adolescents with lesbian mothers. The results of their study showed that having effective decision-making coping skills and disclosing one's mother's sexual orientation were associated with higher self-esteem in adolescents who had experienced stigmatization. Based on the literature concerning androgynous personality traits (Bem & Lewis, 1975; Bun Lam & McBride-Change, 2007), we expected that high scores on this personality trait would explain differences in psychological health and life satisfaction among NLLFS adolescent girls and boys, after controlling for experiences of stigmatization. However, we did not find evidence to support this. Our study found that factors within their environments (their relationships with parents and peers) were more important than individual characteristics of the adolescents.

Various studies have shown that closeness to parents is beneficial for children in traditional families (Luthar & Latendresse, 2005; Vanderbilt-Adriance & Shaw, 2008), as well as for adolescents in households headed by lesbian mothers (Golombok, 2000). Our study confirms this by showing that a favorable relationship between adolescents and their mothers promoted adolescent psychological health and life satisfaction, despite stigmatization. These results are in line with those of Bos and Gartrell (2010) who found that adolescent reports of positive relationships with their mothers were associated with a diminution in problem behavior among those who experienced stigmatization.

The results of our study show that peer group fit is associated with positive psychological well-being. According to some researchers, peers may play an even more important role than parents in adolescent adjustment (e.g., Harris, 1995). We found that that peer group fit not only ameliorated the negative impact of stigmatization on a negative aspect of well-being (psychological health problems), but it also diminished the association between experienced stigmatization and a positive measure of well-being (life satisfaction).

Our study has several strengths. First, it was based on the reports of adolescents themselves. Thus far, most studies about planned lesbian families, for example Gartrell et al. (2005), are based primarily on parental reports. Because adolescents can be secretive as they strive for emotional autonomy from their parents (Finkenauer et al., 2002), adolescent self-reports offer a more nuanced window into their psychological functioning. In addition, our study focused not only on problem behavior but also on life satisfaction--a more positive formulation of psychological well-being. It is worth noting that promotive factors affect not only the relationship between stigmatization and problem behavior, but also between stigmatization and life satisfaction.

This study also has several limitations. In socioeconomic status (SES), this cohort of first generation planned lesbian families is primarily middle- to upper-middle class. Tasker and Golombok (1997) reported that children of lower SES lesbian families were even more

likely to experience homophobic stigmatization. The sample is also limited in their ethnic backgrounds; 87.1% of the adolescents reported having a White/Caucasian background. Also, we asked the adolescents whether they were treated unfairly because they have lesbian mothers; we did not ask whether this unfair treatment occurred in a particular time period. As attitudes toward lesbian and gay people are generally more positive than they were when the NLLFS adolescents were younger, it is possible that our stigmatization rate would have been lower had we asked about stigmatization experiences in the previous year. Moreover, stigmatization and two of the three promotive factors were measured by a single item. The use of more extended instruments to assess stigmatization and to measure promotive factors on the interpersonal level might have given us a deeper understanding of the association between risk and promotive factors, and their effects on adolescent well-being. In addition, more information about the adolescents' openness about their mothers' sexual orientation is needed, since that would have implications for their exposure to stigmatization. Therefore it is important that future studies focus on the relation between openness of the adolescents and their experiences with stigmatization. Finally, all information was obtained during one measurement and therefore is it impossible to test causality. The NLLFS is an ongoing longitudinal study, with a design that calls for the offspring to be surveyed again when they are 25 years old. Data collected at that time (T6) are expected to provide further (longitudinal) insight into the contributions of promotive and risk factors to adult mental health.

Previous studies on adolescents reared by lesbian mothers investigated whether these adolescents differed from their counterparts in heterosexual-parent families. Such studies also provide an opportunity to assess whether restrictions on custody, adoption, and foster care by same-sex parents are supported by empirical evidence (Blumenfeld & Raymond, 1988). To date, there are no data to substantiate these restrictions: research has found that adolescents in lesbian families function as well as, or sometimes even better than, their counterparts in heterosexual families (e.g., Gartrell & Bos, 2010). The current study focused on differences within a cohort of adolescents growing up in planned lesbian families, specifically concerning the experience of stigmatization. Our results demonstrate that although adolescents who have been reared by lesbian mothers may experience stigmatization that will have a negative impact on their psychological health and life satisfaction, having a favorable relationship with parents and fitting well with peers can promote a healthy development. Our findings suggest that queries about relationships with parents and peers are an important part of the clinical assessment of adolescents in same-sex parent families.