Children in planned lesbian families: Stigmatisation, psychological adjustment and protective factors

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Abstract

The study assessed the extent to which children between eight and 12 years old in planned lesbian families in the Netherlands experience stigmatisation, as well as the influence of protective factors (relationship with parents, social acceptance by peers, contact with children from other families headed by lesbian mothers or gay fathers) on their psychological adjustment (conduct problems, emotional symptoms, hyperactivity, self-esteem). Data were collected by questionnaires filled out by the mothers and by the children themselves. The children in the sample generally reported low levels of stigmatisation. However, boys more often reported that, in their view, they were excluded by peers because of their non-traditional family situation. Girls more often reported that other children gossiped about the fact that they had two lesbian mothers. Higher levels of stigmatisation were associated with more hyperactivity for boys and lower self-esteem for girls. Having frequent contact with other children who have a lesbian mother or gay father protects against the negative influence of stigmatisation on self-esteem. Findings support the idea that children in planned lesbian families benefit from the experience of meeting other children from similar families.

Résumé

Cette étude a évalué l’étendue de la stigmatisation expérimentée par des enfants âgés de huit à douze ans et élevés dans des familles lesbiennes planifiées aux Pays-Bas, ainsi que l’influence des facteurs protecteurs (relations avec leurs parentes, acceptation sociale par les pairs, relations avec des enfants issus d’autres familles dirigées par des mères lesbiennes ou des pères gays) sur leur ajustement psychologique (troubles de la conduite, symptômes émotionnels, hyperactivité, estime de soi). Les données ont été collectées à l’aide de questionnaires remplis par les enfants eux-mêmes et par leurs mères. D’une manière générale, les enfants compris dans l’échantillon ont fait part de faibles niveaux de stigmatisation. Cependant, les garçons ont été plus nombreux à déclarer que, de leur point de vue, ils étaient rejetés par des pairs en raison de leur situation de famille inhabituelle. Les filles ont été plus nombreuses à déclarer que les autres enfants cancanaient sur le fait qu’elles avaient deux mères lesbiennes. Les niveaux les plus élevés de stigmatisation ont été associés à une plus forte hyperactivité chez les garçons et à une plus faible estime de soi chez les filles. L’étude révèle que les contacts fréquents avec d’autres enfants, dont les mères sont lesbiennes ou les pères sont gays, constituent une protection contre l’influence négative de la stigmatisation sur l’estime de soi. Les résultats appuient l'idée que les enfants élevés dans des familles lesbiennes planifiées bénéficient de l’expérience des rencontres avec d’autres enfants issus de familles similaires.

Resumen

En este estudio hemos evaluado en qué medida los niños entre 8 y 12 años de familias planificadas de parejas lesbianas en los Países Bajos sufren estigma, y cómo influyen los factores protectores
(relaciones con los padres, aceptación social por parte de compañeros, contacto con niños de otras familias formadas por madres lesbianas o padres homosexuales) en su ajuste psicológico (problemas de comportamiento, síntomas emocionales, hiperactividad, autoestima). Se recogieron datos a partir de cuestionarios que rellenaron las madres y los mismos niños. Los niños en la muestra mostraron en general bajos niveles de estigma. Sin embargo, los chicos informaron con más frecuencia que se sentían excluidos por sus compañeros por pertenecer a una familia no tradicional. Las niñas informaron con más frecuencia que otros niños chismorreaman sobre el hecho de que tuviesen dos madres lesbianas. Los niveles más altos de estigma fueron asociados a más hiperactividad para los chicos y menos autoestima en las chicas. Tener un contacto frecuente con otros niños que tienen madres lesbianas o padres homosexuales protege contra la influencia negativa del estigma en la autoestima. Los resultados respaldan la idea de que los hijos de familias planificadas de parejas lesbianas se benefician de la experiencia de conocer a otros niños en familias similares.

Keywords: Stigmatization, psychological adjustment, lesbian families, children

Introduction

There is growing consensus among researchers that in terms of psychological adjustment there are no differences between children in planned lesbian families (i.e. children born to a lesbian couple) and those raised in heterosexual families (e.g. Gartrell et al. 2005, Patterson 2006, Wainright and Patterson 2006, Bos et al. 2007a). However, little research has focused on potential differences within planned lesbian families (Golombok 2006). Within-group differences may result from children’s experiences with stigmatization, which may have a negative effect on the psychological adjustment of these children (Stacey and Biblarz 2001). The effect of stigmatization on psychological adjustment may also be reduced by the presence of protective factors, such as the quality of the relationship with parents, social acceptance by peers and contact with children in other lesbian families.

Research suggests that daily problems within a family are important predictors of child outcomes (Ostberg and Hagekull 2000). For marginalized groups, the experience of stigmatization may contribute to daily problems. Stigmatization is a product of negative societal attitudes towards those who are different in some way from the culturally agreed-upon norms (Goffman 1963). It is a negative psychological label placed on a marginalized group and might be related to psychological adjustment (Litovich and Langhout 2004). For children from minority ethnic groups, the experience of stigmatization has been shown to have negative consequences for self-esteem (Fisher et al. 2000, Verkuyten and Thijs 2001). Studies have shown that it is not only the experiences of rejection that have negative consequence for psychological health, but that internalizing societal negative attitudes also represents a form of (internalized) stress (Shildo 1994, Meyer 2003). Studies of racial prejudice have shown that children are also likely to internalize negative societal attitudes about their own group and subsequently suffer decrements in self-esteem (Fisher et al. 2000). In the present study, we focused on the children of lesbian parents and the potentially negative labels that may be attached to them by individuals or by society because of their ‘deviance’ from a traditional family structure and because of the sexual orientation of their mothers.

One of the main concerns of lesbians who are thinking about becoming a mother is the possible negative implications of raising a child in a non-traditional family in a heterosexist and homophobic society (Leiblum et al. 1995, Gartrell et al. 1996, Weeks et al. 2004). Lesbians are often concerned about their children’s possible disadvantage in relationships outside the family caused by the prejudice they will encounter from peers (Touroni and Coyle 2002). In the Netherlands, it has been found that lesbian mothers perceive there to
be relatively little stigmatization (Bos et al. 2004); however, the lesbian mothers who did experience stigmatization also felt more burdened with child-rearing, less competent in their parental skills and defended more strongly their position as a mother.

A few studies have examined the extent to which the children in planned lesbian families experience stigmatization. Research conducted among young adults who grew up in a lesbian mother family in the USA found that as children they were no more likely than the children of a heterosexual mother to have been teased or bullied by peers (Wainright and Patterson 2006). Vanfraussen and colleagues (2002) reported that children in lesbian families are not teased more frequently than children in heterosexual families about such matters as clothes or physical appearance. However, Tasker and Golombok (1997) did find a trend towards children in lesbian families experiencing more teasing about being gay/lesbian themselves.

Findings from the National Longitudinal Lesbian Family Study (NLLFS) in the USA showed that at the age of ten years, 43% of the children had experienced stigmatization because of the sexual orientation of their mothers; five years earlier, the corresponding figure for these children was 34% (Gartrell et al. 2005, 2006). The NLLFS also found that experiencing stigmatization is associated with a higher externalizing problem behaviour score on the Child Behaviour Checklist (Gartrell et al. 2005). Gershon and colleagues (1999) found among the adolescent children of lesbian mothers a significant relationship between stigmatization (regarding the sexual orientation of the mothers) and self-esteem. Their findings also showed that this relationship was moderated by young people’s effective decision-making coping skills: even in the face of high levels of perceived stigma, their self-esteem was higher than that of those with a lower level of this type of coping skill. However, the presence of protective factors related to quality of the relationship with parents, social acceptance by peers and having contact with children in other lesbian (or gay) families has not been studied, nor have the moderated effect of the protective factors on the relationship between stigmatization and psychological adjustment been enquired into.

Experiences of stigmatization can be described as ‘risk’ factors or factors associated with a higher probability of negative outcomes (Jessor et al. 1995, Dekovic 1999). The damaging effects of risk factors can be reduced by the presence of protective factors (Dekovic 1999). One of the most important protective factors may be effective parenting (Osofsky and Thompson 2000). Studies have show that a warm and supportive relationship with parents may buffer children against the negative effects of negative life events and minimize negative psychological child outcomes (Hetherington and Stanley-Hagan 1999, Golombok 2000, Frosch and Mangelsdorf 2001). However, some scholars state that the importance of the parents’ role is overemphasized (Garner 1990, Ceci 1993, Harris 1995). They argue that children’s learning and socialization is highly contextual and that, therefore, what children learn in their home may not work in the world outside it. Another protective factor for children who experience negative life events may be social acceptance by their peers (Schwartz et al. 2000, Criss et al. 2002). For children growing up in a lesbian family, it could be that meeting children from other families with a lesbian mother or gay father might be a protective factor (Brewaey et al. 1997) and could benefit them (Lewis 1980).

In the present study, we examined the extent to which children in planned lesbian families in the Netherlands experience stigmatization. We also assessed whether higher levels of stigmatization are associated with lower levels of psychological adjustment (high levels of conduct problems, emotional problems and hyperactivity and low levels of self-esteem) among children in planned lesbian families. The relationship between protective factors (the relationship of the child with his/her parents, social acceptance by peers or
having frequent contact with other children who have a lesbian mother or gay father) and psychological adjustment was also assessed. Finally, we examined whether the link between stigmatization and the child’s psychological adjustment in planned lesbian families was moderated by the abovementioned protective factors.

Methods

Participants

We interviewed 63 children from planned lesbian families. Children between the age of eight and 12 were considered eligible to participate. If there was more than one eligible child in a family, the first author randomly selected one of them.

The present study is a follow-up study of the original study ‘Parenting in Planned Lesbian Families’ (Bos et al. 2004, 2007a), which compared planned lesbian families and heterosexual families on parental behaviour and the experience of parenthood, and for which data were collected by means of parental self-reports and observations. In the original study, lesbian families were recruited via several sources, namely by the Medical Centre for Birth Control (in Leiden, the Netherlands), the mailing list of a Dutch interest group for gay and lesbian parents and during information meetings about lesbian and gay parenthood, organized by Dutch healthcare centres. All 100 planned lesbian families that had participated in the original project were invited to participate in the follow-up study, and 63 of them were willing to do this. Of these 63 families, 13 were recruited by the Medical Centre for Birth Control at the time of the original project, 33 from the mailing list of the Dutch interest group for gay and lesbian parents, and 17 by the distribution of leaflets at information meetings about lesbian and gay parenthood, organized by Dutch healthcare centres.

An examination of the data from the original study (Bos et al. 2007a) shows that in the present study the non-participating lesbian families did not differ from the participating families on measures of quality of parenting, parent-child interaction or problem behaviour of the child as measured in the original study. Therefore, there is no evidence that those families that did not take part experienced more or fewer problems.

All children involved in the study were raised in a two-mother lesbian family from birth (this was an inclusion criteria in the original study) and were living with both mothers at the time of the present investigation. The majority of the parents in the planned lesbian families had high levels of education (e.g. 87.1% of the mothers had been educated at a higher professional or academic level). Ninety percent of the families lived in a suburban area. The lesbian mothers had been together for an average of 19.20 years (SD=4.19). The mean age of the participating children (32 boys and 31 girls) was 9.93 years (SD=1.48). The mean age of the lesbian mothers was 45.07 (SD=3.29). The mean number of children in the families was 1.94 (SD=0.53).

Instruments and measures

Data were collected by means of child questionnaires (stigmatization, relationship with parents, social acceptance by peers and self-esteem) during a one-hour session with each child and by means of parental reports from the biological mother of the child (children’s conduct problems, emotional symptoms and hyperactivity). During the sessions with the child, the first author or her collaborators read the questionnaire items to the child and then
recorded the child’s answers. Most of the questionnaires used in the study had been used before in other studies assessing children’s psychological adjustment and relationships with parents and peers.

**Stigmatization.** The occurrence of stigmatization with respect to the sexual orientation of the mother or the non-traditional family situation was assessed using a nine-item scale. The stigmatization scale was a child version of a scale (parental report) used in an earlier study of the effects of minority stress, experiences of parenthood and child adjustment on planned lesbian families (Bos et al. 2004). The validity and internal consistency of the parent version of this scale was judged as good (Bos et al. 2004). In the present study we only used the child version of the stigmatization scale, which was specially developed for this study. We reformulated the items of the original parent version of the scale in such a way that they applied to the children’s experiences with stigmatization and rejection in their social environment. The following are two examples of the items used: ‘Children use abusive language towards you because of the sexual orientation of your mothers’ and ‘Children asked annoying questions about the fact that you have two mothers’. The children were asked to indicate on a 3-point scale (1=never; 3=regularly) how often the various forms of rejection had occurred in the previous year. An overall score on stigmatization was obtained by taking the means of all items; a high score on this scale indicated more experience with stigmatization. Cronbach’s alpha was 0.76.

**Relationship with parents.** The child version of the Parent-Child Interaction Questionnaire (PACHIQ: Lange et al. 2001, 2002) was used to measure the quality of the parent-child relationship. The items in the questionnaire refer to interpersonal behaviour and interpersonal feelings towards each parent. Children were asked to indicate how often they display a certain behaviour or experience a certain feeling (1=never; 5=always). Analysis of the child version (PACHIQ-Ch) yielded a stable two-factor structure. Evaluations by the children resulted in an ‘Acceptance’ score (eight items, e.g. ‘When I do something for my mother, I see that she appreciates it’; Cronbach’s alphas: biological mothers=0.71; social mothers=0.74) and a ‘Conflict resolution’ score (17 items, e.g. ‘When my mother and I disagree, we’re able to talk about it’; Cronbach’s alphas: biological mothers=0.85; social mothers=0.82). By adding the two scores together, a total PACHIQ score is obtained (Cronbach’s alphas: biological mothers=0.88; social mothers=0.86). An earlier study by Lange (2001) provides norms for a population sample giving us the opportunity to compare the sample from our study with Dutch population norms.

**Social acceptance by peers.** We used the Dutch version of Harter’s Perceived Competence Scale for Children (PCSC: Harter 1982, Van Den Bergh and Van Ranst 1998) to assess the children’s perception of their social acceptance by peers. In the original PCSC as developed by Harter (1982), the items are formulated as bipolar statements. The child first has to decide the kind of child he/she is and then report whether the description is ‘sort of true’ or ‘really true’ for him/her. Van den Bergh and colleagues (1998) showed that the response format used in the original PCSC was too complex for younger children. In the Dutch version of the PCSC, the response format was made simpler: children were asked to rate on a 4-point scale whether the labels or statements (seven items, e.g. ‘being happy’) were true of them (1=not true at all; 4=very true). Cronbach’s alpha on this scale was 0.72. The (mean) score on social acceptance by peers of the children in the present study were
compared with scores of a non-clinical sample of Dutch children between eight and 11 years old (Van Dongen-Melman et al. 1993).

Contact with children in other families with a lesbian or gay parent. Children were also asked how frequently they have contact with other children who have a lesbian mother (or gay fathers) (1=never; 5=very often).

Psychological adjustment. Data were collected with respect to several aspects of the child’s psychological adjustment, viz. conduct problems, emotional symptoms, hyperactivity (measured by the Strength and Difficulties Questionnaire [SDQ]: Goodman et al. 2000) and self-esteem (measured by the Rosenberg Self-esteem Scale: Rosenberg et al. 1995).

Regarding the first three aspects, data were collected by means of parental report (biological mother of the child), using subscales from the SDQ. Each subscale from the SDQ consists of five items. The biological mothers of the child are asked to indicate whether an item provides a true description of their child’s behaviour in the past six months (0=not true; 2=certainly true), producing a score range of 0–10 on each of the subscales. Examples of items are: ‘Often has temper tantrums or hot tempers’ (conduct problems); ‘Many worries, often seems worried’ (emotional symptoms); and ‘Restless, overactive, cannot stay still for long’ (hyperactivity). Cronbach’s alpha’s for conduct problems, emotional symptoms and hyperactivity were 0.80, 0.63 and 0.85. The scores on conduct problems, emotional symptoms and hyperactivity of the children in the present study were compared with scores (parental reports) from a non-clinical sample of Dutch children between eight and ten years old (Van Widenfelt et al. 2003).

Self esteem. The Rosenberg Self-esteem Scale (Rosenberg et al. 1995) was used to interview the children about the fourth aspect, namely their self-esteem. This scale comprises ten items (e.g. ‘I take a positive attitude towards myself’: 1=strongly disagree; 4=strongly agree). Cronbach’s alpha was 0.76.

Analyses

Parametric assumptions were not satisfied by the distributions of the ordinal variables. Therefore, the Mann-Whitney U test was used to test differences in mean scores and chi-square test for independent samples was used to compare frequency data. The Spearman rank correlation coefficient was used to assess the relationship between stigmatization, protective factors and psychological adjustment. For the hypothesis that the quality of the relationship with parents, social acceptance by peers and frequent contact with children of other lesbian (or gay) families have a moderating effect on the relationship between stigmatization and psychological adjustment, a multiple regression analysis was carried out with conduct problems, emotional symptoms, hyperactivity and self-esteem as dependent variables. Stigma, the protective factors and the interaction between stigma and the protective factors were used as independent variables and the gender of the target child was the control variable.

Results

Descriptive analyses

Table 1 presents the mean and standard deviations of boys and girls on experiences with stigmatization, protective factors (relationship with parents, social acceptance by peers and
contact with children in other lesbian/gay parented families) and psychological adjustment
(conduct problems, emotional symptoms, hyperactivity and self-esteem).

Stigmatization. To examine differences between boys and girls on the perceived stigmatization scale, a Mann-Whitney U test was carried out. As shown in Table I, boys and girls did not differ significantly on the perceived stigmatization scale.

With respect to separate items of the perceived stigmatization scale, we examined the proportion of children who reported never having had the experience with a specific form of stigmatization versus those who reported having sometimes or frequently experienced this. The most frequently reported items of stigmatization were: ‘peers are making jokes because you are the child of two lesbian mothers’ (60.7%) and ‘peers ask annoying questions about your parents and their sexual orientation’ (56.7%). Other frequently reported (perceived) experiences were: ‘peers are using abusive language related to the sexual orientation of my mothers’ (45.2%), ‘peers are gossiping about you and your lesbian mothers’ (30.6%), ‘peers excluded you because of your non-traditional family situation’ (26.2%) and ‘peers made disapproving remarks about the non-traditional family situation’ (21.0%). Perceived experiences that are less often mentioned are: ‘peers say negative things about your family’ (14.5%), ‘peers are making disapproving comments about your mothers’ sexual orientation’ (13.3%) and ‘peers are using abusive language against your mothers’ (8.1%).

Table 1. Psychological adjustment, frequency of stigmatization, relationship with parents and peers (means and standard deviations) for boys and girls in planned lesbian families.

<table>
<thead>
<tr>
<th></th>
<th>Boys (n=32)</th>
<th>Girls (n=31)</th>
<th>Total</th>
<th>Mann-Whitney U</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
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<tr>
<td>Stigmatization</td>
<td></td>
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<tr>
<td>Frequency of stigmatization</td>
<td>1.34 (0.39)</td>
<td>1.40 (0.31)</td>
<td>1.37</td>
<td>(0.30)</td>
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<td>Relationship with parents</td>
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<tr>
<td>Biological mother:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Acceptance</td>
<td>32.29 (4.48)</td>
<td>33.07 (3.76)</td>
<td>32.67</td>
<td>(0.54)</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>65.97 (10.78)</td>
<td>68.87 (6.59)</td>
<td>67.29</td>
<td>(9.01)</td>
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<tr>
<td>Total</td>
<td>98.26 (14.01)</td>
<td>101.93 (8.94)</td>
<td>100.07</td>
<td>(11.84)</td>
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<tr>
<td>Social mother:</td>
<td></td>
<td></td>
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<tr>
<td>Acceptance</td>
<td>32.61 (4.76)</td>
<td>32.27 (3.85)</td>
<td>32.44</td>
<td>(4.31)</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>66.74 (9.50)</td>
<td>68.93 (6.34)</td>
<td>67.82</td>
<td>(8.11)</td>
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<tr>
<td>Total</td>
<td>99.36 (13.14)</td>
<td>101.20 (8.77)</td>
<td>100.26</td>
<td>(11.15)</td>
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<td>Relationship with peers</td>
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<td>Social acceptance by peers</td>
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<td>2.90 (0.48)</td>
<td>2.96</td>
<td>(0.44)</td>
</tr>
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<td>Contact with peers with a lesbian mother or gay father</td>
<td>1.97 (0.93)</td>
<td>2.27 (1.05)</td>
<td>2.12</td>
<td>(0.99)</td>
</tr>
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<td>Psychological adjustment</td>
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<tr>
<td>Conduct problems</td>
<td>1.42 (1.57)</td>
<td>0.81 (0.68)</td>
<td>1.12</td>
<td>(1.25)</td>
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<td>Emotional symptoms</td>
<td>2.35 (1.97)</td>
<td>2.80 (2.18)</td>
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<td>(2.07)</td>
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<td>Hyperactivity</td>
<td>3.59 (2.38)</td>
<td>2.20 (1.46)</td>
<td>2.91</td>
<td>(2.09)</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>3.33 (0.42)</td>
<td>3.20 (0.41)</td>
<td>3.27</td>
<td>(0.41)</td>
</tr>
</tbody>
</table>

**p<0.01, *p<0.05. Note: Wilcoxon test was used to examine differences between relationship target with biological and social mother: Boys: Acceptance: Wilcoxon = -90; p>0.05; Conflict resolution: Wilcoxon = -0.78; p>0.05; Total: Wilcoxon = -0.72; p>0.05; Girls: Acceptance: Wilcoxon = -80; p>0.05; Conflict resolution: Wilcoxon = -0.14; p>0.05; Total: Wilcoxon = -0.33; p>0.05.
We also analyzed whether there were differences between boys and girls on the separate items of the stigmatization scale (see Figure 1). Results of the chi-square test showed that more girls than boys frequently felt that their peers were gossiping about them because they had two lesbian mothers, $X^2 = 3.69; p < 0.05$. A non-significant trend was found on exclusion by peers because of the non-traditional family situation; boys reported this specific form of stigmatisation more than girls, $X^2 = 2.79; p < 0.10$. With respect to the other forms of stigmatization no differences were found between boys and girls.

**Relationship with parents, social acceptance by peers and contact with children in other lesbian/gay families.** There were no significant differences between boys and girls on the quality of the relationship with the biological mother or the social mother (acceptance, conflict resolution, total quality scale). To examine whether children in lesbian parent families differ significantly in their relationship with their biological mother and their social mother, we conducted Wilcoxon $t$-tests for boys and for girls separately. For boys and girls, no significant differences were found on the quality of the relationship (acceptance, conflict resolution, total quality scale) with the biological mothers compared to the quality of the relationship with the social mothers.

When comparing the scores of the quality of the relationship with the biological and social mother in the present study with those of a Dutch population sample (Lange 2001), no significant differences were found ($n=372$; Acceptance: $M=32.43$, $SD=4.24$; Conflict resolution: $M=68.08$, $SD=7.50$; Total quality: $M=100.53$, $SD=11.14$).

As can be seen in Table 1, boys and girls did not significantly differ from each other on social acceptance by peers. Furthermore, for boys and girls who had regular contact with children from other families headed by a lesbian mother or gay father ($M=2.12$, $SD=0.99$), no significant difference was found on this variable between boys and girls.

![Figure 1. Boys’ and girls’ experiences with various forms of stigmatization (%).](image-url)
When comparing the score on social acceptance by peers in the present study with those of a Dutch population sample (van Dongen-Melman et al. 1993), no significant differences were found: \( n=300; M=3.08; SD=2.87 \).

**Psychological adjustment.** Significant differences between boys and girls were found on conduct problems and hyperactivity. Boys had a higher score on both the conduct problem scale and the hyperactivity scale (see Table I). No differences were found between boys and girls on emotional problems. When comparing the scores on conduct problems, emotional symptoms and hyperactivity of the children in our sample with those of a Dutch non-clinical sample of children of similar age (also based on parental reports) (Van Widenfelt et al. 2003), no significant differences were found: \( n=70 \); conduct problems: \( M=1.10 \), \( SD=1.40 \); emotional problems: \( M=2.40 \), \( SD=2.10 \); hyperactivity: \( M=3.1 \), \( SD=2.8 \). The number of children in our sample with a mean score above the clinical cut-off (>percentile 90) was also assessed. With respect to conduct problems, four children had scores within the clinical range (6%), for emotional problems ten children (15%) and for hyperactivity four children (6%). Several studies on community populations in various European countries have shown similar percentages of children in the clinical range (Woerner et al. 2002, Malmberg et al. 2003).

Children’s self-esteem was measured by interviewing the children themselves. Again, no significant difference was found between the boys and the girls on self-esteem (see Table 1).

**Associations between stigmatization, protective factors and psychological adjustment**

Spearman rank correlation coefficients were calculated to assess the relationship between psychological adjustment (conduct problems, emotional symptoms, hyperactivity, self-esteem) on the one hand and the stigmatization scale and protective factors (relationship with parents, social acceptance by peers, contact with children from other families headed by a lesbian mother or gay father) on the other hand. Analyses were carried out separately for boys and girls. With respect to the relationship with the parents, we used the total PACHIQ score and the average scores regarding both parents. This is because no differences were found between how children experienced their relationship with the biological and with the social mother.

For boys, stigmatization was significantly correlated with hyperactivity and social acceptance by peers was significantly correlated with self-esteem (see Table 2). These findings indicate that boys who score high on the stigmatization scale show high levels of hyperactivity (reported by their mothers) and boys who are socially accepted by their peers reported high levels of self-esteem. No significant correlation was found for boys between the quality of the relationship with the mothers on the one hand and psychological adjustment variables on the other; nor between contact with other children who have a lesbian mother or gay father and psychological adjustment.

For girls, it was found that stigmatization was significantly correlated with self-esteem: girls with higher levels of stigmatization show low levels of self-esteem (see Table 2). Self-esteem for girls was also significantly related to quality of relationship with the mothers and social acceptance by peers, indicating that girls who reported having a good relationship with their mothers and who have high levels of social acceptance by their peers experience high levels of self-esteem. For girls, the frequency of having contact with other children who have a lesbian mother or gay father was significantly related to hyperactivity: girls who have more contact with other children who have a lesbian mother or gay father have lower levels
of hyperactivity (reported by their mothers). For girls, it was also found that those who perceive high levels of social acceptance by peers show low levels of conduct problems.

**Interactions between stigmatization and protective factors on psychological adjustment**

To examine whether the quality of the relationship with parents, social acceptance by peers and frequent contact with the children of other lesbian (or gay) families have a moderating effect on the relationship between stigmatization and psychological adjustment, multiple regression analyses were carried out with conduct problems, emotional symptoms, hyperactivity and self-esteem as dependent variables. Gender, stigma, the possible protective factors (quality of the relationship with parents, social acceptance by peers and frequent contact with other children with a lesbian mother or gay father) and the interaction between stigma and the protective factors were entered simultaneously in the multiple regression analyses as independent variables.

As shown in Table 3, there was one significant interaction that occurred with one of the four psychological adjustment variables: a significant interaction between stigma and contact with peers with lesbian or gay parents was found on self-esteem ($\beta=0.26; F=3.68; R^2=0.37$). In order to examine this interaction effect, the correlation between stigmatization on the one hand and self-esteem on the other hand was computed separately for two groups—those who reported low levels ($n=43$) and those who reported high levels of contact with children who also have a lesbian or gay parent ($n=17$). We computed these two groups based on a median split (median=2.00). In the group with children who reported having less frequent contact with children in a similar situation, there was a significant negative correlation between stigmatization and self-esteem ($r=-0.48; p<0.001$), whereas in the group with more frequent contact stigmatization was not significantly related to self-esteem ($r=-0.02; p>0.05$).

**Discussion**

The children in the sample generally reported low levels of stigmatization and their scores on psychological adjustment were similar compared to (Dutch) studies based on a
Table 3. Results of regression analyses with stigmatization and relationship.

<table>
<thead>
<tr>
<th></th>
<th>Conduct problems</th>
<th>Emotional problems</th>
<th>Hyperactivity</th>
<th>Self-esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std error</td>
<td>β</td>
<td>B</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.53</td>
<td>0.30</td>
<td>-0.26</td>
<td>0.15</td>
</tr>
<tr>
<td>Stigmatization</td>
<td>0.22</td>
<td>0.53</td>
<td>0.06</td>
<td>1.50</td>
</tr>
<tr>
<td>Total relationship with mothers</td>
<td>0.01</td>
<td>0.01</td>
<td>0.08</td>
<td>0.02</td>
</tr>
<tr>
<td>Social acceptance by peers</td>
<td>0.05</td>
<td>0.35</td>
<td>0.02</td>
<td>-0.39</td>
</tr>
<tr>
<td>Having contact with children with same-sex parents</td>
<td>-0.06</td>
<td>0.15</td>
<td>-0.06</td>
<td>0.05</td>
</tr>
<tr>
<td>Interactions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stigmatization*Total relationship with mothers</td>
<td>-0.04</td>
<td>0.04</td>
<td>-0.16</td>
<td>-0.08</td>
</tr>
<tr>
<td>Stigmatization*Social acceptance by peers</td>
<td>0.30</td>
<td>0.10</td>
<td>0.05</td>
<td>2.93</td>
</tr>
<tr>
<td>Stigmatization*Contact with children with a lesbian mother or gay father</td>
<td>-0.10</td>
<td>0.60</td>
<td>-0.03</td>
<td>-0.74</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**p < 0.01, *p < 0.05**
population sample. Despite this, higher levels of rejection (stigmatization) were, as expected, associated with lower levels of psychological well-being (more hyperactivity for boys and lower self-esteem for girls). However, self-esteem significantly and negatively correlated to stigmatization only when children had less contact with other children who have a lesbian mother or gay fathers.

Before discussing and interpreting the results, it should be mentioned that the low levels of stigmatization experienced by children in planned lesbian families in the study may be explained by the relatively positive climate in the Netherlands regarding homosexuality (Sandfort 1998). Lower levels of social acceptance of homosexuality, same-sex marriage and same-sex families may lead to higher levels of rejection (Bos et al. 2007b). Therefore, the observed level of stigmatization may be more pronounced in other western countries.

Because of the study’s cross-sectional design, it is impossible to adequately address the direction of the associations found between stigmatization and psychological adjustment. For example, based on our findings it could be argued that stigmatization harms the psychological well-being of girls in planned lesbian families. However, it might also be that high self-esteem makes children more sociable and less vulnerable within their general peer group at school and perhaps more likely to be in touch with other children of lesbian and gay parents.

Furthermore, one should bear in mind that the mothers who participated in the study have a relatively high educational level. It appears that children in low socioeconomic status lesbian-mother families are more likely than those from middle-class lesbian-mother families to experience peer stigma on issues related to the lesbian identity of the mother (Tasker and Golombok 1997). The fact that most families that participated in our study lived in suburban rather than rural areas may also play a part in determining the relatively low levels of stigmatization experienced by children in the present study (Oswald 2002, Oswald and Culton 2003). However, we compared the planned lesbian mothers in our study with data from a large-scale population survey on sexual behaviour in the Netherlands (Sandfort 1998). Lesbian mothers in our sample did not differ from the lesbian women questioned in that survey. Lesbian women in both studies tended to be more highly educated and to live in suburban areas. Therefore, it may be that the group of planned lesbian families involved in this study offer a good reflection of planned lesbian families in the Netherlands.

All the children in the present study had been brought up by a lesbian couple from birth and were living with both mothers at the time of the investigation. This may have an impact on the visibility of the lesbian families and so influence vulnerability to stigma. However, some interesting differences in the different forms of stigmatization were found between boys and girls in planned lesbian families. Girls perceive more gossip and boys experience more direct stigmatization, because they have two lesbian mothers. Furthermore, higher levels of rejection were associated with more hyperactive behaviour for boys and with lower levels of self-esteem for girls. This may have to do with the fact that, in general, stress among boys is more related to externalizing problem behaviour (like hyperactivity) and for girls stress is more related to internalizing behaviour (such as lower levels of self-esteem).

Some studies have examined how stigmatization may affect the psychological well-being of children under a variety of circumstances. For example, studies of racial prejudice have shown that children are likely to internalize negative societal attitudes about their own group and subsequently suffer decrements in self-esteem (Fisher et al. 2000). In a study on adolescents with epilepsy, the participants who felt stigmatized reported lower levels of
self-esteem than did those who did not feel stigmatized (Westbrook et al. 1992). With respect to children and adolescents in lesbian families, other studies also showed a significant relationship between stigmatization and psychological adjustment. In their research on adolescent children who were living with lesbian mothers, but had been born to a previous heterosexual relationship of one of the mothers, Gershon and colleagues (1999) found that the children who perceived more stigma had lower self-esteem. Also, in what is now the longest running study of planned lesbian families, it was found that 10-year-old children who had experienced homophobia had higher scores on the Child Behaviour Checklist (CBCL) (Gartrell et al. 2005). A psychological mechanism that could explain the effect of stigmatization on well-being might be that these experiences interfere with the perception of the world as meaningful and orderly (Garnets et al. 2003). For children of lesbian mothers who have experienced stigmatization, it may also be that they try to restore their perception of the world by responding with self-devaluation.

Our results show that knowing other children who have a lesbian or gay parent moderates the relationship between stigmatization and self-esteem. However, it should be mentioned that the high-level contact group was small \((n=17)\), which may affect the results. Future research on the protective role of meeting other children in similar families is needed in order to more fully understand the relationship between stigmatization and child’s psychological adjustment. However, the protective role of meeting other children from similar families can be explained by the mechanism of in-group social comparison (Turner et al. 1979). Drawing on social identity theory (Tajfel and Turner 2004), one could argue that those who are stigmatized may cope with rejection by identifying, or identifying more strongly, with their in-group (Crocker and Major 2003) and that this identification might protect their self-esteem.

We also found that the parent-child relationship did not moderate the negative association between stigmatization and any of the psychological adjustment variables. This may be in line with Harris’s opinion that, although the child’s relationship with his/her parents is an important undertaking in childhood, what he/she learns from this relationship may be of little use outside the home (Harris 1995). However, the role of parents should not be underestimated with respect to the result that we found concerning the importance of knowing other children who have lesbian parents. Lesbian mothers may affect their children’s social activities by ensuring that their children have frequent contact with other children from similar families. This kind of parental guidance might be seen as an important pathway through which parents influence their children’s development (Ladd and Pettit 2002, Mounts 2002).

The present study has some limitations. First, our findings are not based on a random sample. In the Netherlands, it is not yet possible to study lesbian families and their children in general large random populations as was done in the Add Health study in the USA (Wainright et al. 2004) and in the Avon Longitudinal Study of Parents and Children (Golombok et al. 2003). And, as in other countries, there is no national database of lesbian mother families from which random samples can be drawn. Another limitation of our study is that our findings regarding stigmatization are based on the children’s self-reports and on reports from parents. Using children’s self-reports is an improvement compared to studies that rely solely on parental reports. However, there is a possibility of children and parents exhibiting social desirability bias in their answers. It might be informative to expand this assessment therefore by using other sources (e.g. peers, teachers, parents) and other instruments (e.g. observations) to measure stigmatization. Finally, we did not ask the children to what extent they felt the stigmatization was a problem.
In sum, the findings of our study underscore the importance of the effects of stigmatization on the lives of children in planned lesbian families. Healthcare providers should be informed about possible difficulties that the children of lesbian mothers may be confronted with. It is also important to promote knowledge of the protective factor of meeting other children with lesbian and gay parents on the children’s well-being. Teachers who have children of lesbian mothers in the classroom should appraise the effect of stigmatization and support coping responses in dealing with it and lesbian-gay-bisexual-transgender issues should be included in the school curriculum. The results also support the idea that children in planned lesbian families benefit from meeting other children from similar families. Although there exist support groups for lesbian mothers, much needs to be done in order to develop these networks for their children.

References


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