

The USA National Longitudinal Lesbian Family Study (NLLFS): Homophobia, Psychological Adjustment, and Protective Factors

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SUMMARY. The study assessed the influence of protective factors on the psychological adjustment of children who had experienced homophobia and whose mothers were participants in a longitudinal study of planned lesbian families. Data were collected as part of the National Longitudinal Lesbian Family Study by interviewing the children and having the mothers complete questionnaires. No significant differences were found in the psychological adjustment of children in the present study and their age-matched peers

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in a U.S.-population sample. Homophobia had a negative impact on the well-being of children who experienced it. Attending schools with LGBT curricula and their mothers' participation in the lesbian community were found to protect children against the negative influences of homophobia.

KEYWORDS. Children, lesbian families, homophobia, psychological adjustment, protective factors

Contextual sources of stress can directly or indirectly influence children's well-being. Research within heterosexual families has shown that routine harassment compromises child adjustment (Ostberg and Hagekull, 2000). Likewise, child development is influenced by the cultural climate in which the children grow up. In contrast to children in heterosexual families, children in lesbian families experience homophobic stigmatization in the form of negative attitudes toward their mothers' sexual orientation. The present study focuses on the factors that reduce the impact of homophobia on children's lives and well-being.

The 2000 Census revealed that 34% of cohabiting female couples in the United States had children under 18 living at home (Gates and Ost, 2004). Public opinion in the United States holds that a family consisting of a father and a mother is the ideal environment in which to raise children, and there are many obstacles for lesbian and gay couples seeking to adopt or foster children (Cantor, Cantor, Black, and Barrett, 2006; National Center for Lesbian Rights, 2004). Bias against same-sex parenthood has consequences for children growing up in lesbian families, leading to more experiences of homophobia. Nearly 25% of mothers participating in a nationwide American survey said that their children had been rejected by peers because their parents were lesbian (Morris, Balsam, and Rothblum, 2002). In the United Kingdom, Tasker and Golombok (1997) found that children in lesbian families were more likely than children in heterosexual families to be teased about being gay or lesbian themselves. In the Netherlands, where the social acceptance of homosexuality is higher than in the United States (Van De Meerendonk, Eisinga, and Felling, 2003; Sandfort, 2005), almost 20% of children in a study of planned lesbian families experienced homophobia (Bos, Gartrell, Van Balen, Peyser, and Sandfort, 2007).

Teasing, harassment, and bullying compromise the well-being of children. Gershon, Tschanne, and Jemerin (1999) found a significant relationship between homophobic stigmatization and self-esteem in adolescent children of lesbian mothers. Furthermore, in a Dutch study of children in

planned lesbian families, higher levels of homophobic stigmatization were associated with more problem behavior and lower self-esteem (Bos and Van Balen, 2008).

Despite these obstacles, on the whole, the children of lesbian mothers score as highly on tests of overall psychological adjustment as children from more traditional families. When children in planned lesbian-parented families and in heterosexual two-parent families are compared, there are no differences in psychological development, social relations, or academic performance (e.g., Bos, Van Balen, and Van Den Boom, 2007; Gartrell, Rodas, Deck, Peyser, and Banks, 2005; Golombok et al., 2003; Patterson, 2006; Wainright and Patterson, 2006). Even though the children of lesbian mothers are subjected to homophobic teasing and bullying, they demonstrate considerable resilience.

The destructive effects of routine harassment can be reduced by the presence of protective factors—personal, social, or institutional resources that are associated with positive results (Dekovic, 1999). For children in lesbian families, the relationship between stigmatization and psychological adjustment may be moderated by the children's decision-making and coping skills (Gershon et al., 1999). Bos and Van Balen (2008) found that having frequent contact with other children who have lesbian or gay parents offers protection against the negative impact of stigmatization on self-esteem. This study suggests that lesbian mothers can enhance their children's resilience by ensuring that they have frequent contact with peers from similar families. This kind of parental guidance might be seen as an important route by which parents can influence their children's development (Ladd and Pettit, 2002; Mounts, 2000).

Other studies find that resilience among children in lesbian families stems in part from their mothers' attitudes and behavior. In-depth interviews with Australian lesbian mothers, for example, showed that lesbian mothers use several strategies to deal with homophobia, such as having a sociopolitical understanding of heterosexism, a familiarity with the literature on family studies, participating in the lesbian, gay, bisexual, and transgender (LGBT) community, and carefully selecting the schools their children attend (Short, 2007). Branscombe, Schmitt, and Harvey (1999) also found that higher levels of identification with a minority group helps individual members avoid the adverse effects of discrimination against that group.

In the present study we first hypothesized that experiencing homophobia would be associated with lower levels of psychological adjustment in children with lesbian mothers. Our second hypothesis was that attending

a school that includes lesbian/gay lifestyles in its educational program (i.e., LGBT curriculum) would have a moderating effect on the impact of homophobia on psychological adjustment. Our third was that their mothers' participation in the lesbian community would enhance resilience in children who had experienced homophobia.

Data for the study were generated from the USA National Longitudinal Lesbian Family Study (NLLFS; Gartrell et al., 1996, 1999, 2000; Gartrell, Deck, Rodas, Peyser, and Banks 2005; Gartrell et al., 2006) that was initiated in 1986. The study was designed to follow a large cohort of lesbian mothers with age-matched children from the conception of their child until that child reached adulthood, by collecting data in several waves. Thus far, the families were interviewed during pregnancy (T1), when the children were 2 (T2), 5 (T3), and 10 (T4) years old. At T4, data were collected concerning children's psychological adjustment and experiences of homophobia. The mothers were questioned about protective factors such as whether children attend schools with LGBT curriculum and if mothers see themselves as members of the lesbian community.

METHOD

Eligibility and Recruitment

The NLLFS (Gartrell et al., 1996, 1999, 2000, 2005, 2006) is the longest-running and largest prospective investigation of planned lesbian families. Families were recruited via announcements at lesbian events, in women's bookstores, and in lesbian-oriented newspapers. Lesbians who were planning to become pregnant or who were already pregnant were eligible for participation. Prospective participants were asked to contact the researchers by telephone, and the nature of the study was discussed with each caller. All interested callers became study participants.

Eighty-four families with children conceived by donor insemination (DI) began the study while the mothers were pregnant. Data were collected in four waves, and in the fourth wave 78 families participated (93% retention). The research protocol calls for subsequent interviews when the index children are 17 (T5) and 25 (T6) years old. For the current analysis we used data from T4.

Participants

Families participating in the NLLFS originally resided in the more liberal states of the United States—the metropolitan areas of Boston,

Washington, D.C., and San Francisco. At T4, the birthmothers' age range was 34–52 years ($M = 44$, $SD = 4.1$), and that of the co-mothers was 34–59 years ($M = 46$, $SD = 5.7$). Most mothers (67%) were college educated. All of the children were 10 years old. Thirty-seven birthmothers were still together with the original co-mother, 34 birth mothers no longer lived with the co-mother, and 7 mothers who were originally single continued to be single. In terms of internalizing, externalizing, and total problem behavior, children in families where mothers had separated did not differ significantly from children in families where the mothers were still partners (Gartrell, Peyser, and Bos, in press); likewise, children of single mothers did not differ from children in two-mother households. Therefore, the data could be analyzed as one group.

Procedure

The children were interviewed by telephone after the questionnaire had been discussed with their mothers. The mothers were also interviewed by telephone. Approval for the NLLFS has been granted by the Institutional Review Board at the California Pacific Medical Center in San Francisco. The interviews were conducted by health professionals representing the fields of psychiatry, psychology, public health, nursing, and social work. The mothers also completed a standardized instrument to measure problem behavior.

Measurements

Data were collected by interviewing the children themselves (experiences with homophobia), interviewing the mothers (concerning the LGBT curricula in the educational program of the child's school, and the mother's participation in the lesbian community), and by parental report (Child Behavior Checklist CBCL/4-18, Achenbach, 1991).

Experiences with Homophobia

The children's experiences with homophobia were assessed by means of one question, namely "Did other kids ever say mean things to you about your mom(s) being a lesbian?" (1 = yes, 2 = no).

Protective Factors

Two potential protective aspects were measured: LGBT-issues in the curriculum and the mothers' participation in the lesbian community. The

following question was posed to assess if the child attended a school offering LGBT curricula: "Has the school of your child incorporated an educational program on lesbian/gay lifestyles?" (1 = yes, 2 = no). The mothers' participation in the lesbian community was assessed by means of one question: "Do you consider yourself a member of the lesbian community?" (1 = yes, 2 = no).

Children's Psychological Adjustment

To assess the psychological adjustment of the children, the Child Behavior Checklist was used (CBCL/4-18, Achenbach, 1991). The CBCL includes 118 items. Each item is scored "0" if not true, "1" if somewhat true, and "2" if very true for the child. The sum of the scores on all items produces a total score that offers an overall measure of a child's emotional/behavioral adjustment. The CBCL also produces a score for both the internalizing and externalizing of problem behavior. In this study, the alphas for the internalizing, externalizing, and total problem behavior scale were .87, .87, and .95, respectively. Scores on the following syndrome scales were also computed: withdrawn, somatic complaints, anxiety/depression, rule breaking behavior, aggressive behavior, social problems, thought problems, and attention problems. Cronbach's alphas for these subscales ranged from .56 (thought problems) to .86 (aggressive behavior).

Analyses

A 2 (homophobia: 1 = yes, 2 = no) $\times$ 2 (LGBT curricula on school: 1 = yes, 2 = no) $\times$ 2 (mothers' participation in the lesbian community: 1 = yes, 2 = no) analysis of variance (ANOVAs) was conducted in order to assess differences in psychological adjustment between children: (1) with and without experiences of homophobia, (2) who are students at a school with and without LGBT curricula in the education program, (3) whose mothers do and do not describe themselves as members of the lesbian community. In order to assess whether a possible link between homophobia and child's psychological adjustment was moderated by the LGBT curricula at school and the mother's participation in the lesbian community, both the interaction between homophobia and LGBT curricula, and the interaction between homophobia and mothers' participation in the lesbian community were calculated.

RESULTS

Table 1 provides the means (standard deviations) and percentages of variables in the present study. Forty-three percent of the children reported that they had experienced homophobia. Forty-seven percent of the children were students at schools with LGBT curricula in the educational program, and 79% of the mothers reported that they identified themselves as members of the lesbian community. The CBCL scores for the syndrome scales (e.g., withdrawn) as well as for internalizing, externalizing, and total problems scales were calculated for each birthmother's report about her child (see Table 1). When comparing the scores of psychological adjustment (CBCL) in the present study with those of a U.S. population sample, no significant differences were found on the syndrome scales

TABLE 1. Means (SD) and percentage of homophobia, psychological adjustment and protective factors

	%/Mean (SD) n = 76
<i>Homophobia</i>	
Experience with homophobia	42.6
<i>Protective factors</i>	
LGBT curricula at school	47.3
Mothers' participation in the lesbian community	79.0
<i>Psychological adjustment</i>	
<i>Syndrome scales</i>	
Withdrawn	1.58 (1.82)
Somatic complaints	1.08 (1.62)
Anxiety/depression	3.34 (3.23)
Social problems	1.53 (2.02)
Thought problems	.52 (.88)
Attention problems	2.76 (2.87)
Rule breaking behavior	.85 (1.20)
Aggressive behavior	5.81 (4.82)
<i>Internalizing, externalizing, and total problem behavior</i>	
Internalizing problem behavior	5.81 (5.32)
Externalizing problem behavior	6.66 (5.57)
Total problem behavior	21.43 (17.25)

(Achenbach, 1991), nor on the scales that measured internalizing, externalizing and total problem behavior.

Homophobia, LGBT Curricula, Mothers' Participation in the Lesbian Community, and Psychological Adjustment

Homophobia and Psychological Adjustment

As shown in Table 2, significant main effects of homophobia were found on 5 out of 8 syndrome scales of the CBCL: Children who reported experiences of homophobia showed higher levels of anxiety/depression, social problems, attention problems, rule breaking behavior, and aggressive behavior. Figures also showed more internalizing and externalizing problem behavior for children who reported experiences of homophobia, compared to those who did not report homophobia.

LGBT Curricula and Psychological Adjustment

Significant main effects of LGBT curricula on psychological adjustment were found related to withdrawn and aggressive behavior, as well as on the social problems scale. Children who were students at schools without LGBT issues in the curricula showed higher levels of withdrawn and aggressive behavior, along with more social problems, than the children attending schools with LGBT curricula (see Table 2). Also, more externalizing problem behavior and more total problem behavior were noted for children who attended schools without LGBT curricula (see Table 2).

Mothers' Participation in the Lesbian Community

No significant main effects of the mothers' community participation were found on the syndrome scales (withdrawn, somatic complaints, anxious/depression, rule breaking behavior, aggressive behavior, social problems, thought problems, and attention problems) or on the internalizing, externalizing and total problem behavior scales (see Table 2).

Moderating Effects of LGBT Curricula on School and Participation in the Lesbian Community

Interaction Between LGBT Curricula and Homophobia

As shown in Table 2, there were two significant interactions between school with LGBT curricula and homophobia for two psychological adjustment variables, namely for social problems and aggressive behavior.

TABLE 2. Means (SD) of psychological adjustment, separately for children: (1) with and without experiences of homophobia, (2) who are students at a school with and without LGBT curricula in the education program (LGBT curricula), (3) whose mothers do and do not describe themselves as members of the lesbian community (participation lesbian community)

	F-values									
	Experiences with homophobia		LGBT curricula on school		Participation lesbian community		Homophobia x LGBT curricula		Homophobia x Lesbian community	
	Yes	No	Yes	No	Yes	No	LGBT curricula	Lesbian community	Homophobia x LGBT curricula	Homophobia x Lesbian community
Withdrawn	2.19 (2.32)	1.31 (1.57)	1.29 (1.54)	2.03 (2.22)	1.74 (1.91)	1.54 (2.22)	3.69	.02	2.93	.14
Somatic complaints	1.00 (1.44)	1.28 (1.99)	.86 (1.30)	1.38 (2.06)	1.10 (1.70)	1.31 (2.06)	.74	.49	.05	2.89
Anxiety/depression	4.22 (3.55)	2.43 (2.48)	2.89 (3.14)	3.47 (3.08)	3.06 (2.86)	3.77 (3.94)	8.09**	1.71	.79	1.43
Social problems	2.15 (2.48)	1.11 (1.59)	.93 (1.44)	2.09 (2.37)	1.49 (2.04)	1.85 (2.23)	7.27**	.76	5.76*	.56
Thought problems	.67 (1.11)	.40 (.70)	.50 (.88)	.53 (.93)	.47 (.82)	.69 (1.18)	2.57	1.42	.27	.95
Attention problems	3.48 (3.19)	2.29 (2.58)	2.36 (2.85)	3.18 (2.91)	2.59 (2.81)	3.62 (3.20)	4.00*	1.88	.53	.38
Rule breaking behavior	1.30 (1.35)	.57 (1.04)	.68 (.98)	1.06 (1.39)	.84 (1.14)	1.08 (1.55)	13.42**	2.02	.07	4.63*
Aggressive behavior	7.26 (5.33)	4.69 (3.97)	4.71 (4.41)	6.71 (4.88)	5.71 (4.82)	6.15 (4.62)	6.45**	.37	3.45*	.37
Internalizing problem behavior	7.19 (6.26)	5.17 (5.49)	4.93 (5.29)	6.65 (5.88)	5.74 (5.09)	6.39 (7.60)	5.44*	.68	1.09	1.48
Externalizing problem behavior	8.56 (5.98)	5.26 (4.67)	5.39 (5.04)	7.77 (5.68)	6.55 (5.41)	7.23 (5.93)	9.38**	.73	2.47	1.04
Total problem behavior	26.67 (19.70)	18.00 (15.67)	17.50 (15.88)	25.29 (18.95)	21.10 (17.08)	24.31 (17.92)	7.62**	1.05	1.37	1.54

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

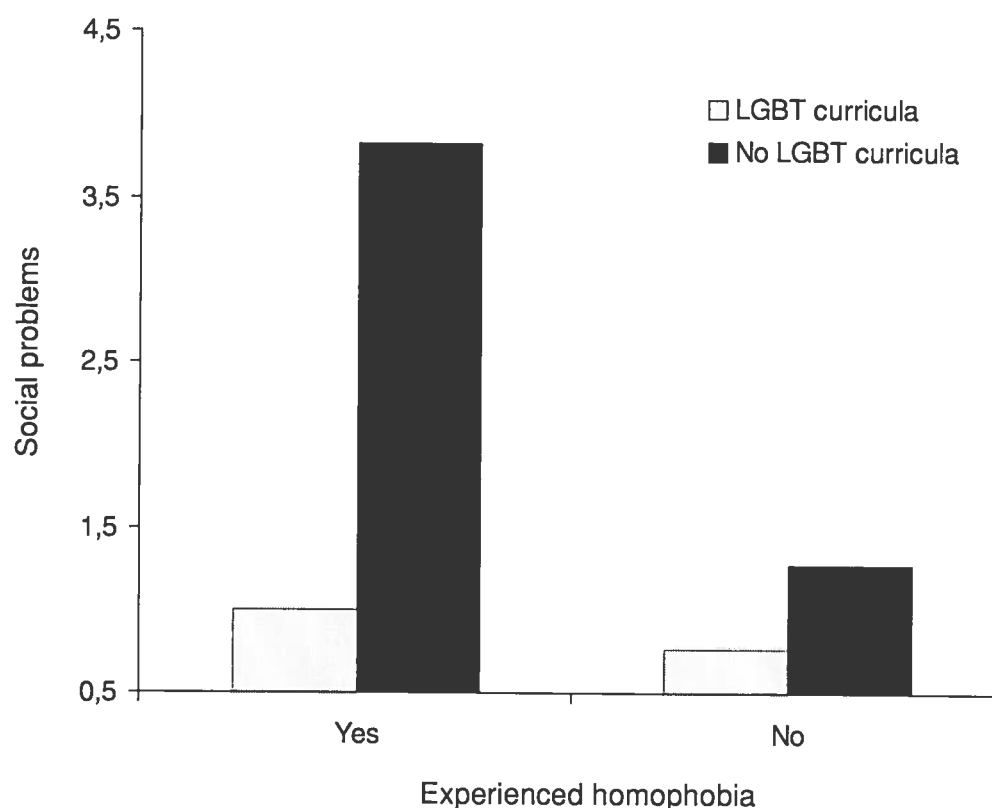


FIGURE 1. Interaction between attending schools with LGBT curricula, child's experience of homophobia, and demonstrating social problems.

As illustrated in Figure 1, children who had experienced homophobia and also attended schools with LGBT curricula showed fewer social problems than children who had experienced homophobia but did not attend such schools, $F(1, 27) = 12.03, p < .01$. These results suggest that schools with LGBT curricula may reduce the effects of homophobia on social problems.

For aggressive behavior problems, there was a significant interaction between homophobia and LGBT curricula in schools: Children who reported experiences with homophobia and attended schools with LGBT curricula showed lower levels of aggressive problems than children who had experienced homophobia and did not attend such schools, $F(1, 26) = 8.01, p < .01$ (see Figure 2).

Interaction Between Mothers' Participation in the Lesbian Community and Homophobia

There was a significant interaction for homophobia and mothers' participation in the lesbian community. Among children who had been victims of homophobia, those whose mothers see themselves as members of the

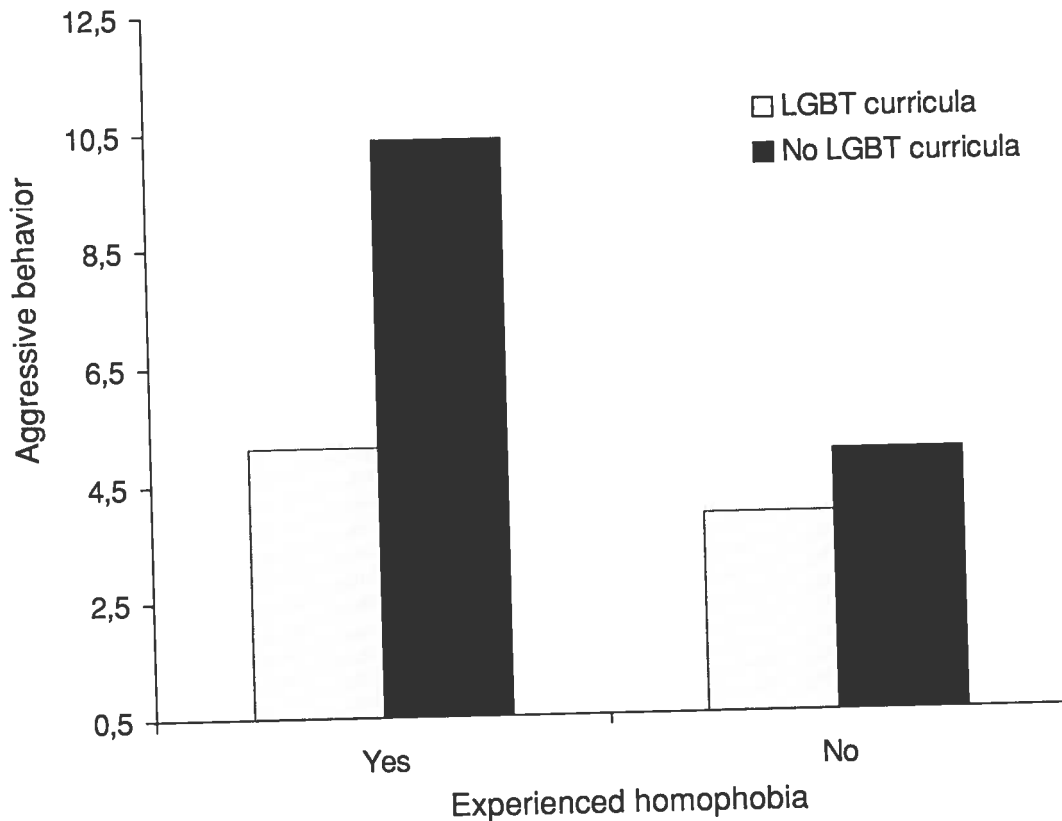


FIGURE 2. Interaction between attending schools with LGBT curricula, child's experience of homophobia, and demonstrating aggressive behavior.

lesbian community exhibited significantly fewer cases of rule-breaking than those whose mothers did not describe themselves as members of the lesbian community (see Figure 3).

DISCUSSION

The children in the present sample generally scored similarly on psychological adjustment to those in studies based on a population sample. Forty-three percent of the NLLFS children indicated that they had experienced homophobia by T4—an increase of 25% from T3; experiencing homophobia was also associated with lower levels of psychological adjustment. Forty-seven percent of the children were students at schools with LGBT curricula, and most T4 mothers identified themselves as members of the lesbian community (79%). Being a student at a school with LGBT curricula protects against the negative influence of homophobia on psychological adjustment. This is also

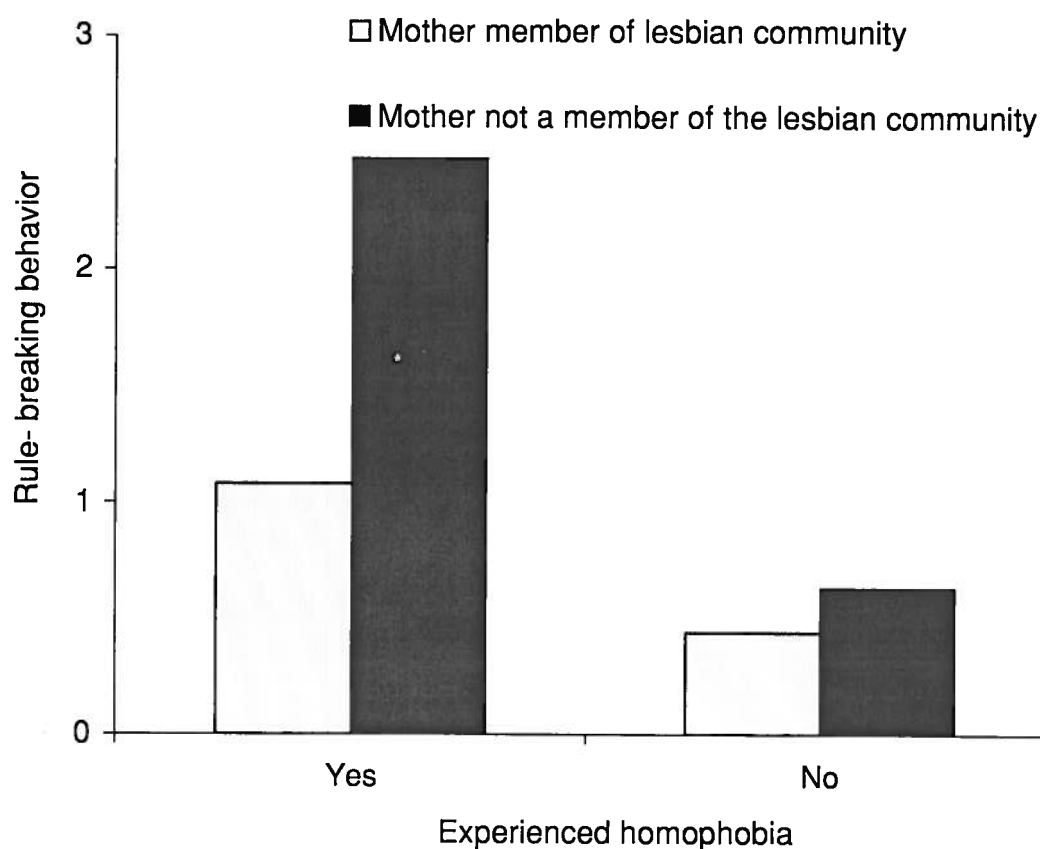


FIGURE 3. Interaction between mothers' participating in lesbian community (i.e., identifying themselves as members of the lesbian community), child's experience of homophobia, and demonstrating rule-breaking behavior.

the case when mothers identify themselves as members of the lesbian community.

Before discussing and interpreting the results, it is important to bear in mind that most of the NLLFS families resided in progressive, metropolitan areas of the United States. The observed frequency of homophobia may be more pronounced in other, less liberal regions. Furthermore, it should be noted that the findings of the present study are based on a convenience sample. It is conceivable that a probability sample might show lower levels of psychological adjustment. In a comparison between a non-selected sample of lesbians and gays with a similar population in a convenience sample, Sandfort, Bos, and Vet (2006) found more psychological problems among the probability sample. Furthermore, one should bear in mind that the mothers who participated in the NLLFS study had a relatively high

level of education. Researchers have noted that children in more economically disadvantaged lesbian families are more likely to experience peer homophobia than children in middle-class lesbian families (Tasker and Golombok, 1997).

With respect to children and adolescents in lesbian families, investigators have shown a significant relationship between homophobic stigmatization and psychological adjustment. In a study on adolescents who grew up in lesbian households after their mothers separated from the teens' heterosexual fathers, Gershon and colleagues (1999) found that the adolescents who experienced more stigmas had lower self-esteem. In a Dutch study of 76 children in planned lesbian families (ranging in age from 8 to 12 years old) in planned lesbian families, higher levels of rejection (stigmatization) were associated with more problem behavior and lower levels of self-esteem (Bos and Van Balen, 2008). Similarly, the experience of stigmatization has been shown to have negative consequences on the well-being of children in ethnic minority groups: these children are more likely to internalize negative societal attitudes about their own group and subsequently suffer decrements in self-esteem (Fisher, Wallace, and Fenton, 2000; Verkuyten and Thijs, 2001). The experience of rejection has negative consequences for psychological health just as internalizing society's negative attitudes creates distress (Meyer, 2003; Shidlo, 1994).

Our results show that attending a school with LGBT curricula and having a mother who perceives herself as a member of the lesbian community moderate the relationship between homophobic stigmatization and psychological adjustment. Choosing a school with LGBT curricula—or facilitating the development of LGBT curricula while one's child is attending—is one way to prepare children for the prospect of homophobia. Such choices can be characterized as parental guidance to enhance children's well-being. Parental guidance is an important route by which parents can influence their children's development (Ladd and Pettit, 2002; Mounts, 2000). Poor guidance is linked to inferior academic skills and inadequate peer acceptance, as well as to higher rates of delinquency and externalizing behavior (Sandstrom and Coie, 1999).

By including LGBT issues in the educational programs of schools, students learn what it means to be stigmatized for being "different"; this awareness, in turn, reduces harassment and bullying (Longres and Etnyre, 2004). Children with heterosexual parents who have been teased or bullied likely also benefit from the inclusion of LGBT curricula—especially when tolerance and conflict resolution are part of the educational program.

Diversity training that includes LGBT curricula exerts a protective effect in helping all children cope with homophobia.

One limitation of the present study is that the NLLFS mothers were not asked to provide details about the LGBT curricular content. Future research on the protective role of LGBT curricula in schools is needed in order to understand more fully the moderating effect on the relationship between homophobic harassment and children's psychological adjustment. Furthermore it would be interesting to assess whether the moderating effect of LGBT curricula and the mothers' participation in the lesbian community on psychological adjustment would be different for boys and girls, by including gender in the ANOVAs, or by doing the analysis separately for boys and girls. We could not do this analysis in the present study because of the limited number of children in each group.

The NLLFS mothers' affiliation with the lesbian community might be indicative of the support they receive from this association. Mothers who identify with the lesbian community are also more likely to have contact with other lesbian parents. Likewise, children growing up in lesbian families benefit from associating with their peers (Bos and Van Balen, 2008; Brewaeys, 1997; Lewis, 1980). Turner, Brown, and Tajfel (1979) explain the protective effects of knowing children from similar families by the mechanism of ingroup social comparison. Drawing on social identity theory (Tajfel and Turner, 2004), one could argue that stigmatized children cope with rejection by identifying, or identifying more strongly, with their ingroup (Crocker and Major, 2003), and that this identification might protect their psychological well-being.

In conclusion, the findings of the present study underscore the negative effects of stigmatization on the lives of children in planned lesbian families. The results also indicate that an affirmative gay or lesbian social environment counter the negative effects of homophobia on the psychological well-being of these children.

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