

Children in Planned Lesbian Families: A Cross-Cultural Comparison Between the United States and the Netherlands

Henny M. W. Bos, PhD
University of Amsterdam

Nanette K. Gartrell, MD
University of California

Frank van Balen, PhD
University of Amsterdam

Heidi Peyser, MA
New Ways to Work, San Francisco, California

Theo G. M. Sandfort, PhD
New York State Psychiatric Institute and Columbia University

A total of 78 planned lesbian families in the United States were compared with 74 planned lesbian families in the Netherlands. Children were interviewed about disclosure to peers about living in a lesbian family and about their experiences of homophobia; mothers filled out the Child Behavior Checklist (CBCL). Results showed that Dutch children were more open about growing up in a lesbian family, experienced less homophobia, and demonstrated fewer emotional and behavioral problems than American children. Homophobia was found to account for part of the difference in psychosocial adjustment between the Dutch and the American children.

Keywords: lesbian families, disclosure, homophobia, psychosocial adjustment, cross-cultural

Since the lesbian baby boom began in the 1980s, an estimated 14 million children have been born into lesbian families in the United States and the European Union (EU; Patterson & Friel, 2000). Countries within and outside the EU show varying degrees of acceptance of lesbian families, with some countries being more tolerant than others (Van de Meerendonk & Scheepers, 2004). However, no cross-cultural comparisons of children raised by lesbian mothers in different countries have been carried out. The present study is the first to compare children in planned lesbian families in the United States and the Netherlands—two countries that differ widely in their acceptance of same-sex marriage and same-sex parenting.

Studies carried out in the United States (e.g., Gartrell, Deck, Rodas, Peyser, & Banks, 2005; Wainright, Russell, & Patterson, 2004), the United Kingdom (e.g., Golombok et al., 2003), Belgium (e.g., Brewaeys, Ponjaert, Van, & Golombok, 1997; VanFraussen, Ponjaert Kristoffersen, & Brewaeys, 2003), and the Netherlands (Bos, Van Balen, & Van den Boom, 2003, 2004, 2007) have shown that children in planned lesbian families did not differ in

psychosocial adjustment from children in heterosexual families. These studies also suggest that, depending on the country of residence, children experience different degrees of comfort in disclosing their mother's lesbianism. "Disclosure" refers to the act of acknowledging one's stigmatized characteristic (i.e., having a lesbian mother) to others. In a study of adolescents who lived in the San Francisco Bay Area, Gershon, Tschann, and Jemerin (1999) reported a relatively low level of disclosure about the mother's sexual orientation to their peers, whereas a Belgium study found that almost all children had come out to peers about having two mothers (Vanfraussen, Ponjaert Kristoffersen, & Brewaeys, 2002). Experiences of homophobia also varied: in a large national U.S. sample, nearly 25% of mothers said that their child had been rejected for having a lesbian parent (Morris, Balsam, & Rothblum, 2002); in a Dutch study, only 10% of mothers reported that their children had experienced this type of discrimination (Bos, Van Balen, Van den Boom, & Sandfort, 2004).

These cross-cultural differences in disclosure and experienced homophobia are likely to reflect variations in the acceptance of and legal regulations regarding same-sex marriage and parenthood in the United States and the Netherlands (Van de Meerendonk, Eisinga, & Felling, 2003). Findings from the World Value Survey and the International Social Survey Program show that in Western societies, the Netherlands has the highest level of acceptance of lesbian and gay people while the United States ranks considerably lower (Kelley, 2001; Sandfort, 1998; Sandfort, 2005). A recent Gallup Poll (2003) found that when Americans were asked, "Do you think homosexual couples should or should not have the legal right to adopt a child," 49% of Americans said they should. In the Netherlands, 66% responded affirmatively to the statement that homosexual couples should have the right to adopt a child

Henny M. W. Bos, PhD, and Frank van Balen, PhD, Faculty of Social and Behavioral Sciences, Department of Education, University of Amsterdam, the Netherlands; Nanette K. Gartrell, MD, Center of Excellence in Women's Health, University of California, San Francisco; Heidi Peyser, MA, New Ways to Work, San Francisco, California; Theo G. M. Sandfort, PhD, HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute and Columbia University, New York.

For reprints and correspondence: Henny M. W. Bos, PhD, University of Amsterdam, Faculty of Social and Behavioral Sciences, University of Amsterdam, P.O. Box 94208 1090 GE Amsterdam. E-mail: h.m.w.bos@uva.nl

(Keuzenkamp, Bos, Duyvendak, & Hekma, 2006). Regarding legal differences, same-sex marriage is available in only one American state; in the Netherlands, marriage has been an option for same-sex couples since 2001 (Cantor, Cantor, Black, & Barrett, 2006; Waaldijk, 2004). In the Netherlands, any comother who so chooses, can, by marriage and coparent adoption, become the legal parent of a child born to herself and the birthmother (Vonk, 2004; Warendorff & Curry-Sumner, 2003). For lesbian comothers in the United States, coparent adoption options are sometimes available but seldom without complications (Haller, 2002; Patterson, Fulcher, & Wainright, 2002; Rosato, 2006).

Society's acceptance of lesbian and gay people may be seen as an indication of more global differences between nations. According to Hofstede (1998), cross-cultural variations in attitudes and behavior related to sexuality can best be understood by looking at a country's position on a masculinity/femininity continuum with, at one end, masculine societies having maximal emotional and social role differentiation between the genders and moralistic attitudes about sexuality; and at the other, feminine societies, which have minimal emotional and social role differentiation between the genders, and more permissive attitudes toward sexuality (Hofstede, 1998). In a large cross-national comparison, Hofstede (1991) showed that the masculinity/ femininity dimension is remarkably consistent within countries, but varies among countries. The U.S. scores closer to the masculine end of the masculinity/femininity continuum, whereas the Netherlands scores closer to the feminine end (Hofstede, 1991). According to Hofstede (1998), acceptance of lesbian and gay people is also related to a country's position on the masculinity/femininity dimension. In other words, more masculine countries have a lower level of acceptance of lesbian and gay people, while more feminine countries are those with a relatively high level of acceptance (Bos & Sandfort, 1998; Sandfort, Hubert, Bajos, & Bos, 1998).

To assess the assumption that life for children in planned lesbian families may be easier in countries with a tolerant climate toward lesbian and gay people, we compared American and Dutch children in planned lesbian families. Data for this study come from the "National Longitudinal Lesbian Family Study" (NLLFS; Gartrell et al., 1999, 2000; Gartrell et al., 2005; Gartrell, Hamilton, Banks, & Mosbacher, 1996; Gartrell, Rodas, Deck, Peyser, & Banks, 2006) carried out in the United States, and an ongoing Dutch study entitled "Parenting in Planned Lesbian Families" (Bos et al., 2007). We hypothesized that given the higher acceptance of same-sex parenting in the Netherlands compared with the United States: (1) American children in planned lesbian families are likely to be less open about having two mothers and to experience more homophobia than their Dutch counterparts; and (2) children would differ in psychosocial adjustment with American children demonstrating more emotional and behavioral problem behavior than Dutch children. We also anticipated that being open about having

lesbian mothers and experiencing negative responses might be related to psychosocial adjustment. Finally, we explored whether the differences in psychosocial adjustment between American and Dutch children were mediated by disclosure and negative experiences (see Figure 1). Of course, there could be other differences that can contribute to the differences in psychosocial functioning between children in planned lesbian families in the United States and the Netherlands. However, we were especially interested in the role of homophobia and disclosure because structural studies show less acceptance of same-sex relationships in the United States than in the Netherlands.

Method

National Longitudinal Lesbian Family Study (NLLFS)

The NLLFS (Gartrell et al., 1999, 2000, 2005, 1996, 2006) is a longitudinal study designed to describe the development of the first generation of lesbian families in the United States whose children had been conceived by donor insemination (DI). This study is the longest-running and largest prospective investigation of lesbian mothers and their children. Families were recruited via announcements at lesbian events, in women's bookstores, and in lesbian newspapers. Families participating in the NLLFS originally resided in more liberal states of the United States, such as the metropolitan areas of Boston; Washington, DC; and San Francisco. Data were collected in four waves, starting during insemination or pregnancy, and subsequently when the children were 2, 5, and 10 years old. These families will be interviewed again when the child is 17 and 25 years old. Details of the study design have been reported elsewhere (Gartrell et al., 1999, 2000, 1996). Eighty-four families with children conceived by DI began the study when the mothers were pregnant. For the current analysis we used data from the fourth wave in which 78 families participated (93% retention). We used data from the fourth wave, because at that time the children's ages were comparable to those of the children in the Dutch study.

Parenting in Planned Lesbian Families

The Dutch data come from a study which was a follow-up on an earlier study, "Parenting in Planned Lesbian Families." In the original study we compared planned lesbian and heterosexual families on parental behavior and the experience of parenthood using parental self-reports and observations (Bos, Van Balen, & Van den Boom, 2004, 2007). Lesbian families were recruited for the initial study via various sources—by consulting patient files of the Medical Center for Birth Control, and by approaching people who were on the mailing list of a Dutch interest group for gay/lesbian parents, or individuals with expertise in the area of gay and lesbian parenting. During data

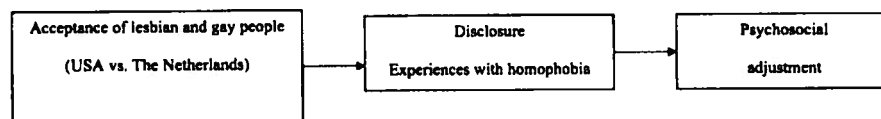


Figure 1. Theoretical model: The effect of tolerance/acceptance of lesbian and gay people on disclosure, experiences with homophobia, and psychosocial adjustment.

collection for the earlier study, all participants were asked whether they would be interested in a follow-up study.

All 100 planned lesbian families who participated in the original project received a written invitation from the university to participate in the follow-up. In the letter, parents were told that the researchers wanted to collect data by means of parental report and interviewing the children. At the time that the current research project started, the children in these families were between 8 and 12 years old. Seventy-four percent of the 100 planned lesbian families who received the letter indicated that they were willing to participate in the follow-up study. Of these 74 families, 64 were originally recruited through the mailing list of the Dutch interest group for gay and lesbian parents and individuals with expertise in the area of gay and lesbian parenting, and 10 through the Medical Centre for Birth Control. Examining the data from the original study (Bos et al., 2007), there were no differences in quality of parenting, parent-child interaction, and the child's problem behavior between participating and nonparticipating lesbian families.

Research Participants

We compared data from a total of 78 American planned lesbian families (41 girls and 38 boys; including one set of twins) with data from 74 Dutch planned lesbian families (38 girls and 36 boys). Table 1 presents the social demographic characteristics of the American and Dutch families.

The mean age of the American mothers in the fourth wave of the NLLFS was 44 years ($SD = 4.1$) for the biological mothers and 46 years ($SD = 5.7$) for the comothers (overall mean age was 45 years). Most mothers (67%) were college educated. All children were 10 years old. Thirty-seven biological mothers were still together with the original comother, 34 mothers no longer lived with the comother, and seven mothers who were originally single continued to be single (see Table 1). On average, the breakups occurred at 9.9 years ($SD = 4.9$ years), and the mean age of the child at the time of separation was 4.5 years ($SD = 2.8$ years). The most frequently cited reason for breakup was that the mothers grew apart (46.7%). 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 together; likewise children of single mothers did not differ from children in two-mother households. Therefore, data from all NLLFS families were analyzed as one group.

The mean age of the Dutch mothers was 47 years ($SD = 4.8$), and there was no difference in the mean ages of the biological and comothers (biological mothers: $M = 46$, $SD = 3.8$; comothers: $M = 47$, $SD = 5.7$). Most mothers in the Dutch sample were highly educated (e.g., 83% of all mothers received education on a higher professional or academic level). The mean age of the Dutch children was 11 years ($SD = 1.61$). Two couples had broken up before data collection for the present study started (see Table 1). Ninety percent of the Dutch families lived in an urban area.

The mean age of the American and Dutch index children (the children who were interviewed and about whom their mothers completed questionnaires), and the proportions of boys and girls in the respective families did not differ significantly. However, the American mothers were younger than Dutch mothers, $F(1, 151) = 9.37$, $p < .01$ (biological mothers) and $F(1, 135) = 4.49$, $p < .05$ (comothers); and the proportion of couples that had broken up was significantly higher in the American than in the Dutch sample, $\chi^2(1, N = 152) = 28.25$, $p < .001$.

Measures

Both studies used identical assessment instruments. Data regarding disclosure to peers about growing up in a lesbian family and about associated homophobic experiences were obtained in both studies through interviews with the children themselves, using identical questions. In the American study children were interviewed by telephone. After the mother(s) had approved the questionnaire, the interviewer asked that the child be allowed to answer the questions in private, so that responses would not be affected by the parents. In the Dutch study, questionnaires were administered during a 1-hr face-to-face session with each child. During these sessions, the first author or one of her trained assistants read the questionnaire items to the child and then recorded the child's answers. The interviewer made sure that the interview was administered independently—parent(s) or siblings were not present in the same room.

Disclosure. The following question was posed to assess openness to peers about living in a lesbian family: "Are you out to your peers about having a lesbian mother?" (1 = *no*, 2 = *sometimes*, 3 = *most of the time*).

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 = *no*, 2 = *yes*).

Psychosocial adjustment. To assess the children's psychosocial adjustment, the Child Behavior Checklist was used for both groups. In both the American and Dutch studies, the biological mother of the target child completed the CBCL (paper and pencil version). This instrument was selected because it is standardized and has been used to assess children's psychosocial adjustment cross-culturally (CBCL/4/18; Achenbach, 1991; Achenbach & Rescorla, 2006; Cohen-Kettenis, Owen, Kaijser, Bradley, & Zucker, 2003; Crijnen, Achenbach, & Verhulst, 1997, 1999; De Groot, Koot, & Verhulst, 1994; Ivanova et al., 2007; Rescorla et al., 2007; Verhulst et al., 2003).

The CBCL has multicultural robustness in terms of similarity in reliability, internal consistency, factor structure, scale scores, and

Table 1
Demographic Characteristics of the Dutch and American
Planned Lesbian Families That Took Part in the Study

	The Netherlands (N = 74)	United States (N = 78)*
Gender of children		
Boys	38	36
Girls	41	38
Age of children		
Mean	11	10
SD	1.61	—
Age of biological mothers		
Mean	46	44
SD	3.8	4.1
Age of non-biological mothers		
Mean	47	46
SD	5.7	5.7
Couples that had broken up	3%	44%

* Including one set of twins.

associations of scores with age and gender (Achenbach & Rescorla, 2006; Geisinger, 1994). Randomly selected Dutch and American children have demonstrated identical problem scale scores on the CBCL (parental report as well as self-report and teacher report) (Achenbach, 1987; Achenbach, Verhulst, Edelbrock, & Baron, 1987; Crijnen, Achenbach, & Verhulst, 1997; Heubeck, 2000; Rescorla et al., 2007). Achenbach (2007) distinguishes countries where children's problem scores are relatively low, medium, and high. Both the Netherlands and the United States are classified as countries where problem scores in normative samples are relatively low.

The CBCL includes 118 items. The instruction for parents completing the CBCL/4-18 was exactly the same in both countries: "Below is a list of items that describe children and youth. For each item that describes your child now or within the past six months, please circle the number '2' if the item is very true or often true of your child. Circle the number '1' if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the number '0' (CBCL/4-18, Achenbach, 1991; Verhulst, Van den Ende, & Koot, 1996).

The CBCL produces scores for both internalizing and externalizing problem behavior and a total score reflecting an overall measure of a child's emotional/behavioral adjustment. In this study, the alphas for the internalizing, externalizing, and total problem behavior scale were .82, .88, and .92, respectively. Scores on the following syndrome scales were also computed: withdrawn, somatic complaints, anxious/depression, rule-breaking behavior, aggressive behavior, social problems, thought problems, attention problems, and sex problems. Cronbach's alphas for these subscales ranged from .56 (sex problems) to .82 (anxious/depression and aggressive behavior).

Analyses

A 2 (country of residence: the United States vs. the Netherlands) $\times$ 2 (gender of the target child: boys vs. girls) analysis of variance (ANOVA) was used to assess differences in disclosure rates between children in lesbian families. A χ^2 test was used to examine differences in the proportions of children who had experienced homophobia. In order to examine possible differences between children in planned lesbian families in the United States and Dutch sample, a 2 (country) $\times$ 2 (gender of target child) multivariate analysis of covariance (MANCOVA) was carried out on all CBCL scales. Since the ages of the children in the two samples involved were not identical and because age might influence the child's problem behavior as observed and reported by the mothers, the child's age was entered as a covariate in this analysis. If significant group differences were found in the MANCOVA, we subsequently conducted ANCOVAs, again with age of the child as covariate.

In order to compare the psychological adjustment of children who did and did not experience homophobia (1 = no, 2 = yes), ANOVAs were conducted with homophobia as the independent variable and the children's scores on the CBCL as dependent variable. Pearson r correlations were calculated between disclosure and the CBCL scores. These analyses were done for each country separately.

To test our assumption that differences in psychosocial adjustment between children in planned lesbian families in the U.S. and Dutch samples result from differences in disclosure and experienced homophobia, we followed the procedures for testing medi-

ation models originally suggested by Baron and Kenny (1986). In addition, the Sobel-test (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002) was used to determine whether the change in the effect of the hypothesized mediator was significant.

Results

Differences Between U.S. and Dutch Children in Planned Lesbian Families

Disclosure. A 2 (country of residence) $\times$ 2 (gender of target child) ANOVA on disclosure showed significant main effects of country of residence, $F(1, 142) = 22.29, p < .001$, and gender, $F(1, 142) = 4.74, p < .05$. The interaction effect of country of residence $\times$ gender, $F(1, 142) = 1.94, p > .05$, was not significant. These results indicate that children (boys and girls) in the American sample were significantly less open to peers about living in a lesbian family than children in the Dutch sample (United States: $M = 2.54, SD = .58$; The Netherlands: $M = 2.89, SD = .31$). Furthermore, girls ($M = 2.80, SD = .44$) were more open than boys ($M = 2.64, SD = .54$).

Homophobia. We found a significant difference in experiences of homophobia between American boys in the NLLFS and their Dutch counterparts. Compared to 37.5% of the US boys who had experienced homophobia, only 14.7% of the boys in the Dutch sample had done so, $\chi^2(1, N = 66) = 4.48, p < .05$. Forty-six percent of the girls in the U.S. sample reported experiences with homophobia, in contrast to 22.2% of the Dutch girls; this difference was also significant $\chi^2(1, N = 71) = 4.38, p < .05$.

Psychosocial adjustment. Table 2 shows the results of a 2 (country of residence) $\times$ 2 (gender) MANCOVA on the CBCL scales. The findings revealed a significant multivariate main effect of "country," Wilks's $\lambda = .22, F(12, 138) = 3.21, p < .001$. Subsequent ANCOVAs showed that the factor "country" had a significant effect on internalizing, externalizing, and total problem behavior, indicating higher levels of behavior problems for children (boys and girls) in the American lesbian families compared to children in the Dutch sample.

On the separate syndrome scales, univariate analyses showed a significant main effect of "country" on anxious/depression, social problems, thought problems, rule-breaking behavior, aggressive behavior, and sex problems. As shown in Table 2, children in American lesbian families scored significantly higher on these problem behaviors than children in the Dutch lesbian families.

Significant main effects were also found for gender, Wilks's $\lambda = .15, F(12, 138) = 1.95, p < .05$. ANCOVAs showed more externalizing and aggressive behavior for boys than for girls. We also found a significant multivariate for the interaction of "country" and gender, Wilks's $\lambda = .15, F(12, 138) = 2.07, p < .05$. Subsequent ANOVAs showed that this interaction effect was significant for internalizing problem behavior and for the subscales withdrawn and thought problems, with a significantly higher score on internalizing problem behavior, withdrawn and thought problems for boys in the U.S. sample than the Dutch sample (see Table 2), $F(1, 72) = 11.04, p < .001$ (internalizing problem behavior), $F(1, 72) = 5.71, p < .05$ (withdrawn) and $F(1, 72) = 11.46, p < .05$ (thought problems); there were no differences between U.S. and Dutch girls.

Table 2
Means (SD) of Children's Psychological Adjustment in American and Dutch Planned Lesbian Families

	Country						F value		
	United States		The Netherlands		Total		Country	Gender index child	Country gender index child
Internalizing							8.40**	.35	4.47*
Boys	6.81	(6.01)	2.97	(3.73)	4.89	(5.38)			
Girls	4.79	(4.45)	4.11	(3.83)	4.45	(4.16)			
Total	5.80	(5.32)	3.54	(3.80)	4.67	(4.78)			
Externalizing							18.88***	8.56**	.59
Boys	8.22	(6.04)	4.11	(4.92)	6.17	(5.83)			
Girls	5.36	(4.78)	2.44	(2.80)	3.90	(4.17)			
Total	6.79	(5.57)	3.28	(4.04)	5.04	(5.15)			
Total							15.48***	2.67	1.63
Boys	24.99	(19.51)	12.52	(12.43)	18.76	(17.48)			
Girls	18.24	(14.35)	11.70	(8.38)	14.98	(12.22)			
Total	21.62	(17.25)	12.11	(10.48)	16.87	(15.07)			
Syndrome scales							1.19	.53	7.48**
Withdraw									
Boys	2.05	(2.21)	1.03	(1.36)	1.54	(1.90)			
Girls	1.14	(1.24)	1.56	(1.47)	1.35	(1.36)			
Total	1.59	(1.82)	1.30	(1.43)	1.45	(1.64)			
Somatic complaints							1.23	1.27	.45
Boys	1.10	(1.74)	1.00	(1.03)	1.05	(1.43)			
Girls	1.00	(1.53)	.61	(.86)	.81	(1.26)			
Total	1.05	(1.62)	.80	(.96)	.93	(1.35)			
Anxious/Depressed							10.21**	2.08	1.02
Boys	3.99	(3.52)	1.90	(3.09)	2.95	(3.44)			
Girls	2.81	(2.86)	1.69	(2.31)	2.25	(2.65)			
Total	3.40	(3.23)	1.80	(2.69)	2.60	(3.07)			
Social problems							7.02**	3.57	.08
Boys	1.90	(2.18)	1.04	(1.64)	1.47	(2.04)			
Girls	1.28	(1.85)	.58	(1.40)	.93	(1.47)			
Total	1.59	(2.02)	.82	(1.53)	1.20	(1.78)			
Thought problems							7.41**	.02	4.42*
Boys	.66	(1.02)	.07	(.21)	.36	(.80)			
Girls	.39	(.70)	.30	(.73)	.35	(.71)			
Total	.52	(.88)	.19	(.55)	.36	(.75)			
Attention problems							1.24	1.31	.11
Boys	3.12	(3.01)	2.49	(2.52)	2.81	(2.78)			
Girls	2.49	(2.75)	2.14	(2.05)	2.32	(2.43)			
Total	2.81	(2.87)	2.32	(2.28)	2.57	(2.61)			
Rule-breaking behavior							7.84**	1.38	.00
Boys	.94	(1.31)	.47	(.77)	.71	(1.10)			
Girls	.75	(1.09)	.29	(.52)	.52	(.89)			
Total	.85	(1.20)	.38	(.66)	.62	(1.00)			
Aggressive behavior							13.06***	10.44**	.44
Boys	7.23	(5.17)	4.21	(4.46)	5.72	(5.03)			
Girls	4.57	(4.13)	2.45	(2.69)	3.51	(3.64)			
Total	5.90	(4.82)	3.33	(3.74)	4.62	(4.49)			
Sex problems							5.71*	.15	2.21
Boys	.21	(.53)	.14	(.42)	.18	(.48)			
Girls	.29	(.60)	.00	(.00)	.15	(.46)			
Total	.25	(.57)	.07	(.30)	.17	(.47)			

* $p > .05$. ** $p > .01$. *** $p > .00$.

Disclosure, Homophobia, and Psychosocial Adjustment

United States. Disclosure was not associated with internalizing, externalizing, or total problem behavior. There were no significant correlations between disclosure and the syndrome scales of the CBCL. When they were compared with their peers who reported no homophobic experiences, children who had experienced homophobia scored higher on externalizing problem behavior (homophobia: $M = 8.71$, $SD = 5.92$; no homophobia: $M =$

5.77 , $SD = 5.22$, $p < .05$), anxiety/depression (homophobia: $M = 4.39$, $SD = 3.59$; no homophobia: $M = 2.77$, $SD = 3.02$, $p < .05$), rule-breaking behavior (homophobia: $M = 1.32$, $SD = 1.33$; no homophobia: $M = .64$, $SD = 1.01$, $p < .05$), and aggressive behavior (homophobia: $M = 7.39$, $SD = 5.27$; no homophobia: $M = 5.13$, $SD = 4.55$, $p < .05$).

The Netherlands. Disclosure was not associated with internalizing, externalizing, or total problem behavior. There were no

significant correlations between disclosure and the syndrome scales of the CBCL. ANOVAs showed a significant difference between children who had and who had not experienced homophobia on internalizing problem behaviors ($p < .05$) and thought problems ($p < .001$). Children who reported homophobia demonstrated higher levels of internalizing problem behaviors (homophobia: $M = 5.23$, $SD = 3.96$; no homophobia: $M = 2.86$, $SD = 3.31$) and thought problems (homophobia: $M = .54$, $SD = .85$; no homophobia: $M = .05$, $SD = .21$).

Mediation Model

To test whether the effect of country on psychosocial adjustment was mediated by disclosure and homophobia, we followed the guidelines for mediation analysis suggested by Baron and Kenny (1986). In order to demonstrate the existence of a mediating pathway, several conditions must be met. There must be a significant relationship between: (a) the independent variable (country) and the dependent variables (psychological adjustment); (b) the independent variable and the potential mediators (disclosure and homophobia); and (c) between the potential mediators and the dependent variables. Support for a mediating effect of disclosure and/or homophobia could be established if the influence of country (the independent variable) on psychosocial adjustment were to disappear or be significantly reduced by controlling for disclosure and/or homophobia.

We had already demonstrated that country of residence was related to internalizing, externalizing, total problem behavior, anxiety/depression, social problems, thought problems, aggressive behavior, rule-breaking behavior and sex problems, and that country of residence was also related to disclosure and experienced homophobia (conditions a and b). Additional multiple regression analyses showed that after controlling for the age of the child, "country" accounted for 8%, 14%, and 13% of the variance in internalizing ($\beta = -.27$, $p < .001$), externalizing ($\beta = -.38$, $p < .001$), and total problem behavior ($\beta = -.36$, $p < .001$), respectively. The explained variance of country (after controlling for the child's age) on anxiety/depression ($\beta = -.29$, $p < .001$), social problems ($\beta = -.27$, $p < .01$), thought problems ($\beta = -.28$, $p < .001$), rule-breaking behavior ($\beta = -.29$, $p < .001$), aggressive behavior ($\beta = -.31$, $p < .001$), and sex problems ($\beta = -.23$, $p < .01$) ranged from 5% (sex problems) to 9% (thought problems, rule-breaking behavior and aggressive behavior). For disclosure ($\beta = .33$, $p < .001$) and homophobia ($\beta = -.21$, $p < .001$) it was

found that 13% and 8% of the variance was explained by country of residence, after controlling for age of the child.

To examine the unique influences of disclosure and homophobia on psychosocial adjustment (condition c), we conducted regression analyses separately for each outcome variable of the CBCL, again controlling for age of the child (see Table 3). Homophobia was found to make significant independent contributions to the observed variances in internalizing problem behavior, externalizing problem behavior, and total problem behavior, and to the subscales withdrawn, anxious/depression, social problems, thought problems, rule-breaking behavior, and aggressive behavior (see Table 3). The observed variance ranged from 5% (anxious/depression and social problems) to 10% (thought problems). These results indicate that children who reported more experiences of homophobia reported higher levels of the above-mentioned problem behavior. For disclosure, we found no significant correlations with the CBCL scales.

The final requirement for mediation is that the effect of the independent variable on the dependent variable disappears or is significantly reduced when entered in conjunction with the mediator as opposed to when it is entered alone. In the subsequent analyses we only included those independent variables and mediators that met the conditions described by Baron and Kenny (1986). The results show that after controlling for homophobia and the children's age, the β 's for country on internalizing, externalizing and total problem behavior decreased from $-.27$ to $-.22$, $-.38$ to $-.34$, and $-.36$ to $-.32$, respectively (see Table 4). For anxious/depression, β values for country of residence decreased from $-.29$ to $-.25$, for social problems from $-.27$ to $-.23$, thought problems from $-.28$ to $-.23$, aggressive behavior from $-.31$ to $-.24$ and rule-breaking behavior from $-.31$ to $-.28$ (see Table 3). Sobel-tests indicate that homophobia is a significant mediator on internalizing (Sobel test $z = -1.93$, $p < .05$), externalizing (Sobel test $z = -2.44$, $p < .05$) and total problem behavior (Sobel test $z = -1.93$, $p < .05$). The same was found for thought problems (Sobel test $z = -1.92$, $p < .05$) and rule-breaking problems (Sobel test $z = -1.92$, $p < .05$).

Discussion

The current analysis showed that children in planned lesbian families in the United States reported lower levels of disclosure about having a lesbian mother and experienced more homophobia than children in Dutch planned lesbian families. The children in the

Table 3
Multiple Regression Analyses for Homophobia and Openness, as Predictors of Children's Psychological Adjustment

	Internalizing	Externalizing	Total	Withdraw	Somatic complaints	Anxious/depression	Social problems	Thought problems	Attention problems	Rule-breaking behavior	Aggressive behavior	Sex problems
Age of the child	-.06	.01	-.03	.01	-.09	.01	.06	-.05	.04	-.06	-.01	-.03
Homophobia	.25**	.23**	.25**	.24**	-.03	.22*	.23*	.25**	.13	.26**	.20*	.02
Disclosure	-.09	-.06	-.10	-.05	-.04	-.05	-.03	-.14	-.08	.07	-.07	-.03
R ²	.09**	.06*	.08**	.06*	.00	.05*	.05*	.10***	.02	.08**	.05*	.01

Note. Data are standardized multiple regression coefficients (β).

* $p > .05$. ** $p > .01$. *** $p > .001$.

Table 4

Regression Analysis: Examination of Homophobia as a Mediator of the Relationship Between Country of Residence and Children's Psychological Adjustment

	Internalizing	Externalizing	Total	Anxious/ depression	Social problems	Thought problems	Rule-breaking behavior	Aggressive behavior
Step 1								
Age child	-.05	.05	.01	.04	.08	-.05	-.02	.03
Country	-.27***	-.38***	-.36***	-.29***	-.27**	-.28***	-.29***	-.31***
R ²	.08***	.14***	.13***	.08***	.06**	.09***	.09***	.09***
Step 2								
Age child	-.02	.08	.03	.06	.11	-.02	.01	.05
Homophobia	.21*	.16*	.19*	.17*	.18*	.21**	.20*	.14
Country	-.22**	-.34***	-.32***	-.25**	-.23**	-.23**	-.24**	-.28***
R ²	.12***	.16***	.16***	.11***	.10**	.13***	.12***	.11***
ΔR ²	.04*	.03*	.03*	.03*	.03*	.04**	.04**	.02

Note. Data are standardized multiple regression coefficients (β). Country: 1 = United States, 2 = the Netherlands.

* $p > .05$. ** $p > .01$. *** $p > .001$.

American sample also showed poorer psychosocial adjustment than the Dutch children. In both samples, disclosure was not associated with psychosocial adjustment. However, a negative effect of homophobia on psychosocial adjustment was found in both the United States and the Netherlands.

A potential explanation for the differences in children's problem behavior could be that American and Dutch mothers responded differently to the CBCL. It could be that the finding of more problem behavior in the American children than the Dutch children is a result of a reference-group effect: respondents from different countries adopt different standards when evaluating themselves (Berry, Poortinga, Segall, & Dasen, 2006; Heine, Lehman, Peng, & Greenholts, 2002; Matsumoto & Hee Yoo, 2006). However, instruments that measure behaviors that are not affected by this reference-group effect (Biernat & Manis, 1994; Heine et al., 2002). The CBCL is an instrument to measure the presence or absence of problem behaviors—not their relative strength inferred through social comparison. Verhulst et al. (1989) found that the mean sum scores on the CBCL for American and Dutch children among the general population were remarkably similar.

It is also possible that the desire to present their families in the best possible light might influence the parental reports on the CBCL, resulting in underreporting of externalizing problem behaviors by parents (Merydith, Thompson Prout, & Blaha, 2003). However, there is no reason to assume that this desire varies from one country to another. It is also unlikely that the observed differences result from the fact that significantly more of the American lesbian couples had been separated than the Dutch lesbian couples; preliminary analyses on the United States sample have showed that there were no differences on the studied variables between mothers who were still together and those who were separated. That U.S. lesbian families had higher separation rates is in line with general difference: Studies on divorce rates in the United States and the Netherlands also showed rates in the United States to be higher. In the United States, one in two marriage ends in divorce, whereas in the Netherlands the rate is one in three (Cuyvers, 2006; Softas-Nall & Sukhodolsky, 2006).

The fact that most families in the Dutch study lived in urban areas may play a part in the low levels of homophobia experienced by the Dutch children. However, the American families also re-

sided primarily in urban, relatively liberal, metropolitan areas. The finding that the children in the Dutch sample were more open about living in a planned lesbian family might be explained by the more tolerant climate in the Netherlands. This climate might lead Dutch children to be more open about private aspects of their lives and to share personal information. In the present study, we also found that boys were less open than girls in planned lesbian families (in both the United States and the Netherlands). This might indicate that boys have more to lose when their peers find out about the sexual orientation of the mother than girls do.

Tasker and Golombok (1997) found that children in lower-socioeconomic-class lesbian families are more likely than those from middle-class lesbian families to experience peer stigma on issues related to the lesbian identity of the mother. Because the American and Dutch mothers both had a relatively high level of education, it is unlikely that the different level of stigma reported by the American and Dutch children is a result of socioeconomic class differences.

The low levels of homophobia experienced by the Dutch children might also be explained by a higher acceptance of lesbian and gay people in the Netherlands and by differences between the countries on the masculinity/femininity dimension. Countries where male and female roles are continuous, such as the Netherlands and other northern European countries, demonstrate more acceptance of lesbian and gay people (Bos & Sandfort, 1998; Sandfort et al., 1998). A gay- or lesbian-affirmative social climate also influences the legal support concerning same-sex marriage, adoption, and parenting.

The finding that there is no relationship between disclosure and problem behavior is in line with the results of Gershon's study on adolescents of lesbian mothers (Gershon et al., 1999). In that study, adolescents who disclosed the sexual orientation of their mothers to more people had higher self-esteem in the area of close friendship, but no significant associations were found with other psychosocial health outcomes. In the present study, homophobia was related to problem behavior: children who had experienced homophobia showed higher levels of problem behavior. No significant associations were found between disclosure and the several scales of the CBCL. Additionally, homophobia was found to account for part of the relationship between the country of residence and child adjust-

ment. Children in planned lesbian families living in the United States had more experiences with homophobia, which was associated with greater problem behavior than was demonstrated by Dutch children in planned lesbian families.

Limitations

This study has several limitations. First, in both the American and Dutch studies, convenience samples were used, which likely resulted in the selection of people who were more interested in the topic under investigation—child development of children in planned lesbian families. This is likely to have affected both samples equally. Second, the children in the American sample were interviewed by telephone and in the Dutch sample children were interviewed face-to-face. Even so, the telephone interviews might be experienced as more anonymous by an interviewee. Yet several studies have shown an agreement between data collected by telephone and face-to-face interviews (Van Uffelen, Chin A Paw, Klein, van Mechelen, & Hopman-Rock, 2007; Verrips, Vogels, den Ouden, Paneth, & VerLoove-Vanhorick, 2000).

Another limitation is that with respect to disclosure and experiences of homophobia, no differentiation was made regarding the context (i.e., peers at school, peers outside school, classmates who are not best friends, etc.). It might also be that with a more sensitive operationalization of "disclosure" and "experiences of homophobia" (e.g., with more varied and nuanced answers), the factor "country" would explain more variance. Finally, this cross-national study is limited to the comparison of only two countries. Future research should compare experiences of children in planned lesbian families in multiple countries with different levels of official recognition of lesbian couples, and compare families and different social climates around the acceptance of homosexuality.

Conclusion

The findings of the present study indicate that cross-national differences in the acceptance of homosexuality and same-sex parenthood have consequences for the well-being of children growing up in lesbian families, with greater acceptance of lesbian and gay people and same-sex parenting associated with more openness and fewer experiences of homophobia.

The results further suggest that in order to evaluate the psychological development of children in planned lesbian families, it is important to consider the cultural climate in which they live.

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Received May 15, 2007

Revision received April 25, 2008

Accepted April 30, 2008 ■