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Adolescents of the USA National Longitudinal Lesbian Family Study: Can Family Characteristics Counteract the Negative Effects of Stigmatization?

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This investigation examines the impact of homophobic stigmatization on the well-being of 17-year-old adolescents who were conceived through donor insemination and whose mothers enrolled before they were born in the largest, longest-running, prospective study of lesbian families, with a 93% retention rate to date. The data for the current report were collected through questionnaires completed by the adolescents and their mothers. The adolescents (39 girls and 39 boys) were queried about family connection and compatibility. They were also asked to indicate if they had experienced discrimination based on their mothers' sexual orientation. Adolescent well-being was assessed through the parental report of the Child Behavior Checklist/6–18. Forty-one percent of the adolescents had experienced stigmatization based on homophobia. Hierarchical, multiple-regression analyses revealed that stigmatization was associated with more problem behavior in these adolescents, but that family compatibility neutralized this negative influence. The results indicate that adolescents who have close, positive relationships with their lesbian mothers demonstrate resilience in response to stigmatization.

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The National Longitudinal Lesbian Family Study (NLLFS) was initiated with a goal of providing prospective data on a cohort of lesbian families from the time the children were conceived by donor insemination until they reach adulthood. This study has been reporting on lesbian family life since 1986 (Gartrell et al., 1996, 1999, 2000; Gartrell, Rodas, Deck, Peyser, & Banks, 2005, 2006). Now that the NLLFS offspring

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have reached the age of 17, it is critically important to develop a greater understanding of factors within their families that have helped them cope with discrimination, both for them and the many others who will benefit in the future.

Negative societal attitudes toward individuals or groups who differ from culturally agreed-upon norms often result in discrimination toward, or stigmatization of, these people (Goffman, 1963; Major & O'Brien, 2005; Rostosky, Riggle, Brodnicki, & Olson, 2008). In the literature, stigmatization based on sexual orientation is referred to as homophobic stigmatization (Hatzenbuehler, 2009). The first NLLFS interview found that even before their children were born, prospective lesbian mothers voiced concerns about the challenges of raising children within a culture that was unsupportive of same-sex parenting (Gartrell et al., 1996). At the fourth interview, the 10-year-old NLLFS offspring who had been stigmatized because of their mothers' sexual orientation demonstrated more problem behavior than NLLFS children who had not had such experiences. However, among the stigmatized children, two groups demonstrated greater resilience: (1) children who attended schools having lesbian/gay awareness in the curricula; and (2) children whose mothers described themselves as active members of the lesbian community (Bos, Gartrell, Peyser, & Van Balen, 2008).

RISK AND PROTECTIVE FACTORS MODEL

The theoretical framework of the present study is based on a model in which a distinction is made between risk factors and protective factors. Risk factors are adverse experiences or circumstances associated with negative outcomes (e.g., discrimination is corrosive to well-being; Pascoe & Smart Richman, 2009; Vanderbilt-Adriance & Shaw, 2008). Protective factors have the opposite effect: they increase the likelihood of positive adjustment, despite adverse exposures (Laser, Luster, & Osho, 2007; Sameroff, Gutman, & Peck, 2003; Vanderbilt-Adriance & Shaw, 2008). Protective factors are divided into three categories: (a) individual characteristics (e.g., when an adolescent is able to let go of disappointments); (b) family characteristics and processes (e.g., when parents and their adolescent offspring communicate effectively and respectfully); and (c) extra-familial resources (e.g., when an adolescent has a diverse social support network that includes friends, mentors, or teachers) (LaFromboise, Hoy, Oliver, & Whitbeck, 2006; Vanderbilt-Adriance & Shaw, 2008). The risk factor/protective factor model is frequently used in studies of well-being and problem behavior in children and youth (Lerner & Simi, 2000; Youngblade, Theokas, Schulenberg, Curry, Chan-Huang, & Novak, 2007).

Having a close and loving relationship with one's parents promotes healthy psychosocial development and contributes to overall adolescent well-being (Gray & Steinberg, 1999; Udell, Sandfort, Reitz, Bos, & Dekovic, 2010; Youngblade, Theokas, Schulenberg, Curry, Chan-Huang, & Novak, 2007). A study of protective factors during adolescence found that daily parent/adolescent interaction during family activities in conjunction with parental warmth, responsiveness, and attentiveness toward their offspring were positively associated with adolescent competencies and negatively correlated with behavior problems (Youngblade et al., 2007). Other researchers have theorized that open discussions about homophobic stigmatization may serve as protective factors for the offspring of same-sex parents. Such conversations may help these offspring develop the skills to cope with discrimination (Litovich & Langhout, 2004; Stein, Perrin, & Potter, 2004).

YOUNG CHILDREN IN LESBIAN FAMILIES

Studies of young children in lesbian families have shown that having same-sex parents is not in itself a risk factor (e.g., Bos, Van Balen, & Van den Boom, 2007; Golombok et al., 2003). A growing body of empirical data demonstrates that children of lesbian parents fare as well in emotional, cognitive, and social functioning as do children of heterosexual parents (cf., Bos, Van Balen, & Van den Boom, 2005; Stacey & Biblarz, 2001; Tasker, 2005, for reviews). Nevertheless, when children are confronted with disapproval by peers about their lesbian mothers' sexual orientation, they lose self-confidence and demonstrate more behavioral problems (Bos, Van Balen, Sandfort, Van Den Boom, 2004; Bos & Van Balen, 2008; Gartrell et al., 2005). Factors that have been shown to counteract the negative effects of homophobic stigmatization on children's self-esteem and behavior include frequent contact with other offspring of same-sex parents, schools that teach tolerance, and mothers who perceive themselves as active members of the lesbian community (Bos & Van Balen, 2008; Bos et al., 2008).

ADOLESCENTS IN LESBIAN FAMILIES

Numerous researchers have pointed out that the findings on children reared in lesbian households may not necessarily be generalizable to adolescents (Baumrind, 1995; Perrin & Committee on Psychosocial Aspects of Child and Family Health, 2002; Stacey & Biblarz, 2001; Wainright & Patterson, 2008). For adolescents, the beliefs and attitudes of individuals outside the family, particularly peers, become increasingly important (Harris, 1995; Rivers, Poteat, & Noret, 2008). Adolescence is also a time when the offspring of lesbian and gay parents develop a keener awareness of their minority status (Golombok & Tasker, 1996; Rivers et al., 2008). Yet relatively little is known about factors that help them cope with discrimination.

Only one study of adolescent offspring of lesbian mothers has assessed the influence of perceived stigma on self-esteem from a theoretical model based on risk factors and protective factors within the individual and outside the family. Gershon, Tschann, and Jemerin (1999) interviewed 76 adolescents, 11–18 years old, who were conceived in the context of a heterosexual relationship before their parents separated and their mothers came out as lesbian. In this sample, there was a significant negative relationship between homophobic stigmatization (a risk factor) and self-esteem. The study also examined whether being open about one's lesbian family and seeking social support (protective factors) interacted with stigma to affect well-being. Gershon et al. (1999) concluded that disclosing to peers that one's mother is a lesbian improved psychological well-being and increased self-esteem. Adolescents who sought social support as a coping strategy in response to homophobic stigmatization had higher scores on self-esteem than those with similar experiences who did not use such strategies (Gershon et al., 1999).

GOALS AND HYPOTHESES OF THE CURRENT STUDY

The present study on adolescent offspring of lesbian mothers focuses on protective factors within the family context. The purpose of the study is to expand our understanding of factors within the family that promote healthy psychosocial development in adolescents reared in lesbian households, despite experiences of homophobic discrimination.

We focused on three protective factors within the family context: (1) family connection (parent and adolescent interaction during daily routines and activities); (2) family compatibility (getting along with one's parents); and (3) preparation for homophobic stigmatization (open discussion with one's parents about the prospect of discrimination based on the mothers' sexual orientation). We hypothesized that experiencing homophobic stigmatization will have an adverse effect on the psychological well-being of the NLLFS adolescents. Based on literature showing that family characteristics and processes can serve as sources of resilience (see for overview: Vanderbilt-Adriance & Shaw, 2008; Zacks, Green, & Marrow, 1988), we also hypothesized that a positive family climate, as reflected in family connection, compatibility, and conversations about homophobic stigmatization, served as a protective factor to diminish the negative influence of stigmatization on adolescent well-being.

METHOD

The NLLFS has been following 84 planned lesbian families since the mothers were inseminating or pregnant with the index offspring. Between 1986 and 1992, prospective lesbian mothers were recruited via announcements distributed at lesbian events and women's bookstores and in lesbian newspapers throughout metropolitan Boston, Washington, DC, and San Francisco. Data were collected in five waves starting during insemination or pregnancy (T1), and subsequently at four more time points when the children were 2 (T2), 5 (T3), 10 (T4), and 17 years old (T5). The present paper is based on T5. The goal was to maximize compliance by surveying the NLLFS offspring when they were old enough to reflect on their adolescent experiences while still residing at home, before they left for college. Data gathering for T5 was completed in May 2009.

At T5, when the index offspring were 17 years old, 78 (93% retention) of the families were still participating in this ongoing study. One family was excluded from the T5 data analysis because not all portions of their T5 survey instruments were returned; therefore, the total sample used for the analyses was 78 adolescents (including one set of twins). Approval for the NLLFS has been granted by the Institutional Review Board of the California Pacific Medical Center.

Study Sample

At T5, the 78 adolescent participants consisted of 39 girls and 39 boys; the mean age of the combined group of girls and boys was 17.05 years ($SD = 0.36$; range 16–18 years). Twenty-eight of the NLLFS adolescents (36%) had been conceived using a known sperm donor and 50 (64%) using an unknown donor. Of the unknown donors, 31 (62%) were permanently unknown and 19 (38%) could be identified when the adolescent reached the age of 18.

The mean age of the birthmothers at T5 was 52.0 years ($SD = 3.89$), and of the co-mothers, 52.9 years ($SD = 5.24$). The mothers who completed a T5 Child Behavior Checklist (CBCL) identified as primarily as White/Caucasian, 96% ($n = 74$); their offspring were slightly more heterogeneous: 87.1% ($n = 68$) White/Caucasian, 3.8% ($n = 3$) Latina/o, 2.6% ($n = 2$) African American, 2.6% ($n = 2$) Asian/Pacific Islander, 1.3% ($n = 1$) Armenian, 1.3% ($n = 1$) Lebanese, and 1.3% ($n = 1$) Native American.

Based on the Hollingshead Index (using the parent with the highest occupation and education to calculate socioeconomic status), 82% ($n = 63$) of the NLLFS families are

middle- or upper-middle class (Gartrell et al., 1996, 1999, 2000, 2005). Participating families originally resided within 200 miles of Boston, Washington, DC, and San Francisco, but many families subsequently relocated. At T5, the families resided in large urban cities, midsized towns, and rural areas of the northeastern (47%, $n = 36$), southern (9%, $n = 7$), midwestern (1%, $n = 1$), and western (43%, $n = 33$) regions of the United States.

The T5 family constellations consisted of 31 continuously coupled, 40 separated-mother, and 6 single-mother families. In families parented by mothers who had separated since the index child's birth, the mothers had been together, on average, 12 years before separating ($SD = 5.88$), and the mean age of the children at the time of their mothers' separation was 6.97 years ($SD = 4.42$ years).

Measures

The data for T5 were collected by means of two questionnaires, one completed by the adolescents and one by the mothers. The adolescent questionnaire included items on family connection, compatibility, and communication, as well as questions about experiences of homophobic stigmatization. The questionnaire completed by the mothers assessed their adolescent's well-being. The questionnaires were provided through the study's online Web site. Each adolescent and mother received a unique identity code that allowed her or him to log into a protected part of the NLLFS Web site to complete her or his specific questionnaire. Participants were assured that their responses would be completely confidential.

Homophobic stigmatization

Homophobic stigmatization was assessed through the following question: "Have you been treated unfairly because of having (a) lesbian mom(s)?" (0 = *no*, 1 = *yes*).

Protective factors within the family context

Three protective factors within the family context were examined: (1) family connection, (2) family compatibility, and (3) family conversations in anticipation of homophobic stigmatization. Family connection and compatibility were measured by items from the adolescent Quality of Life Scale (Patrick, Edwards, & Topolski, 2002; Topolski, Edwards, & Patrick, 2009). For family connection, the adolescents were asked to specify the number of days the family ate dinner together during the previous week (ranging from 1 = *0 days*, to 5 = *4 or more days*). Family compatibility was measured by the statement: "I feel I am getting along with my parents or guardians" (allowed responses ranged from 0 = *not at all*, to 10 = *great deal or completely*). Family preparation for homophobic stigmatization was measured by the following question: "Has (have) your mother(s) done anything to help prepare you in case you are treated badly because of having (a) lesbian mother(s)?" (0 = *no*, 1 = *yes*).

Adolescent problem behavior

Problem behavior was assessed by means of the parental report of Achenbach's Child Behavior Checklist (CBCL/6-18; Achenbach, 1991; Achenbach & Rescorla, 2001). The CBCL includes 113 problem behavior items. Each item is scored (0 = *not true*, 1 = *somewhat true*, and 2 = *very true*) about the adolescent on whom the report is based. The parent's raw scores are then tabulated so that the adolescent's problem behavior can be rated on the three broadband scales of the CBCL: internalizing,

externalizing, and total problem behavior (Achenbach & Rescorla, 2001). Internalizing problem behavior scale composites the three syndrome scales (anxious/depressed, withdrawn, and somatic complaints) and includes 32 items. Externalizing problem behavior consists of 35 items and is a composition of the two syndrome scales (rule-breaking behavior and aggressive behavior). The sum of the raw scores on all items of the CBCL produces a total behavioral problem score. The α s for the internalizing, externalizing, and total behavior scales were .92, .90, and .95, respectively.

CBCLs were completed by the birthmothers of 71 NLLFS adolescents. In six families, the co-mothers completed the CBCLs because the birthmother was too busy. In one family, the CBCL was completed by the co-mother because the birth mother is deceased (this family was categorized at T5 as a single-parent family). No significant differences between CBCL assessments of lesbian birth- and co-mothers were found in the author's previous report (Bos, Van Balen, & Van den Boom, 2007).

RESULTS

Results are reported in three sections. First we present descriptive data for the studied variables. Secondly, we analyze whether the problem behavior scores of adolescents who experienced homophobic stigmatization differ from those who did not. Finally, we assess whether the three protective factors that are the focus of this study counteract the hypothesized negative effects of stigmatization.

Family Connection, Family Compatibility, Family Preparation for Homophobic Stigmatization, and Problem Behavior

Percentages, means, standard deviations, and inter-correlations between family connection, family compatibility, family preparation for homophobic stigmatization, and problem behavior scores are presented in Table 1.

Forty-one percent of the NLLFS adolescents indicated that they had experienced stigmatization based on homophobia. The mean score of family connection was 3.75 ($SD = 1.53$), ranging from 1 to 5; and the mean score of family compatibility was 8.07 ($SD = 2.04$), ranging from 0 to 10. Thirty-six percent of the adolescents reported that their mothers had helped prepare them for stigmatization through conversations about homophobic stigmatization. Analyses of variance (ANOVAs) and χ^2 tests showed no significant differences between the percentages of adolescent girls versus adolescent boys who experienced homophobic stigmatization. Nor was there any significant difference between girls' and boys' perceptions of family connection or compatibility, or their reports of family preparation for possible stigmatization (see Table 1).

Table 1 also illustrates the parental report CBCL scores on the internalizing, externalizing, and total problem scales, separately for girls and boys. ANOVAs showed no significant differences on internalizing, externalizing, and total problem scales between the NLLFS adolescent girls and boys.

We computed a T score for the total problem scale to determine how many NLLFS adolescents had CBCL ratings within the borderline (84th to 90th percentile) or clinical (above the 90th percentile) range (Achenbach & Rescorla, 2001). The T scores of three adolescents fell within the borderline range, and five within the clinical range.

TABLE 1
Percentages, Means (Standard Deviations), and Intercorrelations between Experienced Homophobia, Family Connection, Family Compatibility, Family Preparation for Homophobic Stigmatization, Internalizing Problem Behavior, Externalizing Problem Behavior, and Total Problem Behavior

	Girls (N = 39)	Boys (N = 39)	F/ χ^2	p	1.	2.	3.	4.	5.	6.
1. Experienced homophobia (yes, %)	46.2% (n = 18)	35.3% (n = 12)	.89	.347	—					
2. Family connection	3.70 (1.63)	3.81 (1.42)	.08	.783	-.20***	—				
3. Family compatibility	8.00 (2.26)	8.16 (1.77)	.15	.748	-.24*	.20	—			
4. Family preparation for homophobic stigmatization (yes, %)	33.3% (n = 13)	38.2% (n = 15)	.19	.663	.02***	.07	.33**	—		
5. Internalizing problem behavior	6.82 (7.29)	4.72 (4.66)	2.30	.133	.29*	-.14***	-.48***	-.20	—	
6. Externalizing problem behavior	4.51 (4.85)	4.38 (6.36)	.01	.920	.28*	-.23	-.41***	-.13	.46***	—
7. Total problem behavior	17.82 (15.51)	15.33 (16.03)	.49	.488	.33**	-.19	-.49***	-.16	.83***	.85***

***p < .001; **p < .01; *p < .05.

The Effect of Homophobic Stigmatization on Problem Behavior Scores

In order to examine the possible effect of experienced homophobia on adolescent well-being, ANOVAs were conducted with experienced homophobia as the predictor and with internalizing, externalizing, and total problem behavior as the outcome variables. The NLLFS adolescent girls and boys were pooled in the ANOVAs, because no significant gender differences were found on the studied variables.

Adolescents who indicated that they had been treated unfairly because of having lesbian mothers were rated significantly higher on internalizing, externalizing, and total problem behavior than those who had not been stigmatized (see Table 2).

Two of the 32 adolescents who experienced homophobic stigmatization had a total problem behavior score in the borderline range, and three had a score in the clinical range.

Influence of Stigmatization After Controlling for Family Connection, Family Compatibility, and Family Preparation for Homophobic Stigmatization

To examine whether the negative effect of experienced stigmatization on psychological well-being would disappear after controlling for the three studied protective factors, three hierarchical, multiple-regression analyses were conducted, with internalizing, externalizing, and total problem behavior as outcome variables. Experienced homophobic stigmatization was entered in Step 1. Family connection, family compatibility, and family preparation for possible stigmatization were entered in Step 2.

Table 3 presents the results of these hierarchical multiple regression analyses. In Step 1, the experience of homophobic stigmatization predicted internalizing problem behavior, $R^2 = .09$, $F(1, 66) = 6.25$, $p < .05$, externalizing problem behavior $R^2 = .08$, $F(1, 66) = 5.43$, $p < .05$, and total problem behavior $R^2 = .11$, $F(1, 66) = 7.72$, $p < .01$. Including family connection, family compatibility, and family preparation for stigmatization in Step 2 produced a significant change in the coefficient of determination (ΔR^2) for internalizing problem behavior, $R^2 = .26$, $\Delta R^2 = .18$, $F(3, 63) = 5.62$, $p < .01$, externalizing problem behavior $R^2 = .22$, $\Delta R^2 = .14$, $F(3, 63) = 4.43$, $p < .01$, and total problem behavior, $R^2 = .29$, $\Delta R^2 = .19$, $F(1, 63) = 6.43$, $p < .001$.

After controlling for family connection, family compatibility, and family preparation for stigmatization, the second step of the hierarchical regression analysis showed

TABLE 2

Problem Behavior in NLLFS Adolescents Who Experienced Homophobia Versus Those Who Did Not

Problem behavior	Experienced homophobia		F	p
	No (N = 46)	Yes (N = 32)		
Internalizing problem behavior				
M	4.28	7.97	6.58	.012
SD	4.73	7.55		
Externalizing problem behavior				
M	3.12	5.93	5.91	.018
SD	4.15	5.77		
Total problem behavior				
M	12.14	22.13	8.44	.005
SD	12.55	16.84		

TABLE 3

Hierarchical Multiple Regressions of Experienced Homophobia, Family Connection, Family Compatibility, and Family Preparation for Homophobic Bullying on Internalizing, Externalizing and Total Problem Behavior in NLLFS Adolescents

	Internalizing problem behavior		Externalizing problem behavior		Total problem behavior	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1						
Experienced homophobia	.09*	.29*	.08*	.28*	.11**	.32**
Step 2	.18**		.14*		.19**	
Experienced homophobia		.19		.16		.20
Family connection		-.02		-.12		-.06
Family compatibility		-.39**		-.34**		-.42***
Family preparation for homophobic stigmatization		-.08		-.03		-.04
Total R^2	.26***		.22**		.29***	

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

that stigmatization was not a significant predictor of internalizing, externalizing, or total problem behavior. In Step 2, family compatibility was significantly related to internalizing, externalizing, and total problem behavior: the NLLFS adolescents who indicated a high level of family compatibility were rated lower on internalizing, externalizing, and total problem behavior. Family connection and family preparation for homophobic stigmatization were not significantly related to these three subscales of the CBCL (see Table 3).

DISCUSSION

This study demonstrates that psychological well-being is negatively impacted when adolescents reared in lesbian households are treated unfairly because of their mothers' sexual orientation. However, the data also show that the adverse effects of homophobic stigmatization are diminished among the adolescents who report close, positive relationships with their mothers.

Adolescence is generally considered a difficult transitional stage of life. In addition to routine age-related challenges, adolescents with same-sex parents are exposed to homophobic stigmatization, as well as to peers who express disparaging comments about lesbian and gay people. Having a positive and meaningful connection with one's parents is associated with better mental health outcomes in adolescents reared in lesbian households (e.g., Golombok, 2000). Family support has also been shown to enhance resilience in youth who experience discrimination because they identify as lesbian, gay, or bisexual (Goldfried & Goldfried, 2001; Radkowsky & Siegel, 1997).

Homophobic stigmatization is a longstanding concern of the NLLFS mothers. At each NLLFS interview, the participating mothers expressed a desire to protect their offspring from discrimination (Gartrell et al., 1996, 1999, 2000, 2005). Other studies confirm that lesbian mothers have a heightened awareness of the challenges associated with rearing children in non-traditional families (Leiblum, Palmer, & Spector,

1995; Weeks, Heaphy, & Donovan, 2001). Indeed, lesbian mothers' fears are not unfounded: the corrosive effects of homophobic stigmatization on the psychological adjustment of children and adolescents have been documented in previous reports (Gartrell et al., 2005; Gershon et al., 1999).

Nearly half of the NLLFS adolescents had experienced homophobic stigmatization. Despite this, the NLLFS adolescents were rated lower in externalizing problem behavior than age-matched peers in Achenbach's normative sample (Gartrell & Bos, in press). However, it should be mentioned that we asked for lifetime exposure to homophobic stigmatization. Since attitudes toward lesbian and gay people are, in general, more positive than they were when the NLLFS offspring were younger, it is possible that we would have obtained a lower prevalence if we had asked the NLLFS adolescents to report only incidents that occurred in the previous 12 months. Also, the percentage of adolescents who reported homophobic stigmatization might have been higher if the NLLFS families had been more diverse in SES. Tasker and Golombok (1997) examined the association between stigmatization and SES; they found that children from lower SES lesbian families were more likely than those from middle SES lesbian families to be treated unfairly because of their mothers' sexual orientation. In contrast to the Tasker and Golombok study population, the NLLFS families are predominantly middle- to upper-middle class (Gartrell et al., 1996).

The NLLFS adolescents who experienced homophobic stigmatization demonstrated more problem behavior than those who did not—a finding that is consistent with the data obtained from the participating mothers about their 10-year-old offspring at T4 (Bos et al., 2008; Gartrell et al., 2005). A Dutch study of preadolescent children reared in lesbian families corroborated this negative association between homophobic stigmatization and psychosocial adjustment (Bos & Van Balen, 2008).

The current study found no confirmation for the hypothesis that family conversations in anticipation of homophobic stigmatization might reduce its negative impact (Litovich & Langhout, 2004; Stein et al., 2004). Theoretical discussions about stigmatization may be less effective than the example set by the NLLFS mothers who are open about their lesbian lifestyle (Gartrell et al., 1996, 1999, 2000, 2005). Honesty and forthrightness are characteristics of positive role modelling (Coleman & Hendry, 1990; Hurd, Zimmerman, & Xue, 2009). Research has shown that healthy parental role modelling is significantly related to adolescent well-being (Youngblade, Theokas, Schulenberg, Curry, Chan-Huang, & Novak, 2007). Future studies may illuminate the particular ingredients of effective communication between same-sex parents and their offspring—specifically whether the conversations must be positive, well-timed, age-appropriate, consistent, or repetitive to counteract the negative influence of stigmatization on adolescent well-being.

Bell and Bell (2005) examined the long-term effects of family cohesiveness through a follow-up study of adults whom they had interviewed as teenagers. The authors reported that family compatibility during adolescence was strongly associated with well-being in adulthood. Because the NLLFS is an ongoing longitudinal study, the index offspring will be surveyed again when they are 25 years old. Data collected at that time (T6) are expected to provide further insight into the contributions of protective and risk factors to adult mental health.

This study acknowledges several limitations. First, adolescent psychological adjustment was assessed through the parental report of the CBCL. Although the CBCL is a valid and reliable instrument (Achenbach & Rescorla, 2001), a more complete

indication of adolescent well-being would have been to include the Youth Self-Report (Achenbach & Rescorla, 2001), along with instruments that measure youth self-esteem and self-perceived competencies (Harter, 1982; Rosenberg, 1979). Moreover, if additional instruments and all CBCL subscales were used for a multivariate ANOVA, the effect of stigmatized homophobia might decrease or even disappear (Gartrell & Bos, in press). A second limitation is that this investigation focused on only one category of protective factors—family characteristics. Future studies that assess the contributions to adolescent well-being of all three categories—individual characteristics, family characteristics and processes, and extra-familial resources—will broaden our understanding of the ways that the offspring of same-sex parents cope with homophobic stigmatization (LaFromboise et al., 2006; Vanderbilt-Adriance & Shaw, 2008). Finally, the use of more nuanced instruments to measure stigmatization and to assess family connection and family compatibility might have given us a deeper understanding of the interactions between risk and protective factors, and their effects on adolescent well-being.

The study's findings have important practical implications. Homophobic stigmatization is a harsh reality for many adolescents who have been reared in lesbian households. Family therapists working with adolescents who have been stigmatized will be called upon to help them process their reactions to the unfair treatment and develop strategies for enlisting the support of peers, parents, teachers, and other adults to prevent its recurrence. The results of this study underscore the importance of including mothers in the treatment process since fostering connections and communication between adolescents and parents can diminish the destructive effect of discrimination.

In conclusion, the present study demonstrates that homophobic stigmatization has a negative impact on the psychological well-being of adolescents in lesbian families, but that growing up with loving, nurturing, supportive parents can counteract these detrimental effects. By identifying family compatibility as a protective factor that enhances resilience, this investigation contributes a new dimension to the literature on the adolescent offspring of lesbian mothers. These findings may be beneficial to prospective parents, healthcare professionals, family service agencies, legislators, and public policy analysts who are concerned about the impact of homophobic stigmatization on the offspring of same-sex parents.

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